

6090058

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DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>B0400986</u>	
Building Address <u>14342 Musgrove Farm Ct</u> <u>Glenwood, MD 21738</u>			Property Owner's Name <u>Ryan Homes</u> Address <u>6031 University Blvd, Suite 250</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410.796.0980</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated heron): Phone _____ Fax _____		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605601</u> Subdivision <u>Musgrove Farm (MF)</u> Section _____ Area _____ Lot <u>11</u> Tax Map <u>21</u> Parcel _____ Grid <u>21-12</u> Zoning <u>RR-DEO</u> Map Coordinates _____ Lot size _____			Contractor Company <u>Ryan Homes</u> Contact Person <u>Kevin Bowser</u> Address <u>6031 University Blvd, Suite 250</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> License No. <u>56</u> Phone <u>410.796.0980</u> Fax <u>410.796.7094</u>		
Existing Use <u>Vacant Lot</u> Proposed Use <u>New - Single Family Home</u> Estimated Construction Cost <u>\$250,000</u> Description of Work <u>Model Waverly w/Morn Rm</u> <u>2 Story, full bsmt, 10R, 2FB, 1HB</u> <u>& Garage (4-BR) Opt-FP</u>			Occupant or Tenant <u>Ryan Homes</u> Contact Name <u>Kevin Bowser</u> Address <u>6031 University Blvd, Suite 250</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410.796.0980</u> Fax <u>410.796.7094</u>		
Occupant or Tenant <u>Ryan Homes</u> Contact Name <u>Kevin Bowser</u> Address <u>6031 University Blvd, Suite 250</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410.796.0980</u> Fax <u>410.796.7094</u>			Engineer or Architect Company <u>Gutschick Little & Weber</u> Contact Person _____ Address <u>3909 National Drive, Suite 250</u> City <u>Burtonsville</u> State <u>MD</u> Zip Code <u>20866</u> Phone <u>301.421.4024</u> Fax <u>301.421.4186</u>		

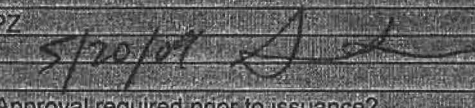
BUILDING DESCRIPTION - <u>COMMERICAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>													
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use Group: _____ Construction Type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> 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 Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <table border="1"> <tr><th>1st Floor:</th><th>Depth</th><th>Width</th></tr> <tr><td>50</td><td>54</td><td>54</td></tr> <tr><th>2nd Floor:</th><td>32</td><td>54</td></tr> <tr><th>Basement:</th><td>32</td><td>54</td></tr> </table> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u> Height: <u>30</u> 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	1st Floor:	Depth	Width	50	54	54	2nd Floor:	32	54	Basement:	32	54	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
1st Floor:	Depth	Width													
50	54	54													
2nd Floor:	32	54													
Basement:	32	54													

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.

Ben Mucci
Applicant's Signature **Print Name**
04/20/2009
Project Manager **Date**

Title/Company

Checks payable: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -			PROPERTY ID#:
AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control Approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DATE <u>5/20/09</u>	SIGNATURE 	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot coverage for New Town Zone _____ SDP/Red-line approval date: _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Filing Fee \$ <u>100</u> Permit Fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ <u>50</u> TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>556969/970</u> Validation # _____ Accepted by _____
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			T:\forms\PERMIT.FRM Rev. 11/04/04

172002

Walk-Through

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B11000775
Building Address 14342 Musgrove Road Farm Ct Glenwood MD 21738		Property Owner's Name Roman Vaysman Address 14342 Musgrove Farm Ct. City Glenwood State MD Zip Code 21738 Home Phone 410-489-9017 Work Phone	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Applicant's Name & Mailing Address, (if other than stated herein): _____ _____	
Census Tract _____ Subdivision MUSGROVE Farm		_____ _____	
Section _____ Area _____ Lot 11		_____ _____	
Tax Map _____ Parcel _____ Grid _____		Phone _____ Fax _____	
Zoning _____ Map Coordinates _____ Lot Size _____		Contractor Company _____	
Existing Use Residential		Contact Person _____	
Proposed Use Residential		Address _____	
Estimated Construction Cost \$ 10,000		City _____ State _____ Zip Code _____	
Description of Work 520 sqft Deck		License No. _____	
_____ _____		Phone _____ Fax _____	
Occupant or Tenant Roman Vaysman		Engineer or Architect Company _____	
Contact Name _____		Contact Person _____	
Address Saul		Address _____	
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	
Phone _____ Fax _____		Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: 520 sqft.	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____	
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.

Roman Vaysman
Applicant's Signature
RomanV73@hotmail.com
Email Address

Roman Vaysman
Print Name

Title/Company _____	Date _____
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY	
PLEASE WRITE NEATLY AND LEGIBLY.	
FOR OFFICE USE ONLY	
AGENCY: Land Development, DPZ	DATE: 3-23-11
SIGNATURE APPROVAL: DP Bernoulli	DPZ SETBACK INFORMATION
State Highways	Front: _____
Building Officials	Rear: _____
Dev. Engineering, DPZ	Side: _____
Health	Side St.: _____
Fire Protection	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTINGENCY CONSTRUCTION START. <input type="checkbox"/>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
ONE STOP SHOP: <input type="checkbox"/>	Lot Coverage for New Town Zone SDP/Red-line approval date _____
Distribution of Copies	TOTAL FEES \$ _____
White: Building Officials	Sub-total paid \$ _____
Green: LDD, DPZ	Balance due \$ _____
Yellow: DED, DPZ	Check # _____
Pink: Health	Validation # _____
Gold: SHA	Accepted by _____

HOWARD COUNTY
PERMIT APPLICATION
Walk Thru

PERMIT NUMBER
B10001552

Building Address 14342 Musgrove Farm Ct
Glenwood MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Vaysman
 Address 14342 Musgrove Farm Ct
 City Glenwood State MD Zip Code 21738
 Home Phone 443-983-1072 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
~~Jeff Switzer~~ Chantell Tracy
537 Callander way
Abingdon MD 21009
 Phone 443 8033330 Fax 443 402 0347

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 12600⁰⁰
 Description of Work add new deck w/ steps
40x14

Occupant or Tenant Roman + Tanya Vaysman
 Contact Name Roman Vaysman
 Address 14342 Musgrove Farm Ct
 City Glenwood State MD Zip Code 21738
 Phone _____ Fax _____

Contractor Company HOME CRAFT DECKS
 Contact Person ~~Jeff Switzer~~ Chantell Tracy
 Address 537 Callander Way
 City Abingdon State MD Zip Code 21009
 License No. 48628
 Phone 443 8033330 Fax 443 402 0347

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

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<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.

Applicant's Signature [Signature]
 Email Address homecraft@comcast.net
 Title/Company VP/ Homecraft Decks Inc

Print Name Chantell Tracy
JEFF SWITZER
 Date 5/26/10

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			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>6-3-10</u>	<u>D Bernard</u>	
Fire Protection			

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____

Is Sediment Control approval required prior to issuance?
 YES NO

Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

Walk Thru

B10001552

Building Address 14342 Musgrove Farm Ct
Glenwood MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Vaysman
 Address 14342 Musgrove Farm Ct
 City Glenwood State MD Zip Code 21738
 Home Phone 443-983-1072 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

~~Jeff Switzer~~ Chantell Tracy
537 Callander way
Abingdon MD 21009
 Phone 443 8033330 Fax 443 402 0347

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 12600⁰⁰
 Description of Work add new deck w/ steps
40x14

Contractor Company HOME CRAFT DECKS
 Contact Person ~~Jeff Switzer~~ Chantell Tracy
 Address 537 Callander Way
 City Abingdon State MD Zip Code 21009
 License No. 48628
 Phone 443 8033330 Fax 443 402 0347

Occupant or Tenant Roman & Tanya Vaysman
 Contact Name Roman Vaysman
 Address 14342 Musgrove Farm Ct
 City Glenwood State MD Zip Code 21738
 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/>
1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: _____	
State Certified Modular _____	
Manufactured Home _____	

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Applicant's Signature [Signature]
 Email Address homecraft@comcast.net
 Title/Company VP/Homecraft Decks Inc

Print Name Chantell Tracy
JEFF SWITZER
 Date 5/26/10

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		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health <u>6-3-10</u>		<u>DBernard</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>

PROPERTY ID #
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Is Sediment Control approval required prior to issuance?
 YES NO

Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by _____

All Lumber is pressure treated yellow pine

6x6 post

(2) 2x12 beam

2x8 Joist spaced 12" On Center

5/4x6 planking

4x4 post on railing

2x4 on rails

2x2 pickets spaced 3/4" On Center

(2) Carriage bolts connect each post to 2x12 beam

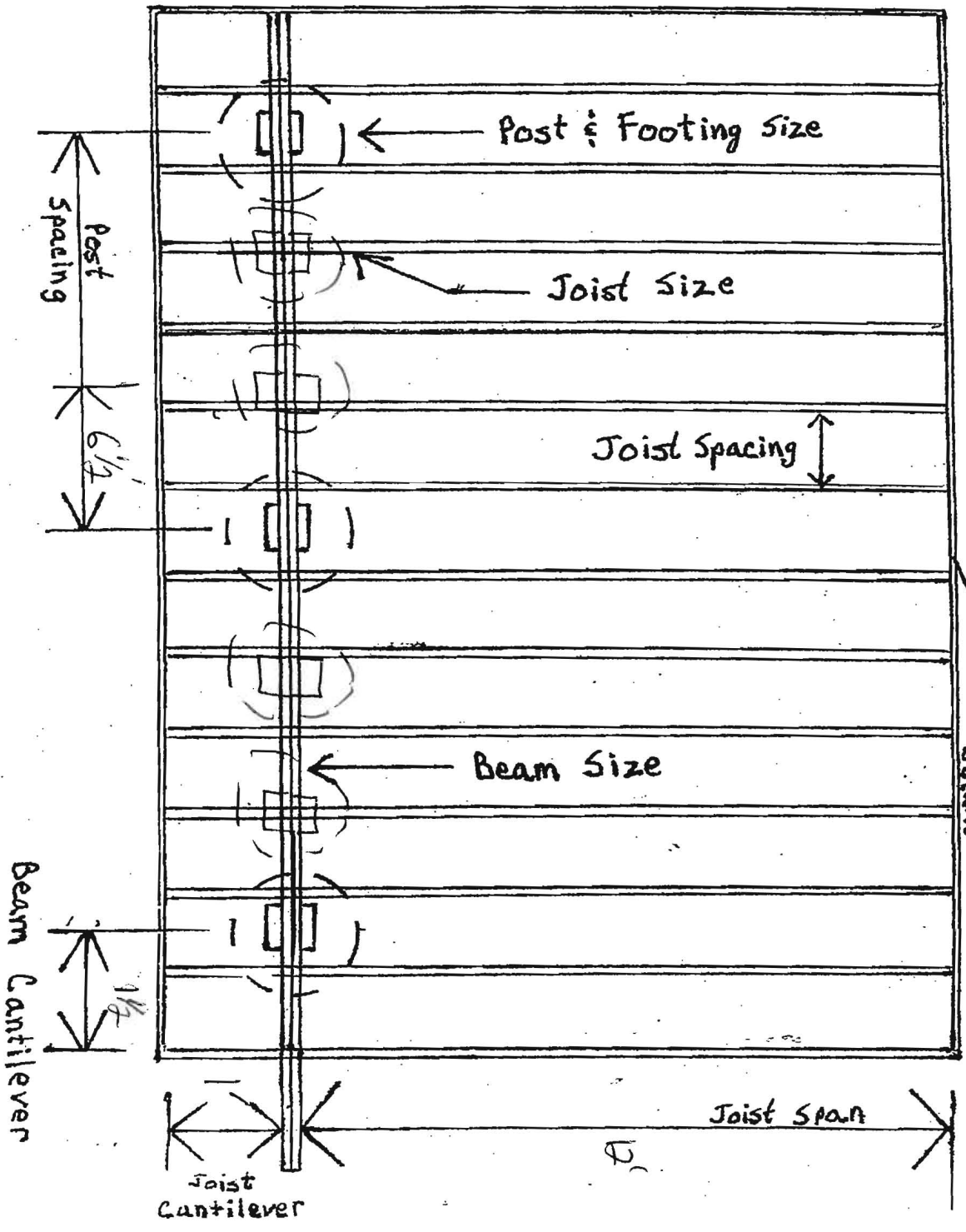


Deck Width



Deck Length

40'



Post & Footing Size

Joist Size

Joist Spacing

Beam Size

Typical Ledger Attachment Details

Joist Span

Post Spacing

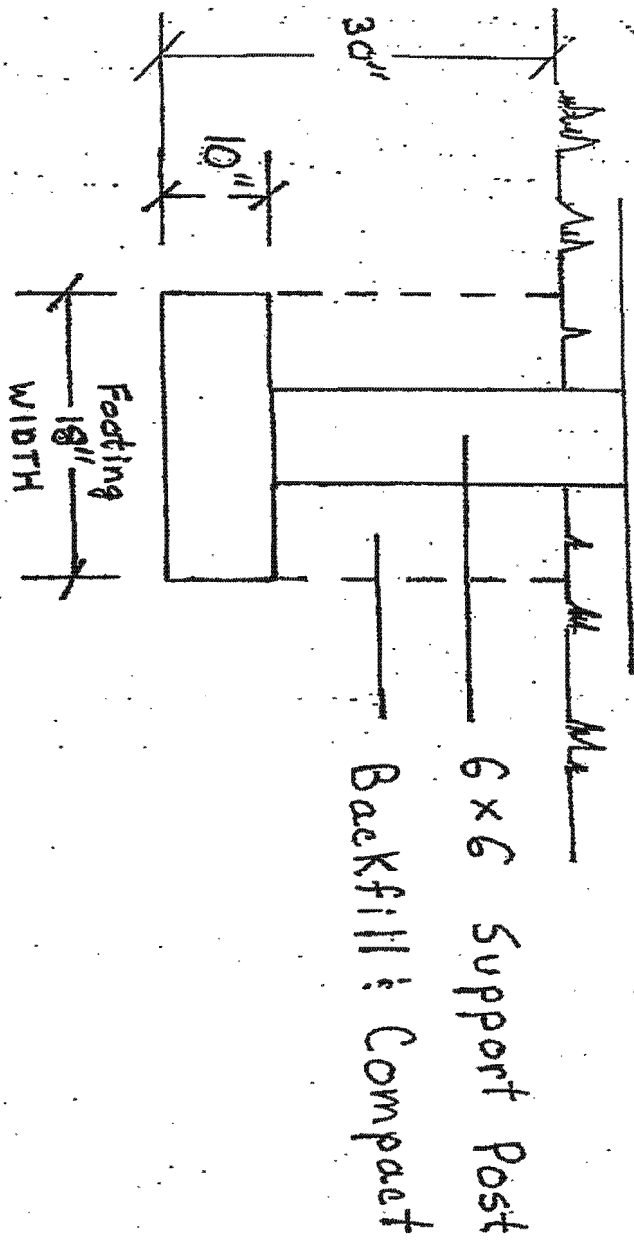
6 1/2'

Beam Cantilever

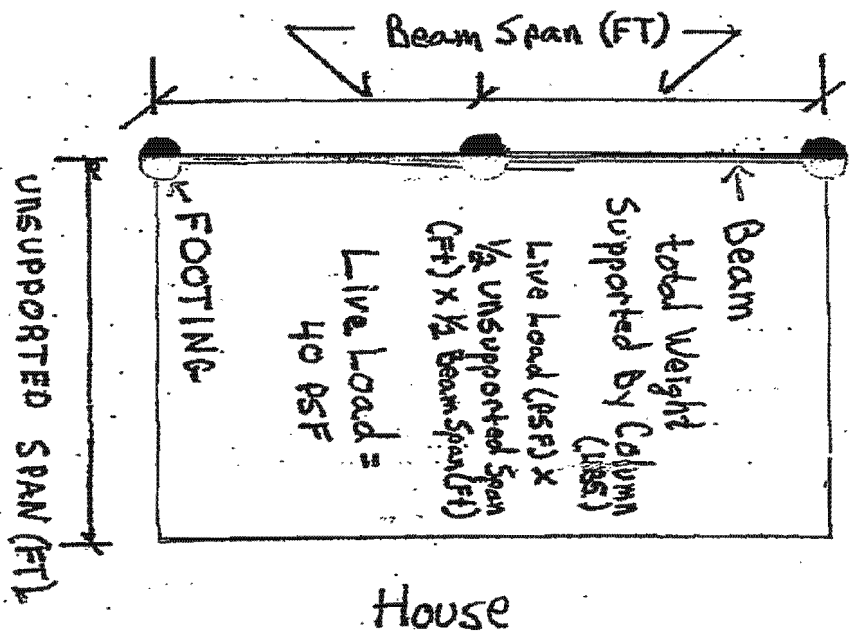
1/2'

Joist Cantilever

2'



Footing Detail



NOTE: THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH A CONTEMPLATED TRANSFER, FINANCING OR REFINANCING; AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, SHEDS, GARAGES, BUILDINGS, LANDSCAPING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS LOCATION DRAWING WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE REPORT. THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHTS-OF-WAY, COVENANTS, AND RESTRICTIONS, ETC. OF RECORD, SOME OR ALL OF WHICH MAY OR MAY NOT BE SHOWN AND/OR REFERENCED HEREON. BEARINGS AND DISTANCES OF THE PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER AVAILABLE RECORDS AND HAVE NOT BEEN FIELD VERIFIED. THE LICENSEE BELOW WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS LOCATION DRAWING AND THE SURVEYING WORK REFLECTED IN IT, ALL IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN COMAR TITLE 09, SUBTITLE 13, CHAPTER 06, REGULATION .12.

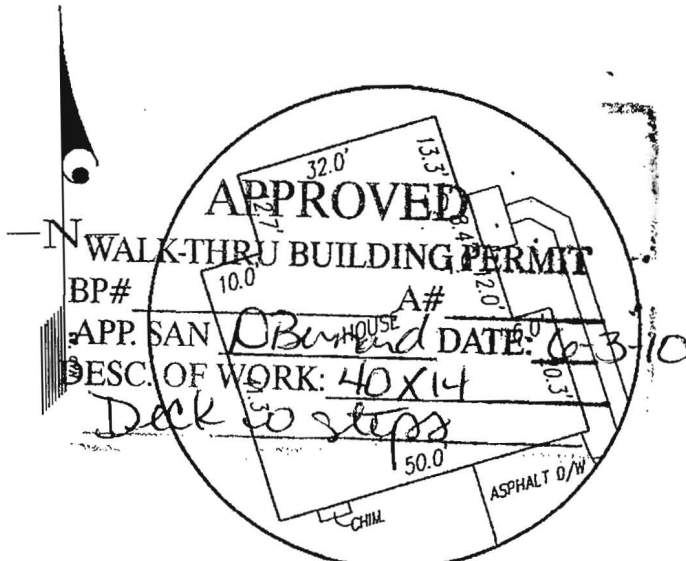
MUSGROVE FARM COURT
(50' R/W)

S 88°24'09" E 12.00'

10' PUBLIC TREE MAINT. & UTIL. ESMT.
PUBLIC STORM DRAIN & UTILITY ESMT.

PRIVATE SEWER & UTILITY ESMT.

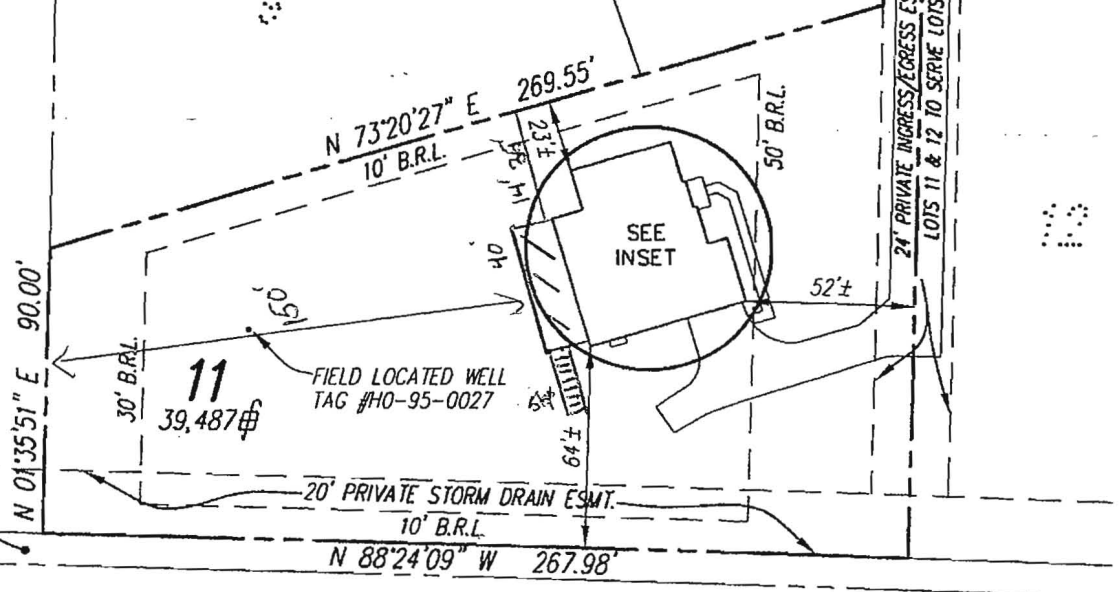
40x14 open deck
Left setback 64'
Right Set back 35'
Back Set back 150'
500 Sq ft deck



Shared septic located 500' off property

INSET
1" = 30'

P-158
N/F J.W. &
K.L. MOORE
L1178 F.366



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER PLAT No. 19125
SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±1' FOOT.

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866
TEL: 301-431-4024 FAX: 410-890-1870

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE C (AREA OF MINIMAL FLOODING) AS SHOWN ON THE F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 240044 0020 B, REVISED DECEMBER 4, 1986.

REFERENCE : PLAT No. 19125
DATE OF LATEST FIELD WORK: 08-12-09
Scale 1"=60'