

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07001257

Building Address 1935 Old Annapolis Rd
LicBn MD
Suite/Apt #: _____ SDP/M/P/Petition #: _____
Census Tract 6090.01 Subdivision Edw H. Davis
Section _____ Area _____ Lot 2
Tax Map 7 Parcel 123 Grid 21
Zoning RC Map Coordinates _____ Lot size 4 ACRES

Property Owner's Name Wayne Whitten
Address 14609 STURTEVANT
City SILVER SPRING State MD Zip Code 20905
Home Phone 301 384 6017 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
STEVENS BUILDERS INC
3702 NATIONAL DR BARTONSVILLE MD
Phone 301 421 1700 Fax 301 421 7001

Existing Use VACANT LOT
Proposed Use NEW SINGLE FAMILY HOME
Estimated Construction Cost \$ 450,000
Description of Work CONSTRUCT SINGLE
FAMILY HOME. 3 BED
3.5 BATH. FINISHED BASEM
W KIT & BATH

Contractor Company STEVENS BUILDERS
Contact Person MARK STEVENS
Address 3702 NATIONAL DR SID
City BARTONSVILLE State MD Zip Code 20886
License No. 46
Phone 301 421 1700 Fax 301 421 7001

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

Engineer or Architect Company Von Mack
Contact Person Jim
Address _____
City UPPER MARY State MD Zip Code _____
Phone 410 301 829 2890 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>48</u> <u>72</u> 2nd floor: <u>N/A</u> <u>72</u> Basement: <u>48</u> <u>72</u> 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>3</u> Height: _____ 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 Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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.

Applicant's Signature Mark Stevens
Title/Company _____

Print Name MARK STEVENS
Date 4/13/07

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

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front _____	5,100.00
State Highway			Rear _____	
Building Official			Side _____	
Dev. Engineering, DPZ			Side St. _____	
Health	<u>4/13/07</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 \$ <u>4,017</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town 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				Accepted by: <u>[Signature]</u>

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09 000 474

Building Address 1985 OLD ANNAPOLIS RD
WOODBINE, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604001 Subdivision ELSI H. DAVIS
Section _____ Area _____ Lot 2
Tax Map 7 Parcel _____ Grid 7-21
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name WAYNE WHITTEN
Address 1985 OLD ANNAPOLIS RD
City WOODBINE State MD Zip Code 21797
Phone 410-965-5719 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
PHILIP STRAIN
4714 LINCOLN RD DAITON MD 21036
Phone _____ Fax _____
410-984-5393 410-531-2100

Existing Use RESIDENTIAL LOT WITH HOUSE
Proposed Use DETACHED GARAGE
Estimated Construction Cost \$ 50,000/39,700
Description of Work 48x24 DETACHED GARAGE

Contractor Company STEVENS BUILDERS
~~PHILIP STRAIN~~
Contact Person MARK STEVENS
~~PHILIP STRAIN~~
Address 4714 LINCOLN RD
~~601 OVERLOOK RD~~ DAITON MD 21036
City DAITON State MD Zip Code 21036
License No. 16222088 State PA Zip Code 17357
Phone 717-354-4740 Fax 717-355-7469

Occupant or Tenant _____
Contact Name WAYNE WHITTEN
Address 1985 OLD ANNAPOLIS RD
City WOODBINE State MD Zip Code 21797
Phone 410-965-5719 Fax _____

Engineer or Architect Company RENAL ARCHITECTS
Contact Person _____
Address 1854 LINCOLN HWY EAST
City LANCASTER State PA Zip Code 17602
Phone 717-392-8021 Fax 717-392-7140

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>17 FEET</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>1152</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" 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 checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> 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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: <u>48</u> <u>21</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #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.

Applicant's Signature _____
Title/Company _____

Print Name PHILIP STRAIN 410-984-5393
Date 3/19/09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>3-30-09</u>	<u>Dana Bernard</u>
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
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"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2781</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by <u>PA</u>

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
Forms/PERMIT.FRM

LOT 2 ELSIE H. DAVIS SUBDIVISION

PLAT No. 8144

LIBER 8873 FOLIO 334

#1985 OLD ANNAPOLIS ROAD

ELECTION DISTRICT No. 4

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' APRIL, 2006



VANMAR ASSOCIATES, INC.

Engineers Surveyors Planners
310 South Main Street P.O. box 328 Mount Airy, Maryland 21771
(301) 829 2890 (301) 831 5015 (410) 549 2751



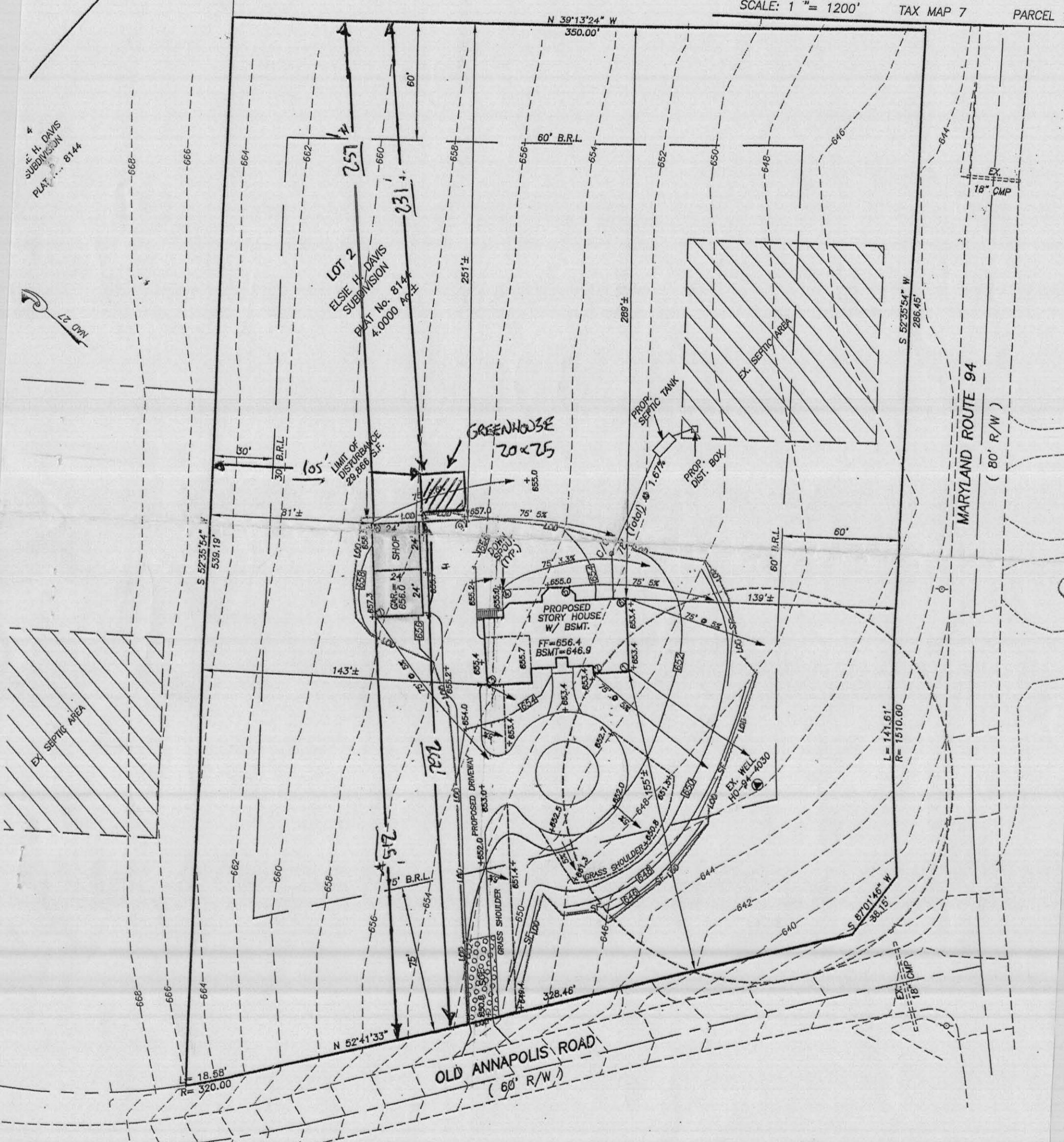
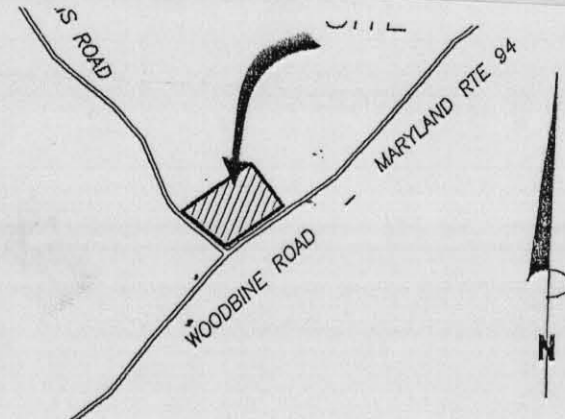
5/4/07

VICINITY MAP

SCALE: 1" = 1200'

TAX MAP 7

PARCEL 123



ELSIE H. DAVIS
SUBDIVISION
PLAT No. 8144

LOT 2
ELSIE H. DAVIS
SUBDIVISION
PLAT No. 8144
4.0000 AC ±

GREENHOUSE
20 x 25

PROPOSED
1 STORY HOUSE
W/ BSMT.
FF=656.4
BSMT=646.9

OLD ANNAPOLIS ROAD
(60' R/W)

MARYLAND ROUTE 94
(80' R/W)

OWNERS:

WAYNE R. & HEATHER J. WHITTEN
C/O STEVENS BUILDERS INC.
3905 NATIONAL DRIVE
SUITE 100
BURTONVILLE, MARYLAND 20866

PO06-2891 2-2006

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08002900

Building Address 1985 OLD ANNAPOLIS RD
WOODBINE MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604001 Subdivision ELSIK H. MUIS
Section _____ Area _____ Lot 2
Tax Map 7 Parcel 123 Grid Z1
Zoning RC Map Coordinates _____ Lot size 4 ACRE

Property Owner's Name WAYNE WRITTEN
Address 1985 OLD ANNAPOLIS RD
City WOODBINE State MD Zip Code 21797
Phone 410 965 5719 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
STEVENS BUILDERS INC.
4714 LINTHICUM RD DAYTON MD
Phone 410 531 2100 Fax 410 531 4900

Existing Use SINGLE FAMILY HOME
Proposed Use _____
Estimated Construction Cost \$ 25,000
Description of Work GREENHOUSE ON SLAB
25'10 X 20'

Contractor Company STEVENS BUILDERS INC
Contact Person MARK STEVENS
Address 4714 LINTHICUM RD
City DAYTON State MD Zip Code 21036
License No. MHBR 86
Phone 410 531 2100 Fax 410 531 4900

Occupant or Tenant WAYNE & HEATHER WRITTEN
Contact Name WAYNE WRITTEN
Address 1985 OLD ANNAPOLIS RD
City WOODBINE State MD Zip Code 21797
Phone 410 965 5719 Fax _____

Engineer or Architect Company NATIONAL GREENHOUSE COMPANY
Contact Person _____
Address 6 INDUSTRIAL DR.
City PANA State IL Zip Code 60557
Phone 217 562 9333 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>GREENHOUSE</u>	
Dimensions: <u>25 X 20</u>	
Footings: <u>COR BEAMS</u>	
Roof Height: <u>10.7</u>	
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.

Applicant's Signature [Signature]
VICE PRESIDENT STEVENS BUILDERS
Title/Company

Print Name MARK STEVENS
Date 9/25/08

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>9/23/08</u>		<u>R. Buckner</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 New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Gold: SHA				

ELSIE H. DAVIS SUBDIVISION

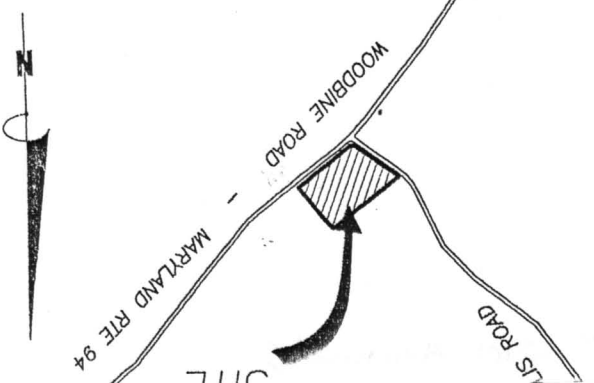
LOT 2
PLAT No. 8144

LIBER 8873 FOLIO 334
#1985 OLD ANNAPOLIS ROAD
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' APRIL, 2006

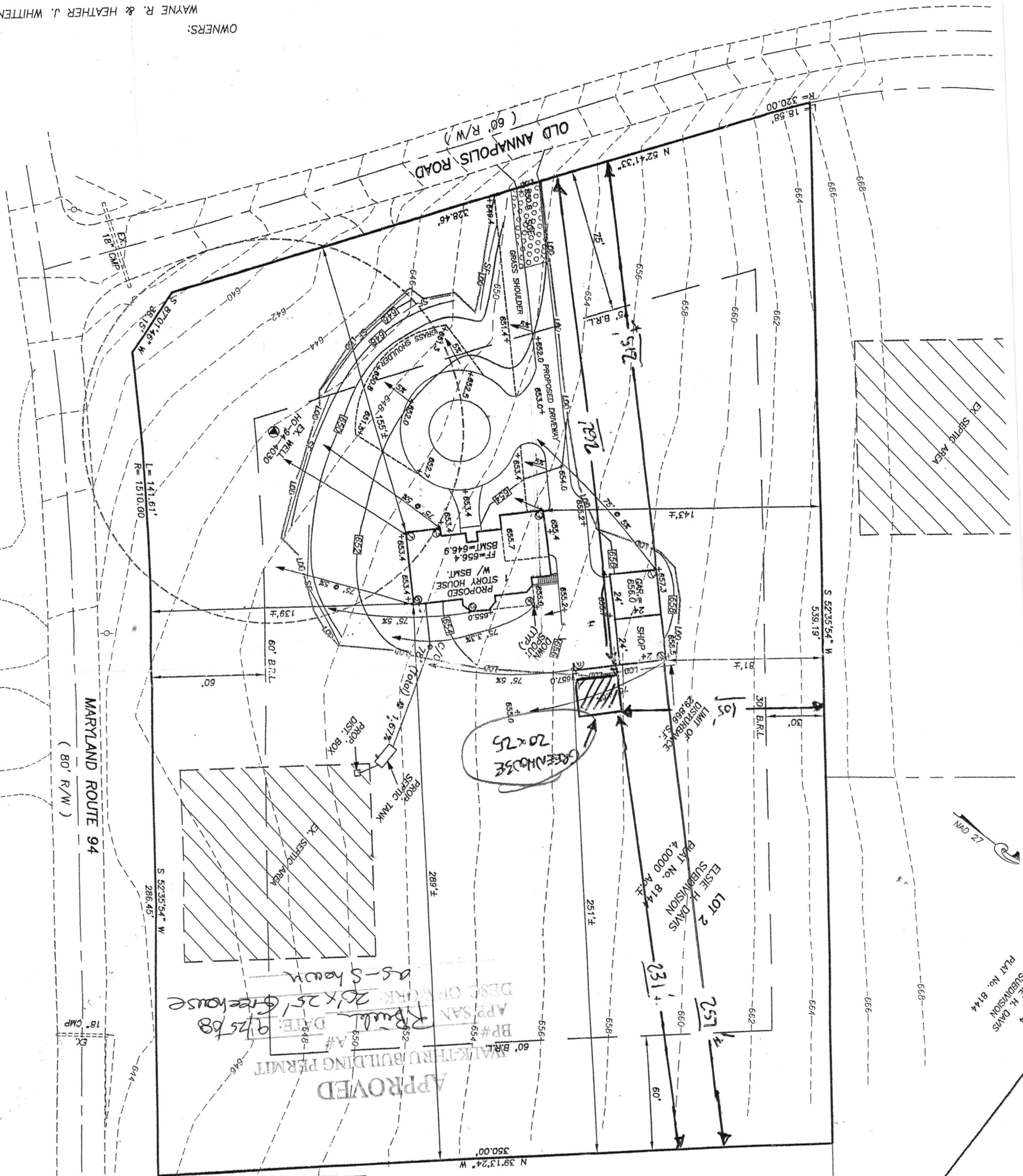
VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. Box 328 Mount Airy, Maryland 21771
(301) 829 2890 (301) 851 5015 (410) 549 2751



VICINITY MAP
SCALE: 1" = 1200'
TAX MAP 7
PARCEL 122



APPROVED
WALKTHRU BUILDING PERMIT
BP# 648
R Build DATE: 9/25/08
AS-Showin
20x25 Greenhouse



OWNERS:
WAYNE R. & HEATHER J. WHITTEN
C/O STEVENS BUILDERS INC.
3905 NATIONAL DRIVE
SUITE 100
BURTONVILLE, MARYLAND 20866