

Building Address <u>1750 Oakdale Dr.</u> <u>Cooksville, MD 21723</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Laurie & Michael Mcnemy</u> Address <u>1750, Oakdale Dr</u> City <u>Cooksville</u> State <u>MD</u> Zip Code <u>21723</u> Home Phone <u>410-489-5885</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Dan Miller</u> <u>12075 Old Frederick Rd.</u> <u>Mariottsville MD 21104</u> Phone <u>410-442-1385</u> Fax <u>SAME</u>
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Existing Use <u>SINGLE FAM.</u> Proposed Use <u>Deck w/ steps</u> Estimated Construction Cost \$ <u>32,600-</u> Description of Work <u>Appox 550 sq ft irregular</u> <u>shape deck with steps to grade</u>	Contractor Company <u>John D. Miller Builders Inc.</u> Contact Person <u>Dan Miller</u> Address <u>12075 Old Frederick Rd</u> City <u>Mariottsville</u> State <u>MD</u> Zip Code <u>21104</u> License No. <u>07861</u> Phone <u>410 442 1388</u> Fax <u>SAME</u>
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Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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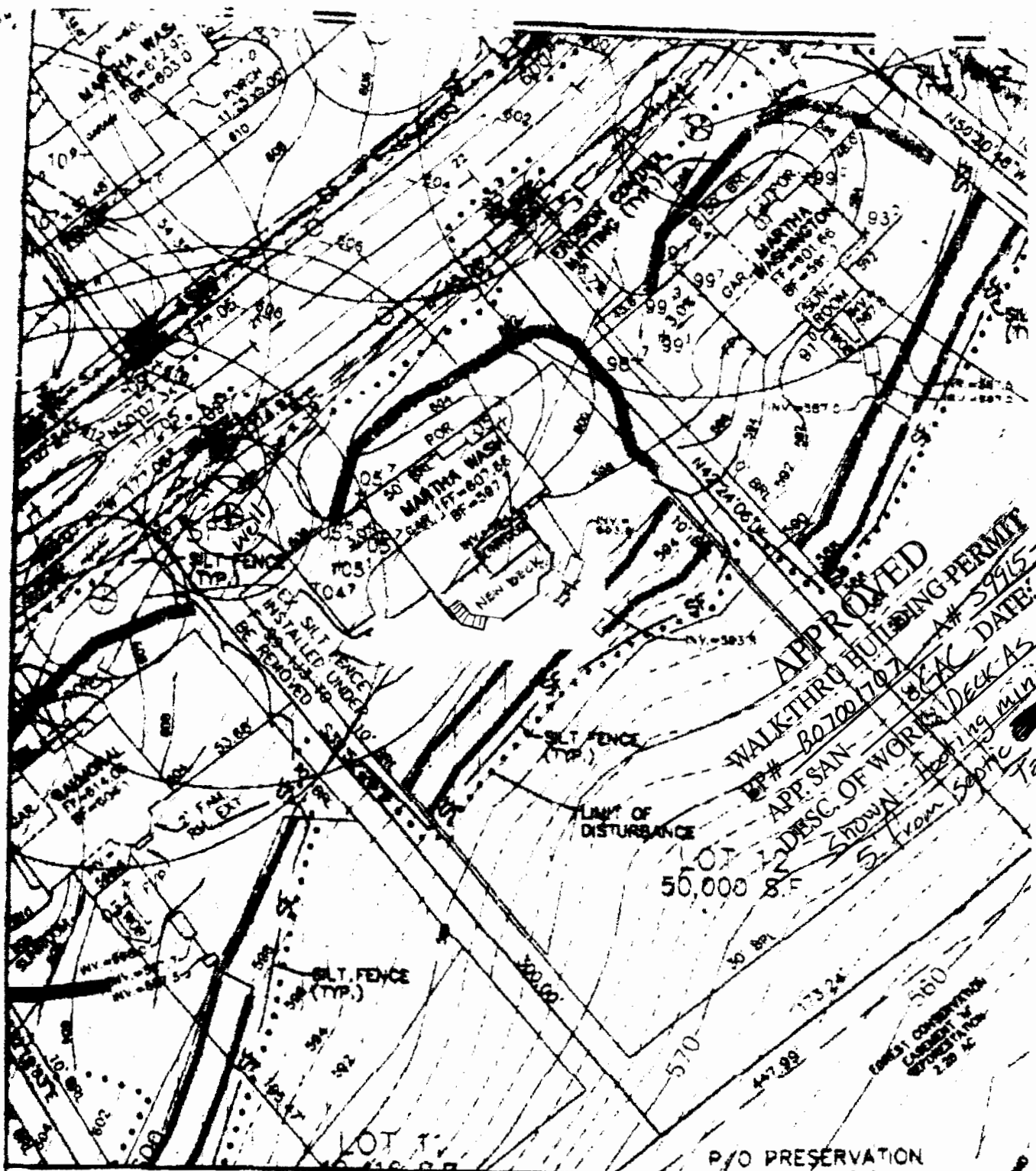
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <input type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" 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.

<u>Daniel R Miller</u> Applicant's Signature <u>President / John D. Miller Builders Inc.</u> Title/Company	<u>Daniel L. Miller</u> Print Name <u>May 10, 2007</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

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>5/10/2007</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? 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"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	



APPROVED
 WALK-THRU BUILDING PERMIT
 EP# 807001707
 APP. SAN. # 59915-N
 DISC. OF WORKSHEET DATE: 5/10/07
 SHOWN: Footing minimum
 5' from Sphc Tank (X)

FIRST FLOOR ELEVATION = 607.66
 BASEMENT ELEVATION = 597.7
 SPO ELEVATION AT GARAGE = 605.7

SLOPE OF DRIVEWAY = 3.0%
 NUMBER OF RISERS IN GAR. = 3
 NUMBER OF RISERS ON LEAD WALK

BENCHMARK
 ENGINEERING, INC.

MONTICELLO
 LOT 12

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELICOTT CITY, MD 21043
 PHONE: 410-485-8105 FAX: 410-485-8644

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 01/02
 REVISED: 2/4/02

1750 oakdale

SRK

DEPARTMENT 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

30034313

Building Address 1750 Oakdale Dr.
Cooksville, MD 21163 21723
Suite/Apt. #: SDP/WP/Petition #: 21723 N/A
Census Tract 6040 Subdivision Monticello
Section Area Lot 12
Tax Map Parcel 110 Grid 18
Zoning RC Map Coordinates 9F12 Lot size

Property Owner's Name D. R. Horton, Inc.
Address 1370 Piccard Dr., St. 230
Rockville, MD 20850
City State Zip Code
Home Phone Work Phone 301-670-6144
Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.
410-602-8779
Phone Fax

Existing Use vacant lot
Proposed Use single fam. dwelling
Estimated Construction Cost \$ 250,000
Description of Work Martha Washington w/Sunrm.
2 story full BSM 11R 3FB 11R
CLIPHS LINDO 14R/FP opt. Fin. L/L

Contractor Company D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850
Contact Person
Address
City State Zip Code
License No.
Phone 301-670-6144 Fax

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

Engineer or Architect Company Benchmark Engineer
John Carney
Contact Person
8480 Balto. Nat'l Fk.
Elliott City, MD 21043
Address
City State Zip Code
Phone 410-465-6105 Fax

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u> </u>	Water Supply: <u> </u>
No. of stories: <u> </u>	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: <u> </u>	Private <input type="checkbox"/>
Use group: <u> </u>	Sewage Disposal: <u> </u>
Construction type: <u> </u>	Public <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Private <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Heating System: <u> </u>
<input type="checkbox"/> State Certified Modular	Electric <input 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"/>
	Full <input type="checkbox"/>
	Partial <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>
	# of Heads <u> </u>

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u> </u>
Depth <u> </u> Width <u> </u>	Public <input type="checkbox"/>
1st floor: <u>56</u> <u>50</u>	Private <input checked="" type="checkbox"/>
2nd floor: <u>56</u> <u>45</u>	Sewage Disposal: <u> </u>
Basement: <u>56</u> <u>50</u>	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings:	Heating System: <u> </u>
No. of efficiency units: <u> </u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: <u> </u>	Natural Gas <input type="checkbox"/>
No. of 2 BR units: <u> </u>	Propane Gas <input type="checkbox"/>
No. of 3 BR units: <u> </u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Other Structure: <u> </u>	NFPA #13D <u> </u>
Dimensions: <u> </u>	NFPA #13R <u> </u>
Footings: <u> </u>	Other: <u> </u>
Roof: <u> </u>	
<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 V. Meyer
Title/Company SK 3/8/02

Print Name Victoria Meyer
Maryland Bldg. Permits, Inc.
Date 2/12/02
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **