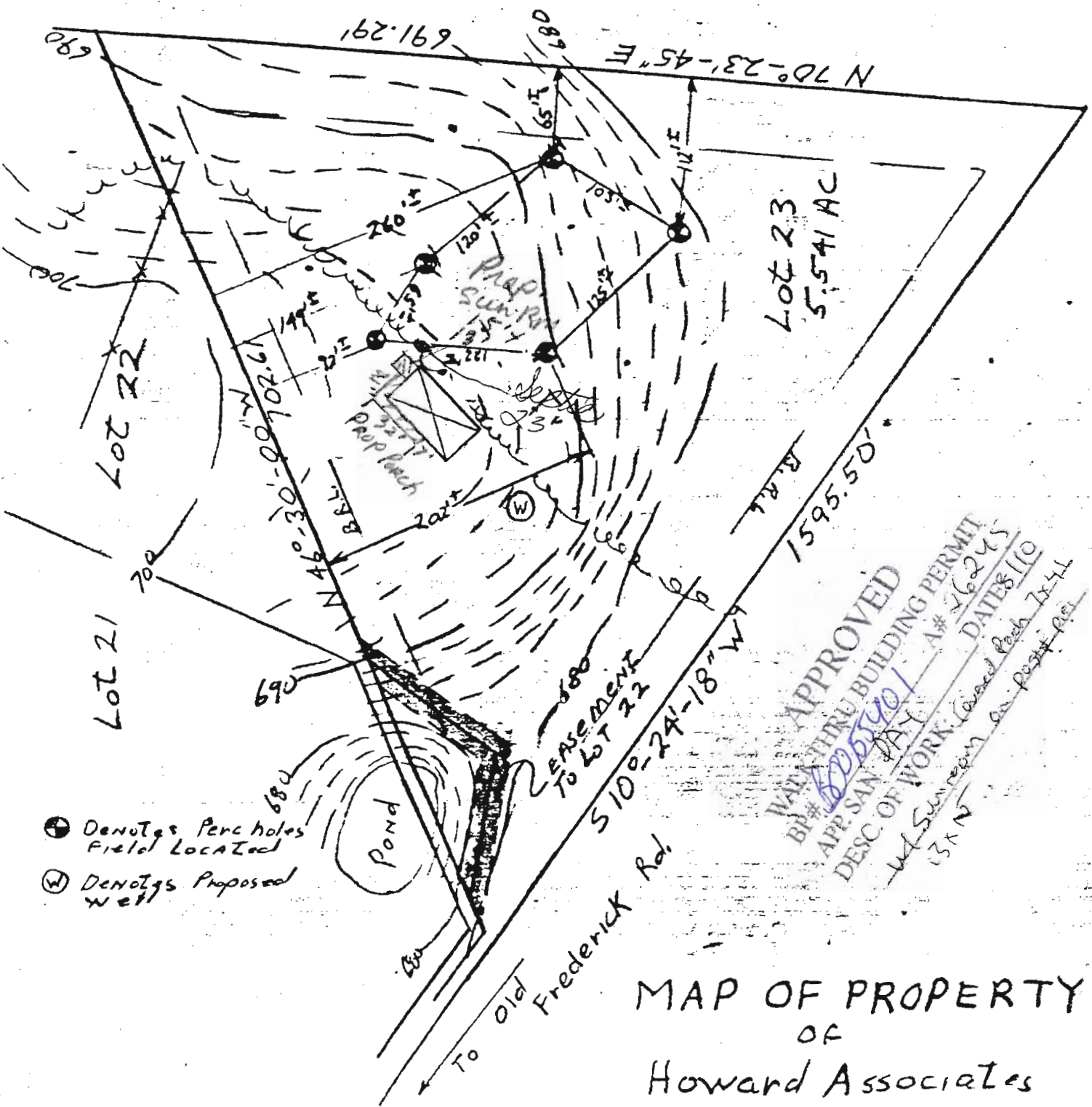


Columbia Md. 21044

as required by the Maryland State Health Dept.
APPROVED: Private Water & Private Sewer

Howard County Health Officer



APPROVED
 WATER THROUGH BUILDING PERMIT
 BP# 2254901 A# 26245
 DATE OF WORK: 10/24/78
 W. S. [Signature] on Post # 101
 (3) N

MAP OF PROPERTY
 OF
 Howard Associates
 4th Election District
 Howard County Md
 Scale 1"=100' Date 9-20-78

J. Carl Huckins PLS #96

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BD0120357

Building Address 16381 Paulownia Ct.
Mt. Airy, Maryland 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision LISWIN FARMS
 Section _____ Area _____ Lot 23
 Tax Map _____ Parcel _____ Grid _____

Property Owner's Name MICHAEL LUKE, JENNIFER
 Address 16381 Paulownia Ct.
 City Mt. Airy State MD Zip Code 21771
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
 Phone 301-854-6340 Fax _____

Existing Use Residential SFH
 Proposed Use 2 1/2 Story Detached Garage Addition
 Estimated Construction Cost \$ 22,000
 Description of Work 2 1/2 Story Add detached garage with 32' w/storage above w/white sink w/folat

Contractor Company ~~None~~ Owner
 Contact Person NA
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name Michael Luke
 Address 16381 Paulownia Ct.
 City Mt. Airy State MD Zip Code 21771
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ 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"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____
1st floor: _____ 2nd floor: <u>24' x 32'</u>	Private <input checked="" type="checkbox"/>
Basement: _____	Sewage Disposal: _____ Public _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>ONE</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Heating System: _____
No. of efficiency units: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Other Structure: <u>Attached Garage</u>	NFPA #13D _____
Dimensions: <u>24 x 32</u>	NFPA #13R _____
Footings: _____	Other: _____
Roof: _____	
State Certified Modular _____	
<input checked="" 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 Michael D. Luke
 Title/Company Owner

Print Name MICHAEL D. LUKE
 Date AUG 16, 1999

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

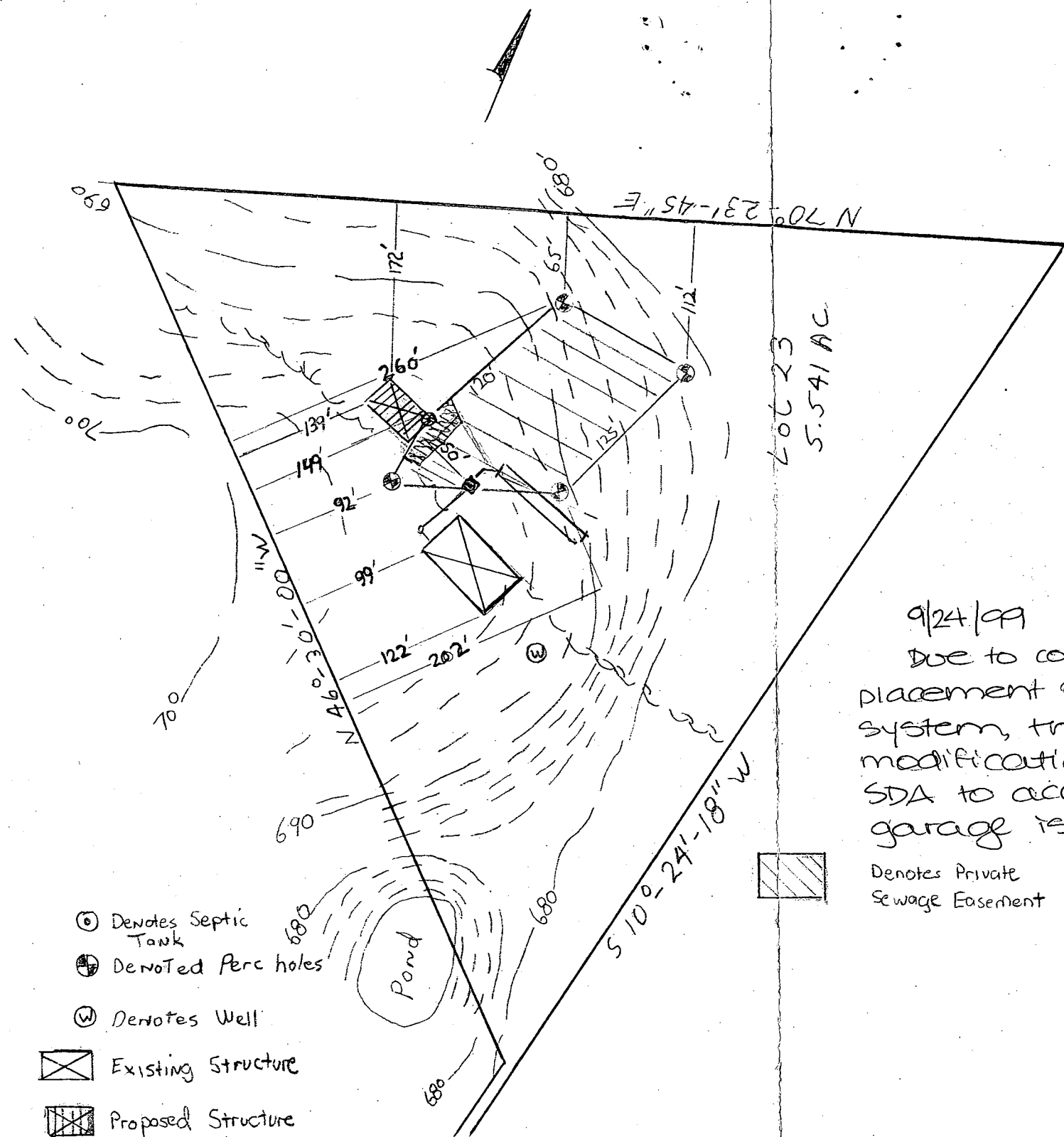
AGENCY DATE SIGNATURE APPROVAL
Land Development DPZ
State Highways
Building Official
Dev. Engineering DPZ
Health 9/24/99 [Signature]
Fire Protection

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 43027
 Filing fee \$ 25
 Permit fee \$ _____
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ _____
 Balance due \$ _____
 Check # 1610
 Validation # 24227

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



- ⊙ Denotes Septic Tank
- ⊕ Denotes Perc holes
- ⊙ Denotes Well
- ▭ Existing Structure
- ▨ Proposed Structure
- ▩ 20' Septic Setback

LOT 23
5.541 AC

9/24/99
Due to contour and placement of ex. septic system, the proposed modification to the SDA to accommodate the garage is as shown.

Property Location
16381 Paulownia Hill Ct.
Mt. Airy, Maryland 21771
Well Registration Number
HO-73-4372

Denotes Private Sewage Easement
OK to proceed w/ building permits

SLB

MAP OF PROPERTY LOT 23		
SCALE: 1" = 100'	APPROVED BY:	DRAWN BY M. LUKE
DATE: MAR 2, 97		REVISED
Addition of Detached Garage		
		DRAWING NUMBER