

DEPT. 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	B09001207 PERMIT NUMBER
Building Address <u>14557 Mustang Path</u> <u>Greenwood Md 21738</u>		Property Owner's Name <u>Margaret Spindler</u> Address <u>14557 Mustang Path</u> City <u>Greenwood</u> State <u>md</u> Zip Code <u>21738-9518</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Phone _____ Phone _____	
Census Tract _____ Subdivision <u>Greenwood Estate</u>		Applicant's Name & Mailing Address, (if other than stated herein):	
Section _____ Area _____ Lot <u>37</u>		Phone _____ Fax _____	
Tax Map <u>21</u> Parcel <u>179</u> Grid <u>5</u>		Contractor Company <u>Lawson Custom Homes</u> Contact Person <u>Tom Lawson</u> Address <u>7237 Talbot Run Rd</u> City <u>Mt Airy</u> State <u>md</u> Zip Code <u>21771</u> License No. <u>CTRO 2636</u> Phone _____ Fax _____ <u>413 277 8706</u>	
Existing Use _____ Proposed Use <u>Family Room</u> Estimated Construction Cost \$ <u>30,000</u>		Engineer or Architect Company _____	
Description of Work <u>20'x36' Family Room</u>		Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant <u>Margaret Spindler</u> Contact Name <u>Margaret Spindler</u> Address <u>14557 Mustang Path</u> City <u>Greenwood</u> State <u>md</u> Zip Code <u>21738</u> Phone _____ Fax _____		City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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"/> 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 <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: _____ Finished Basement _____ Unfinished Basement _____ <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade 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	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"/> 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:

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.

Welby Lawson Applicant's Signature Welby Lawson Print Name
L.C.H. Title/Company 5-26-09 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$
State Highways				Rear: _____	Permit fee \$
Building Officials				Side: _____	Excise tax \$
Dev. Engineering, DPZ				Side St: _____	Add'l per fee \$
Health	<u>5-26-09</u>	<u>W. Lawson</u>		All minimum setbacks met?	TOTAL FEES \$
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$
				Is Entrance Permit required?	Check #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation #
				Historic District?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Eof Coverage for New Town Zone	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date	Accepted by

