

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

BOB000522

Building Address 16515 Old Fred. Rd.  
Mt. Airy, Md. 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Middle Trail  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 8B  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name LARRY G. & Beverly Wilson  
 Address 16515 Old Fred. Rd.  
 City Mt. Airy State Md. Zip Code 21771  
 Home Phone 410-442-2970 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use DECK  
 Proposed Use Enclosure for family or T.V. Room  
 Estimated Construction Cost \$ ?  
 Description of Work Enclose Deck for family  
& or T.V. Room.

Contractor Company SIZIF  
 Contact Person LARRY G. Wilson  
 Address 16515 Old Fred. Rd.  
 City Mt. Airy State Md. Zip Code 21771  
 License No. \_\_\_\_\_  
 Phone 410-442-2970 Fax \_\_\_\_\_

Occupant or Tenant LARRY G. & Beverly Wilson  
 Contact Name LARRY G. Wilson  
 Address 16515 Old Fred. Rd.  
 City Mt. Airy State Md. Zip Code 21771  
 Phone 410-442-2970 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person LARRY Wilson  
 Address 16515 Old Fred. Rd.  
 City Mt. Airy State Md. Zip Code 21771  
 Phone 410-442-2970 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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>2</u> Height: <u>8'</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: <u>2</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 Larry G. Wilson  
 Title/Company \_\_\_\_\_

Print Name LARRY G. Wilson  
 Date 2/25/08

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

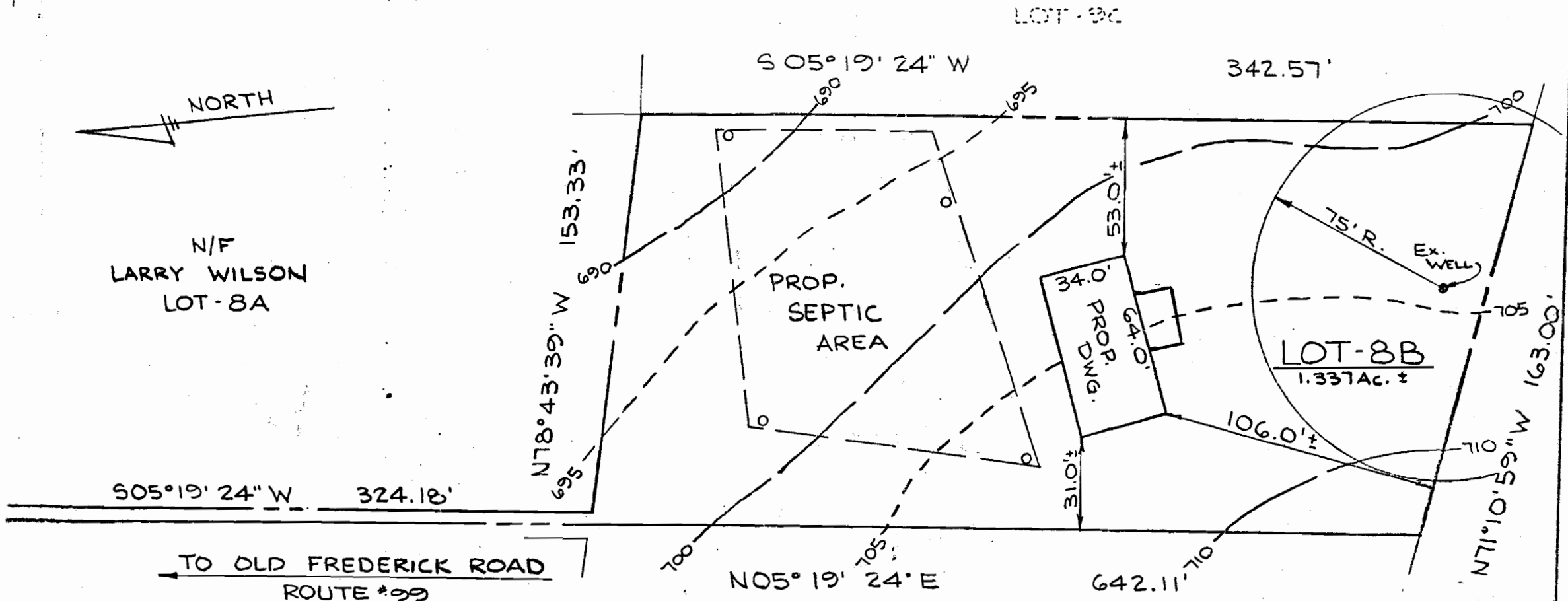
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highway		
Building Official		
Dev. Engineering, DPZ		
Health	<u>2-3-08</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
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 \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Accepted by \_\_\_\_\_



NOTE:  
 ○ EXIST. PERC LOCATIONS

- PLOT PLAN SHOWS HOUSE LOCATION, AS STAKED, IN RELATION TO LOT - 8B.

*George A. Stroud, III*  
 GEORGE A. STROUD, III  
 REG. NUMBER 256

3/13/85  
 DATE



APPROVED

WALK-THRU BUILDING PERMIT  
 # 808000522 A# 24645  
 FOR APP. SAN HS DATE: 3-3-08

PLOT PLAN  
 LARRY WILSON  
 LOTS 8A & 8B existing deck  
 MIDDLE TRAIL

4<sup>th</sup> ELECTION DIST. HOWARD CO., MD.  
 SCALE: 1" = 50' DATE: 3/12/85