

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07001508

Building Address 3179 SHARP RD.
GLENWOOD MD. 21738
Suite/Apt. #: _____ SDPMP/Petition #: _____
Census Tract _____ Subdivision GWENLEE ESTATES
Section 3 Area 2 Lot 2
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name DYLL'S NICOL
Address 3179 SHARP RD
City GLENWOOD State MD Zip Code 21738
Home Phone (301) 933 6001 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 40K
Description of Work ADDING A GARAGE AND
a SUNROOM.

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

Occupant or Tenant DYLL'S NICOL
Contact Name CHRISTIAN GILER
Address 5925 HOLLAND RD
City ROCKVILLE State MD Zip Code 20851
Phone (303) 589 8606 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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ 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.

Christian A Giler
Applicant's Signature

CHRISTIAN A. GILER
Print Name
03-04-2007
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	DPZ SETBACK INFORMATION	PROPERTY ID#:
and Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
City Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>4/26/07</u>		<u>Christian A. Giler</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:			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

SE SHARP ROAD

N31°53'11"E

133.50'

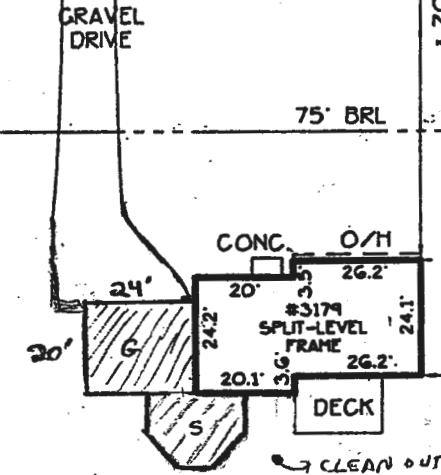
102.0'

75' BRL

40.0'

558.06.49'E
301.36'

298.73'
158.06.49'W



APPROVED

WALK-THRU BUILDING PERMIT
BP# B07101508 A# P32419
APP. SAN **GAC** DATE: 4/20/2007

DESC. OF WORK: Sunroom and
Garage as shown. Sunroom
on pier foundation piers no closer
than 5' to septic tank.

LOT 3
SECTION 3
AREA 2
'GWENLEE ESTATES'
PLAT#3829

LOT 2

LOT 1
SECTION 3
AREA 2
'GWENLEE ESTATES'
PLAT#3829



WELL

SHED

533°01'00"W

133.53'

I hereby certify that the improvements shown hereon,
to the best of my professional knowledge and ability,
have been accurately located by a transit, tape or
total-station survey.

FRANCIS B. COLLINSON PLS #10104 04/21/05


3179 SE SHARP ROAD PLAT#3829

LOCATION DRAWING LOT 2 SECTION 3 AREA 2

GWENLEE ESTATES

3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 40'
APRIL 2005

ADVANCED ASSOCIATES
"A Division of Advanced Surveys, Inc."
5443 Southern Maryland Boulevard


Menu | Favorites | Help | Logout | **Building CRM**
User ID: GCREIGHTON Daily ACCELA AUTOMATION™
 SmartManager | Application | Property | People | Fees | Cashier | Workflow | Attachments | Inspection | Reports | Preference | Condition | Batch job

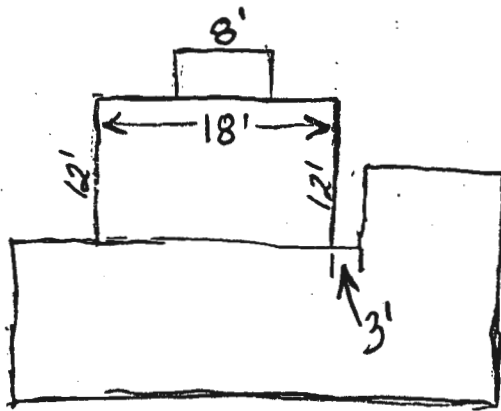
Workflow

Application #: B07001508
Application Type: Building / Residential / Addition / SFD
Address: 3179 SHARP RD, GLENWOOD, MD 21738

<ul style="list-style-type: none"> ✓ Application Acceptance ▶ ✓ Building Review ▶ ✓ Zoning ▶ ✓ Dev Engineering ▶ ✓ Health Dept ▶ ● Building Permit Issuance ▶ Final Building C of C 	<p>History - Health Dept</p> <p>Status: Approved Status Date: 07/13/2007</p> <p>Action By: GABE CREIGHTON Department: Health Department Tech</p> <p>Start Time:</p> <p>End Time:</p> <p>Hours Spent: Billable:No Overtime:No</p> <p>Status Comment: <input type="button" value="Add Standard Comment"/></p> <p>Paper copy was signed 4/20/2007 and was mistakenly not updated in the Accela system. Permit was walk thru and should have been approved in accela by permits at the time of entry into the system.</p> <p style="text-align: right;"><input type="button" value="Save"/></p>
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T8132-D
Version 4.1

Ammend Deck Permit -
Shift Deck 3' Away
From Bump Out As
Per Health Dept.



Sharp Road

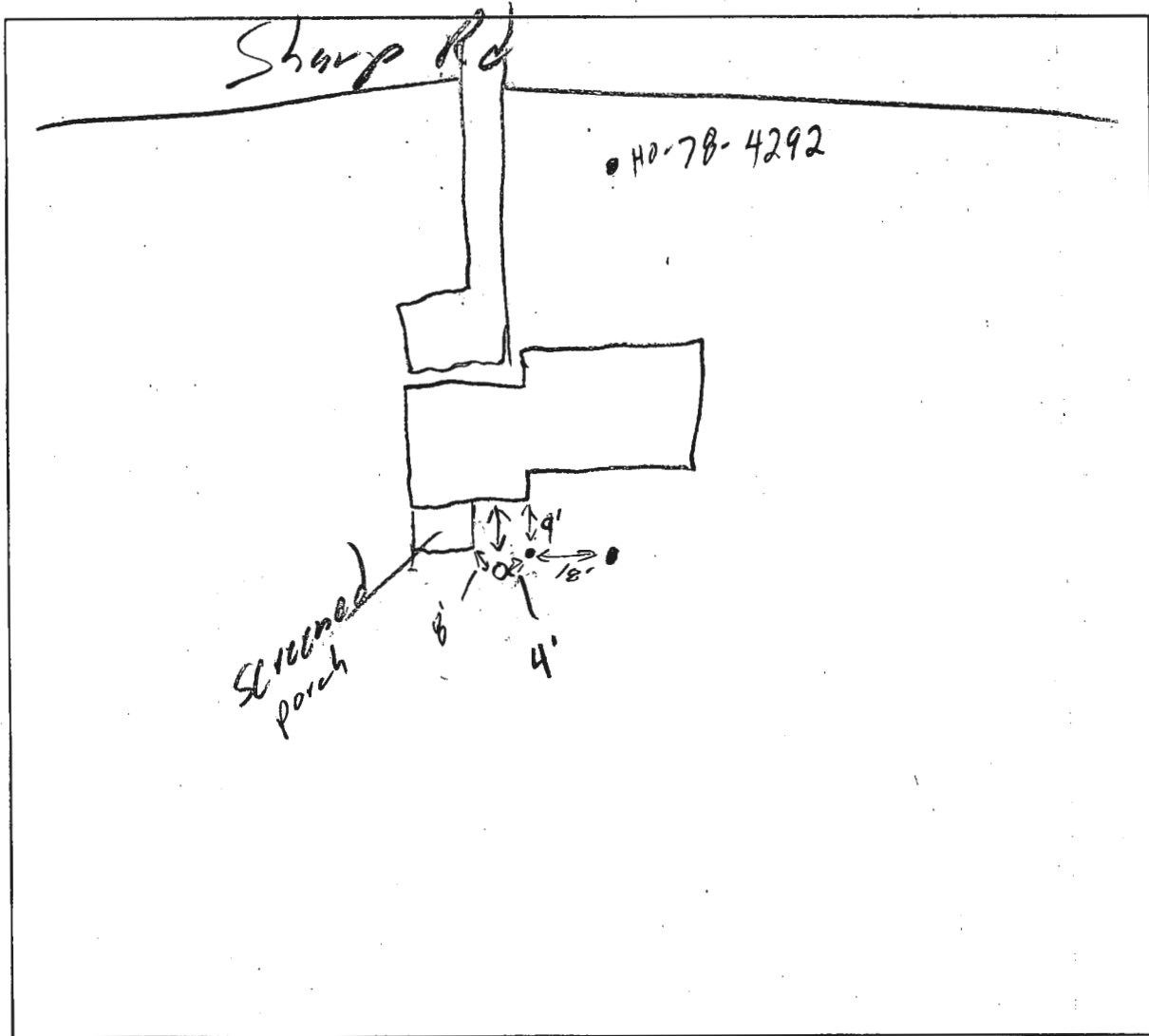
B00138704 Deck Permit

3179 Sharp Road

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 3179 Sharp Rd CONTRACTOR: _____
Glenwood, MD 21738 WELL TAG #: HO-78-4292
SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
PROPOSAL: 12' x 18' deck

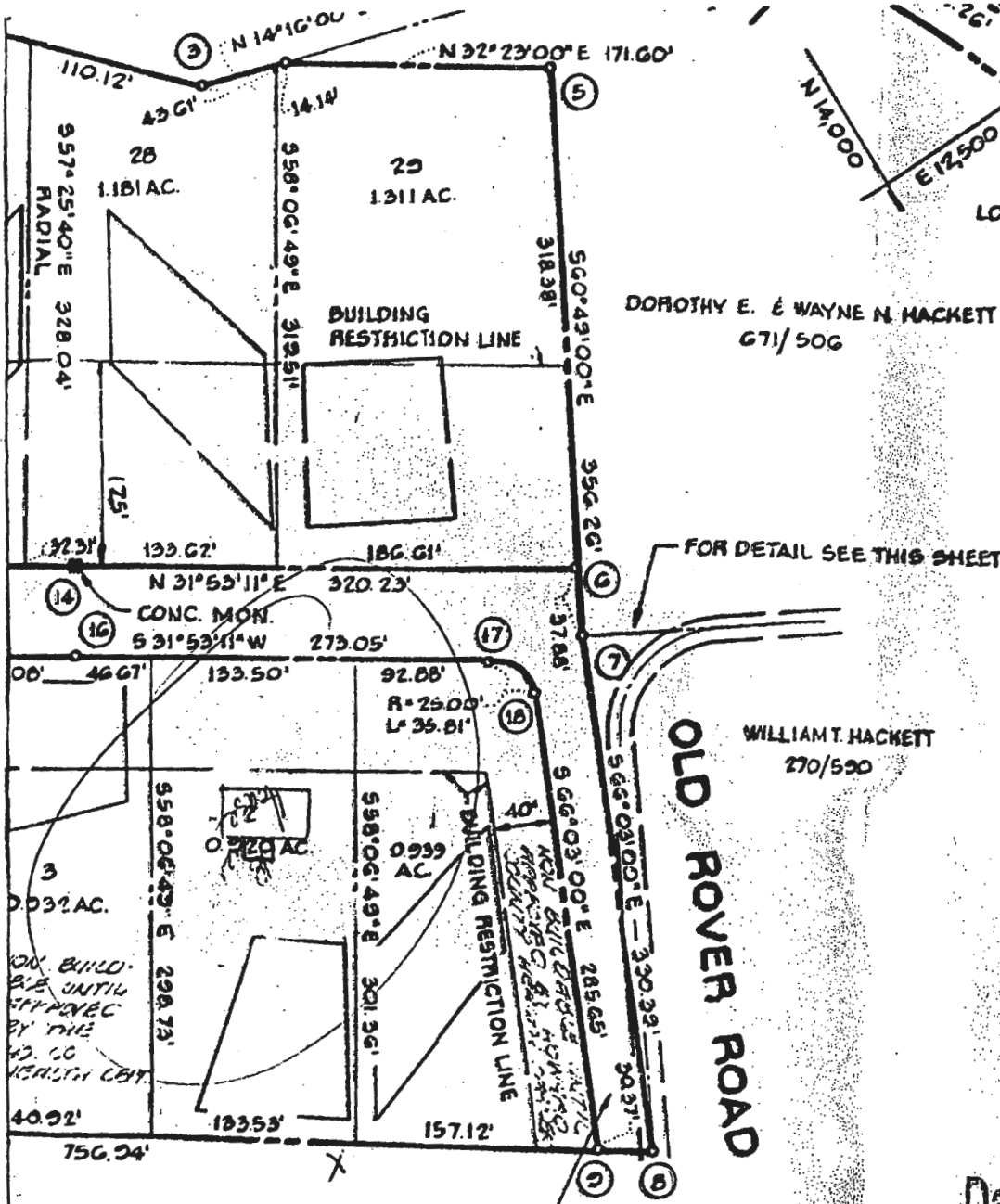
LOCATION DIAGRAM



COMMENTS: Stake 4' from C.O.

DATE: 10/17/02 INSPECTOR: [Signature]

6222 21500



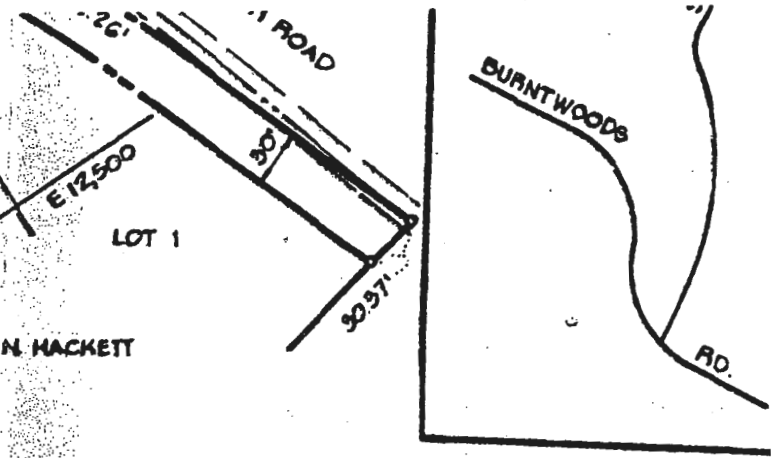
DOROTHY E. & WAYNE N. HACKETT
671/506

WILLIAM T. HACKETT
270/590

AREA TO BE DEDICATED TO
HOWARD COUNTY, MD
FOR PURPOSES OF A PUBLIC ROAD

OLD ROVER ROAD

FOR DETAIL SEE THIS SHEET



VICINITY MAP
SCALE: 1" = 200'

GENERAL NOTES

1. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM WIDTH AND LOT AREAS REQUIRED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
2. ALL PERC TEST HOLE LOCATIONS HAVE BEEN FIELD LOCATED.
3. THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. IMPROVEMENTS OF ANY NATURE IN THIS AREA RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BY THIS EASEMENT SHALL BECOME NULL AND VOID UPON A PUBLIC SEWAGE SYSTEM.
4. TAX MAP 4 & 15, PART OF PARCEL 99.
5. DEED REFERENCE: 692/62.
6. COORDINATES SHOWN HEREON ARE ASSUMED.

B00138704

REVISED

Date: 10-28-02

Comments: deck moved 3'

RECORDED FILE: 3829
4-31-77

1/4" = 1'

20' - 1 3/16"

Distance must be 15'

6X6 TREATED COLUMN

25'

4"X12" PRESSURE TREATED WOODEN BEAMS

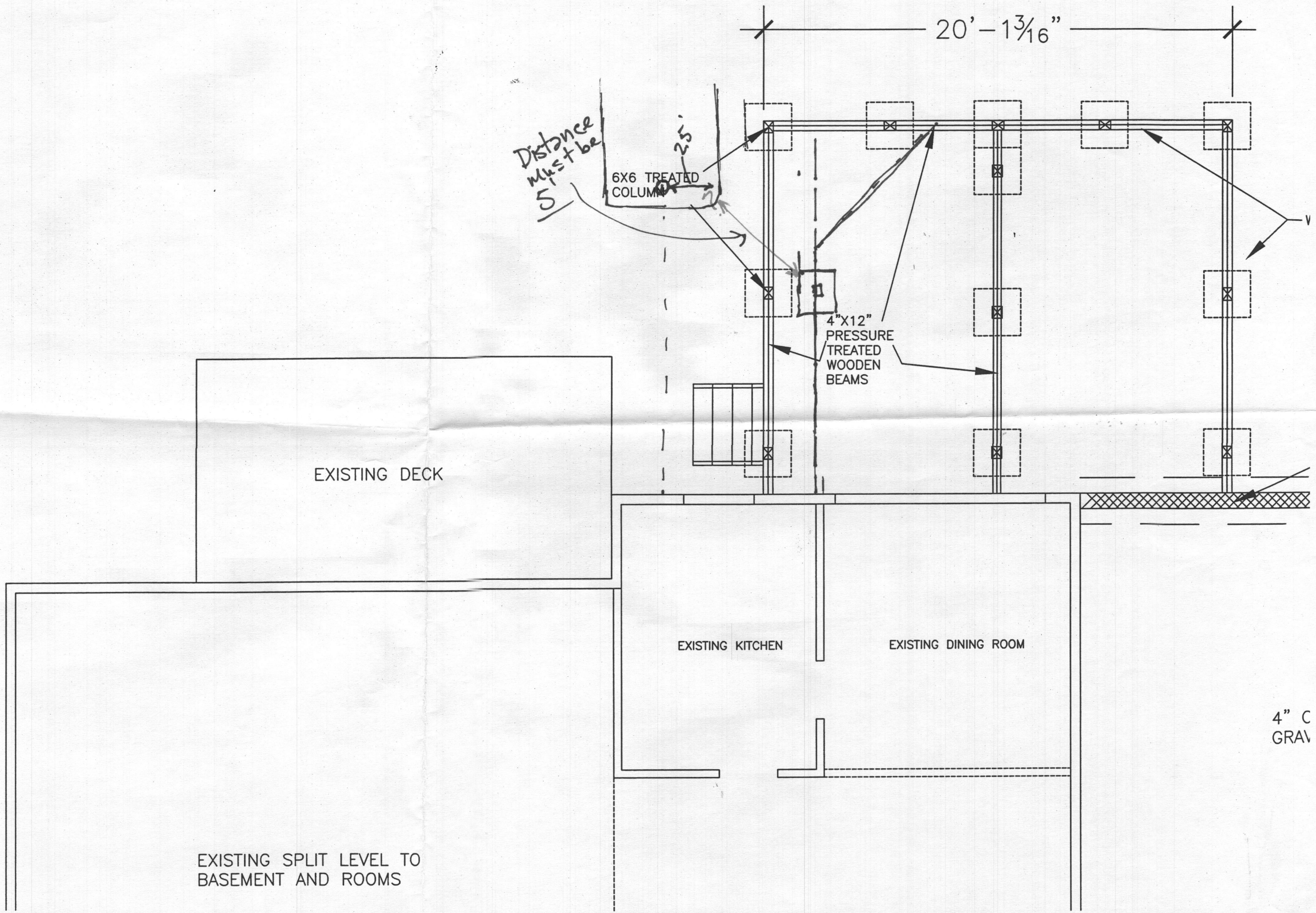
EXISTING DECK

EXISTING KITCHEN

EXISTING DINING ROOM

4" C GRAV

EXISTING SPLIT LEVEL TO BASEMENT AND ROOMS



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Census Tract _____ Subdivision GWENLEE ESTATES

Section 3 Area 2 Lot 2

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Zoning _____ Map Coordinates _____ Lot size _____

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Address 3179 SHARP RD

City GLENWOOD State MD Zip Code 21738

Home Phone (301) 933 6001 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated herein):

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 40K

Description of Work ADDING A GARAGE AND a SUNROOM.

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant DYLL'S NICOL

Contact Name CHRISTIAN GILER

Address 5925 HOLLAND RD

City ROCKVILLE State MD Zip Code 20861

Phone (703) 589 8696 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" 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 type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

Christian A. Giler
Applicant's Signature

CHRISTIAN A. GILER
Print Name

Title/Company

03-14-2007
Date

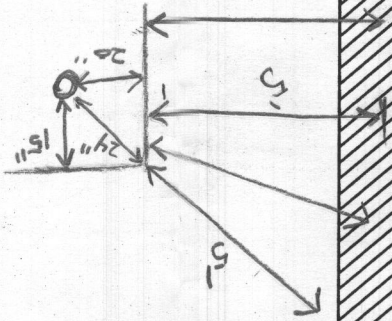
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

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			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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

12' 10"
- 11' 7"

20' - 13/16"

16' - 0"



SUNROOM ADDITION

EXISTING DECK

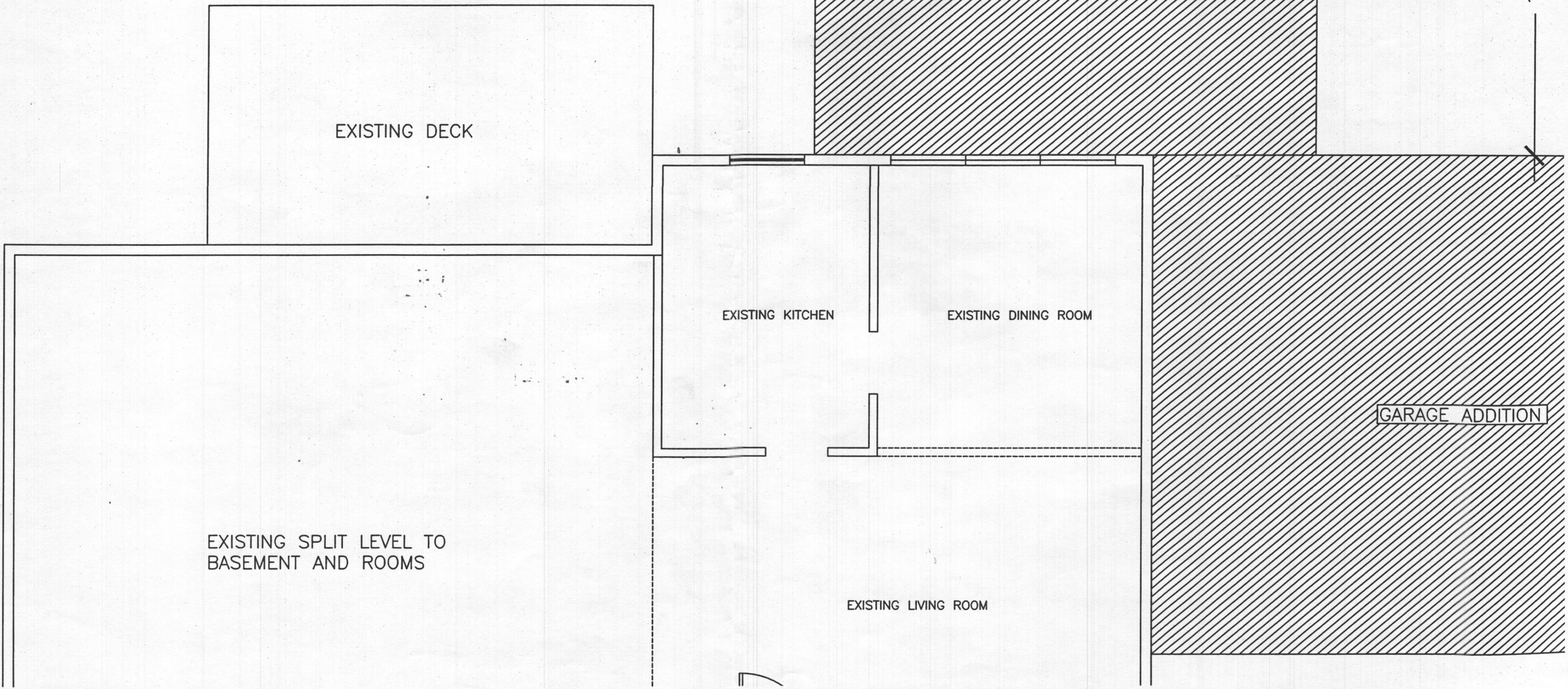
EXISTING KITCHEN

EXISTING DINING ROOM

GARAGE ADDITION

EXISTING SPLIT LEVEL TO
BASEMENT AND ROOMS

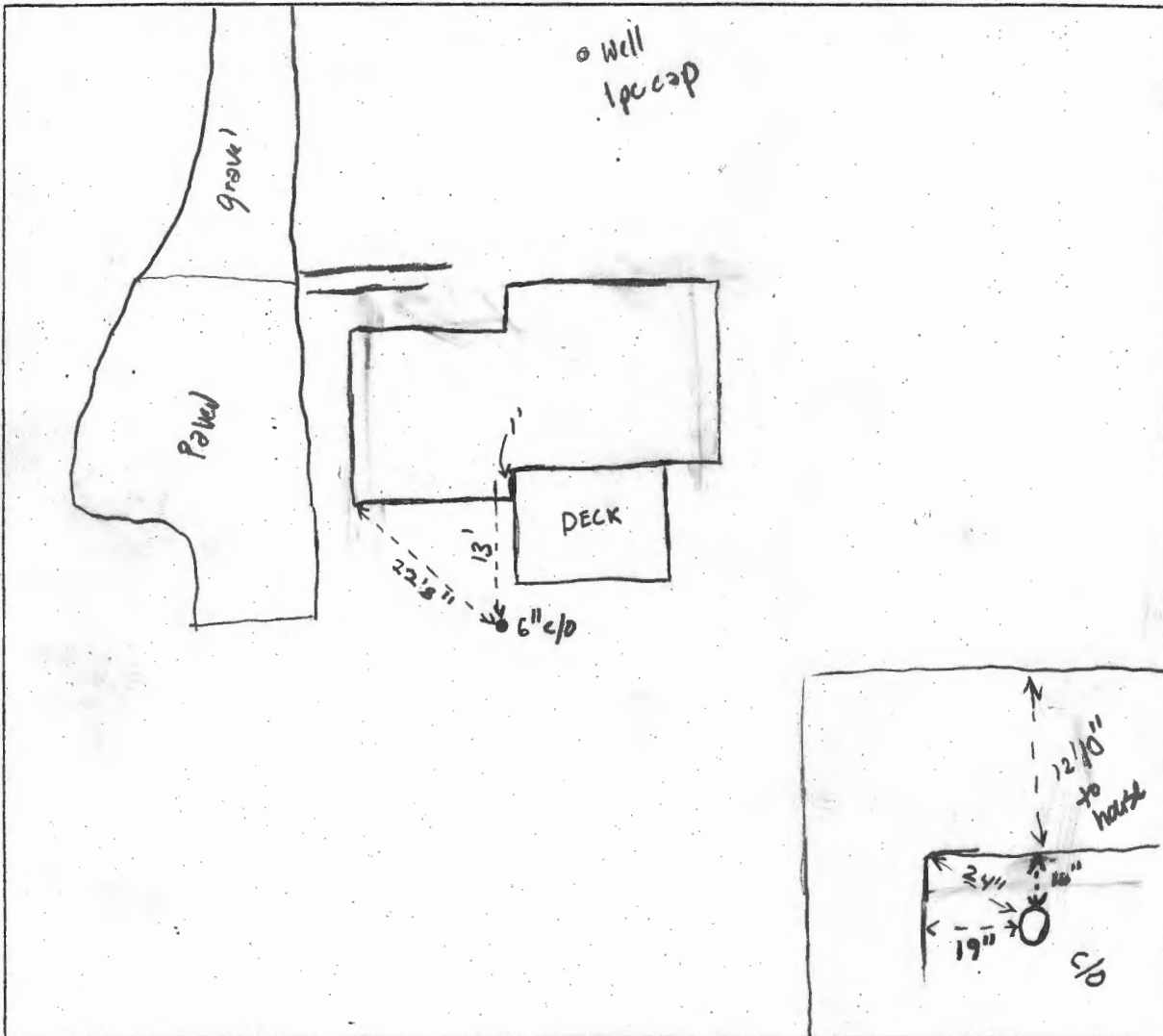
EXISTING LIVING ROOM



SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: _____ CONTRACTOR: _____
_____ WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____ INSPECTOR: _____

Distance
must be
5'

6X6 TREATED
COLUMN

35'

20' - 1³/₁₆"

4"X12"
PRESSURE
TREATED
WOODEN
BEAMS

EXISTING KITCHEN

EXISTING DINING ROOM

K

