

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004695

Building Address 3200 Starting Gate Court
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Cadin Branch Farms
Section _____ Area _____ Lot 1
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Michael A. Donahue
Address 3200 Starting Gate Ct.
City Woodbine State Md Zip Code 21797
Home Phone (410) 489-9688 Work Phone (240) 777-2470
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family
Proposed Use Single Family
Estimated Construction Cost \$ _____
Description of Work adding detached garden shed

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

Occupant or Tenant Michael A. Donahue
Contact Name Michael A. Donahue
Address 3200 Starting Gate Ct.
City Woodbine State Md Zip Code 21797
Phone (410) 489-9688 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 <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"/> 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 <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: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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 checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
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.

Michael A. Donahue
Applicant's Signature

Michael A. Donahue
Print Name

Title/Company

November 14, 2007
Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY USE
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>11/14/07</u>	<u>[Signature]</u>	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 approved required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DEP, DPZ	Pink: Health
_____	_____	_____	_____	_____

STARTING

S68°21'07"E

20' DRAINAGE & UTILITY ESMT.

515'

580'

500'

20' DRAINAGE & UTILITY ESMT.

BLDG. RESTRICTION LINE

52'

125'

STOP 9-161 225'

LOT 1
4.74 AC.
A433768
A43377



40' x 12'
SAWS
TRAILER

BP 45870
10/27/92

ENTRANCES 160
BP 46101
OK 1/19/92
R.H.

20' REVERTABLE SLOPE ESMT.

(E12) RELOCATE EX. POLE

RELOCATE EX. POLE

RELOCATE EX. POLE
500'

SHAFTING SECTION

EX. 12" GMP

N16°26'43"E - 744.89'

BP HEARS
ENTRANCE
) AND SEED.

EX. PAVING (20')
OPEN SECTION IMPROVEMENT
2' PAVING WIDTH & SHOULDER

(EX HW)

250' ACCEL. LANE

VEHICULAR INGRESS & EGRESS IS RESTRICTED

ELLICOTT ROAD

(EXISTING 30' PUBLIC R/W)

EX. DRIVEWAY

530'

532'

534'

10'

30'