

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
D 0800 1150

Building Address 11732 E. ...
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 113002 Subdivision 11.95 C/P
 Section _____ Area _____ Lot 24
 Tax Map 16 Parcel 351 Grid 6
 Zoning 10 Map Coordinates _____ Lot size 103

Property Owner's Name Robert ...
 Address _____
 City _____ State _____ Zip Code 21042
 Phone 410-996-4100 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use Single Family
 Proposed Use Single Family
 Estimated Construction Cost \$ _____
 Description of Work Construct 110 sq ft addition
31x18

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code 21042
 License No. 23731
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: 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 checked="" type="checkbox"/> Public <input 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement | Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input 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 _____ | |
| 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: _____ | |
| <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.

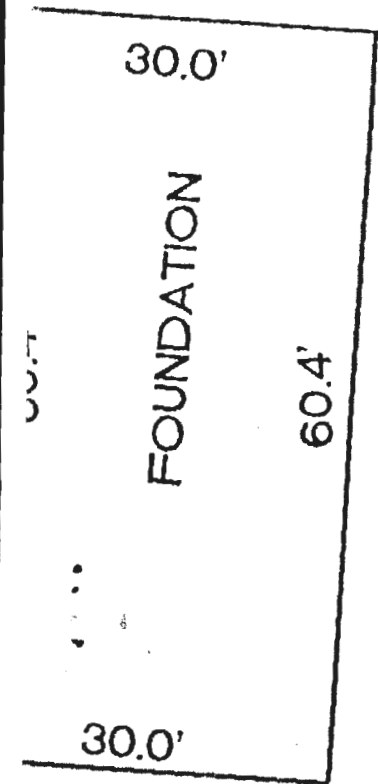
Robert ...
 Applicant's Signature
Robert ...
 Title/Company

Robert ...
 Print Name
1-23-08
 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# |
|--|------|--------------------|--|---|
| <input checked="" type="checkbox"/> Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| <input checked="" type="checkbox"/> State Highways | | | Rear: _____ | Permit fee \$ _____ |
| <input checked="" type="checkbox"/> Building Official | | | Side: _____ | Excise tax \$ _____ |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ |
| <input checked="" type="checkbox"/> Health | | | All minimum setbacks met? | TOTAL FEES \$ _____ |
| <input checked="" type="checkbox"/> Fire Protection | | | YES <input 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 type="checkbox"/> | Check # _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies- White: Building Official Green: LDD, DPZ | | | Lot Coverage for NewTown Zone _____ | Accepted by _____ |
| T:\forms\PERMIT.FRM | | | SDP/Red-line approval date _____ | Yellow: DED, DPZ Pink: Health Gold: SHA |

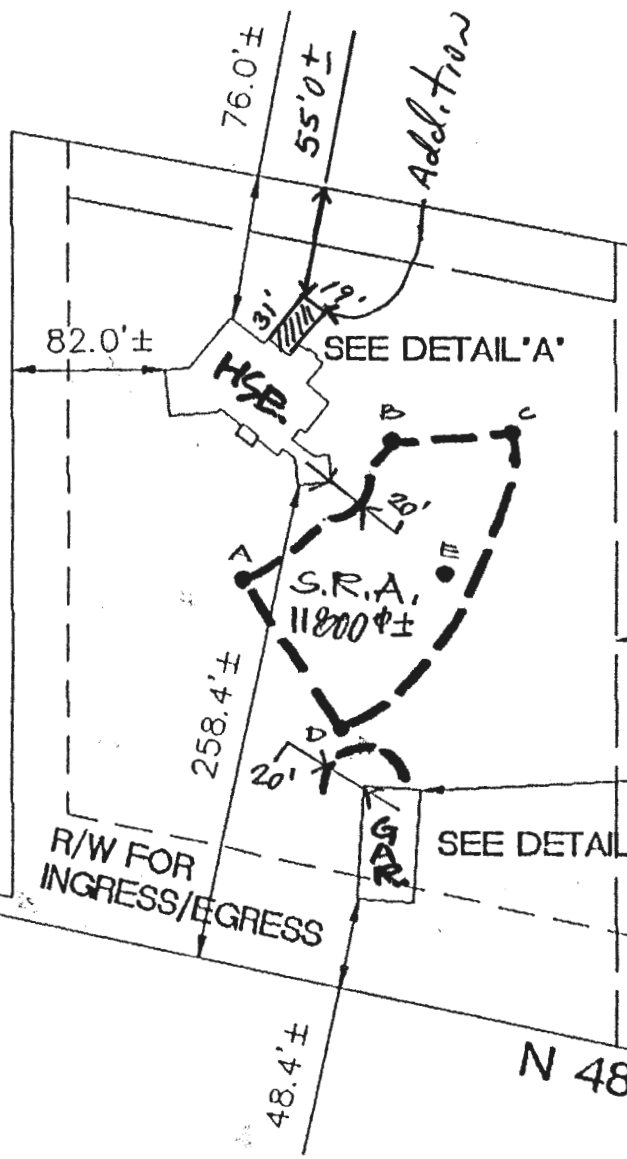
LOCATION DRAWING



DETAIL 'B'
SCALE: 1" = 20'
15'

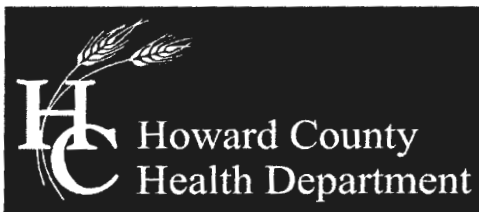
S 48°25'09" E 1457.45'

S 29°24'16" W 410.00'



TRANSCONTINENTAL
GAS PIPELINE
CORP. R/W

① Floor plans



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 9, 2008

Robert Riley
11541 East Winchester Ln
Ellicott City, MD 21042

RE: B08001150
11541 East Winchester Ln.

Dear Mr. Riley

Building permit application #B08001150 for the referenced property has been reviewed by our office and has been placed "On Hold." Please submit floor plans of the proposed addition to the Health Department for review.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm

Sincerely,

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section