

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 1450 Shaffersville Rd.
Mount Airy, MD 21771

Property Owner's Name Steven & Terri Campbell
 Address 1450 Shaffersville Rd.

Suite/Apt. #: _____ SDP/WP/Petition #: _____

City Mount Airy State MD Zip Code 21771

Census Tract _____ Subdivision _____

Phone 301-821-3081 Phone 703-966-0613
 Applicant's Name & Mailing Address, (if other than stated hereon):

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Phone _____ Fax _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use _____

Contractor Company _____

Proposed Use _____

Contact Person Steven Campbell

Estimated Construction Cost \$ 3000.00

Description of Work Install above ground pool.

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
No. of stories:		Public <input type="checkbox"/>		Depth _____ Width _____		Public <input checked="" type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>		1st floor: _____		Private <input checked="" type="checkbox"/>	
Use group:		Sewage Disposal:		2nd floor: _____		Public <input type="checkbox"/>	
Construction type:		Public <input type="checkbox"/>		Basement: _____		Private <input checked="" type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>		Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of Bedrooms <u>3</u>		Heating System:	
Wood Frame <input type="checkbox"/>		Heating System:		Height: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
State Certified Modular <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Multi-family dwellings: _____		Natural Gas <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>		No. of 1 BR units: _____		Propane Gas <input checked="" type="checkbox"/>	
		Propane Gas <input type="checkbox"/>		No. of 2 BR units: _____		Sprinkler system: N/A <input checked="" type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>		No. of 3 BR units: _____		_____ NFPA #13D	
		Full <input type="checkbox"/>		Other Structure: _____		_____ NFPA #13R	
		Partial <input type="checkbox"/>		Dimensions: _____		_____ Other:	
		Other Suppression <input type="checkbox"/>		Footings: _____			
		# of Heads _____		Roof Height: _____			
				_____ State Certified Modular			
				_____ 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.

Steven Campbell
 Applicant's Signature

Terri Campbell
 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			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>6/19/08</u>		<u>R. Bucher</u>	All minimum setbacks met?	TOTAL FEES \$ _____
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 _____	SDP/Red-line approval date _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	Accepted by _____	
T: Normal PERMIT.FRM				

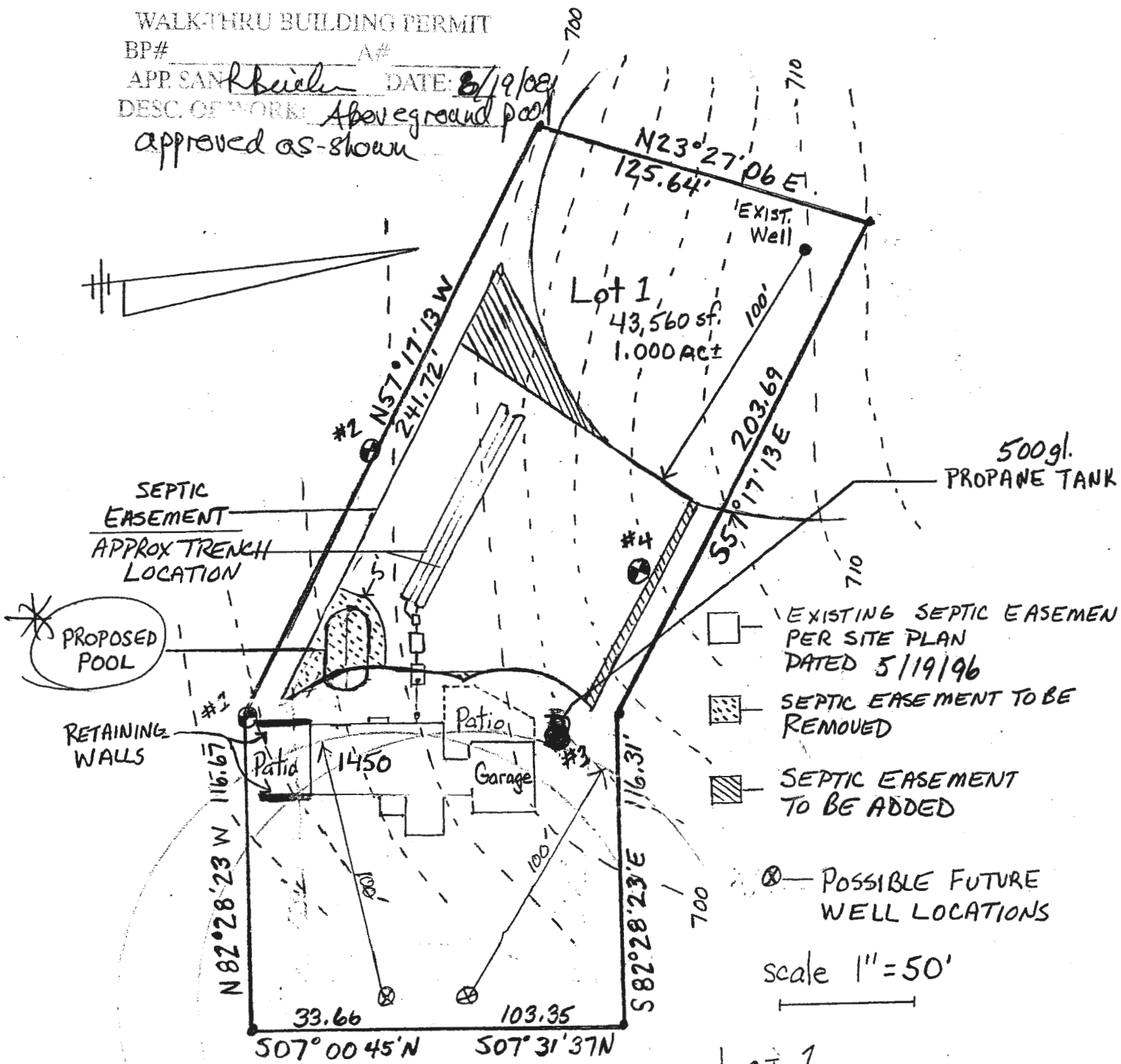
APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN Beich DATE: 8/19/08

DESC. OF WORK: Aboveground pool
 approved as-shown



SHAFFERSVILLE ROAD
 (60' R/W)

Lot 1
 CAMPBELLS CORNER
 PC49876
 DATE 5/22/08