

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B0053786 *APL*

Building Address Lot 5 Tax map 10 Parcel 62
Mariottsville MD 21104
Suite/Apt. #: _____ SDP/W/P/Petition #: _____
Census Tract 6030 Subdivision _____
Section _____ Area _____ Lot 5
Tax Map 10 Parcel 62 Grid 22
Zoning RCDED Map Coordinates SKB Lot size 1.112

Property Owner's Name James + Tamara Beal
Address 11255 Old Frederick Rd
City Mariottsville State MD Zip Code 21104
Home Phone 410 412 2761 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Julius Group LLC
Phone 410 504 3592 Fax 410 445 1601

Existing Use building lot
Proposed Use SFB
Estimated Construction Cost \$ 247,800
Description of Work construct new modular
single family 3B 2.5 B.H.
unfurnished unit.

Contractor Company Julius Group LLC
Contact Person Jim Julius
Address 1263 Baggall Rd
City Westminster State MD Zip Code 21157
License No. 9666
Phone 410 504 3592 Fax 410 445 1601

Occupant or Tenant JAMES + TAMARA BEAL
Contact Name Julius Group LLC Jim Julius
Address 1263 Baggall Rd
City Westminster State MD Zip Code 21157
Phone 410 504 3592 Fax 410 445 1601

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: <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: <u>2</u> | 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 | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____ |
| <input type="checkbox"/> State Certified Modular | |

| Building Characteristics | Utilities |
|--|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>2P</u> <u>10</u> 2nd floor: <u>2F</u> <u>40</u> Basement: <u>2F</u> <u>40</u> | Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Height: <u>3.1</u> | Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | 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: _____ | Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Sprinkler system: <u>N/A</u> <input checked="" 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 THEREIN; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

James Julius
Applicant's Signature
President
Title/Company

JAMES JULIUS
Print Name
5/13/05
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 USE |
|--------|-------|--------------------|---|--------------------------|
| _____ | _____ | _____ | Front: _____ | Filing fee: <u>100</u> |
| _____ | _____ | _____ | Rear: _____ | Permit fee: \$ _____ |
| _____ | _____ | _____ | Side: _____ | Excavator: \$ _____ |
| _____ | _____ | _____ | Side St: _____ | Add'l per. fee: \$ _____ |
| _____ | _____ | _____ | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES: \$ _____ |
| _____ | _____ | _____ | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Subtotal paid: \$ _____ |
| _____ | _____ | _____ | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due: \$ _____ |
| _____ | _____ | _____ | Lot Coverage for New Town Zone: _____ | Check: <u>245</u> |
| _____ | _____ | _____ | SDP/Excavation approval date: _____ | Valuation: <u>12703</u> |
| _____ | _____ | _____ | Accepted by: _____ | |

B110021637

Building Address: 11277 OLD FREDERICK ROAD
MARLBOROUGHVILLE 21104-0000
 Suite/Apt. # SDP/WP/BA #:
 Census Tract: Subdivision: N/A
 Section: Area: Lot: 5 1A
 Tax Map: 0010 Parcel: 0063 Grid: 0022
 Zoning: Map Coordinates: Lot Size: 1 ACRE

Property Owner's Name: JAMES E TOMARA BEAL
 Address: 11277 OLD FREDERICK ROAD
 City: MARLBOROUGHVILLE State: MD Zip Code: 21104-0000
 Home Phone: 410-442-5018 Work Phone: 443-277-4346
 Applicant's Name & Mailing Address, (If other than stated herein):

 Phone: _____ Fax: _____
 Email: _____

Existing Use: Single Family Dwelling
 Proposed Use: 14x14 Sunroom AND 14x16 Deck Addition
 Estimated Construction Cost: \$ 25,000
 Description of Work: REAR 14x14 FINISHED SUNROOM ADDITION AND 14x16 DECK CONNECT TO EXISTING HOME 4 ACRE WALKOUT LOT WITH SEPTIC IN FRONT YARD
 Occupant or Tenant: HOMEOWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: HOMEOWNER - GC
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____
 Engineer/Architect Company: STAN RYDER, JR/ARCHITECT/PA
 Responsible Design Prof.: STAN RYDER
 Address: 987 WILDS DRIVE
 City: WESTMINSTER State: MD Zip Code: 21157
 Phone: 410-849-5662 Fax: 410-849-5662
 Email: ryderarchitect@comcast.net

| BUILDING DESCRIPTION - COMMERCIAL | |
|--|---|
| Building Characteristics | Utilities |
| Height: _____ | <u>Water Supply</u> |
| No. of stories: <input type="checkbox"/> Public | |
| Gross area, sq. ft./floor: _____ | <input type="checkbox"/> Private |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): _____ | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: _____ | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| Roadside Tree Project Permit # _____ | No. of Heads: _____ |

| BUILDING DESCRIPTION - RESIDENTIAL | |
|---|--|
| Building Characteristics | Utilities |
| <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| Depth _____ Width _____ | <input type="checkbox"/> Public |
| 1 st floor: <u>14x14.5R 14x16</u> | <input type="checkbox"/> Private |
| 2 nd floor: _____ | <u>Sewage Disposal</u> |
| Basement: _____ | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input checked="" type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: _____ | <input checked="" type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: _____ | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: _____ | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: _____ | |
| No. of 3 BR units: _____ | |
| Other Structure: _____ | |
| Dimensions: _____ | |
| Footings: _____ | <input checked="" type="checkbox"/> Roadside Tree Project Permit |
| Roof: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | <u>Roadside Tree Project Permit #</u> |
| <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: taj03@verizon.net
 Title/Company: HOMEOWNER

Print Name: JAMES T BEAL
 Date: 8-31-11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------|---------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>8-1-11</u> | <u>[Signature]</u> |
| Fire Protection | | |

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

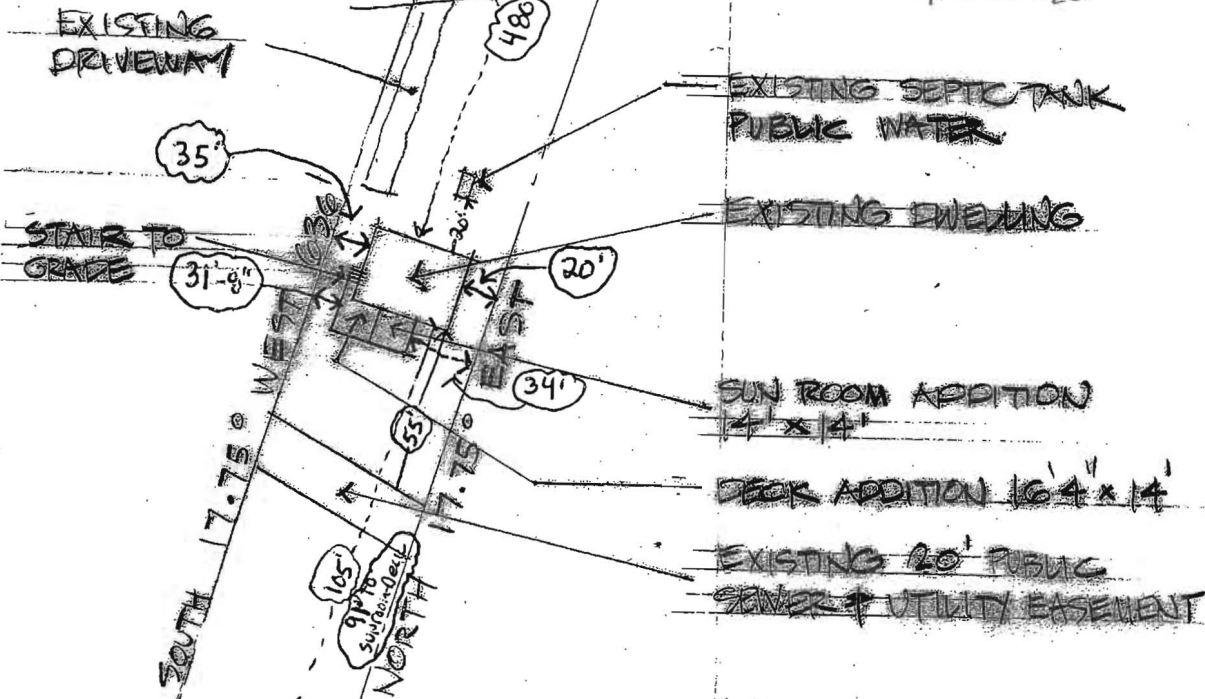
| DPZ SETBACK INFORMATION |
|---|
| Front: _____ |
| Rear: _____ |
| Side: _____ |
| Side St.: _____ |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town-Zone: _____ |
| SDP/Red-line approval date: _____ |

| | |
|-----------------|----|
| Filing Fee | \$ |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |



MD ROUTE 99
OLD FREDERICK ROAD

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# 521512
APP. SAN HS _____ DATE 9-1-11
DESC. OF WORK: deck & sun room
as shown x public H₂O



AUGUST 12, 2011

SITE PLAN 1" = 60'
ADDITION TO RE
BEAL RESIDENCE
1277 OLD FREDERICK RD
MARRIOTTVILLE, MD
LIBER 4054 FOLIO 547
TAX MAP 10 PARCEL 63
1.0 AC ±

ORDER 9020 FOLIO 660

State of Maryland Land Instrument Intake Sheet
Baltimore City County: HOWARD

Information provided is for the use of the Clerk's Office, State Department of Assessments and Taxation, and County Finance Office Only.
(Type or Print in Black Ink Only—All Copies Must Be Legible)

Main form body containing sections: Type(s) of Instruments, Conveyance Type Check Box, Tax Exemptions, Consideration and Tax Calculations, Fees, Description of Property, Transferred From, Transferred To, Other Names to Be Indexed, Contact/Mail Information, and Assessment Information.

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