

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07003456

Building Address 7191 Brooks Rd.
Highland MD 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 10510 Subdivision 6

Section _____ Area _____ Lot 2

Tax Map 240 Parcel 10 Grid 259

Zoning R-DEU Map Coordinates _____ Lot size 2.7 Acres

Property Owner's Name Sharon & Wayne Germlinger

Address 7191 Brooks Rd.

City Highland State MD Zip Code 20777

Home Phone 301-854-0463 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Don Miller
12075 Old Frederick Rd
Mariettaville MD 21041

Phone 410-442-1385 Fax 7AME

Existing Use Single Family Dwelling

Proposed Use Addition

Estimated Construction Cost \$ 310,000.00

Description of Work Addition w/ parking pad
1 walkway 39 x 27

Contractor Company John D. Miller Builders Inc

Contact Person Don Miller

Address 12075 Old Frederick Rd

City Mariettaville State MD Zip Code 21041

License No. 67861

Phone 410-615-4372 Fax 410-442-1385

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Andree Fontaine Architects

Contact Person Andree Fontaine

Address P.O. Box 957

City Glenelg State MD Zip Code 21737

Phone 410-531-3925 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"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

| 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 _____ Width _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| 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 _____ | |

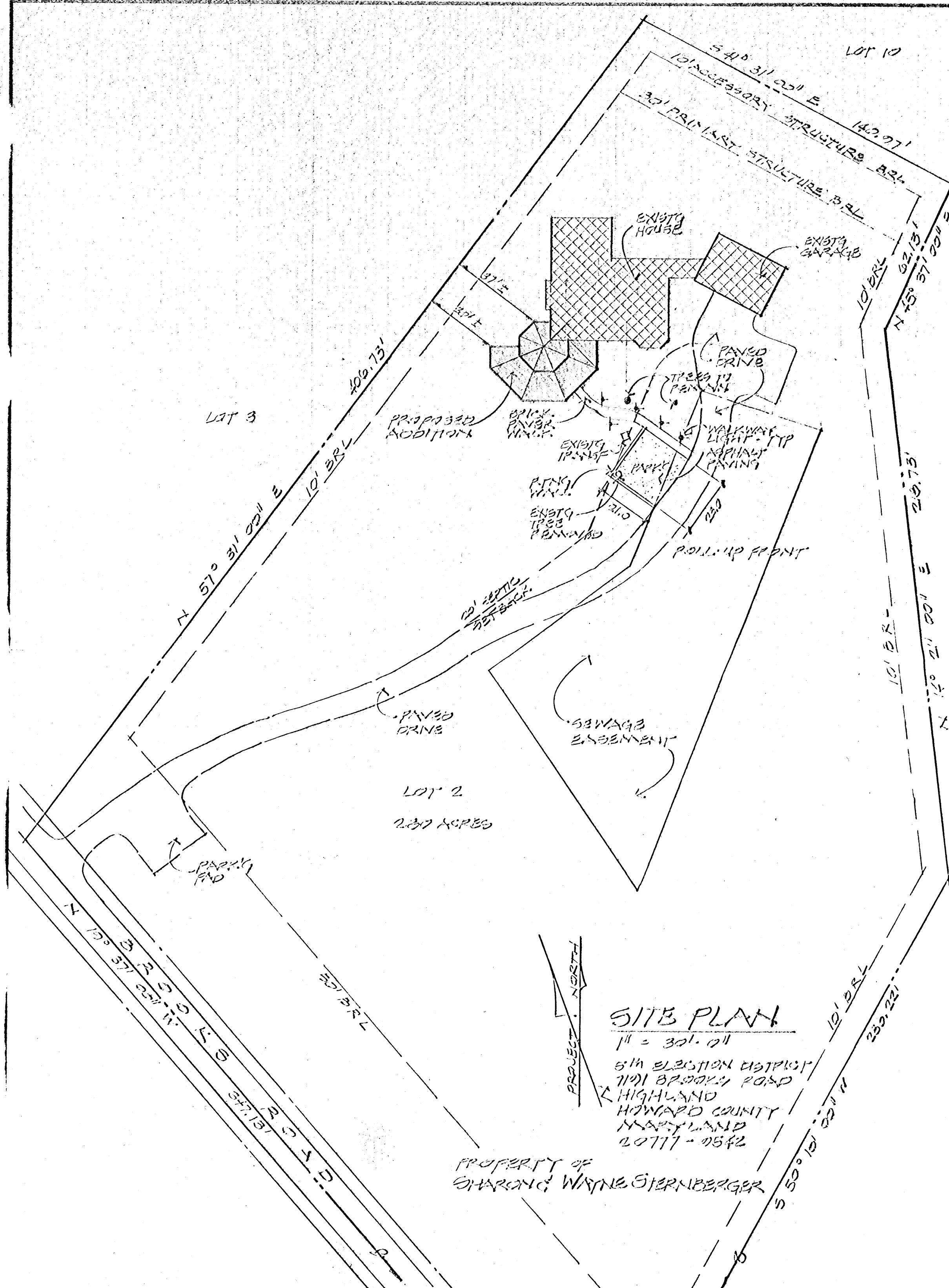
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Don Miller
Applicant's Signature
President John D. Miller Builders Inc.
Title/Company

Daniel L Miller
Print Name
Aug 17 2007
Date

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

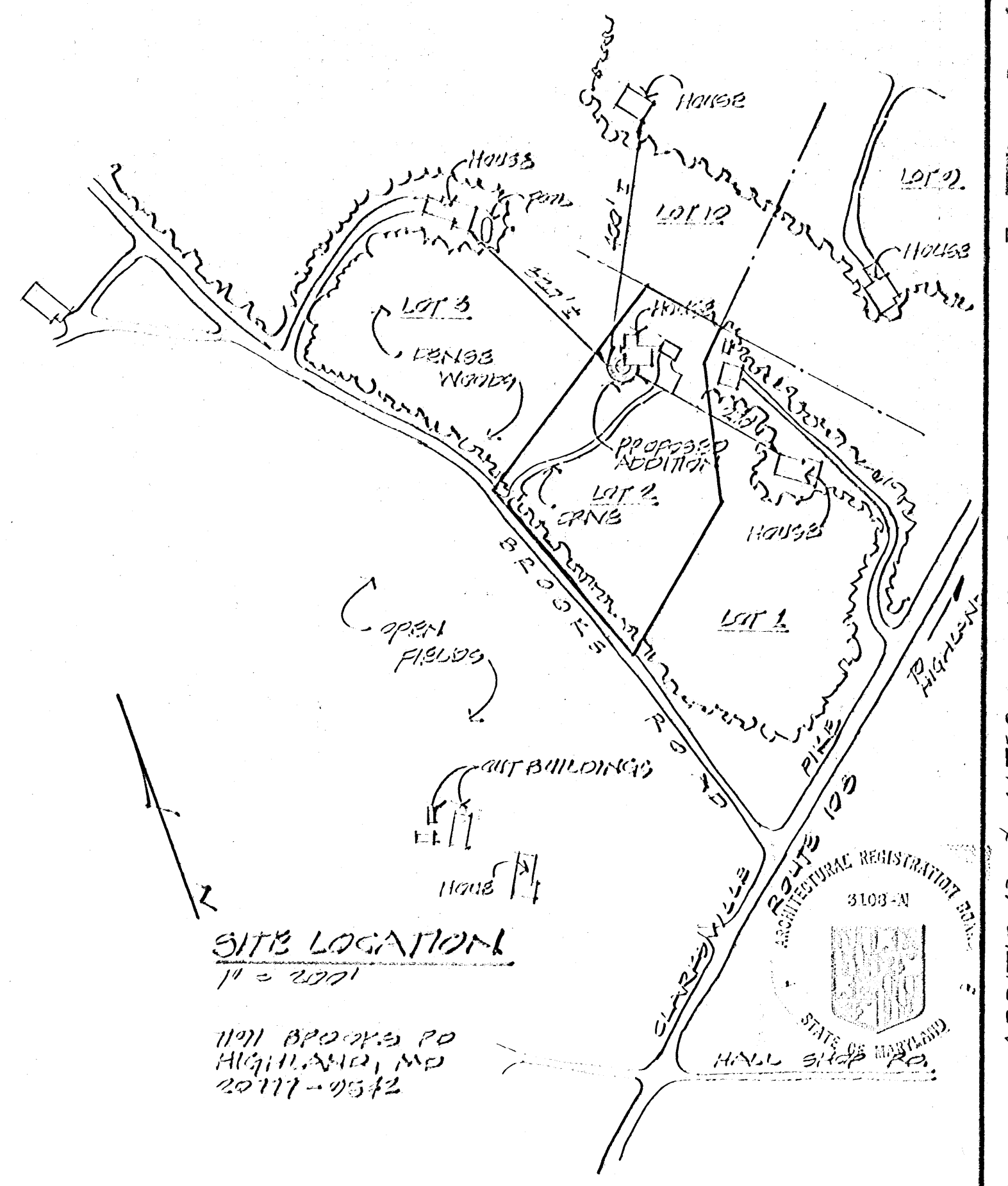
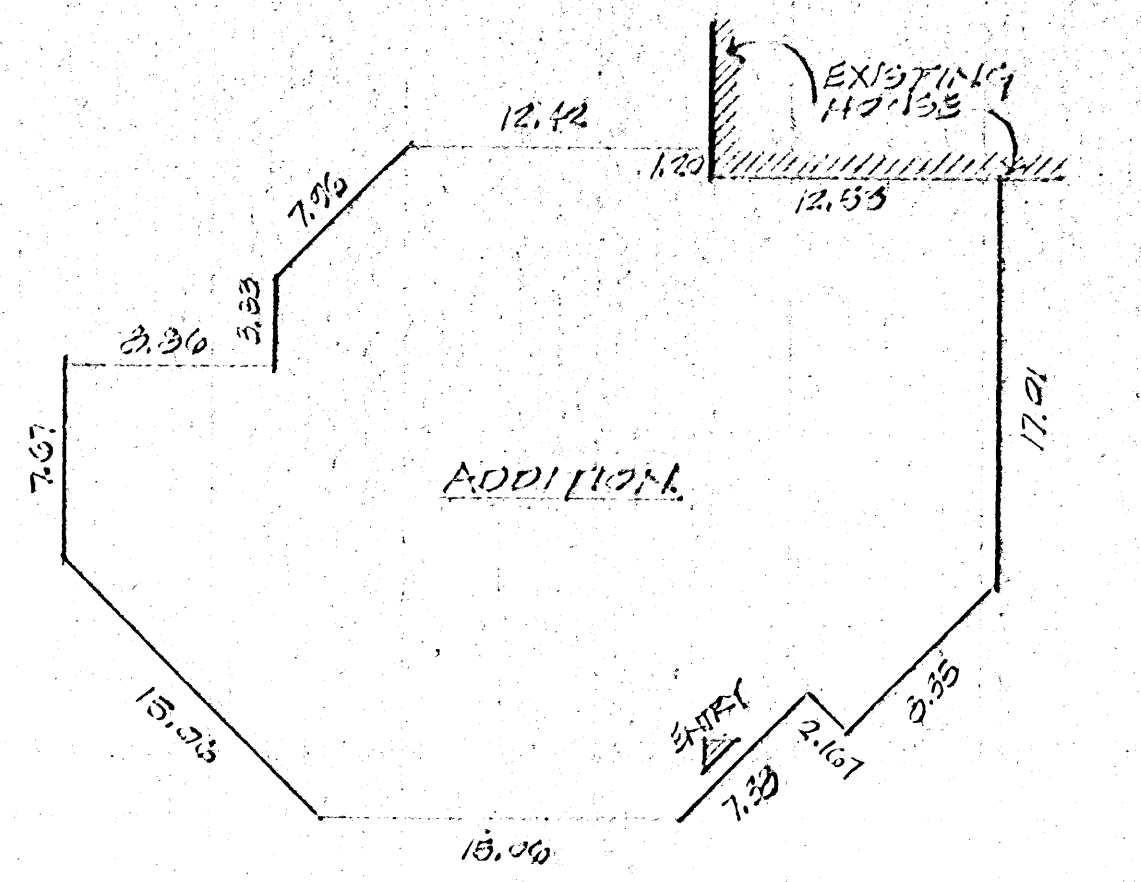
| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|--------------------------|--------------------|---|---------------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ | | | Front: _____ | Filing fee \$ <u>2500</u> |
| <input checked="" type="checkbox"/> State Highways | | | Rear: _____ | Permit fee \$ _____ |
| <input checked="" type="checkbox"/> Building Official | | | Side: _____ | Excise tax \$ _____ |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ |
| <input checked="" type="checkbox"/> Health | <u>9/13/07</u> | <u>[Signature]</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| <input checked="" type="checkbox"/> Fire Protection | | | 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"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Check # <u>57296</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # _____ |
| Distribution of Copies: _____ | White: Building Official | Green: L&D, DEPZ | Yellow: DED, DPZ | Pink: Health |
| | | | | Gold: SHA |



SITE PLAN

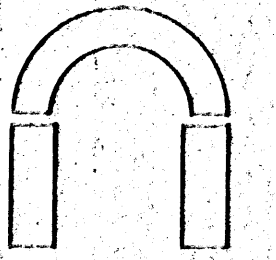
11 = 301.01
5th ELECTION DISTRICT
7101 BROOKS ROAD
HIGHLAND
HOWARD COUNTY
MARYLAND
20717-0542

PROPERTY OF
SHARON & WAYNE STERNBERGER

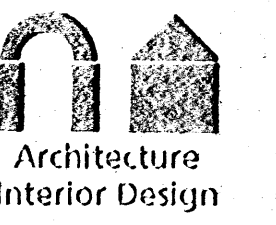


SITE LOCATION

11 = 2001
1101 BROOKS RD
HIGHLAND, MD
20717-0542



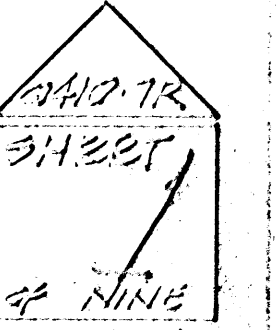
André G. Fontaine Architect



ADDITIONS & ALTERATIONS FOR SHARON & WAYNE STERNBERGER

P.O. Box 357
3925 Old Rolling Road
Glenelg, Maryland 21737
Baltimore (410) 531-5925
Washington (301) 954-3925

7101 BROOKS ROAD
HIGHLAND, MD. 20717



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0700 4780

| | |
|---|--|
| Building Address <u>1411 ...</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>2</u> Tax Map <u>410</u> Parcel _____ Grid <u>10</u> Zoning _____ Map Coordinates _____ Lot size <u>3,900 sq ft</u> | Property Owner's Name _____ Address _____ City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Same as contractor</u> Phone _____ Fax _____ |
| Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>2,000</u> Description of Work <u>INSTALL ONE 300 GAL ...</u> <u>... TANK.</u> | Contractor Company _____ Contact Person _____ Address _____ City _____ State <u>MD</u> Zip Code _____ License No. _____ Phone _____ Fax _____ |
| Occupant or Tenant <u>OWNERS</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ | Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|---|--|---|--|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> | 1st floor: _____ | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" 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"/> | 2nd 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"/> | Basement: _____ | 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 _____ State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | Finished Basement <input type="checkbox"/> Unfinished Basement <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: _____ | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| | | Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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 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

 Print Name

 Title/Company

 Date

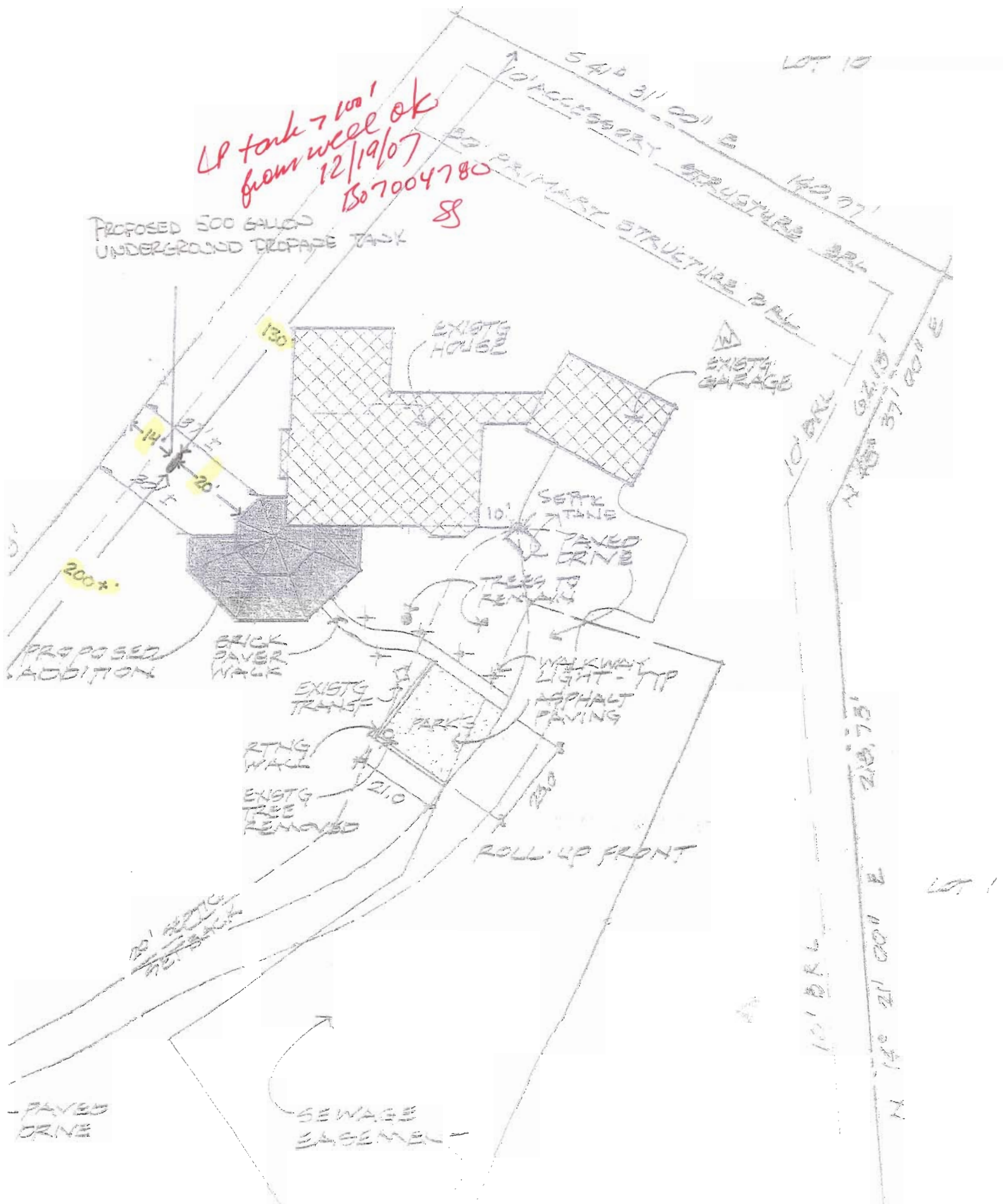
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|-----------------|--------------------|---|-------------------------------|
| Land Development, DPZ | | | Front: _____ Filing fee: \$ _____ | |
| State Highways | | | Rear: _____ Permit fee: \$ <u>100</u> | |
| Building Official | | | Side: _____ Excise tax: \$ _____ | |
| Dev. Engineering, DPZ | | | Side St.: _____ Add'l. per. fee: \$ _____ | |
| Health | <u>12/19/07</u> | <u>[Signature]</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES: \$ <u>100</u> |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid: \$ <u>100</u> |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due: \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | Check # <u>785</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # _____ |
| Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | Accepted by _____ | |

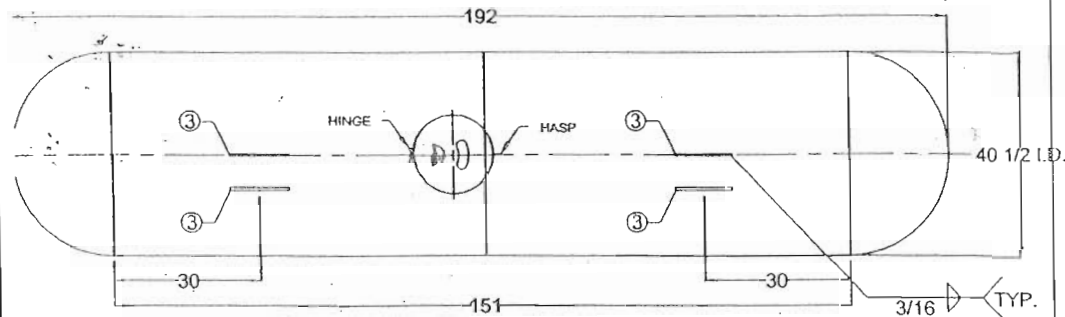
B07004780

UP tank 7' dia
from well ok
12/19/07
B07004780
88

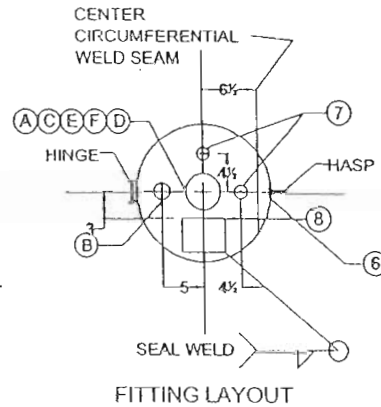
PROPOSED 500 GALLON
UNDERGROUND DROPPAGE TANK



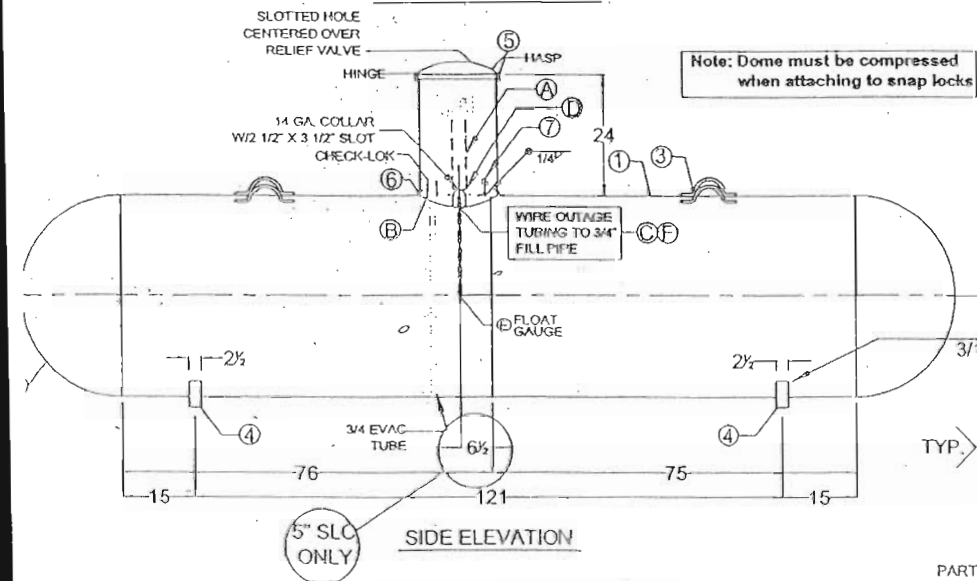
THIS VESSEL IS DESIGNED FOR THE STORAGE
OF LIQUEFIED PETROLEUM GAS ONLY



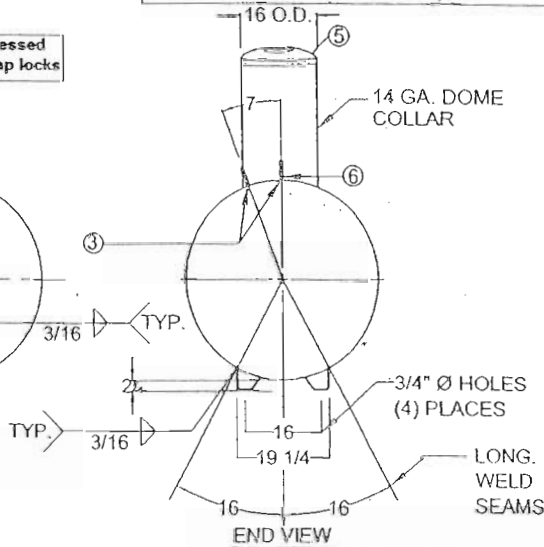
TOP VIEW (R - 1000MW)



FITTING LAYOUT



SIDE ELEVATION



END VIEW

Note: Dome must be compressed when attaching to snap locks

NAFL BD. SERIAL No. _____

CERTIFIED BY: AMERICAN WELDING & TANK
HARSCO CORPORATION GAS & FLUID CONTROL GROUP
JESUP, GEORGIA-BLOOMFIELD, IOWA, SALT LAKE CITY, UTAH-FREMONT, OHIO

MAX. ALLOW. WORKING PRESS. [250] PSI AT [400] °F
MDMT [20] °F AT [250] PSI PLANT NO. _____

U
SERIAL NO. [Y] YEAR BUILT [20]
LENGTH [192] IN. OUTSIDE DIA. [41] IN.
HEAD THK. [.202] IN. SHELL THK. [0.238] IN.
GROUND TYPE [AWT-UG] SURFACE AREA [172] SQ. FT.
LISTED CONTAINER ASSEMBLY FOR LP GAS 695A HEAD D.R. [HEMI] WATER CAPACITY [1000] GALS.

THIS CONTAINER SHALL NOT CONTAIN A PRODUCT HAVING A VAPOR PRESSURE IN EXCESS OF 215 PSI AT 100°F.
DIP TUBE LENGTH 80% FULL @ 50 DEG. F. D.T. = 8.0 IN.

DATA PLATE DETAIL

GENERAL NOTES:

- LIFTING LUGS DESIGNED FOR TOTAL LIFTING WEIGHT OF 2700#
- TOTAL EMPTY WEIGHT IS 179#
- ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED.
- COMPLETE TANK DRIED TO REMOVE ALL MOISTURE.
- NOTE DELETED.
- EXTERIOR OF TANK TO BE GRIT BLASTED.
- PAINT PER SHOP ORDER.
- VACUUM PURGE TANK.
- DIMENSIONS ARE SUBJECT TO CHANGE WITH OUT NOTICE. (NON-PRESSURE RETAINING COMPONENTS ONLY)
- THREADS OF ALL FITTINGS TO BE COATED WITH COMPOUND SUITABLE FOR USE WITH LP GAS.
- FLOAT GAUGE TO BE INSTALLED WITH FLOAT ARM 45° OFF LONGITUDINAL CENTERLINE OF TANK.
- DOUBLE LIFTING LUGS ON LONG RISER TANKS ONLY

GENERAL SPECIFICATIONS

| | |
|-------------------------------------|--|
| WATER CAPACITY (GALLONS) | 1000 |
| ALLOWABLE WORKING PRESSURE (PSIG) | 250 |
| JOINT EFFICIENCY: | |
| ASME UW-51 LONG SEAM | 100 % |
| ASME UW-52 HEAD TO SHELL | 80 % |
| HYDROSTATIC TEST PRESSURE (PSIG) | 325 |
| SURFACE AREA (SQ. FT.) | 172 |
| RELIEF VALVE SETTING (PSIG) | 250 |
| RELIEF DISCHARGE RATE (CFM @ 100°F) | 1096 |
| CODE: | ASME SECTION VIII DIV. I |
| STANDARDS: | UNDERWRITERS LABORATORIES INC. MH-5127 |
| | N.F.P.A. 58 LP GAS CODE |
| MATERIAL SPECS: | |
| | COUPLINGS SA-105 |
| | TANK FLANGES SA-105 |
| | ADAPTOR SA-105 |
| | PIPE SA538 OR SA106B |

1000 W.G. UNDERGROUND
PROPANE TANK-TYPE-AWT-UG

PART NO: 0110003X
0110004X

| PK | QTY. | SIZE | TYPE | FITTINGS | | SERVICE | MARK | QTY. | DESCRIPTION | DWG. NO. |
|-----|------|-------|---|----------|----------|---|------|------|---|-----------|
| | | | | REGO | SHERWOOD | | | | | |
| 1 | 1 | 2 1/2 | SOLENOID VALVE 1/2" X 1/2" IN. POURED 80 PPT. 1.0" X 8" W/ 1/2" X 3/8" HT. X 1/2" | G8475EV | PV2095A | MULTIVALVE | 1 | 2 | SHELL - 0.238" X 25.34" X 127.516" - SA455 / SA114C | |
| 2,3 | 1 | 2 1/2 | SOLENOID VALVE 1/2" X 1/2" IN. POURED 80 PPT. 1.0" X 8" W/ 1/2" X 3/8" HT. X 1/2" | G8475EV | PV2095A | MULTIVALVE | 2 | 2 | HEADS - 40 1/2" I.D. X 0.202" - HEMI SA114C | |
| 3 | 1 | 3/4 | SCH. 40 PIPE (T.O.E.) | 7500U | PV5136 | CHECK-LOK | 3 | 4 | LIFTING LUGS | D - 2 |
| 4 | 1 | 3/4 | SCH. 40 PIPE (T.O.E.) | | | FILL PIPE | 4 | 4 | TANK LEGS, 14" X 2 1/2" | D - 2 |
| 5 | 1 | 2 1/2 | XH SOCKET WELD FLG | | | ALUMINUM ELBOW HESER PPT. ALUMINUM | 5 | 1 | DOME, 2 PIECE, HINGED | D - 5 |
| 6 | 1 | 1 1/4 | 4 - BOLT Style | | | RELIEF VALVE 1/2" X 1/2" IN. POURED 80 PPT. 1.0" X 8" W/ 1/2" X 3/8" HT. X 1/2" | 6 | 2 | SNAP LOCK CLIPS | D-2RAD-30 |
| 7 | 1 | 1/8 | BRASS TUBE | | | RELIEF VALVE 1/2" X 1/2" IN. POURED 80 PPT. 1.0" X 8" W/ 1/2" X 3/8" HT. X 1/2" | 7 | 2 | ANODE ATTACHMENT (ROUND DISK W/ WIRE) | D - 7 |
| 8 | 1 | | | | | RELIEF VALVE 1/2" X 1/2" IN. POURED 80 PPT. 1.0" X 8" W/ 1/2" X 3/8" HT. X 1/2" | 8 | 1 | DATA PLATE, 3000 GAL., LRS | |

| REV | BY | DESCRIPTION | DATE |
|-----|-----|--|----------|
| 75 | CDH | CORRECTED OUTAGE TUBE LENGTH | 7/24/00 |
| 16 | WLO | CHANGED GROUND METHOD | 4/12/01 |
| 17 | CDH | CORRECTED QTY. OF ANODE ATTACH. | 5/14/01 |
| 18 | CDH | NEW NAMEPLATE & CHECK-LOK | 10/18/01 |
| 19 | CDH | REVISED LEGS & MOVED TB | 10/22/01 |
| 20 | CDH | REVISED FILL PIPE LENGTHS | 12/18/01 |
| 21 | CDH | CORRECTED MARK "1" TO TWO SHELLS | 4/15/02 |
| 22 | CDH | REVISED MDMT PRESSURE TO 250 PSI | 8/13/02 |
| 23 | CDH | DELETED DOME WELD, ADDED SNAP LOCKS | 9/30/02 |
| 24 | CDH | REPOSITIONED SNAP LOCK DETAIL | 10/16/02 |
| 25 | CDH | ADDED NOTE FOR HINGE IN SIDE ELEVATION | 3/11/03 |
| 26 | CDH | ADDED FILL TUBE RANGE PERPENDICULAR | 5/8/03 |
| 27 | CDH | CORRECTED SHELL LENGTH | 11/12/03 |
| 28 | WLO | ADDED SA114C SHELL OPTION | 8/17/04 |

| | | | | | | | | | |
|------|----------|-------------|-----|-------------|-----|------|----|-------------|-------------|
| DATE | 01/03/00 | DESIGNED BY | RAC | APPROVED BY | CDH | DATE | 28 | DESIGNED BY | JR - 1000MW |
|------|----------|-------------|-----|-------------|-----|------|----|-------------|-------------|

LOT 3

N 57° 13' 00" W

LOT 4

4
-406.73'

Septic

SEE HOUSE TANK
WELL TANK

ASPHALT DRIVEWAY

Generation

62.13'
S 45° 37' 00" E

LOT 2

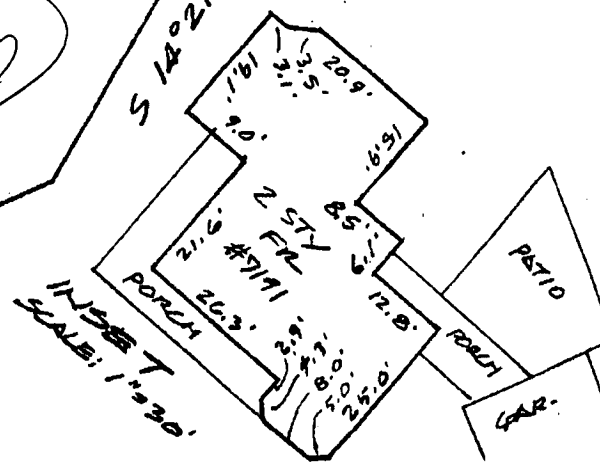
TAX PARCEL 254

L-1279, F-387

2.8 ACRES

800144669

10/29/03
Propane tank location
OK (SO)



Offset dimensions shown thus NN± are generally within 1 (one) of the stated distance if 20 feet or less. Longer distances may exceed 1 foot margin proportionally. All offsets depend on site conditions and other factors including but not limited to; elevatic changes, availability of property markers, availability and age of land record data, irregularly shaped and or large lots.

LOT 1

288.22'

Jefferson D. Lawrence 1-31-96
Date

MCI Reg. Professional Surveyor #5216 Jefferson D. Lawrence

Property shown hereon is not in a flood plain per existing records unless otherwise noted

O'CONNELL & LAWRENCE, INC.
Surveyors, Engineers & Land Planners
17904 Georgia Avenue, Suite 302
Olney, Maryland 20832-2239
(301) 924-4570 Fax (301) 924-5872

HOUSE LOCATION DRAWING
LOT 2 UNRECORD
RAYMOND MORGAN SUBDIVISION
HOWARD COUNTY MARYLAND
Plat Book: Plat: Liber: 1279 Folio: 387

SURVEYOR'S CERTIFICATION

I hereby certify to the best of my knowledge and belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible buildings or other existing or future improvements. This 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. Questions pertaining to relationships of the property corners or lines to real objects must be addressed by a Boundary Survey. This drawing is of benefit to a consumer only insofar as it is required by a lender or title insurance company or its agent in connection with contemplated transfer financing or refinancing, and valid only within six months from field date, and as to them I warrant the

Job No. 709-38
Scale 1" = 60'
Field Date
Wall Check
Final Loc. 1/25/99
Recert

| | | |
|---|---|-----------------------------------|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY PERMIT APPLICATION | PERMIT NUMBER B00124655 |
|---|---|-----------------------------------|

Building Address 7191 BROOKS RD
HIGHLAND, MD 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6061.01 Subdivision Highland

Section _____ Area _____ Lot 2

Tax Map 40 Parcel 254 Grid 10

Zoning RR Map Coordinates 14A13 Lot size _____

Property Owner's Name SHAWN WAYNE STERNBERGER

Address 7191 BROOKS RD.

City HIGHLAND State MD Zip Code 20777

Home Phone 301-554-0403 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
HOWARD THOMPSON
SEE BELOW

Phone _____ Fax _____

Existing Use SINGLE FAMILY RESIDENTIAL

Proposed Use SAME

Estimated Construction Cost: \$ 30,000

Description of Work "Extending" master bedroom cantilevered off side

Contractor Company HOWARD THOMPSON BLDGS.

Contact Person HOWARD THOMPSON

Address 6275 FIRETORN LN.

City CHARLESVILLE State MD Zip Code 21029

License No. 19996

Phone 410-531-2299 Fax 410-531-2299

Occupant or Tenant SHAWN WAYNE STERNBERGER

Contact Name WAYNE

Address SEE ABOVE

City _____ State _____ Zip Code _____

Phone 301-554-0403 Fax _____

Engineer or Architect Company ANDY G. FONTAINE

Contact Person Andy Fontaine

Address P.O. Box 357

City Glencly State MD Zip Code 21737

Phone 410-531-3975 Fax _____

| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | |
|--|---|--|--|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private | 1st floor: _____ 2nd floor: <u>9</u> Basement: _____ | Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Use group: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | Other Structure: _____ Dimensions: <u>N/A</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Sprinkler system: N/A <input type="checkbox"/> 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Howard Thompson
 Applicant's Signature
President - Howard Thompson Bldgs.
 Title/Company

Howard Thompson
 Date 6/6/00

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 _____
 State Highways _____
 Building Official _____
 Dev. Engineering DPZ _____
 Health 6/13/00 Mark Zepher
 Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met? YES NO

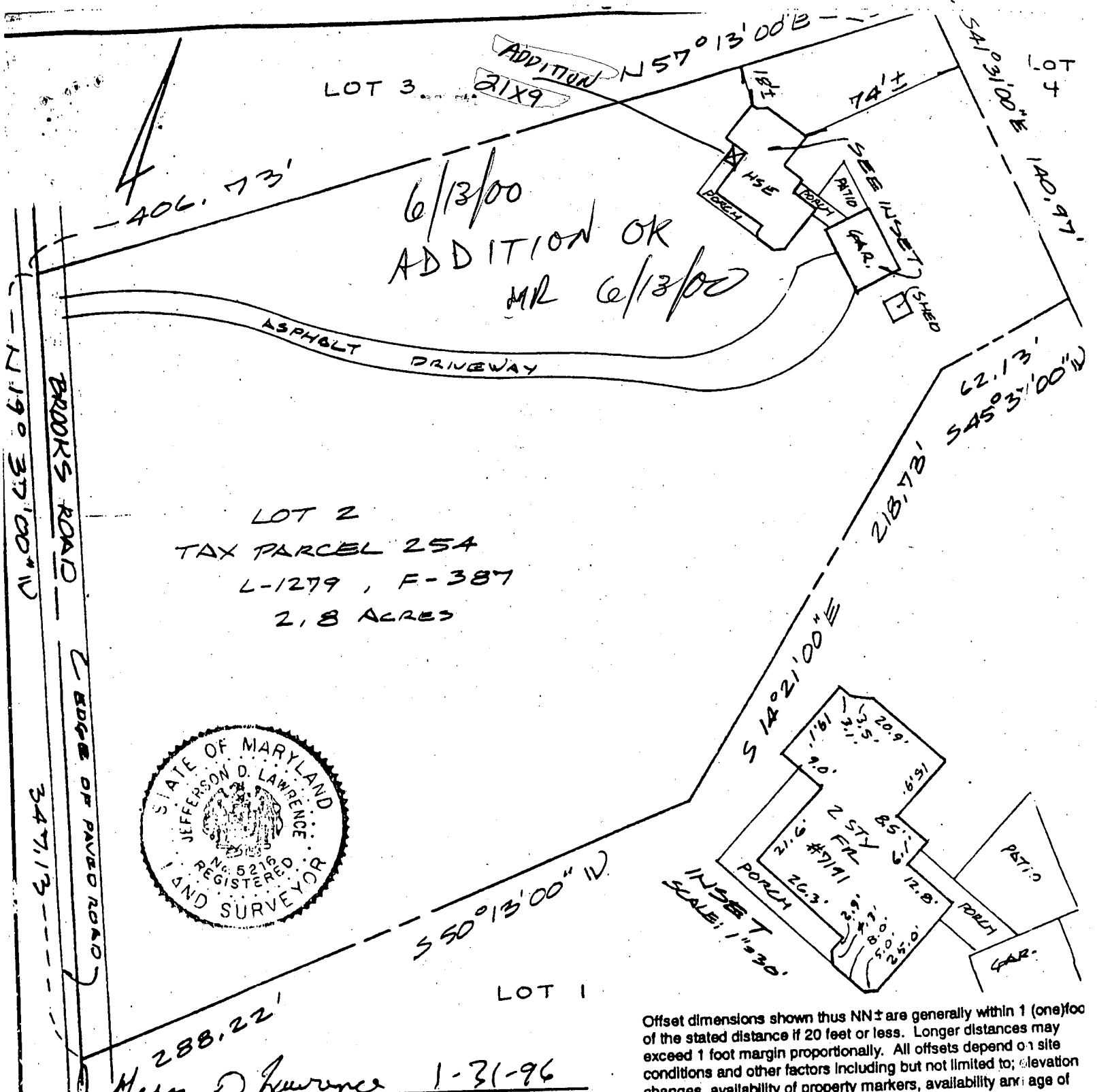
Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 2525

Filing fee \$ 25
 Permit fee \$ _____
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ _____
 Balance due \$ _____
 Check # 4532
 Validation # 32290



Jefferson D. Lawrence 1-31-96
 MD Reg. Professional Surveyor #52168 Jefferson D. Lawrence Date

Offset dimensions shown thus NN± are generally within 1 (one) foot of the stated distance if 20 feet or less. Longer distances may exceed 1 foot margin proportionally. All offsets depend on site conditions and other factors including but not limited to; elevation changes, availability of property markers, availability and age of land record data, irregularly shaped and or large lots.

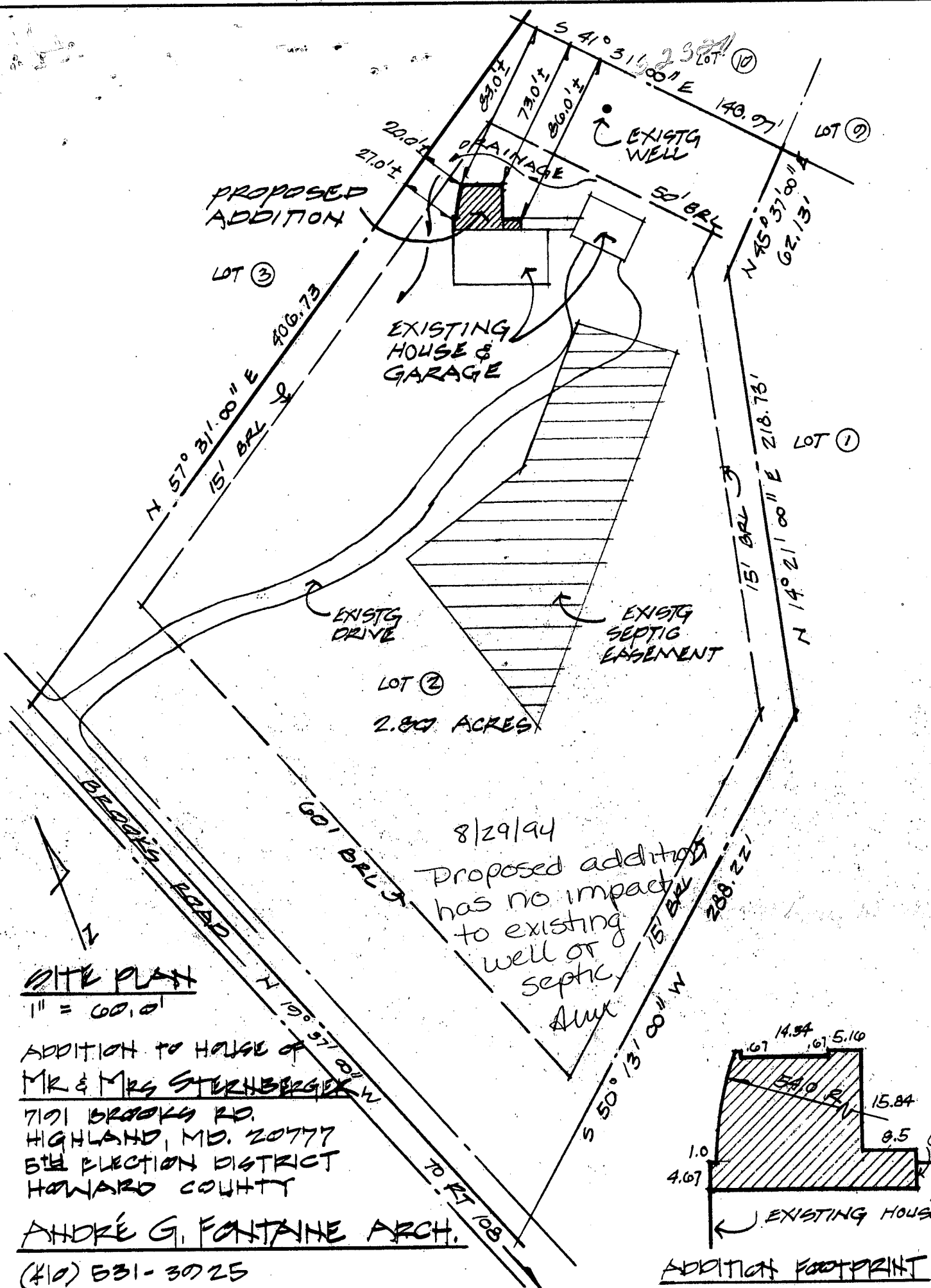
Property shown hereon is not in a flood plain per existing records unless otherwise noted

O'CONNELL & LAWRENCE, INC.
 Surveyors, Engineers & Land Planners
 17904 Georgia Avenue, Suite 302
 Olney, Maryland 20832-2239
 (301) 924-4570 Fax (301) 924-5872

HOUSE LOCATION DRAWING
 LOT 2 UNRECORDED
 RAYMOND MORGAN SUBDIVISION
 HOWARD COUNTY MARYLAND
 Plat Book: Plat: Liber: 1279 Folio: 387

SURVEYOR'S CERTIFICATION
 I hereby certify to the best of my knowledge and belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This drawing is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements. This 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. Questions pertaining to relationships of the property corners or lines to real objects must be addressed by a Boundary Survey. This drawing is of benefit to a consumer only insofar as it is required by a lender or title insurance company or its agent in connection with the financing or refinancing, and valid only within six months from field date, and as to them I warrant the

Job No. 709-388
 Scale 1" = 60'
 Field Date
 Wall Check
 Final Loc. 1/25/96
 Recert



SITE PLAN

1" = 60.0'

ADDITION TO HOUSE OF
 MR & MRS STERNBERGER
 701 BROOKS RD.
 HIGHLAND, MD. 20777
 5TH ELECTION DISTRICT
 HOWARD COUNTY

ANDRÉ G. FONTAINE ARCH.

(410) 531-3025

