

Memo to cost

KN

Building Address 8237 Reservoir Rd  
Fullon MD 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6051.02 Subdivision Williams  
Continence Est.

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 7

Tax Map 95 Parcel 97 Grid 6

Zoning RR Map Coordinates 18° 51' 33" 30 W  
76 21' 30" E Lot size 44000 sq ft

Property Owner's Name Carol & Bob Brigg  
 Address 8237 Reservoir Rd  
 City Bowling Green State MD Zip Code 20759

Home Phone 301-604-9966 Work Phone 301-725-4133  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Chris Rogers  
P.O. Box 2107  
BOWIE MD 20718

Phone 202-439-3435 Fax \_\_\_\_\_

Existing Use Residence  
 Proposed Use Deck  
 Estimated Construction Cost \$ 6000.00 2 Deck

Description of Work Building a attached deck  
deck to lounge and installing w/  
one french door partially as built

Contractor Company MID SOUTH BUILDERS  
 Contact Person CHRIS ROGERS  
 Address P.O. Box 2107  
 City Bowie State MD Zip Code 20718  
 License No. 95517  
 Phone 202-439-3435 Fax \_\_\_\_\_

Occupant or Tenant Bob & Carol Brigg  
 Contact Name Bob/Chris Rogers  
 Address 6408 GILDON CT  
 City Bowie State MD Zip Code 20720  
 Phone 202-439-3435 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: _____<br>Public _____<br>Private _____  |
| No. of stories: _____   | Sewage Disposal: _____<br>Public _____<br>Private _____   |
| Gross area, sq. ft. per floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| Use group: _____  | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____<br>State Certified Modular _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                                     |

| Building Characteristics  | Utilities  |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____  | Water Supply: _____<br>Public _____<br>Private _____   |
| 1st floor: _____  | Sewage Disposal: _____<br>Public _____<br>Private _____  |
| 2nd floor: _____  | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                            |
| Basement: _____   | Heating System: _____<br>Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/><br>No. of Bedrooms <u>4</u> | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____   |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____   |  |
| Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____   |  |
| State Certified Modular _____<br>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.

Applicant's Signature Chris Rogers  
 Title/Company Mid South Builders Inc

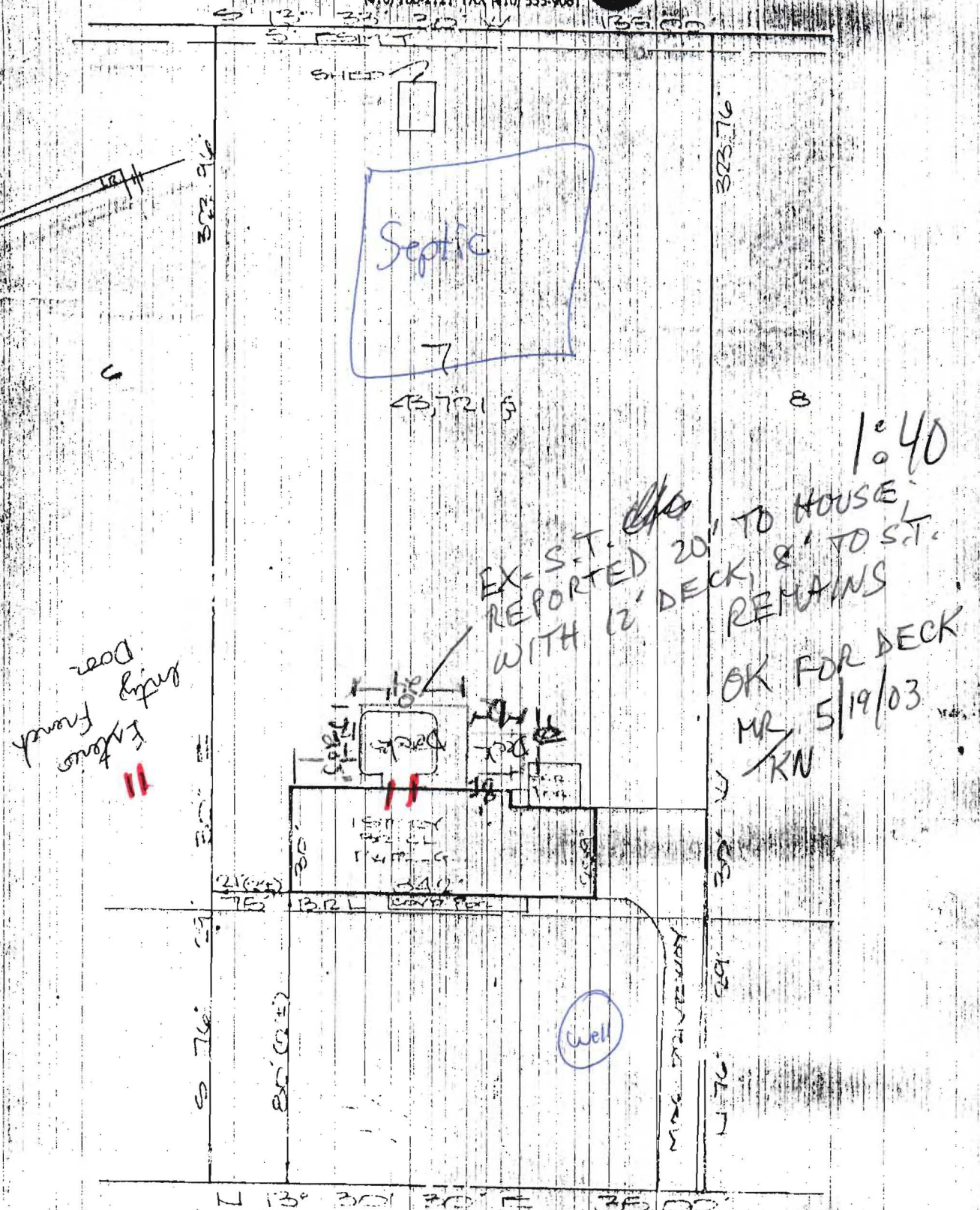
Print Name CHRISTOPHER ROGERS  
 Date 5/19/03

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  | <u>5/19/03</u> | <u>[Signature]</u> | Front: <u>75 FT</u>  | Filing fee \$ <u>50</u>    |
| State Highways   |                |                    | Rear: <u>30 FT</u>   | Permit fee \$ _____        |
| Building Official  |                |                    | Side: <u>10 FT</u>   | Excise tax \$ _____        |
| Dev. Engineering, DPZ  | <u>5/19/03</u> | <u>[Signature]</u> | Side St: <u>NA</u>   | Add'l per. fee \$ _____    |
| Health   |                |                    | All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES \$ _____        |
| Fire Protection  |                |                    | Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Sub-total paid \$ _____    |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                    | Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>           | Balance due \$ <u>Cost</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>   |                |                    | Lot Coverage for NewTown Zone _____  | Check # _____              |
| ONE STOP SHOP: <input type="checkbox"/>  |                |                    | SDP/Red-line approval date _____   | Validation # _____         |

# LANDTECH ASSOCIATES INC.

1410 CRAIN HIGHWAY, N.W. SUITE 7B GLEN BURNIE, MD 21061  
 (410) 768-2121 FAX (410) 553-9087



NOTE: THIS PROPERTY LIES IN FLOOD ZONE C, AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM.

- Notes:
- 1) This plat is of benefit to a consumer only insofar as it is required by a title insurance company or its agent in connection with contemplated transfer.
  - 2) This plat is not to be relied upon for the establishment or location of boundaries or other existing or future improvements.
  - 3) This plat does not provide for the accurate identification of property boundaries but such identification may not be required for the transfer of title or securing of a loan.
  - 4) No site report furnished.



Certification: This is to certify that the improvements indicated hereon are located as shown.

LIBER \_\_\_\_\_ FOLD \_\_\_\_\_

LOT 7 BLOCK \_\_\_\_\_ SECT. \_\_\_\_\_

PLAT ENTITLED VILLIAMS CONTRIVANCE

RECORDED IN HOWARD COUNTY

PLAT BOOK 26 FOLD 21

DATE \_\_\_\_\_

STATE OF MARYLAND, MD. Lic. No. 119

CASE NO. 7331-MTZ

NO. 405167