

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 16997 Moss Meadow Way
Mount Airy MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Patrice S. Lease
Address 16997 Moss Meadow Way
City Mt. Airy State MD Zip Code 21771
Home Phone 410-489-0371 Work Phone 410-489-0777
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax 410-489-6622

Existing Use residential
Proposed Use residential
Estimated Construction Cost \$70,000
Description of Work bedroom/bathroom addn 500sf.
Kitchen addition 200 sf., breezeway
100sf.

Contractor Company _____
Contact Person Herb Leaf
Address 2703 Back Acre Circle
City Mt. Airy State MD Zip Code 21771
License No. _____
Phone 410-984-7711 Fax 301-839-1924

Occupant or Tenant Occupant
Contact Name Patrice Lease
Address 16997 Moss Meadow Way
City Mt. Airy State MD Zip Code 21771
Phone 301-693
~~410-6470~~ Fax 410-489-6622

Engineer or Architect Company Fred Dickson Bldrs
Contact Person Fred Dickson
Address _____
City _____ State _____ Zip Code _____
Phone 410-707-0447 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: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>24'</u> Width <u>36'</u> 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u> Height: _____ Multi-family dwellings: <u>3 Bedrooms</u> No. of efficiency units: _____ No. of 1 BR units: <u>Total</u> No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <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.

Patrice Lease
Applicant's Signature
Title/Company _____

Patrice S. Lease
Print Name
10/17/06
Date

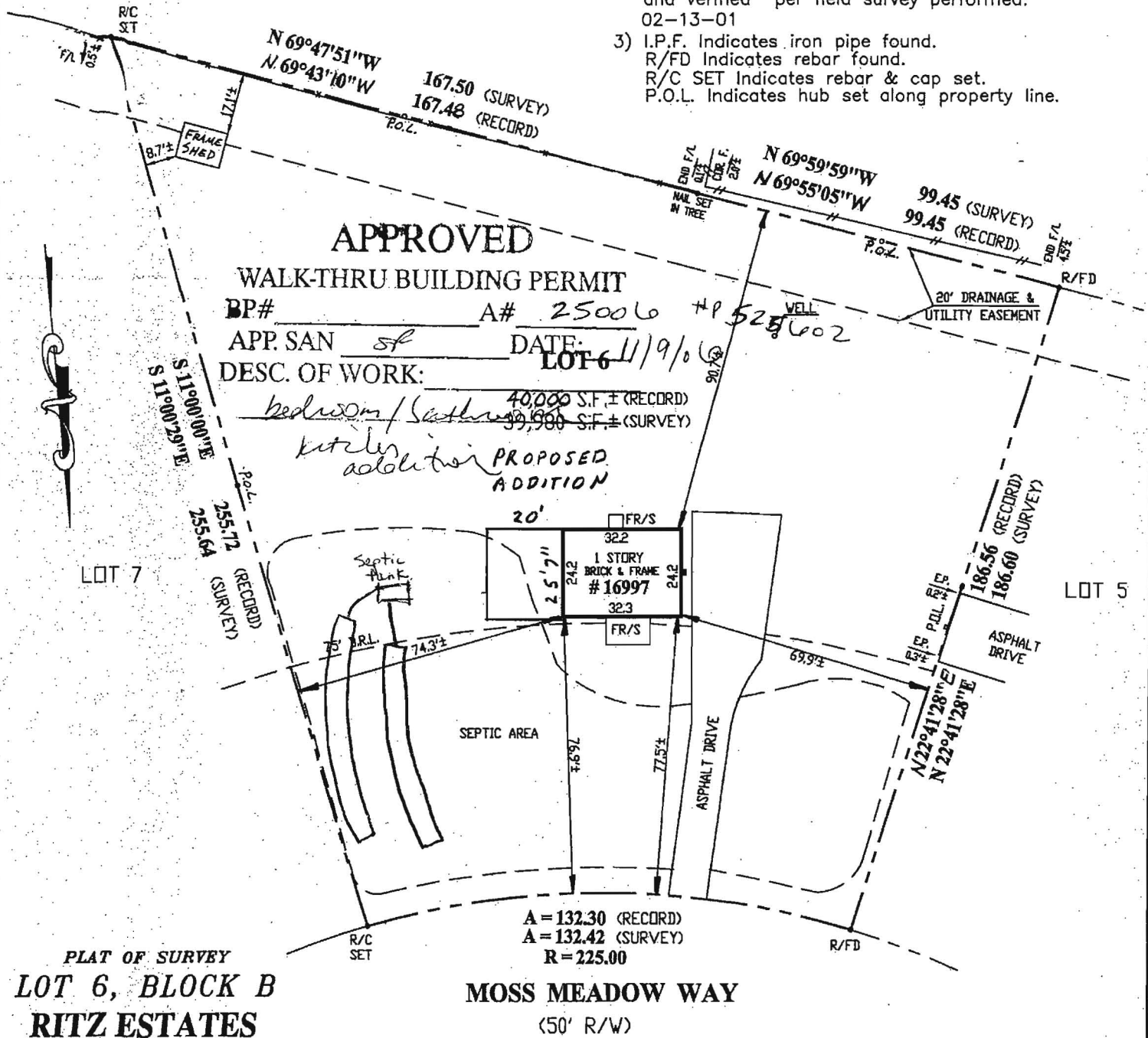
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>11/9/06</u>	<u>[Signature]</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:Norma@PERMITS.FRM				Gold: SHA


The information shown hereon has been prepared without benefit of a Title Report, therefore, may not reflect all easements or encumbrances which may affect subject property.

Notes:

- 1) Flood zone "C" per H.U.D. panel No. 240044-0007B.
- 2) All property corners have been recovered or set and verified per field survey performed: 02-13-01
- 3) I.P.F. Indicates iron pipe found.
R/FD Indicates rebar found.
R/C SET Indicates rebar & cap set.
P.O.L. Indicates hub set along property line.



Building Line and/or Flood Zone Information is taken from Available Sources and is Subject to Interpretation of Originator.

SURVEYOR'S CERTIFICATE I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD SURVEY PURSUANT TO THE DEED OR PLAT OF RECORD. PROPERTY MARKERS HAVE BEEN RECOVERED OR PLACED IN ACCORDANCE WITH THE INFORMATION SHOWN". <i>Jeffrey A. Foster</i> MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587	REFERENCES PLAT BK. PLAT NO. 3879	 SNIDER & ASSOCIATES SURVEYORS - ENGINEERS LAND PLANNING CONSULTANTS 2 Professional Drive, Suite 216 Gaithersburg, Maryland 20879 301/948-5100, Fax 301/948-1286							
	LIBER 3025 FOLIO 690		<table border="1"> <tr> <td>DATE OF LOCATIONS</td> <td>SCALE: 1" = 40'</td> </tr> <tr> <td>WALL CHECK:</td> <td>DRAWN BY: E.M.G.</td> </tr> <tr> <td>HSE. LOC.: 02-13-2001</td> <td>JOB NO.: 2001-459</td> </tr> <tr> <td>PROP. CORS.: 02-13-2001</td> <td></td> </tr> </table>	DATE OF LOCATIONS	SCALE: 1" = 40'	WALL CHECK:	DRAWN BY: E.M.G.	HSE. LOC.: 02-13-2001	JOB NO.: 2001-459
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