

Building Address 17104 Spring Hollow Ct  
MD 21771

Suite/Apt # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_

Census Tract 604 Subdivision Spring Hollow

Section \_\_\_\_\_ Area 1 Lot 12

Tax Map 7 Parcel 528 Grid 8

Zoning R-2000 Map Coordinates 2x9 Lot size \_\_\_\_\_

Existing Use Unfinished Basement SFD

Proposed Use SFD

Estimated Construction Cost 5000

Description of Work Finish basement  
1 1/2 full bath

Occupant or Tenant SFL

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name Roy Gose

Address 17104 Spring Hollow Ct

City MD State MD Zip Code 21771

Home Phone 410-489-4984 Work Phone 301-902-9524

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company MD Heating, Cooling & Insulation

Contact Person John Gouinon

Address 12102 All American Rd

City Beltsville State MD Zip Code 21709

License No. MHC 48050

Phone (301) 855-1450 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>(to be finished)</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>3</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 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

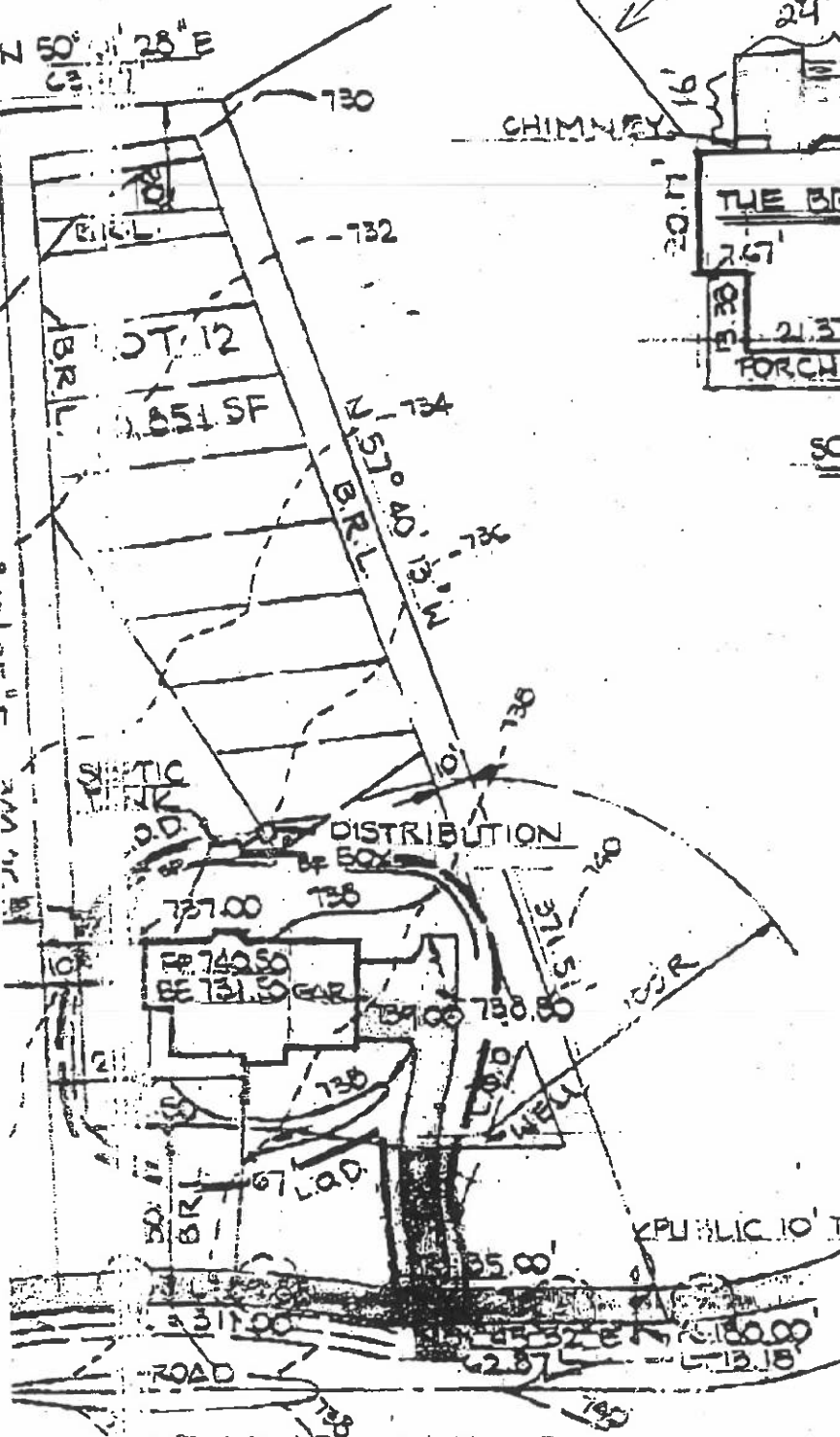
Applicant's Signature Christine Gose Print Name Christine Gose

Date 6/5/02

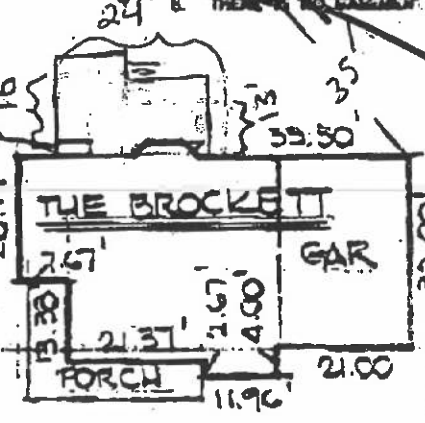
Title/Company MD/6/5/02 WS - Spring Hollow Court - 17104 building

4 Pg

- No. 111
- PROPOSED 1500 GALLON SEPTIC TANK
- A. FIRST FLOOR ELEVATION 740.50
- B. BASEMENT ELEVATION 731.50
- C. HEIGHT OF SEPTIC SYSTEM AT HOUSE 735
- D. HEIGHT IN AT SEPTIC TANK 735
- E. EMBASE OUT AT SEPTIC TANK 735.40
- F. PROPOSED GRADE OVER SEPTIC TANK 735.00
- G. HEIGHT AT DISTRIBUTION BOX 735.00
- H. EMBASE OVER DISTRIBUTION BOX
- I. LENGTH OF WELCH TO BE DETERMINED AT TIME OF INSTALLATION
- J. CONFIRMER / BUILDER TO VERIFY ELEVATIONS IN ALL ANY CONNECTIONS
- K. THERE IS NO EMBASE AT INCE TO SEPTIC SYSTEM



48'



EX. S.T. MANHOLE  
DIMENSIONS AS  
OWNER  
TAKEN BY

SCALE 1"=30'

S.S. DIAGRAM OF  
10/2000 BY ALM  
NOT CONSISTENT  
W/OWNER'S FIELD  
MEASUREMENTS;  
S.S. DIAGRAM  
NOT CREDIBLE

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# 00148289 A# 57610-M  
APP. SAN ML DATE: 5/19/04  
DESC. OF WORK: deck

SPRING HOLLOW  
COURT  
40' R/W

PLAN TO ACCOMPANY APPLICATION  
FOR BUILDING PERMIT  
LOT 12

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-148299

Building Address 714 N. 11th St  
 Suite/Apt # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_  
 Census Tract 624.001 Subdivision Springfield  
 Section \_\_\_\_\_ Area 1 Lot 13  
 Tax Map 7 Parcel 528 Grid 8  
 Zoning 20 Map Coordinates 3-5 Lot size \_\_\_\_\_  
 Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 5,000  
 Description of Work Asph to garage  
 Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contractor Company Owner  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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Height _____	Water Supply Public <input type="checkbox"/> Private <input type="checkbox"/>
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Use group _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Heating System Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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2nd floor _____	Electric Yes <input 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 Electric <input type="checkbox"/> Oil <input 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"/>
Multi-family dwellings	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units _____	NFPA #13D _____
No. of 1 BR units _____	NFPA #13R _____
No. of 2 BR units _____	Other _____
No. of 3 BR units _____	
Other Structure _____	
Dimensions _____	
Footings _____	
Roof _____	
State Certified Modular _____	
Manufactured Home _____	

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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 MD 5/19/04 SIGNATURE APPROVAL \_\_\_\_\_ DPZ SETBACK INFORMATION \_\_\_\_\_ PROPERTY ID# 45728

