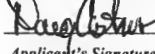


DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE BELLEVILLE CITY, MO 63103 PERMITS (419) 313-2435 INSPECTIONS (419) 313-1810 AUTOMATED INFORMATION (419) 313-3860		<b>HOWARD COUNTY PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b>	
Building Address <u>1224 Roundgate Ct</u> <u>Woodbine MO - 21797</u>			Property Owner's Name <u>DALE DEATON</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>1224 Roundgate Ct</u>		
Census Tract _____ Subdivision _____			City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>		
Section _____ Area _____ Lot _____			Phone <u>410 489 4232</u> Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>SF Home</u>			Contractor Company <u>DTS Quality Hm</u>		
Proposed Use <u>SF Home</u>			Contact Person <u>Doug Castner</u>		
Estimated Construction Cost \$ <u>65,000</u>			Address <u>17017 Moss Meadow Way</u>		
Description of Work <u>12x14 open deck</u> <u>18x14 RO-SUN ROOM</u> <u>DEMO EXISTING DECK 12x30 -</u> <u>BASEMENT BATHROOM -</u>			City <u>Mt Airy</u> State <u>MD</u> Zip Code <u>21771</u>		
Occupant or Tenant <u>DALE DEATON</u>			License No. <u>26466</u>		
Contact Name <u>SAME</u>			Phone <u>301 854 6477</u> Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

B08002045

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: <u>8'</u> No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>252 Room 16 x deck</u> Use group: Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>13</u> Width <u>14</u> 1st floor: <u>13</u> 2nd floor: _____ Basement: _____ DECK 14'-12" Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature  <u>DTS</u>	Print Name <u>Doug Castner</u> <u>6-25-08</u>
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	<u>7/10/08</u>		Side St: _____ Add'l per. fees \$ _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Is historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			SCP/Red-line approval date _____	Accepted by _____
C:\Forms\PERMIT.FRM				Rev. 11/4/04

