

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00007419

Building Address 18500 Penn Shop Road
Mt. Airy, MD 21771
Suite/Apt. #: 02 SDP/WP/Petition #: _____
Census Tract _____ Subdivision Walthamston
Section _____ Area _____ Lot 1
Tax Map 6 Parcel 108 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Walker Kimberly
Address 9205 Huntmaster Rd
City Coarthis, bu State MD Zip Code 20882
Home Phone 301 869 0668 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Dennis Branstad
9205 Huntmaster RD
Phone 301 938 6161 Fax _____

Existing Use New Single Family Residence
Proposed Use HDD Propane tank
Estimated Construction Cost \$ 600.00
Description of Work Install 250 gallon
Propane tank

Contractor Company Kaufman Builders
Contact Person Bill Kaufman
Address 2945 Longstone Drive Road
City Mt. Airy State MD Zip Code 21771
License No. HL 03164
Phone 301 831 0711 Fax _____

Occupant or Tenant unoccupied/Vacant lot
Contact Name Dennis Branstad
Address _____
City _____ State _____ Zip Code _____
Phone 301 938 6161 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: <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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <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: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms _____	
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: _____	
<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 THERE TO; (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.

Dennis K. Branstad
Applicant's Signature

Dennis K. Branstad
Print Name
November 13, 2006
Date

Title/Company _____
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	<u>12/8/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 _____

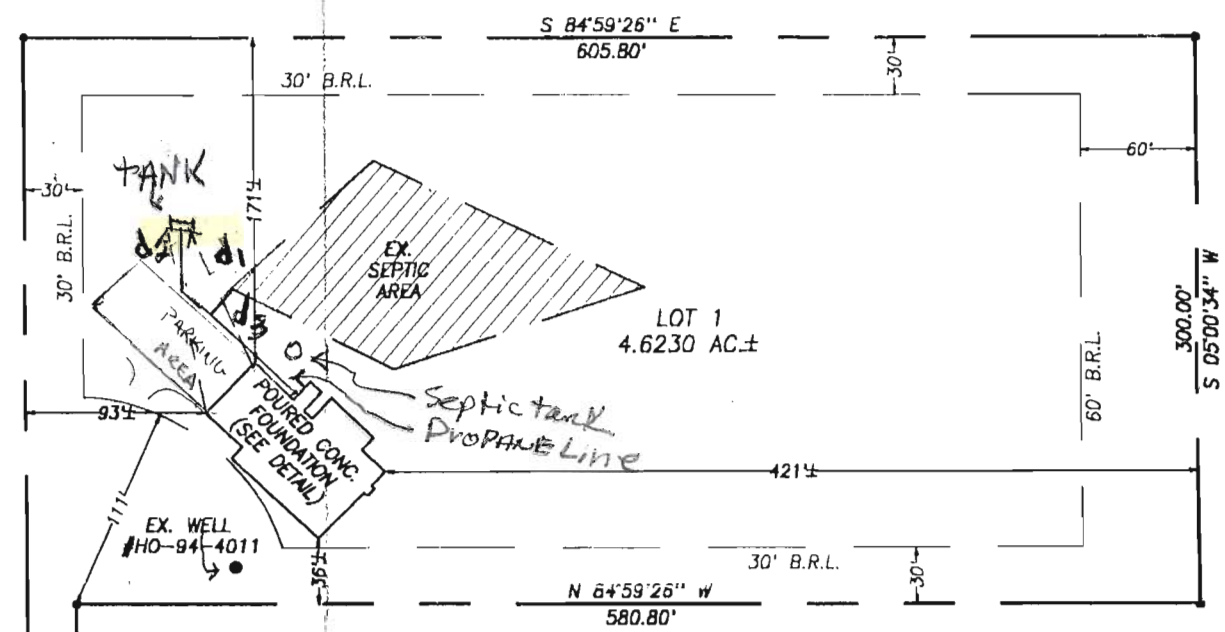
PROPERTY ID#: _____

Filing fee \$ _____
Permit fee \$ 100.00
Excise tax \$ 10.00
Add'l per. fee \$ _____
TOTAL FEES \$ 110.00
Sub-total paid \$ _____
Balance due \$ _____
Check # 6129
Validation # _____

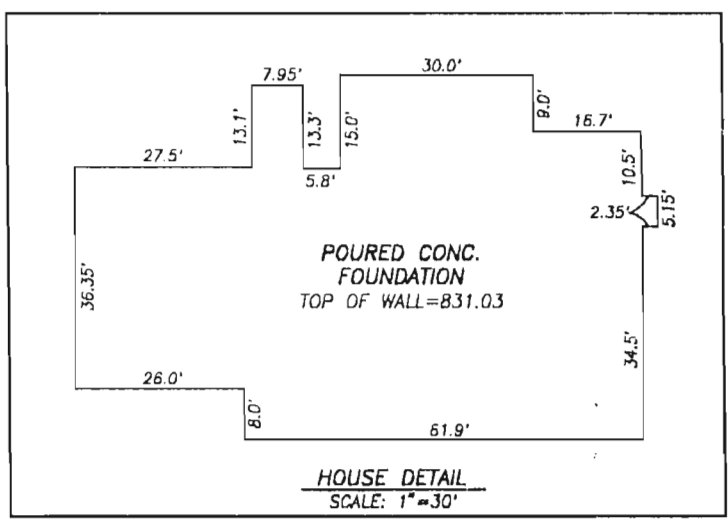
Accepted by [Signature]

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

WALKER RESIDENCE



Rotom tank: 250 gallons - above ground
 D.M: 8' x 7'
 d₁: 99'
 d₂: 120'
 d₃: 20'
 d₄: 10'



- NOTES:
1. FOOTINGS AND FOUNDATION ARE IN PLACE AS SHOWN.
 2. THE EXISTING WELL SHOWN ON THIS PLAN #HO-94-4011 HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES, INC., PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
 3. TOP OF WALL = 831.03



WALL CHECK DRAWING LOT 1 CUTHBERTSON PROPERTY

RECORDED IN PLATBOOK 4862
 TAX MAP: 6; PARCEL: 108; GRID: 3
 18500 PENN SHOP ROAD
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' APRIL, 2006

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



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

REFERENCE	JOB NO.
PLAT NO. 4862	A5-4953

File name: T:\EP\JOB -4953\WC

