

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

107003642

Building Address 15021 OAK RIDGE CT.
DAYTON MD. 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision HOW FOREST ESTATES

Section _____ Area 2 Lot 8

Tax Map 27 Parcel 147 Grid 11

Zoning _____ Map Coordinates _____ Lot size 1.06 AC

Property Owner's Name ADAM F. BERG

Address 15021 OAK RIDGE CT

City Dayton State MD Zip Code 21036

Home Phone (410) 531-8598 Work Phone (240) 754-5079

Applicant's Name & Mailing Address, (if other than stated hereon):
SAME

Phone _____ Fax _____

Existing Use VOID

Proposed Use LIVING SPACE / GARAGE

Estimated Construction Cost \$ 240,000

Description of Work CONSTRUCT A 11'x26' 2 STORY ADD. w/ front 1' A 21'x20' GARAGE.

Contractor Company JTM HOME IMP. INC.

Contact Person Joe McManuel Cell 443-250-3888

Address 2600 CALVERT DR. STE H

City HOWOCH State MD Zip Code 21076

License No. 41729

Phone (410) 760-7603 Fax (410) 760-8227

Occupant or Tenant Property owner

Contact Name SEE INFO

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company ↑ SAME AS ABOVE

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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.

[Signature]
Applicant's Signature
PRESIDENT / JTM HOME IMP. INC.
Title/Company

JOSEPH McMANUEL
Print Name
9-4-07
Date

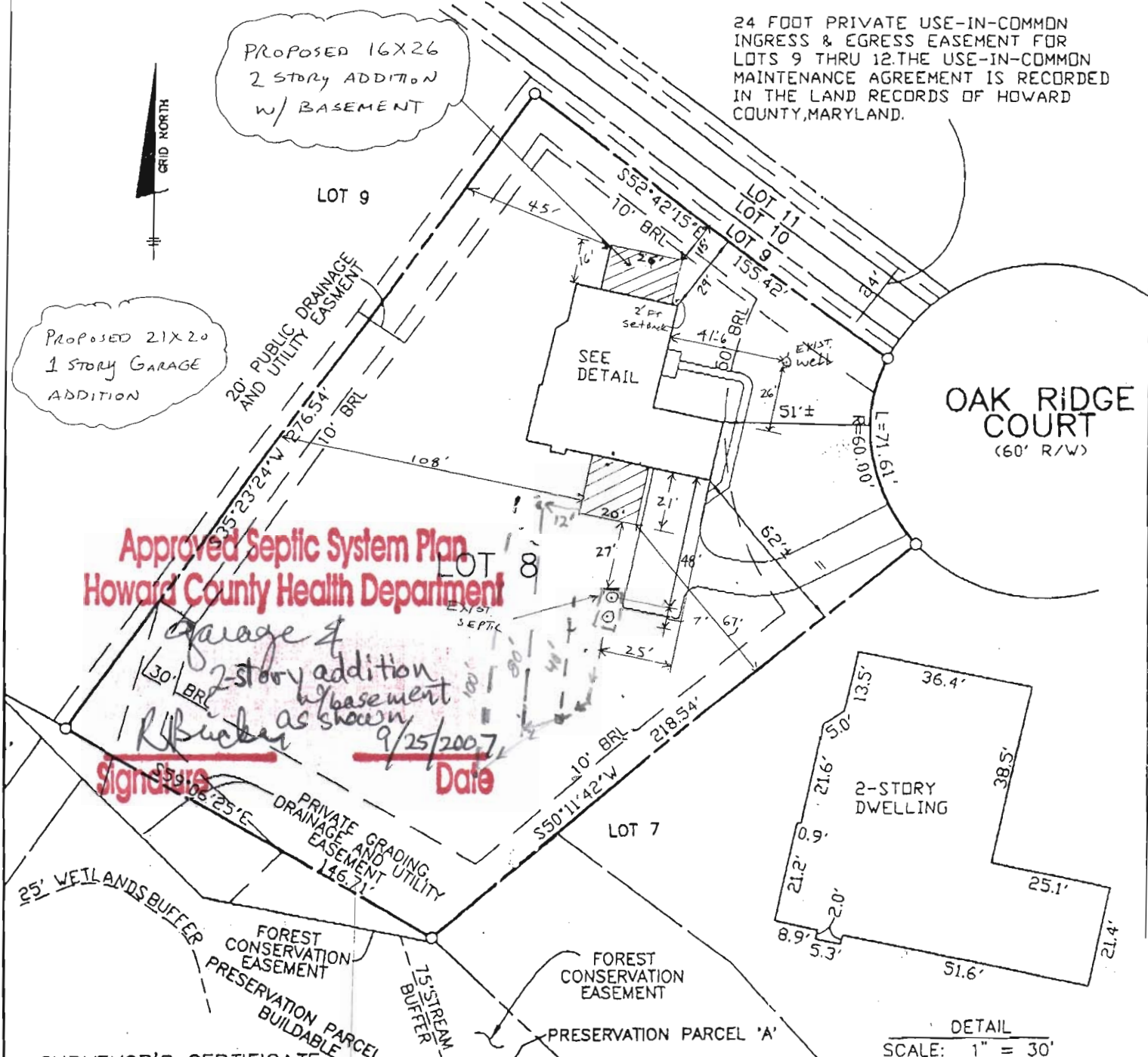
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Piling fee \$ <u>2400</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per fee \$ _____
Health	<u>9/25/2007</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 <u>220498</u>
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 _____	

NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE 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.
4. ALL BUILDINGS, STRUCTURES, AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO, ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.



Approved Septic System Plan
Howard County Health Department

Garage & 2-story addition w/ basement as shown
R. Buckner
9/25/2007
Date

Signatures

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

David M. Harris
REG. No. 10978



RECORD PLAT No. 13960
FEMA FIRM No. 240044 0025 B
ZONE: C
DATED: 12/4/86

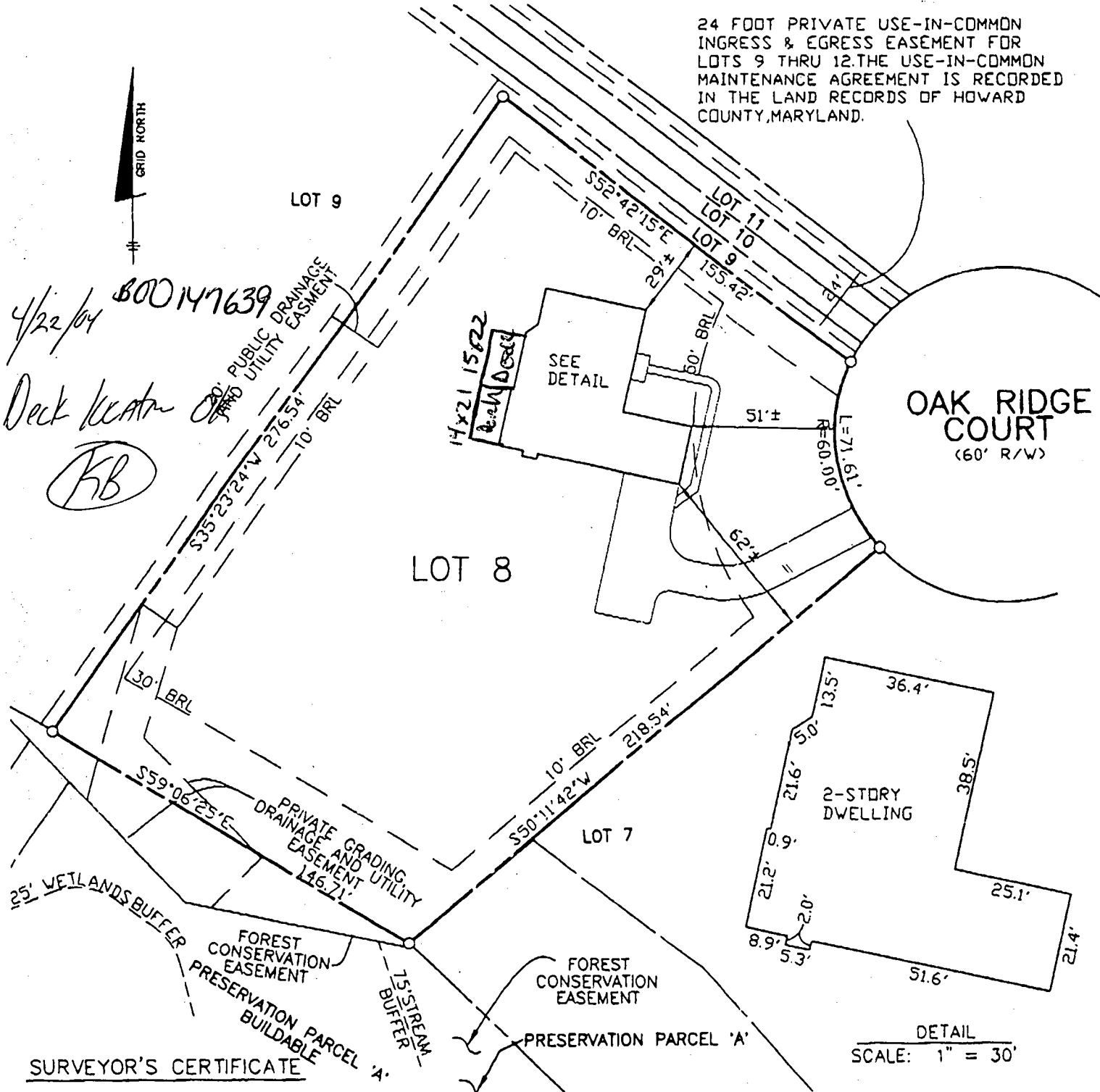
BENCHMARK
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE A SUITE 110
ELICOTT CITY, MARYLAND 21043
PHONE: 410-463-8108 A FAX: 410-463-8844
www.benchmarkinc.com

LOCATION DRAWING
HIGH FOREST ESTATES
LOTS 1 THROUGH 50
BUILDABLE PRESERVATION PARCEL A
NON-BUILDABLE PRESERVATION PARCEL E
LOT No. 8
15021 OAK RIDGE COURT
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 04/08/04

DETAIL
SCALE: 1" = 30'

NOTE:

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4/22/04 800147639
 Deck location
 (KB)

24 FOOT PRIVATE USE-IN-COMMON
 INGRESS & EGRESS EASEMENT FOR
 LOTS 9 THRU 12. THE USE-IN-COMMON
 MAINTENANCE AGREEMENT IS RECORDED
 IN THE LAND RECORDS OF HOWARD
 COUNTY, MARYLAND.

OAK RIDGE COURT
 (60' R/W)

DETAIL
 SCALE: 1" = 30'

SURVEYOR'S CERTIFICATE

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David Michael Harris
 REG. No. 10978



LOCATION DRAWING

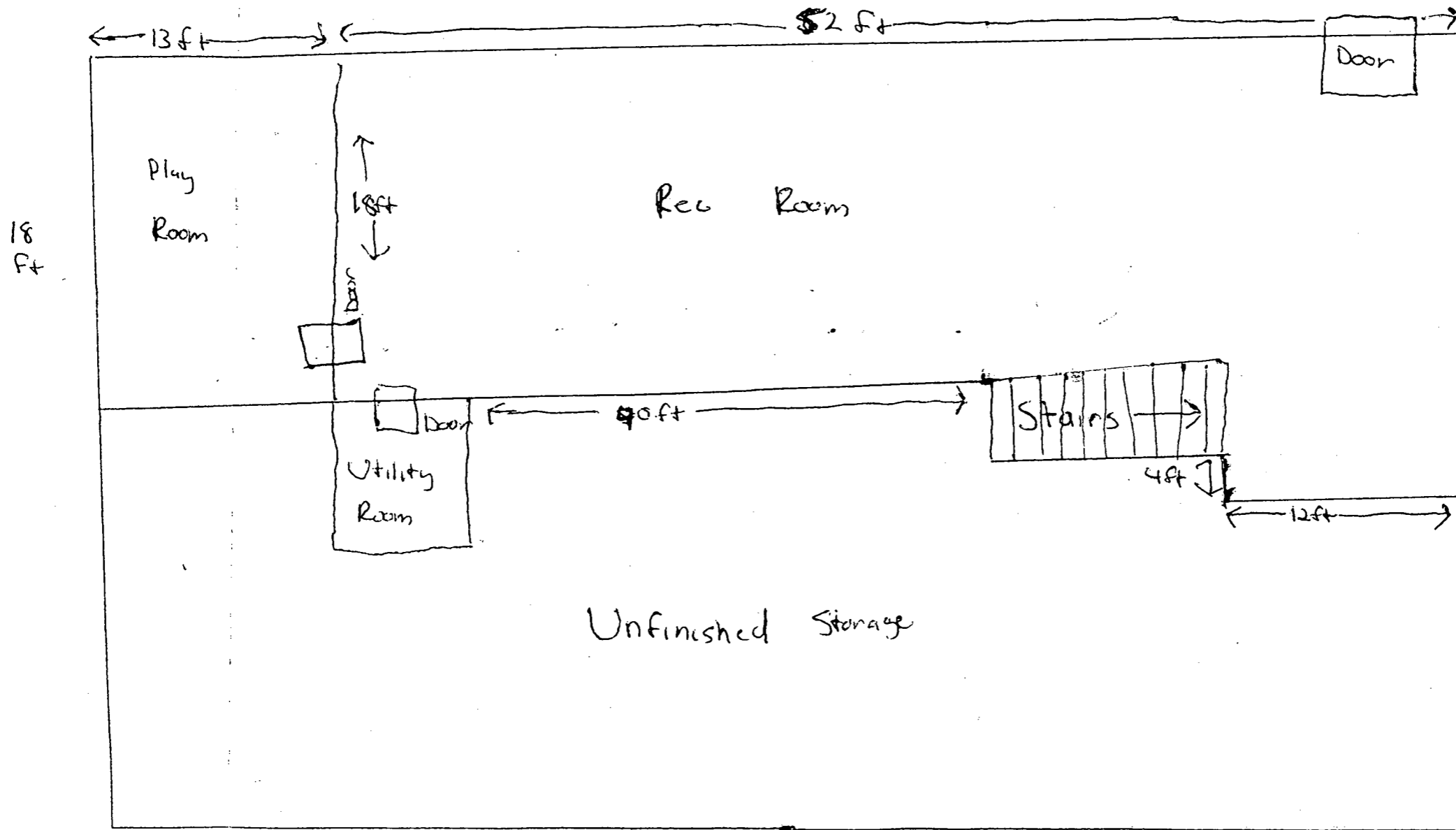
HIGH FOREST ESTATES
 LOTS 1 THROUGH 50
 BUILDABLE PRESERVATION PARCEL A
 NON-BUILDABLE PRESERVATION PARCEL B
 LOT No. 8

15021 OAK RIDGE COURT
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 04/08/04

BENCHMARK
 ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 118
 ELLCOTT CITY, MARYLAND 21043
 phone: 410-683-8100 & fax: 410-683-8844
 email: dbenchmark@bcde.com



B0014845100
 5/26/04
 B00148451
 Finishing
 Basement
 ok.
 New L. system
 & well completed
 (KN)