

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B08002776

Building Address 13495 OPEN SPACE CT.  
HIGHLAND MD 20777

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 3892

Census Tract \_\_\_\_\_ Subdivision Alhambra Farms Est City HIGHLAND State MD Zip Code 20777

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12

Tax Map 34 Parcel 375 Grid 15

Zoning RR Map Coordinates \_\_\_\_\_ Lot size 6.3A

Property Owner's Name MIKE WOLF

Address 13495 OPEN SPACE CT.

Phone 410-381-8705 Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use PRIVATE RESIDENCE

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 50,000

Description of Work 2 PORCHES  
I AT REAR OF HOUSE W/ MAS. FP  
I AT POOL AREA

Contractor Company OWNER

Contact Person RICK MINOR

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone 410-365-3702 Fax \_\_\_\_\_

Occupant or Tenant OWNER - MIKE WOLF

Contact Name RICK MINOR

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 410-365-3702 Fax 410-988-2453

Engineer or Architect Company MARK BANDY

Contact Person MARK BANDY

Address \_\_\_\_\_

City ELLCOTT CITY State MD Zip Code 21043

Phone 410-790-2262 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"/>
Use group:		Gas:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type:		Heating System:	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Natural Gas:	<input type="checkbox"/>
<input type="checkbox"/> Structural Steel		Propane Gas:	<input type="checkbox"/>
<input type="checkbox"/> Masonry		Sprinkler system:	N/A <input type="checkbox"/>
<input type="checkbox"/> Wood Frame		Full:	<input type="checkbox"/>
<input type="checkbox"/> State Certified Modular		Partial:	<input type="checkbox"/>
		Other Suppression:	<input type="checkbox"/>
		# of Heads:	<input type="checkbox"/>

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth _____ Width _____	Water Supply:	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor:		Sewage Disposal:	Public <input type="checkbox"/> 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 type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>		Natural Gas:	<input type="checkbox"/>
No. of Bedrooms <u>N/A</u>		Propane Gas:	<input type="checkbox"/>
Height:		Sprinkler system:	N/A <input type="checkbox"/>
Multi-family dwellings:		Full:	<input type="checkbox"/>
No. of efficiency units: _____		Partial:	<input type="checkbox"/>
No. of 1 BR units: _____		Other Suppression:	<input type="checkbox"/>
No. of 2 BR units: _____		# of Heads:	<input type="checkbox"/>
No. of 3 BR units: _____			
Other Structure: _____			
Dimensions: _____			
Footings: _____			
Roof Height: _____			
<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 \_\_\_\_\_ Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_ Date \_\_\_\_\_

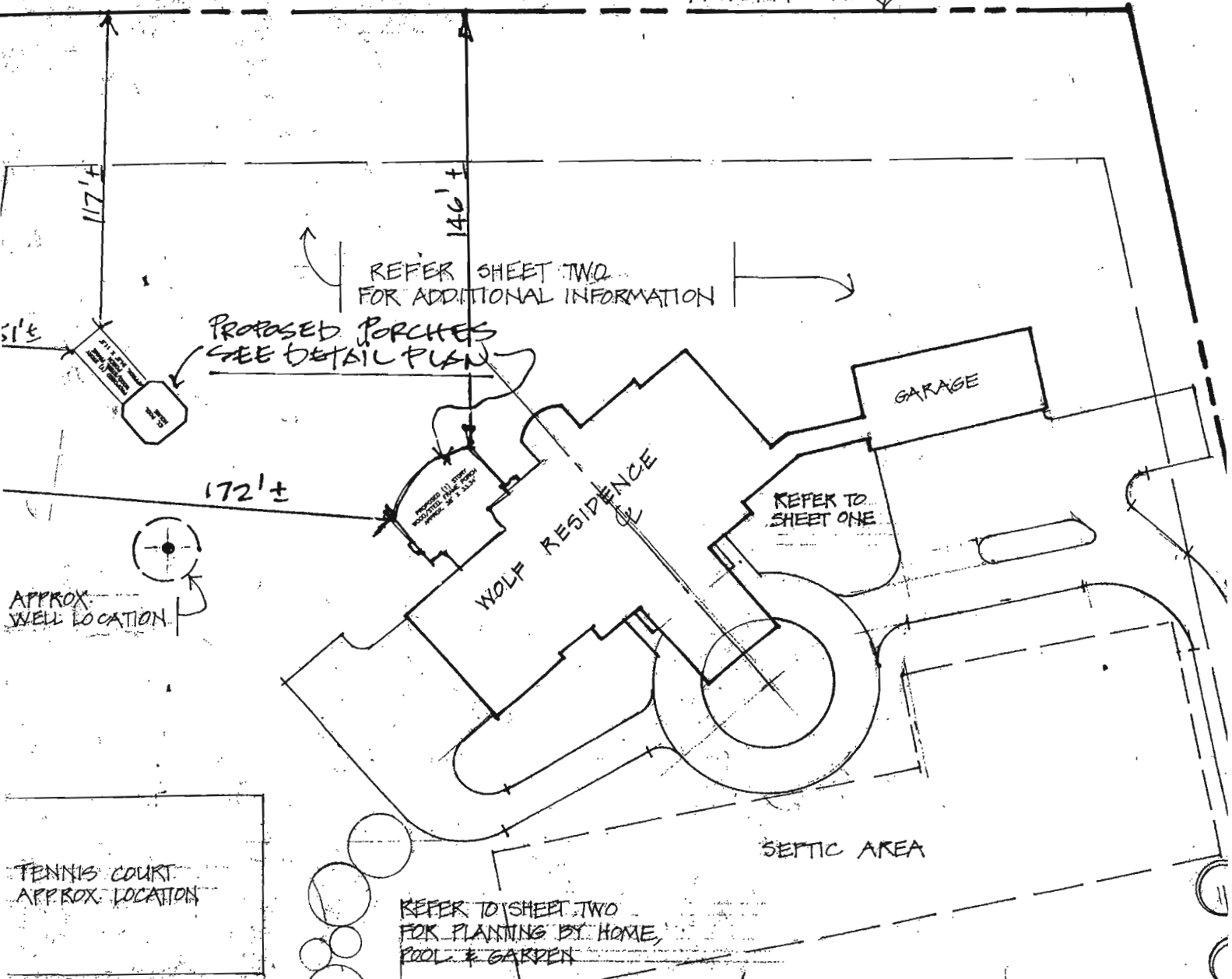
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	9/12/08	[Signature]	Front: <u>75</u>	Filing fee \$ _____
State Highways			Rear: <u>50</u>	Permit fee \$ _____
Building Official			Side: <u>20</u>	Excise tax \$ _____
Dev. Engineering, DPZ	9/12/08	[Signature]	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input checked="" 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 checked="" type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone <u>N/A</u>	Accepted by _____
Yellow: DEP, DPZ	Pink: Health	Gold: S&H	SDP/Red-line approval date _____	

390.65

PROPERTY LINE



APPROVED

WALKTHRU BUILDING PERMIT

BY# \_\_\_\_\_ A# 45 984

APP SAN SFD DATE: 9/12/03

DESC. OF WORK

2 porches

- 3 PIN OAKS  
QUERCUS PALUSTRIS
- NOTE: OWNER MAY  
EXTEND OAKS DOWN  
DRIVE TO TURNAROUND
- 5 YOSHINO CHERRY  
PRUNUS YEDDENSIS

- 3 SAWTOOTH OAKS  
QUERCUS ACUTISSIMA
- SAWTOOTH OAKS  
QUERCUS ACUTISSIMA

- 3 CORNELIAN CHERRY  
CORNUS MAS
- CHINESE DOGWOOD  
KOUSA

- 3 SWEETGUM  
LIQUIDAMBAR STYRACIFLUA

- 3 SWEETGUM  
LIQUIDAMBAR STYRACIFLUA

FLOOD PLAIN