

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Building Address 17480 TIMBERLEIGH WAY  
WOODBINE MD  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 624001 Subdivision TIMBERLEIGH VILLAGE  
Section 1 Area \_\_\_\_\_ Lot 19  
Tax Map 13 Parcel 238 Grid 7  
Zoning RC Map Coordinates \_\_\_\_\_ Lot size 1.16

Property Owner's Name MARK BUCHANAN  
Address 17480 TIMBERLEIGH WAY  
City WOODBINE State MD Zip Code 21797  
Phone 301 518 5009 Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
301.518.5009

Existing Use RESIDENTIAL  
Proposed Use RESIDENTIAL  
Estimated Construction Cost \$ 1,200.-  
Description of Work FRONT COVERED  
ENTRY WAY

Contractor Company \_\_\_\_\_  
Contact Person MARK BUCHANAN  
Address 17480 TIMBERLEIGH WAY  
City WOODBINE State MD Zip Code 21797  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant MARK BUCHANAN  
Contact Name ↓  
Address 17480 TIMBERLEIGH WAY  
City WOODBINE State MD Zip Code 21797  
Phone 301 518 5009

Engineer or Architect Company NA  
Contact Person MARK BUCHANAN  
Address 17480 TIMBERLEIGH WAY  
City WOODBINE State MD Zip Code 21797  
Phone 301 518 5009 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics   | Utilities   |
|--|---|
| Height: _____  | Water Supply: _____<br>Public _____ Private _____   |
| No. of stories: _____  | Sewage Disposal: _____<br>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: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| <input type="checkbox"/> State Certified Modular   | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____  |

| Building Characteristics   | Utilities  |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____ | Water Supply: _____<br>Public _____ Private <input checked="" type="checkbox"/>                    |
| 1st floor: _____   | Sewage Disposal: _____<br>Public _____ Private <input checked="" type="checkbox"/>                 |
| 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: _____<br>Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                                      | Natural Gas <input type="checkbox"/>   |
| No. of Bedrooms _____  | Propane Gas <input type="checkbox"/>   |
| Height: _____  | Sprinkler system: N/A <input checked="" type="checkbox"/>  |
| Multi-family dwellings: _____  | NFPA #13D _____  |
| No. of efficiency units: _____   | NFPA #13R _____  |
| No. of 1 BR units: _____   | Other: _____   |
| No. of 2 BR units: _____   |  |
| No. of 3 BR units: _____   |  |
| Other Structure: <u>ENTRY WAY</u>  |  |
| Dimensions: <u>6x9</u>   |  |
| Footings: <u>CONCRETE</u>  |  |
| Roof Height: <u>10'</u>  |  |
| <input type="checkbox"/> State Certified Modular   |  |
| <input type="checkbox"/> Manufactured Home   |  |

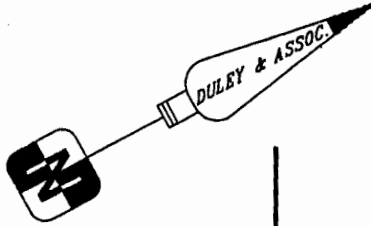
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
Title/Company \_\_\_\_\_

Print Name MARK BUCHANAN  
Date SEPT 25, 2008

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>9/25/08</u> | <u>[Signature]</u> | Side St: _____   | Add'l per. fee \$ _____ |
| Health   |                |                    | 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                                   |                |                    | Lot Coverage for NewTown Zone _____                      | Accepted by _____       |
| White: Building Official                                 |                |                    | SDP/Red-line approval date _____                         |                         |
| Green: LDD, DPZ  |                |                    |  |                         |
| Yellow: DED, DPZ   |                |                    |  |                         |
| Pink: Health   |                |                    |  |                         |
| Gold: SHA  |                |                    |  |                         |



**NOTE:**  
 \* ENCROACHMENTS MAY EXIST \*  
 A BOUNDARY SURVEY IS RECOMMENDED  
 TO DETERMINE THE EXACT LOCATION  
 OF IMPROVEMENTS. PLEASE SIGN:

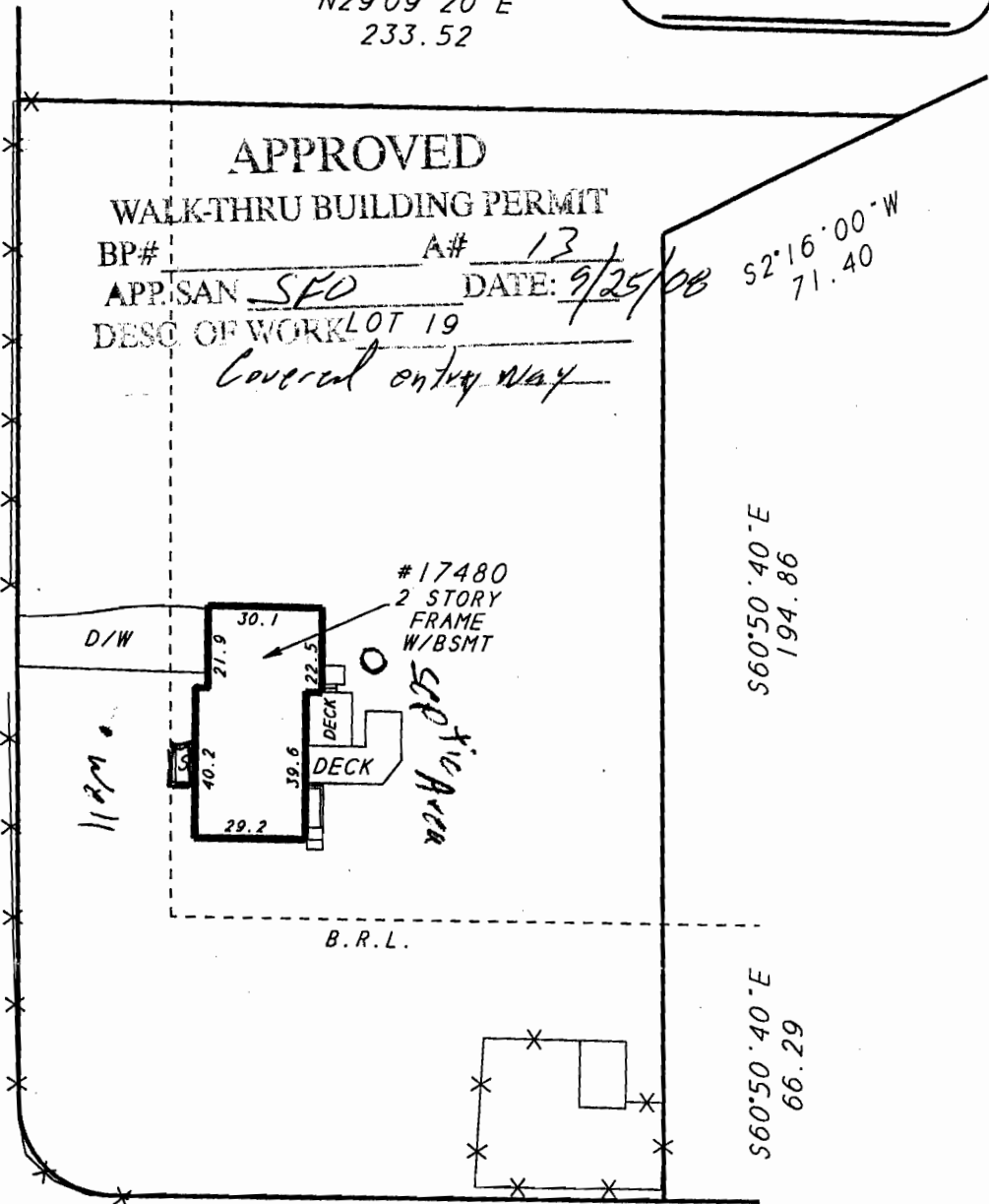
N29°09'20"E  
 233.52

TIMBERLEIGH WAY

N60°50'40"W  
 267.49

**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# \_\_\_\_\_ A# 13  
 APP. SAN SFO DATE: 9/25/08  
 DESC. OF WORK LOT 19  
Covered entry way

S2°16'00"E  
 71.40



S60°50'40"E  
 194.86

S60°50'40"E  
 66.29

A=39.11  
 R=25.00

S29°32'00"W  
 144.99

WOODBINE ROAD

LOCATION DRAWING OF:  
 #17480 TIMBERLEIGH WAY  
 LOT 19  
 SECTION 1  
 TIMBERLEIGH VILLAGE  
 PLAT BOOK NO. 3339  
 HOWARD COUNTY, MD

SCALE: 1"=50' DATE: 4-26-05

CASE # 05-5075  
 KANE  
 FILE # 052689-112  
 DRAWN BY: ZB

A LAND SURVEYING COMPANY



14604 ELM STREET  
 UPPER MARLBORO, MD. 20772

PHONE: 301-888-1111 FAX: 301-888-1114  
 PHONE: 1-888-88-DULEY FAX: 1-888-55-DULEY

**SURVEYOR'S CERTIFICATE**

I HEREBY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO LIE WITHIN FLOOD ZONE C. A FLOOD CERTIFICATION IS RECOMMENDED TO DETERMINE THE EXACT FLOOD ELEVATION AND FLOOD ZONE. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING, OR OTHER IMPROVEMENTS. THIS PLAT 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. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH THE CONTEMPLATED TRANSFER. FINANCING OR REFINANCING THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1". NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD, BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYORS OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BE CONSIDERED "TEMPORARY" MAY NOT BE SHOWN.