

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

308003244

Building Address 4011 Penn Cross Ct  
Glenely Md 21737  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 65101 Subdivision The Heritage  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 19  
 Tax Map 21 Parcel 164 Grid 1B  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 3.967 ac

Property Owner's Name Michael Riley  
 Address 4011 Penn Cross CT  
 City Glenely State MD Zip Code 21737  
 Phone 410-905-2416 Phone 410-489-5428  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Dale McCullough  
 Phone 410-829-3177 Fax 410-238-0006

Existing Use Residence  
 Proposed Use Residence  
 Estimated Construction Cost \$ 12,000 -  
 Description of Work Construct 12x14'  
wood frame screen on  
existing deck

Contractor Company McCullough Construction  
 Contact Person Dale McCullough  
 Address 1141 Reames Rd  
 City Rt. 1, near State MD Zip Code 21720  
 License No. 68844 Phone 410-238-0006 Fax 410-238-0006

Occupant or Tenant owner  
 Contact Name Michael Riley  
 Address 4011 Penn Cross Ct  
 City Glenely State MD Zip Code 21737  
 Phone 410-905-2416 Fax 410-489-5428

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address N/A  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
 Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**  
 SF Dwelling  SF Townhouse   
 Depth Width  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement:  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof Height: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 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 Dale McCullough  
 Title/Company owner - McCullough Construction

Print Name Dale McCullough  
 Date 10-23-2008

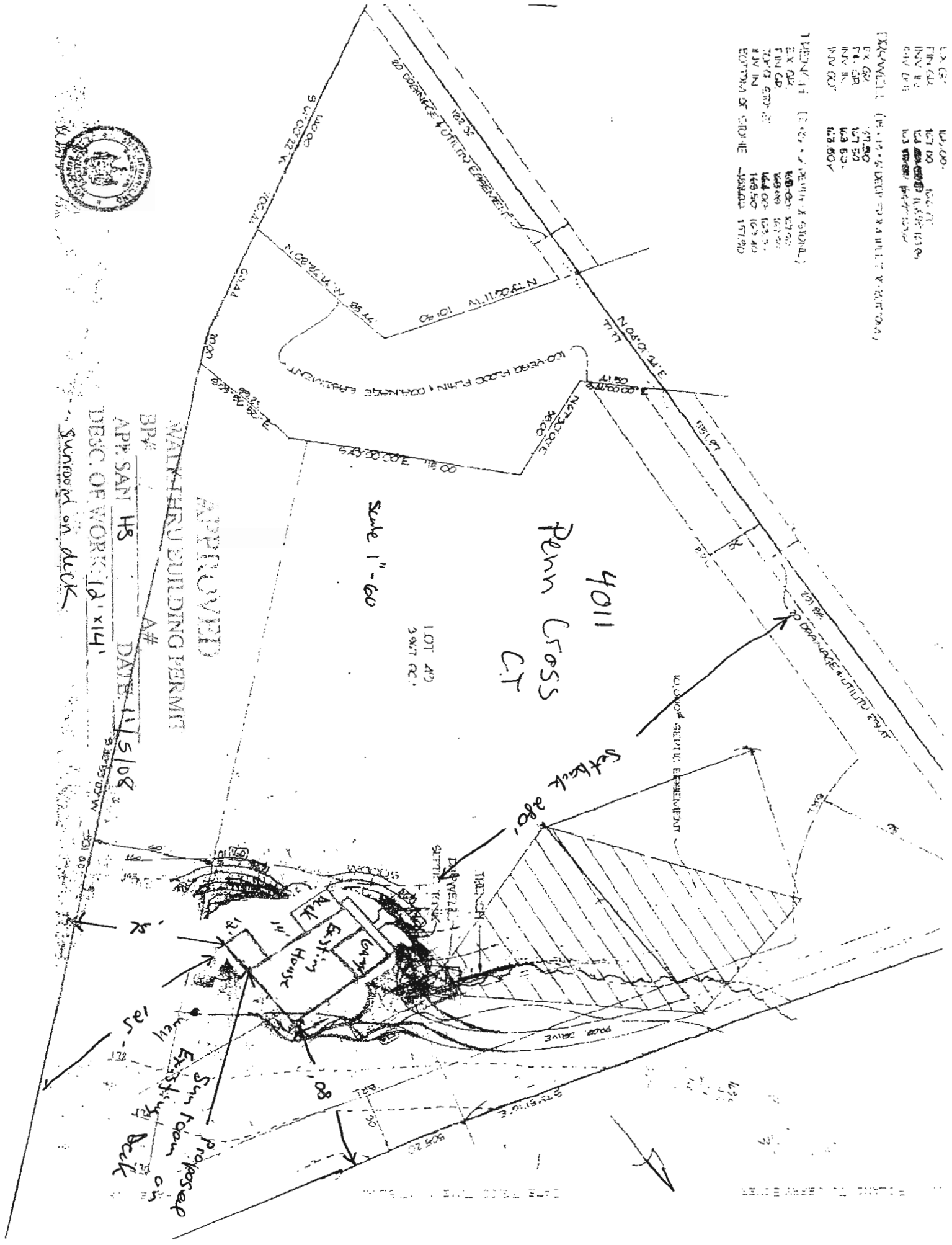
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 FOR OFFICE USE ONLY:

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ	10/23/08	<u>[Signature]</u>	Front: <u>15</u>	Filing fee \$ _____
State Highways			Rear: <u>60</u>	Permit fee \$ _____
Building Official			Side: <u>30</u>   <u>30</u>	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	11/5/08	<u>[Signature]</u>	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 # <u>5356</u>
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 NewTown Zone _____	Accepted by _____
			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

L.A. CO. 143,000  
 FIN. CO. 147,000  
 FIN. B.C. 148,000  
 FIN. C.D. 149,000  
 FIN. IN. 150,000  
 FIN. OUT. 151,000

EXAMINER (PRINTING DEPT. FOR A BUILT UP VARIATION)  
 EX. CO. 152,000  
 EX. B.C. 153,000  
 EX. C.D. 154,000  
 EX. IN. 155,000  
 EX. OUT. 156,000

TOWN/14 (PRINTING DEPT. FOR A BUILT UP VARIATION)  
 EX. CO. 157,000  
 EX. B.C. 158,000  
 EX. C.D. 159,000  
 EX. IN. 160,000  
 EX. OUT. 161,000



4011  
 Penn Cross  
 CT

Scale 1" = 60'

LOT 419  
 3,947 SQ. FT.

APPROVED

WALKER BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN HS \_\_\_\_\_ DATE 11/5/08  
 DESC. OF WORK (2' x 14')

Sunroom on deck

