

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00148776

Building Address 3142 ~~Seaside Rd~~ Stiles Way
West Friendship MD 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: OP 04-103
 Census Tract 60300 Subdivision Lean Pines
 Section DACTD #03-340287 Area _____ Lot Parcel A
 Tax Map 22 Parcel B 17 Grid 2
 Zoning R100 Map Coordinates 10A6 Lot size 13.972

Property Owner's Name Clif. Betty Harrison
 Address P.O. Box 287
 City West Friendship State MD Zip Code 21794

Home Phone 410 492 2156 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use Vacant lot
 Proposed Use New SFD
 Estimated Construction Cost \$ 300,000

Contractor Company Cumberland Devp. Corp.
 Contact Person Curtis Cumberland
 Address 16391 A.E. Mullinix Rd

Description of Work 2 story home, 4 bed, 2.5 bath, Unfinished basement RI
Front Porch and attached Garage and Driveway

City Woodbine State MD Zip Code 21797
 License No. _____
 Phone 301 854 6838 Fax 301 854 6325

Occupant or Tenant _____
 Contact Name Curtis Cumberland
 Address 16391 A.E. Mullinix Rd
 City Woodbine State MD Zip Code 21797
 Phone 301 854 6838 Fax 301 854 6838

Engineer or Architect Company F S H
 Contact Person _____
 Address _____
 City Ellicott City State MD Zip Code _____
 Phone 410 750 2251 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"/> 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 _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>35</u> Width <u>98</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>35</u> <u>50</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>35</u> <u>98</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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 _____	

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 THEREON, (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.

Curtis Cumberland
 Applicant's Signature
President
 Title/Company

Curtis Cumberland
 Print Name
6/8/04
 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	<u>6-11-04</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/29/04</u>	<u>Kacie Noonan</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

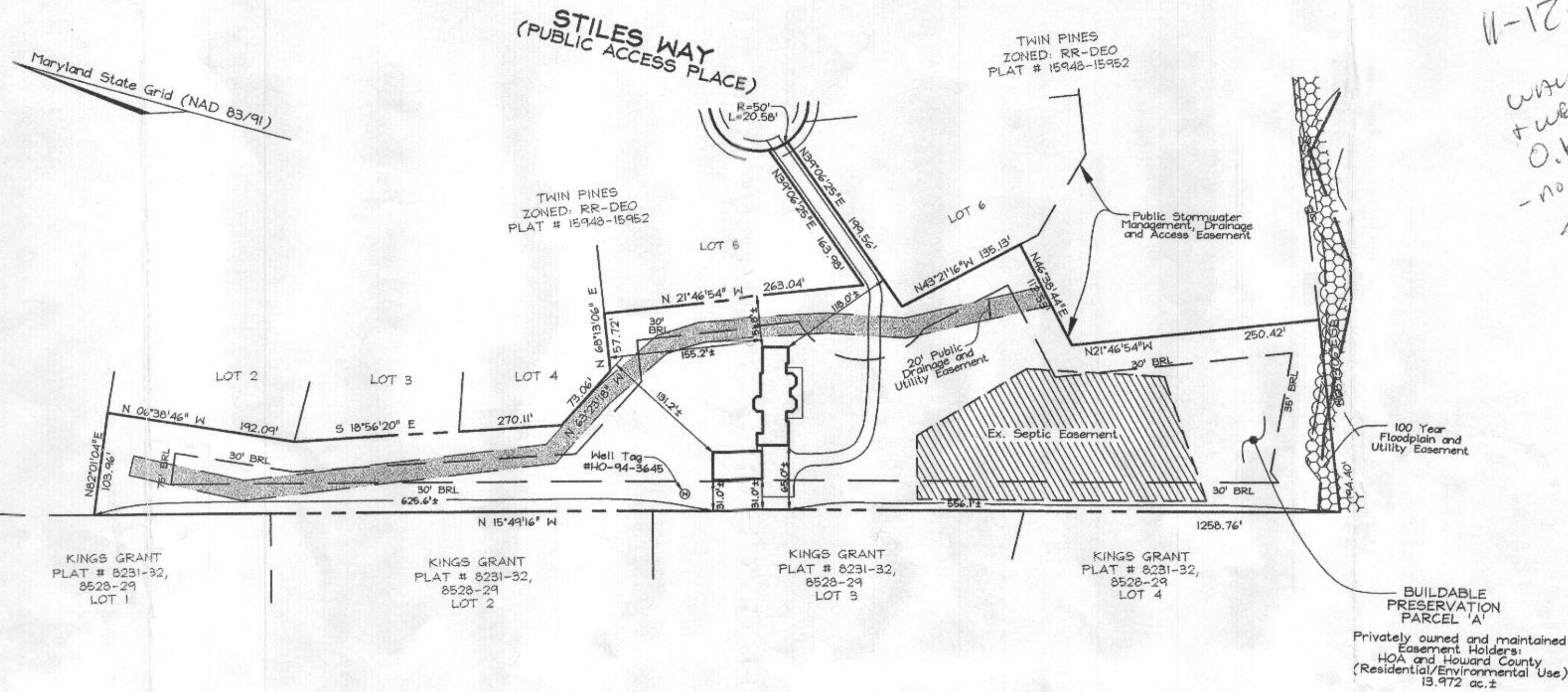
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: <u>75</u>
Rear: <u>35</u>
Side: <u>30</u>
Side St: <u>75</u>
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Loc Coverage for New Towne Zone _____
SDP/Red-line approval date _____

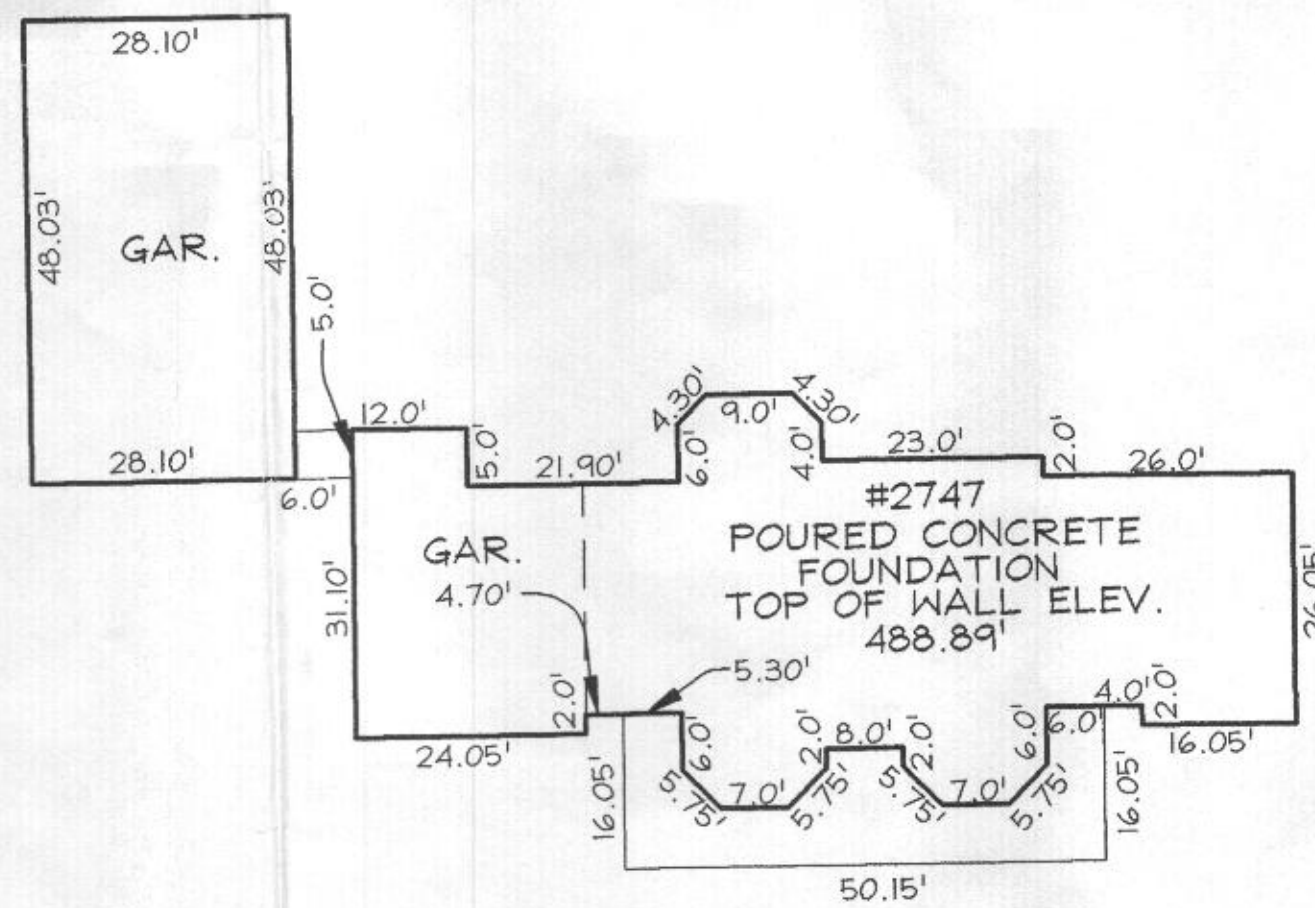
PROPERTY ID#:	02405
Filing fee \$	<u>100</u>
Permit fee \$	_____
Excise tax \$	_____
Add'l per. fee \$	_____
TOTAL FEES \$	_____
Sub-total paid \$	_____
Balance due \$	_____
Check #	<u>120785</u>
Validation #	<u>477001</u>

MARYLAND ROUTE 32
(PRINCIPAL ARTERIAL ROAD)
SRC PLAT No. 23880
150' R/W



PLAN VIEW
SCALE: 1"=100'

11-12-04
wall check
+ well location
O.K.
- no movements.
the ground



FOUNDATION DETAIL
SCALE: 1"=20'

LEGEND

F/P = FIREPLACE	O/H = OVERHANG
B/W = BAY WINDOW	H/P = HEAT PUMP/AIR COND.
D/W = DRIVENWAY	G/M = GAS METER
CONC = CONCRETE	E/M = ELECTRIC METER

DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 3142 STILES WAY
TOP OF WALL ELEV. = 488.89' FIRST FLOOR ELEV. = N/A

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

PARCEL 'A'
TWIN PINES

PLAT No. 15948-15952
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



FSH Associates
Engineer Planners Surveyors
8318 Forest Street Ellicott City, MD 21043
Tel: 410-750-251 Fax: 410-750-7350
E-mail: info@ha.biz

WALL CHECK	
FOUNDATION	Date: 08/27/04
FINAL	Date:
DRAWN BY:	BB
SCALE:	As Shown
N.O. No.:	3003