

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
800157690

Building Address 6291 Rockburn Hill RD  
ELK Ridge, MD 21075  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 32 Parcel 75 Grid 20  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Capital Area LLC  
 Address 1120C Berfield Blvd # 121  
 City Millersville State MD Zip Code 21108  
 Home Phone 301-351-8756 Work Phone 301-351-8756  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax 1-410-729-0418

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work Erect deck around  
front and back of house. front 27'11" x 31'  
side 37' x 6' back 45' x 10'

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

Occupant or Tenant \_\_\_\_\_  
 Contact Name Sean Schulmeyer  
 Address 1120C Berfield Blvd # 121  
 City Millersville State MD Zip Code 21108  
 Phone 301-351-8756 Fax 1-410-729-0418

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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature

Sean Schulmeyer  
 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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Accepted by \_\_\_\_\_

APPROVED

WALK-THRU BUILDING PERMIT

BP# B001571090 A# P 36049

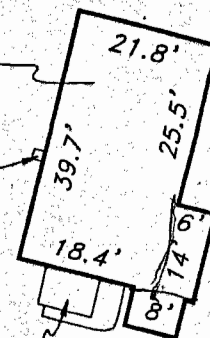
APP. SAN SFD DATE: 1/12/06

DESC. OF WORK: Deck

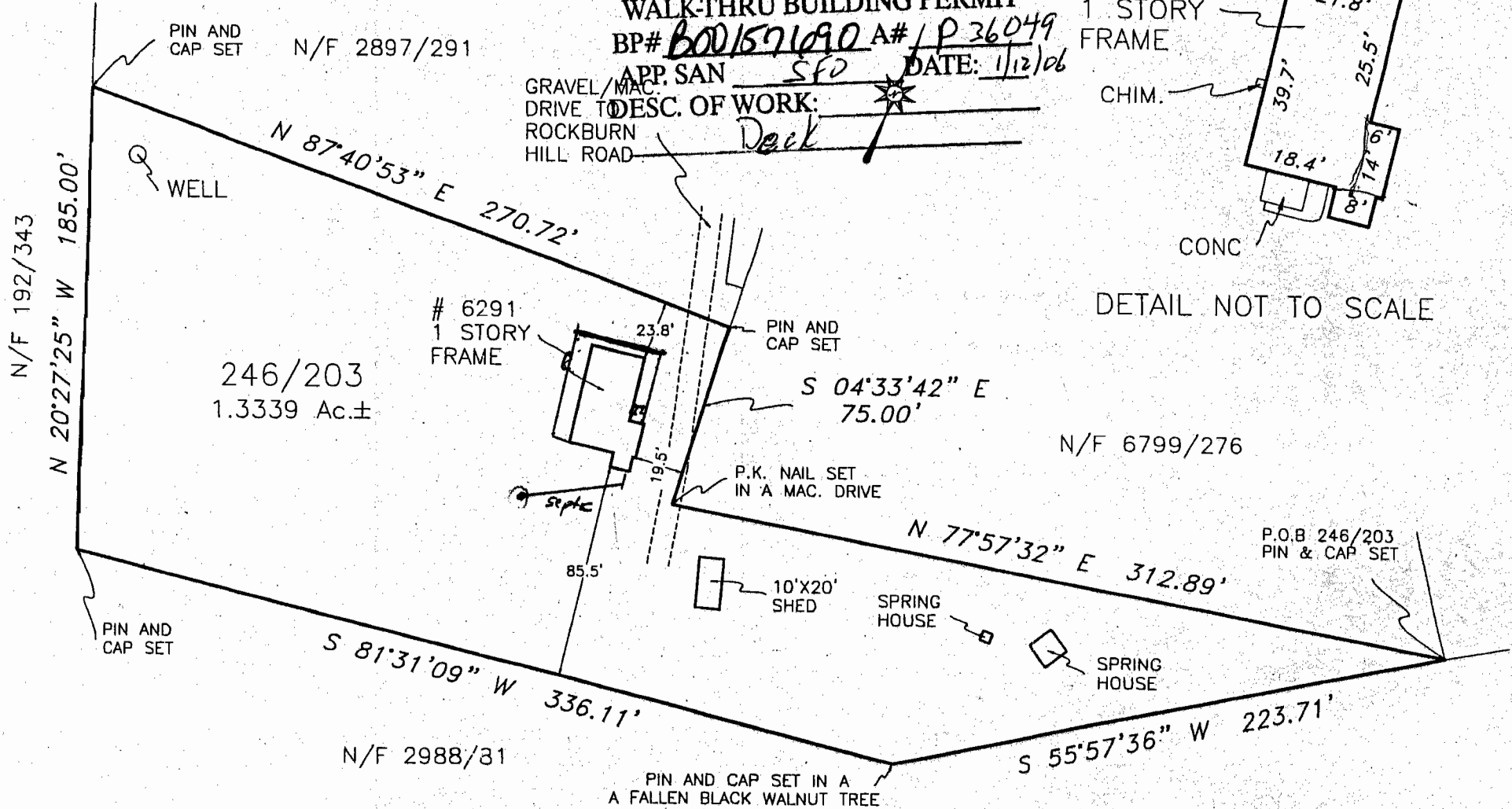
# 6291  
1 STORY  
FRAME

CHIM.

CONC



DETAIL NOT TO SCALE



This is to certify that I have surveyed the property shown hereon, being known as # 6291 ROCKBURN HILL ROAD

and recorded among the land records of Howard County Maryland in Liber 246 folio 203 for the purpose of locating or setting the corners thereof.

Subject property is shown in Zone C on the FIRM Map of Howard County Maryland on Community Panel 240044 44 0030 B Effective DECEMBER 4, 1986



J. Carl Hudgins PLS #96

PLAT OF SURVEY

6291 ROCKBURN HILL ROAD  
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.  
16205 Old Frederick Road  
Mt. Airy, Maryland 21771  
Ph. (410)442-2031  
Fax No. (410)442-1315

Scale: 1" = 60'  
Date: 09JUNE04  
Field By: JCH/RIK  
Drawn By: RIK  
Drawing # ROCKBRN2

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

MTL 12/18/05

Building Address Same as above  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 601101 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 32 Parcel 90 Grid 20  
 Zoning RED Map Coordinates 17114 Lot size 0.938 ACRES

Property Owner's Name Wilbur L Medary Jr  
 Address 6224 Rockburn Hill Rd  
 City Elkridge State MD Zip Code 21075  
 Home Phone (410) 796-4328 Work Phone (410) 982-4542  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFC  
 Proposed Use carport for same  
 Estimated Construction Cost \$ 100,000  
 Description of Work 7' wide carport  
12' x 20'

Contractor Company Same as above  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant own  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ 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: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	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 _____ 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 checked="" 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 checked="" 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 checked="" 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	
_____ Manufactured Home	

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Wilbur L Medary Jr  
 Applicant's Signature

Wilbur L Medary Jr  
 Print Name

Title/Company

11/21/05  
 Date

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AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ			
<input type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health	<u>12/14/05</u>	<u>[Signature]</u>	
<input checked="" type="checkbox"/> 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	PROPERTY ID#:
Front: <u>20'</u>	Filing fee \$ _____
Rear: <u>25'</u>	Permit fee \$ _____
Side: <u>7.5'</u>	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? <input checked="" type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # _____
Historic District? <input checked="" type="checkbox"/>	Validation # _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Lot Coverage for NewTown Zone <u>N/A</u>	
SDP/Red-line approval date _____	Accepted by _____

