

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

00058099

Health

Building Address 75043 Bushy Park Rd  
Woodbine, MD 21797

Property Owner's Name RONALD GRAVANDA  
Address 15043 Bushy Park Rd

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

Census Tract 604002 Subdivision Rippeon Property #9648 City Woodbine State MD Zip Code 21797

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5

Home Phone 410 489-0449 Work Phone 410 489 7832  
Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 14 Parcel 240 Grid 3

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

Zoning RC-DEO Map Coordinates 3K13 Lot size 3.112A

Existing Use PRIMARY RESIDENCE SFT

Contractor Company MORAN AND PICKETT

Proposed Use SFT Home w/ HDJ

Contact Person JAMES MORAN

Estimated Construction Cost \$ 50,000.00

Description of Work 1 Story

Address \_\_\_\_\_

4 CAR GARAGE AND BREEZE-WAY w/ Storage above

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

Relocatable laundry Rm + new bathroom

License No. 87952

Occupant or Tenant Owner + Park

Phone 410 551 2130 Fax \_\_\_\_\_

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

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

Address \_\_\_\_\_

Contact Person TERRI REITER

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

Address 3929 BOTELER RD

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

City MT AIRY State MD Zip Code 21771

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

Phone 301 829 4635 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 _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ 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: _____	
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.

Ronald Gravanda  
Applicant's Signature

RONALD GRAVANDA  
Print Name

\_\_\_\_\_ Title/Company

2-10-06 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			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>2-23-06</u>	<u>[Signature]</u>	
Fire Protection			

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ <u>2699</u>
Rear: _____	Permit fee	\$ <u>25</u>
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	# <u>3770</u>
Historic District?	Validation	# <u>10127</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>		

Is Sediment Control approval required prior to issuance?  
YES  NO

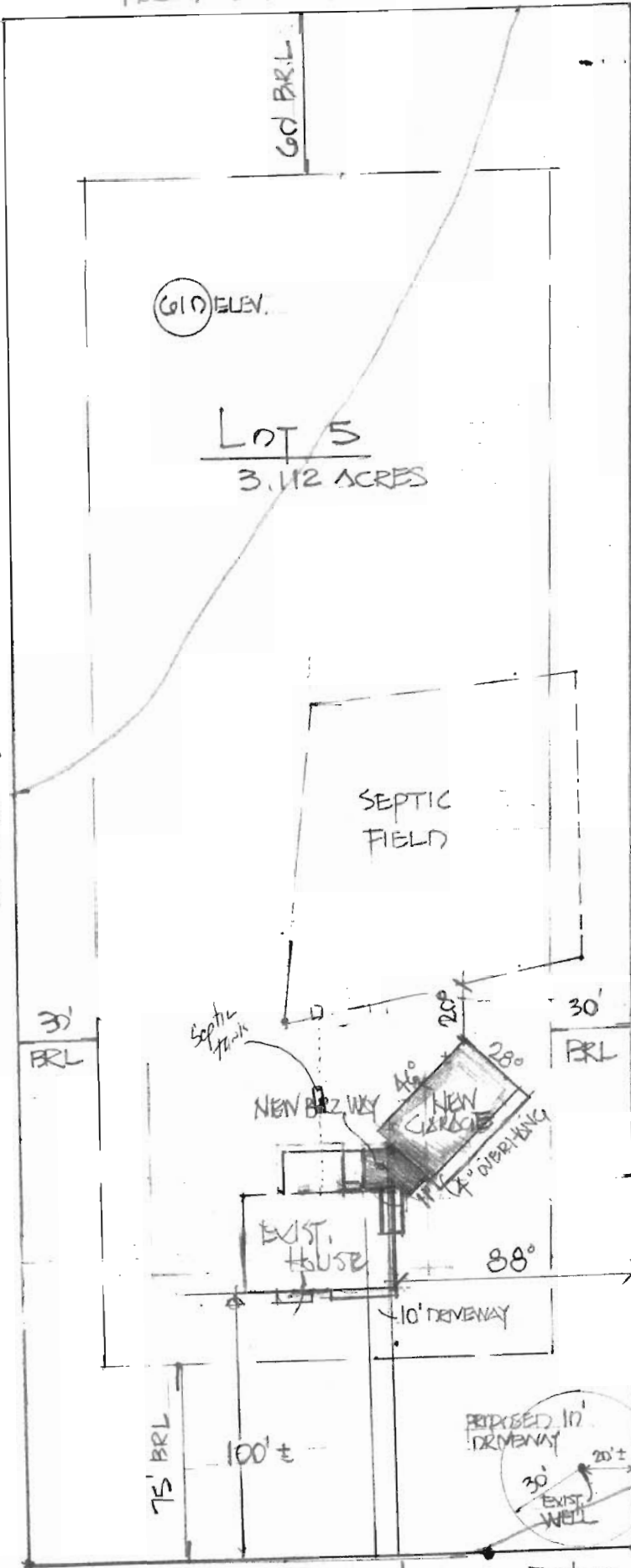
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T: Normal PERMIT FROM Accepted by [Signature]

N89° 24' 44" E 241.58'

SCALE 1" = 60'

S00° 35' 16" E 581'.00



(612) ELEV.

PROF

GRA

RIPP

Hc

NOTE:

2-23-06

Proposed new garage location ok

KJB

N89.24' 44" E 168.01'

57'.00

BUSHY PARK ROAD