

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

306001843

Building Address 4325 Buckskin Wood Dr
Ellicott City, Md 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Marks - Judy Hill
 Address 4325 Buckskin Wood Dr
 City Ellicott City State Md Zip Code 21042
 Home Phone 410-531-5601 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD Screen Porch
 Estimated Construction Cost \$10,000
 Description of Work 18'x16' screen porch
on Rear of house

Contractor Company handwriting by Dave
 Contact Person David Gaudin
 Address 6030 Day Break Circle
 City Charlottesville State Md Zip Code 21029
 License No. 29703
 Phone 432-535-0437 Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ 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 _____ 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 _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Height: _____	Dimensions: _____
Multi-family dwellings: _____	Footings: <u>Post-Pier</u>
No. of efficiency units: _____	Roof Height: _____
No. of 1 BR units: _____	_____ State Certified Modular
No. of 2 BR units: _____	_____ Manufactured Home
No. of 3 BR units: _____	

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.

David Gaudin
 Applicant's Signature

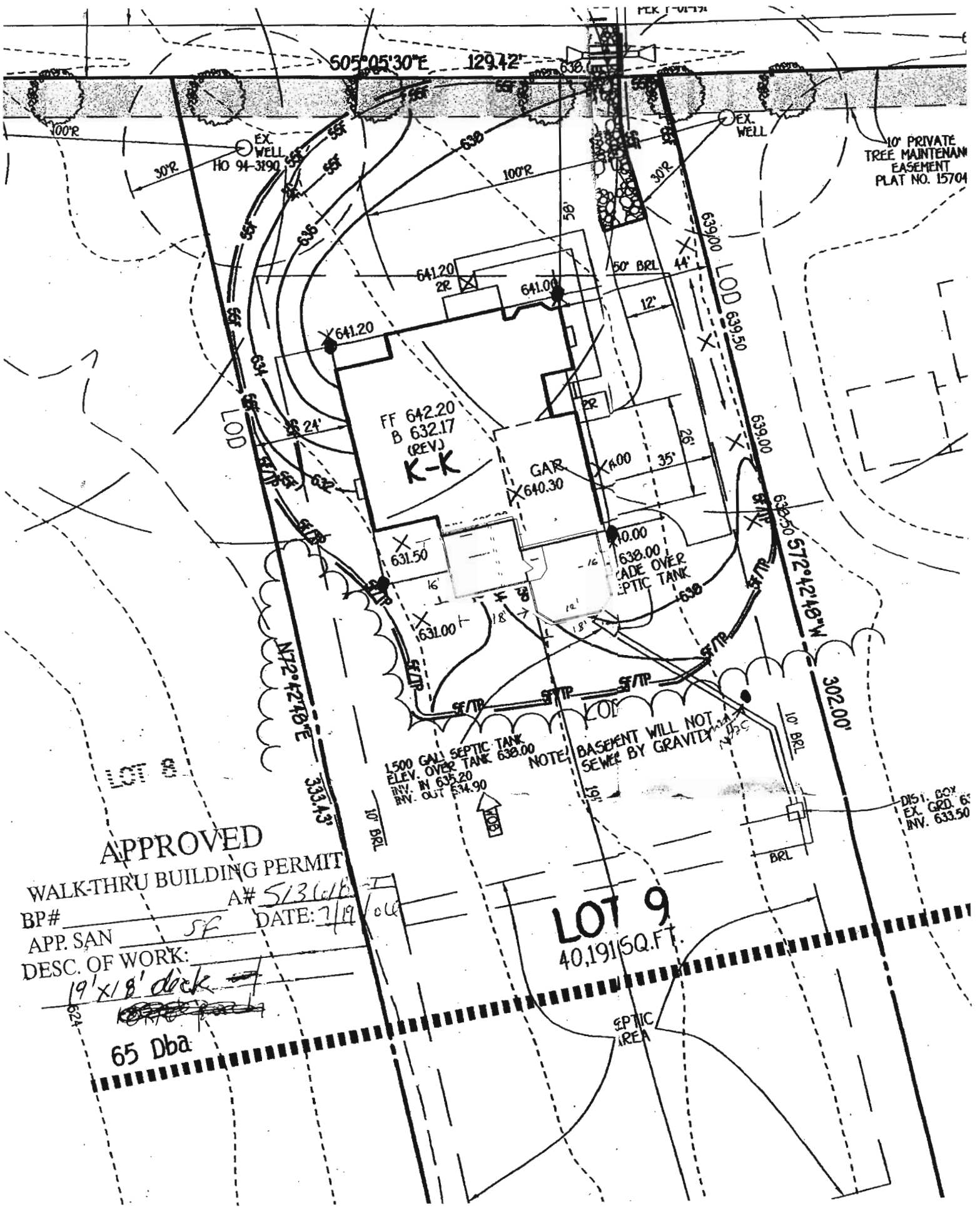
David Gaudin
 Print Name

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 \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>7/19/06</u>	<u>[Signature]</u>	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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New/Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA



10' PRIVATE TREE MAINTENANCE EASEMENT PLAT NO. 15704

1500 GALL SEPTIC TANK
ELEV. OVER TANK 638.00
INV. IN 635.20
INV. OUT 634.90

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

DIS. BOX
EX. GRD. 6'
INV. 633.50

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 513616

APP. SAN SF DATE: 7/19/06

DESC. OF WORK:

19' x 18' deck

65 DbA

LOT 9

40,191 SQ. FT.

SEPTIC AREA

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

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Ellicott City, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MARK & JUDY HILL
 Address 4325 BUCK SKIN WOOD DR.
 City ELICOTT CITY State MD Zip Code 21042
 Home Phone 410-531-5601 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD Deck & Porch
 Estimated Construction Cost \$ 10,000
 Description of Work 19'x18' Deck / 12'x10' Porch
with Step To Grade
On Rear of House

Contractor Company WOODWORKING BY DAVID, INC.
 Contact Person DAVID GOODING
 Address 6030 DAY BREAK CIRCLE, SUITE 207
 City CLARKSVILLE State MD Zip Code 21029
 License No. 87703
 Phone 443-535-0487 Fax _____

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
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BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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Height: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Dimensions: Footings: <u>Post + Pier</u> Roof Height: _____
Other Structure: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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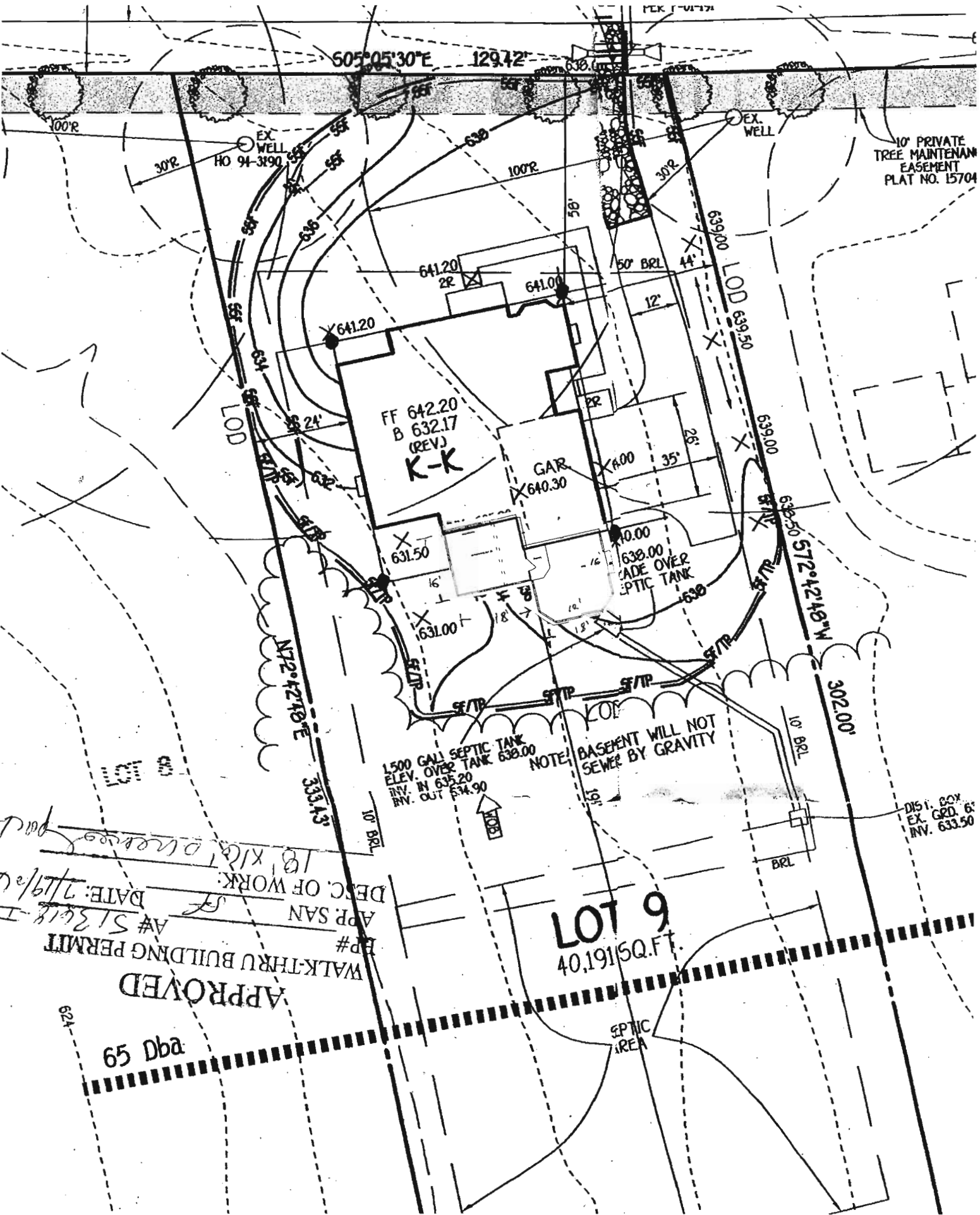
David Gooding
 Applicant's Signature
OWNER/contractor
 Title/Company

DAVID GOODING
 Print Name
7-18-06
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>7/19/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____	Accepted by _____	



10' PRIVATE TREE MAINTENANCE EASEMENT PLAT NO. 15704

FF 642.20
B 632.17
(REV.)
K-K

GAR
X 640.30

10.00
GRADE OVER
SEPTIC TANK

1500 GALL SEPTIC TANK
ELEV. OVER TANK 638.00
INV. IN 635.20
INV. OUT 634.90

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

LOT 9
40.19150 FT.

APPROVED

65 Dba

WALK-THRU BUILDING PERMIT
APP # SAN
DATE: 7/19/00
DESC. OF WORK: 18' x 10' OVERHANG

DIS. BOX
EX. GRD. 6'
INV. 633.50