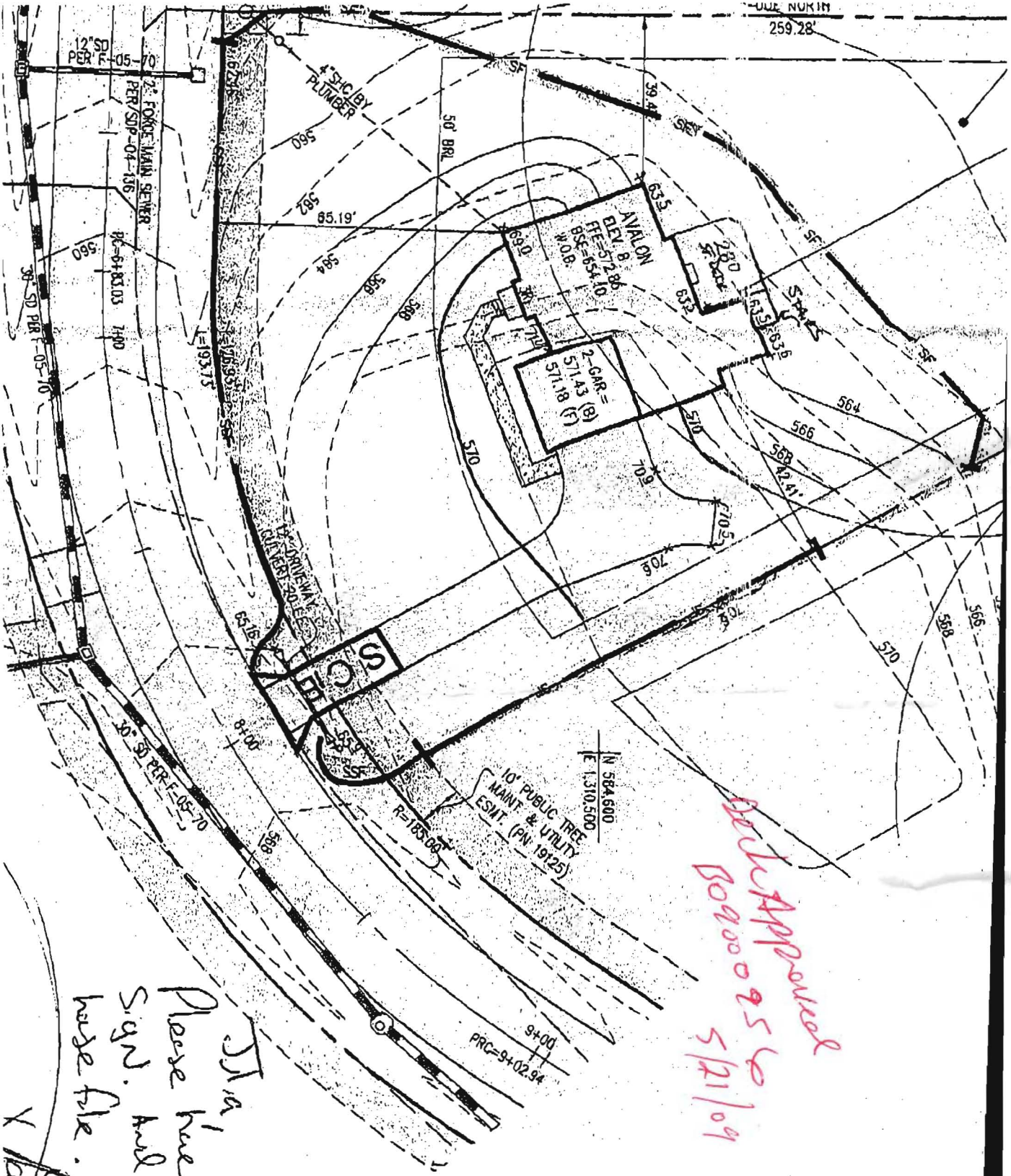


DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3438 COURT HOUSE DRIVE ELM CITY, MD 21033 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1870 AUTOMATED INFORMATION (410) 313-3889		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B09000956	
Building Address <u>14329 MUSGRAVE FARM CT</u> <u>GLENNWOOD MD 21738</u>		Property Owner's Name <u>RICHARD FLEECE</u> Address <u>14329 MUSGRAVE FARM CT</u> <u>City GLENNWOOD State MD Zip Code 21738</u> Phone <u>410-487-4644</u> Phone <u>305-407-6047</u> Applicant's Name & Mailing Address, (if other than stated herein):			
Suite/Apt. #: _____ SDP/W/P/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Phone _____ Fax _____ Contractor Company <u>N/A / HOMEOWNER</u> Contact Person <u>RICHARD FLEECE</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			
Existing Use <u>SF HOME</u> Proposed Use <u>SF HOME + DECK</u> Estimated Construction Cost \$ <u>2,000</u> Description of Work <u>28.5 SF DECK</u> <u>20'x14' WOOD FRAMED DECK w/ COMPOSITE</u> <u>DECKING & RAIL. STAIRS ATTACHED</u> Occupant or Tenant <u>SAME</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		BUILDING DESCRIPTION - COMMERCIAL			
BUILDING CHARACTERISTICS Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular		UTILITIES Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> G-15 Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads		BUILDING CHARACTERISTICS <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.					
<u>[Signature]</u> Applicant's Signature		<u>RICHARD FLEECE</u> Print Name <u>5/17/09</u> <u>5/18/09</u> Date			
Title/Company		Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -			

5/21/09 approved [Signature]

101742



*Per Approved
 BO9000956
 5/21/09*

*JA,
 Please see customer
 sign. And file to
 base file.*

X [Signature]

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B08001632

Building Address 14304 Mustange Farm
Greenwood, Md 21228
 Suite/Apt. #: SDP/WP/Petition #: 04-136
 Census Tract _____ Subdivision Mustange Farm
 Section _____ Area _____ Lot 27 #1125
 Tax Map 21 Parcel 12 Grid 12
 Zoning R2 Map Coordinates _____ Lot size 33080 ϕ

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Asphalt Paving
2 string full bound 11k - 2PS
1PS - 11k - 17/0g

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>40</u> 2nd floor: <u>30</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	Water Supply: _____ _____ Public _____ Private Sewage Disposal: _____ _____ Public _____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
 Title/Company _____

Print Name 6/1/08
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ	<u>6/1/08</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>6/12/08</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION		PROPERTY ID#:	
Front: <u>50</u>	<u>65.12</u>	Filing fee	\$ _____
Rear: <u>30</u>	<u>159.95</u>	Permit fee	\$ _____
Side: <u>10</u>	<u>37.42</u>	Excise tax	\$ _____
Side St: <u>N/A</u>		Add'l per. fee	\$ _____
All minimum setbacks met?		TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		Sub-total paid	\$ _____
Is Entrance Permit required?		Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		Check	# <u>629007</u>
Historic District?		Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			
Lot Coverage for NewTown Zone	<u>N/A</u>		
SDP/Red-line approval date		Accepted by	<u>[Signature]</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:
 Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\forms\PERMIT.FRM