

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

307004404

Building Address 18330 New Cut Road
Mt. Airy, MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 19
Tax Map 6 Parcel _____ Grid 16
Zoning _____ Map Coordinates _____ Lot size 12.10 AC

Property Owner's Name Denise P. Donohue & Carsten J. Donohue-Moll
Address 18330 New Cut Road
City Mt. Airy State MD Zip Code 21771
Home Phone 301-829-6505 Work Phone 240-476-3498
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 150,000
Description of Work 50sqft Addition, metal roof, insulation & siding, new windows & their location, int. remodel, retaining walls

Contractor Company Mast Construction
Contact Person Douglas Mast
Address 4312C Langdon Drive
City Mt. Airy State MD Zip Code 21771
License No. MHIC # 92245
Phone 240-405-0763 Fax 301-829-3374

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

Engineer or Architect Company Parmelee Architects LLC
Contact Person Suzanne Parmelee Hren
Address 11539 Brundidge Terrace
City Germantown State MD Zip Code 20876
Phone 301-515-1884 Fax 301-515-1884 call first!

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--------------------------------------|---|
| Height: _____ | Water Supply: _____ |
| No. of stories: _____ | Public _____ |
| Gross area, sq. ft. per floor: _____ | <input checked="" type="checkbox"/> Private |
| Use group: _____ | Sewage Disposal: _____ |
| Construction type: _____ | Public _____ |
| Reinforced Concrete _____ | Private _____ |
| Structural Steel _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Masonry _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Wood Frame _____ | Heating System: _____ |
| State Certified Modular _____ | 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: _____ |
| Depth _____ Width _____ | Public _____ |
| 1st floor: _____ | <input checked="" type="checkbox"/> Private |
| 2nd floor: _____ | Sewage Disposal: _____ |
| Basement: _____ | Public _____ |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Private <input checked="" type="checkbox"/> |
| Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| No. of Bedrooms <u>3</u> | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Height: <u>8 ft.</u> | Heating System: _____ |
| Multi-family dwellings: _____ | Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> |
| No. of efficiency units: _____ | Natural Gas <input type="checkbox"/> |
| No. of 1 BR units: _____ | Propane Gas <input type="checkbox"/> |
| No. of 2 BR units: _____ | Sprinkler system: N/A <input type="checkbox"/> |
| No. of 3 BR units: _____ | NFPA #13D _____ |
| Other Structure: _____ | NFPA #13R _____ |
| Dimensions: _____ | Other: _____ |
| Footings: _____ | |
| Roof Height: _____ | |
| 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.

Carsten Donohue-Moll
Applicant's Signature

Carsten Donohue-Moll
Print Name

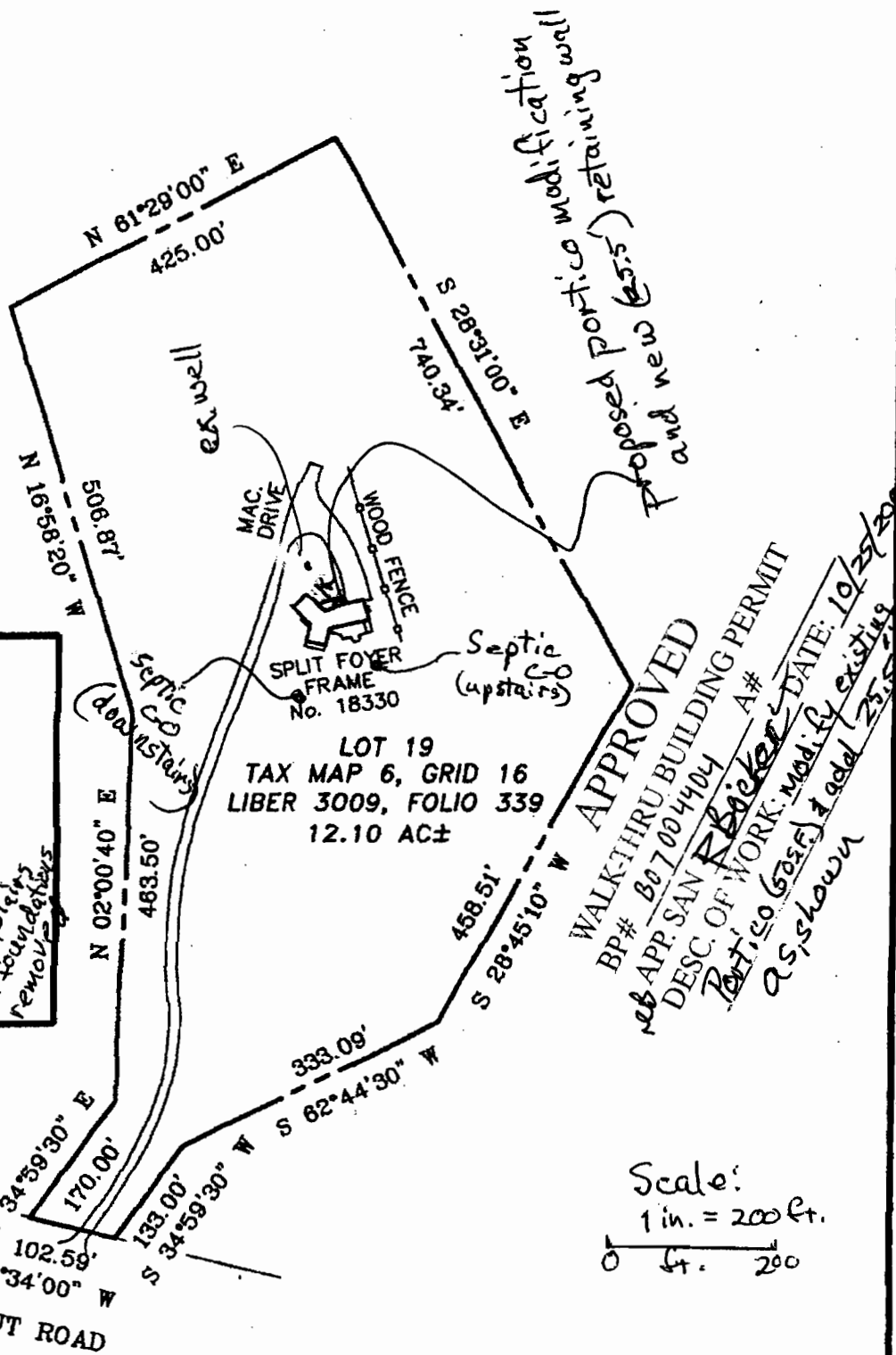
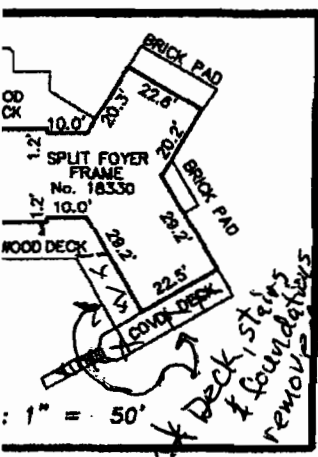
_____ Title/Company

10/25/2007 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 | | |
| State Highway | | |
| Building Official | | |
| Dev. Engineering DPZ | | |
| Health | <u>10/25/2007</u> | <u>R. Bueler</u> |
| Fire Protection | | |
| Is Sediment Control approval required prior to issuance? | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | |
| ONE STOP SHOP: <input type="checkbox"/> | | |

| 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 Entrance Permit required? | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____ |
| Historic District? | Validation # _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Lot Coverage for NewTown Zone _____ | |
| SDP/Red-line approval date _____ | Accepted by _____ |



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07004404 A#
 desc. OF WORK: Portico
 DATE: 10/25/2007
 AS shown

Scale:
 1 in. = 200 ft.
 0 ft. 200

18330 NEW CUT ROAD
 MOUNT AIRY, MARYLAND 21771

IMPROVEMENT LOCATION DRAWING:
 THIS DRAWING IS INTENDED TO BE USED ONLY IN CONNECTION WITH CONTEMPLATED FINANCING OR REFINANCING; IT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT

1. THIS DRAWING 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.
 2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.

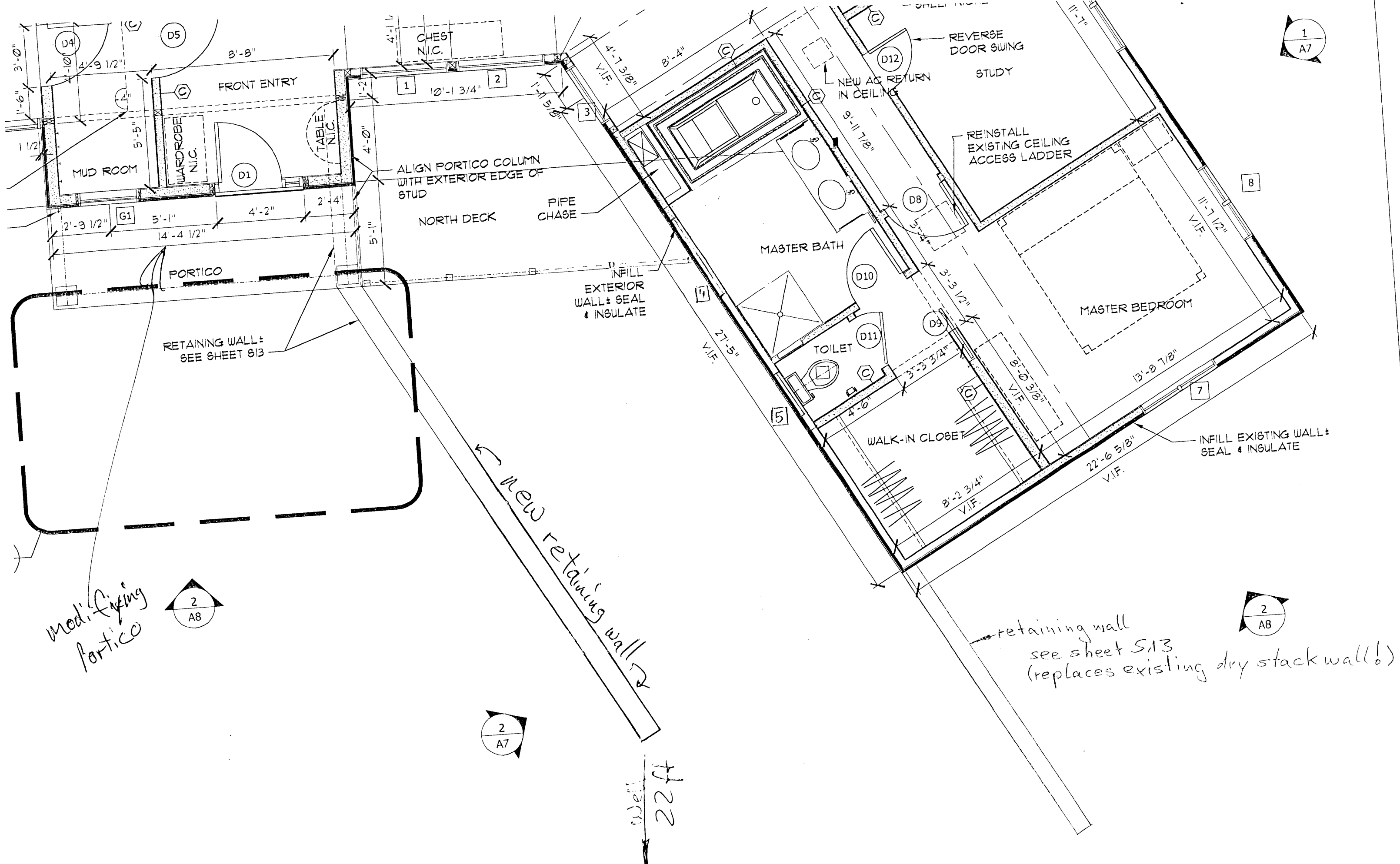
EXISTING OR PROPOSED LOCATIONS OF FENCES, GARAGES, BUILDINGS, OR OTHER IMPROVEMENTS; AND

3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

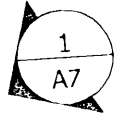
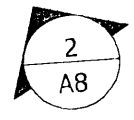
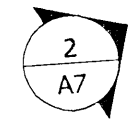
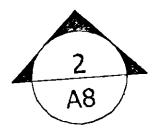
IDENTIFY THAT IMPROVEMENTS ARE

LOCATION DRAWING

L02145



mod. fixing portico



retaining wall see sheet S13 (replaces existing dry stack wall (b))

