

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B06006112

Building Address 2365 Rt. 97  
Cooksville, MD 21723  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040.07 Subdivision Patrick's Place  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
Tax Map 14 Parcel 252 Grid 11  
Zoning RC Map Coordinates \_\_\_\_\_ Lot size 3.765

Property Owner's Name Robert & Ella Knoll  
Address 2365 Rt. 97  
City Cooksville State MD Zip Code 21723  
Home Phone 410-429-5230 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use IFD  
Proposed Use 550 sq ft detached garage  
Estimated Construction Cost \$ 50,000.00  
Description of Work Detached Garage  
2700 sq ft

Contractor Company Templeton Builders Inc.  
Contact Person Todd Templeton  
Address P.O. Box 70  
City Dorchester State MD Zip Code 20712  
License No. 14105 4715  
Phone 410-253-6595 Fax 410-540-7669  
Engineer or Architect Company \_\_\_\_\_

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

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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 checked="" 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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

Applicant's Signature Todd Templeton  
Title/Company Templeton Builders Inc.

Print Name Todd Templeton  
Date 11/6/06

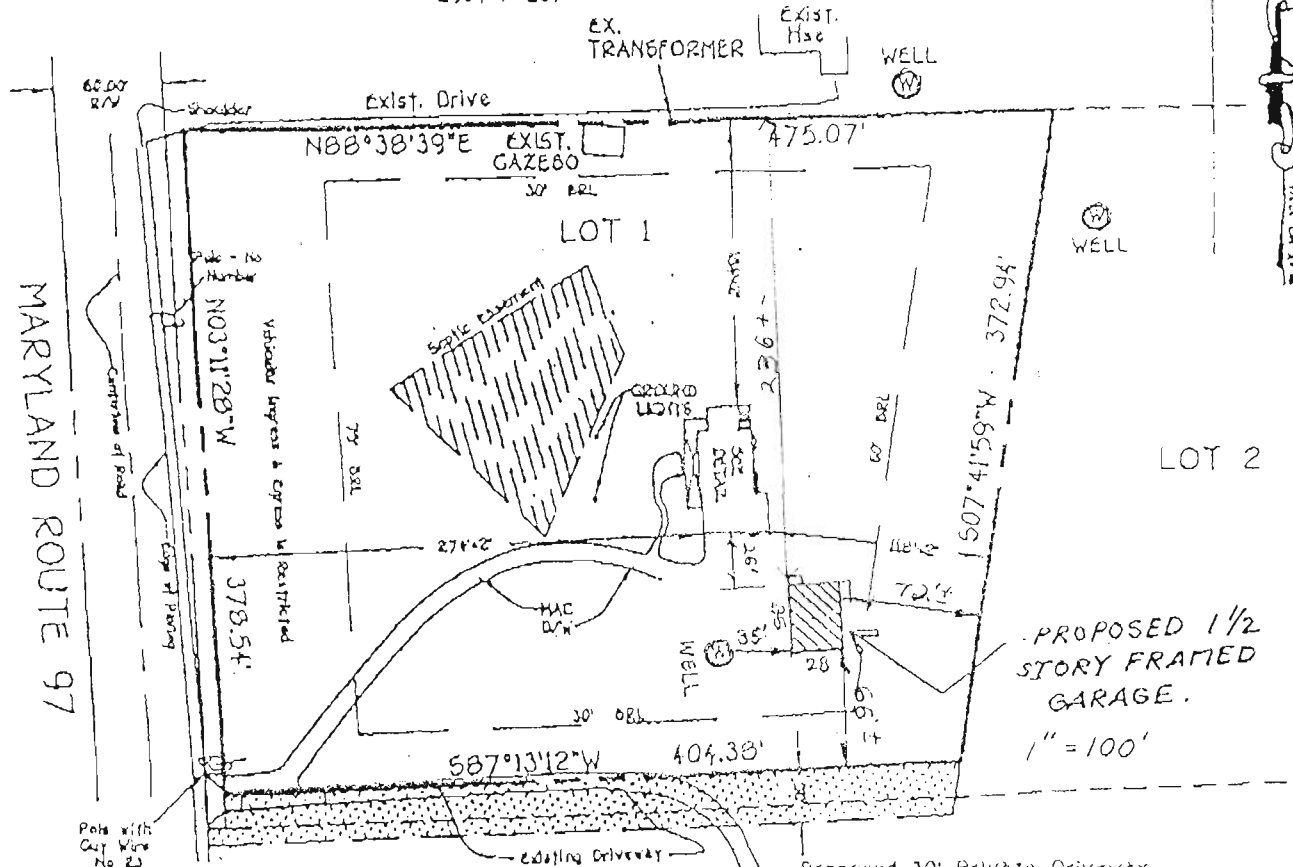
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY-

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>11/6/06</u>	<u>[Signature]</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 _____	Accepted by: _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Rec-line approval date: _____	

# GENERAL NOTES:

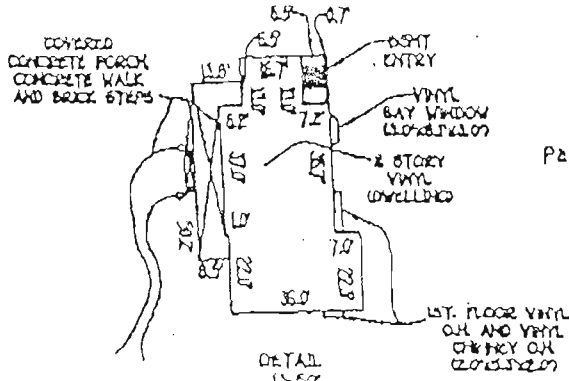
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240014 0014 B, EFFECTIVE DEC. 3, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 2' (1)
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

N/F Worthington B. Ridgely, et al  
2904 / 237



PROPOSED 1/2 STORY FRAMED GARAGE.  
1" = 100'

Proposed 30' Private Driveway Access Easement, Maintenance Agreement recorded in the Land Records of Howard County, Maryland. Shared Driveway to serve Patrick's Place & Adjoining Parcel 41.



N/F Clark  
453 / 532  
Parcel 156, Part 2

*Proposed garage location ok*  
N/F Clark  
453 / 532  
Parcel 41

LOT 1  
"PATRICK'S PLACE"  
LOTS 1 & 2  
TAX MAP 14 GRID 11 PARCEL 156  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT NO. 12314

TOP OF WALL ELEVATION: 110.0



Building Address **2365 Roxbury Mills Rd**  
**Blairwood Mt 21138**

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

Census Tract **1040** Subdivision **Patrick's Place**

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot **1**

Tax Map **14** Parcel **33** Grid **10**

Zoning **R.U.1** Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name **Connee Taylor**

Address **270 Edwina Raymore Rd**

City **Poa** State **MD** Zip Code **21122**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
**410 4373714**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use **Vacant lot**

Proposed Use **Single Family Home**

Estimated Construction Cost \$ **15,000**

Description of Work **Foundation for garage**  
**house 3 BR**

Contractor Company **Miller Benchmark**

Contact Person **8450 SAVAGE GULLFORD RD**

Address \_\_\_\_\_

City **SAVAGE** State **MD** Zip Code **20763**

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant **owner**

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 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: <b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" 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: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <b>3</b>	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES 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 TO THIS PROJECT, AND (4) THAT HE/SHE HAS BEEN ADVISED OF THE APPLICABLE REGULATIONS AND SPECIFICALLY DESCRIBED IN THIS APPLICATION. (5) THAT HE/SHE GRANTS HOWARD COUNTY THE RIGHT TO ENTER INTO THIS PROJECT FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND FOR THE PURPOSES OF THIS PERMIT.

Applicant's Signature **Connee Taylor** Print Name **Connee Taylor**

Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

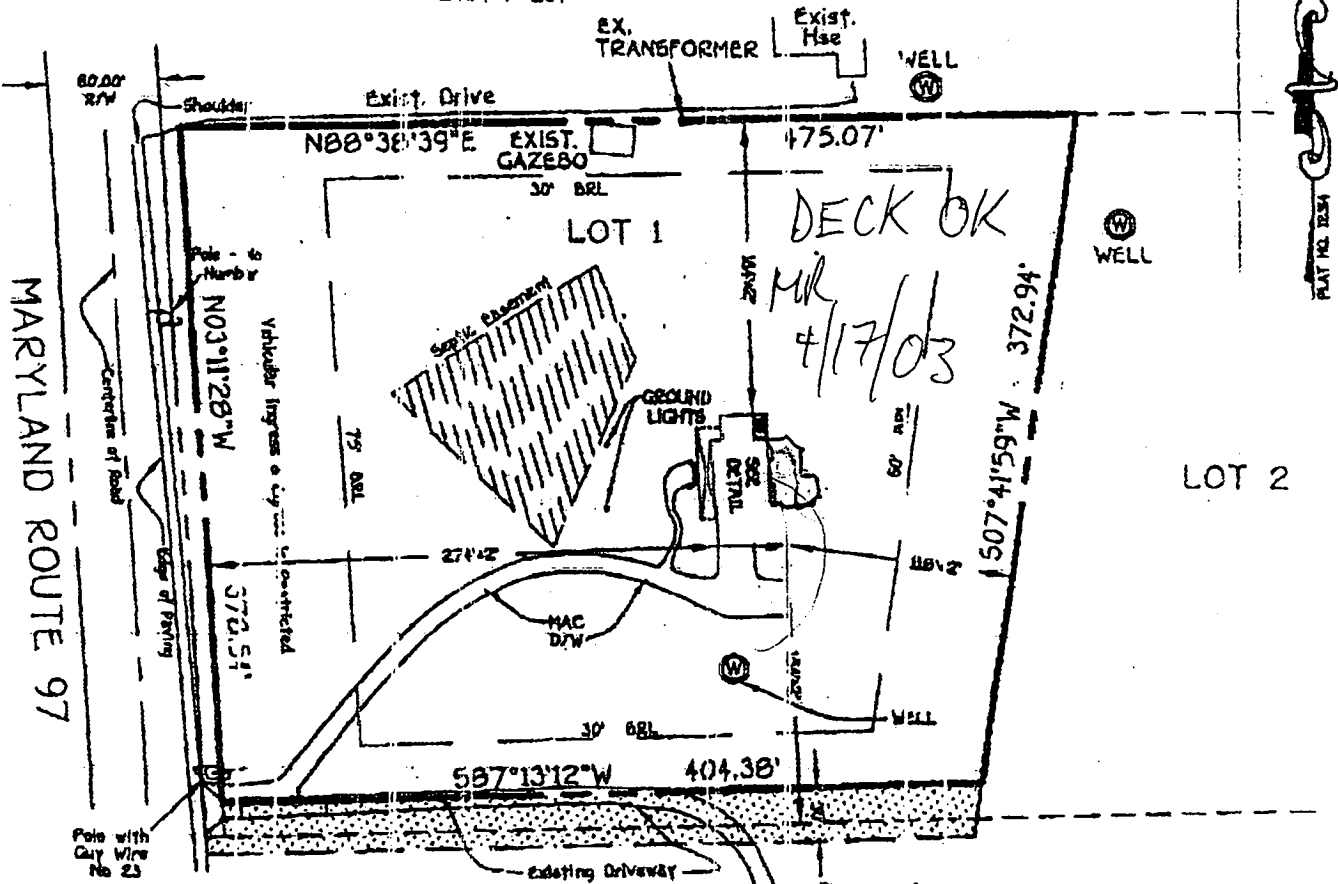
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<b>49173</b>
<input checked="" type="checkbox"/> Building Official			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	Filing fee: \$ <b>30</b>
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<b>1/30/01</b>	<b>Mark R. [Signature]</b>	Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Permit fee: \$ _____
<input checked="" type="checkbox"/> Health			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Excise tax: \$ _____
<input checked="" type="checkbox"/> Fire Protection			Lot Coverage for New Town Zone: _____	Add'l. per. fee: \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			SDP/Red-line approval date: _____	TOTAL FEES: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Sub-total paid: \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Balance due: \$ <b>141</b>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Check Validation: <b>35528</b>
Accepted by: <b>[Signature]</b>				

Rev: 5/17/00

**GENERAL NOTES:**

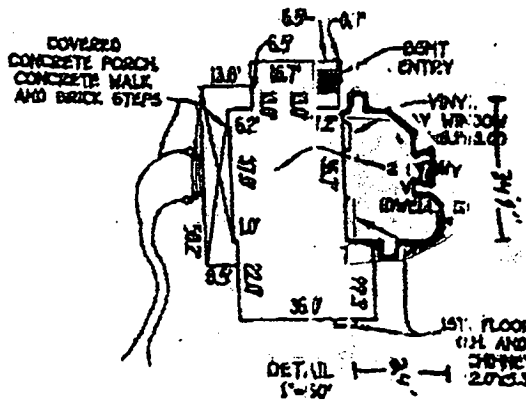
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- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 2' (±)
- 4) NO TITLE REPORT FURNISHED SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

N/F Worthington B. Ridgely, et al  
2904 / 237



MARYLAND ROUTE 97

FLAT NO. 12314



N/F Clark  
453 / 532  
Parcel 156, Part 2

Proposed 30' Private Driveway  
Access Easement. Maintenance  
Agreement recorded in the Land  
Records of Howard County,  
Maryland. Shared Driveway to  
serve Patrick's Place & Adjoining  
Parcel 41.

N/F Clark  
3646 / 715  
Parcel 41

LOT 1  
"PATRICK'S PLACE"  
LOTS 1 & 2  
TAX MAP 14 GRID II PARCEL 156  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
FLAT NO. 12314

TOP OF WALL ELEVATION: 110.0

130041302

Building Address 2365 RT. 97

Property Owner's Name Paul K. Hill

Cookesville, MD 21223

Address 2365 RT 97 Cookesville

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

City \_\_\_\_\_ State MD Zip Code 21223

Census Tract 604002 Subdivision \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Tax Map 14 Parcel 156252 Grid 11

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Zoning RCDED Map Coordinates 9C1 Lot size \_\_\_\_\_

Existing Use S.F.

Contractor Company Thompson Construction LLC

Proposed Use Swim w/ deck & steps on back

Contact Person Thomas Hill

Estimated Construction Cost \$ 15,000.00

Address 15849 Co. Rd. Pinesville, Va

Description of Work Approx 745 sq. deck

City Cookesville State MD Zip Code 21223

w/ 2 sets of steps 1 set (39'x24')

License No. 12-211

Phone 541-512-7600 Fax 541-512-7600

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: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms: \_\_\_\_\_  
 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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
 Title/Company MR 4/17/03

Print Name Thomas Hill  
 Date 4/17/03

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

