

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 300 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2665 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3850		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B09001686	
Building Address <u>15079 Bushy Park Rd</u> <u>WOODBINE MD 21797</u>			Property Owner's Name <u>MARK TEDRICKS</u> Address <u>15079 BUSHY PARK RD</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>410442-1064</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Existing Use <u>S. F.D.</u> Proposed Use <u>NEW DECKING</u> Estimated Construction Cost \$ <u>13,000</u> Description of Work <u>WOOD FRAMED 16x32</u> <u>DECK W/ STAIRS TO GRADE</u>			Contractor Company <u>BRUCE BUILDERS LLC</u> Contact Person <u>MICHAEL BRUCE</u> Address <u>720 OAK GROVE CIRCLE</u> City <u>SEV. PARK</u> State <u>MD</u> Zip Code <u>21146</u> License No. <u>67133</u> Phone <u>443 324 7915</u> Fax _____		
Occupant or Tenant <u>MARK TEDRICKS</u> Contact Name <u>MARK TEDRICKS</u> Address <u>15079 BUSHY PARK RD</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>410 442-1064</u> Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

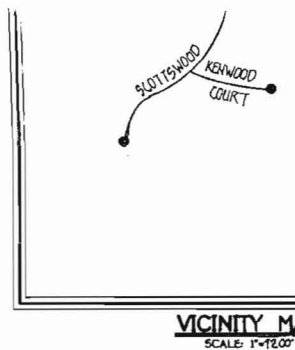
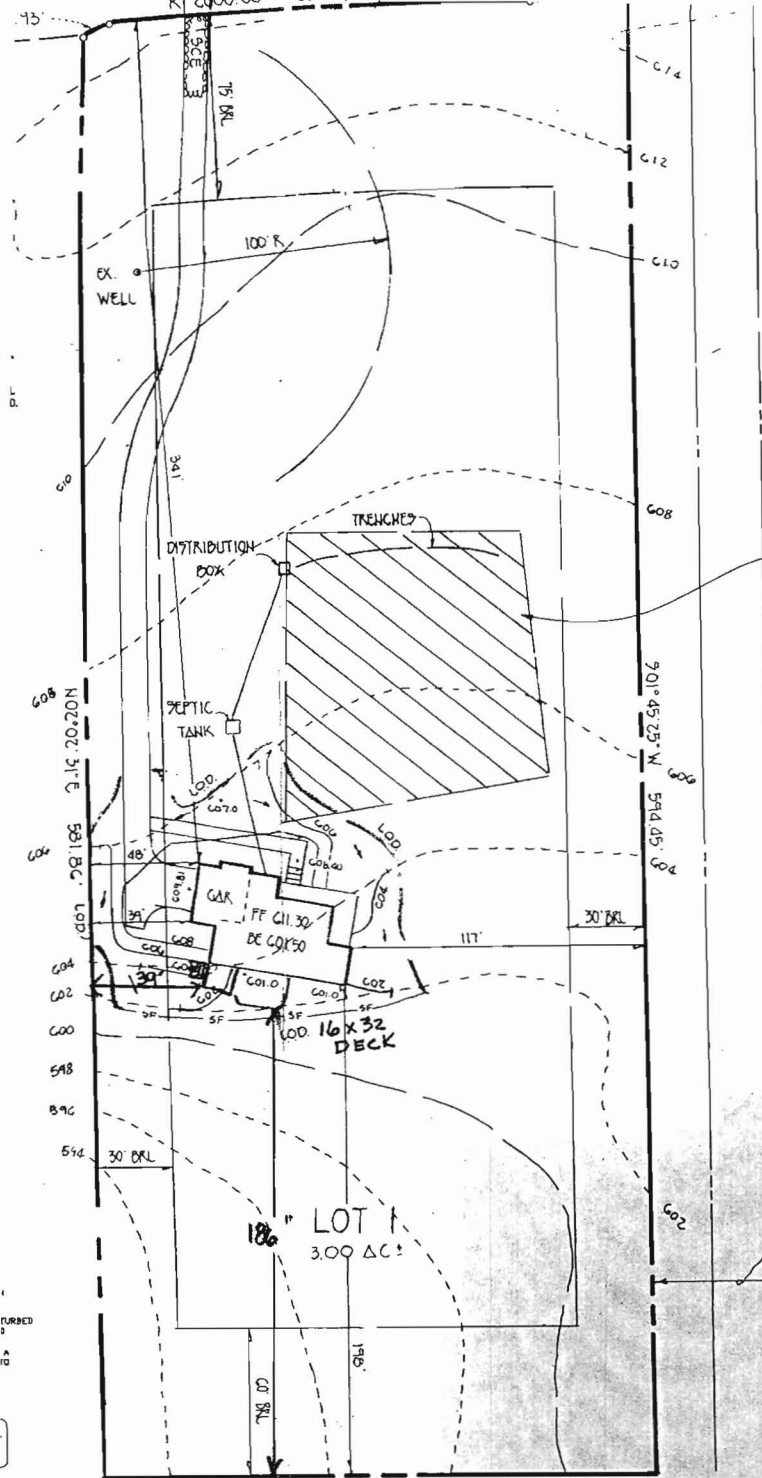
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> <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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature: [Signature] Print Name: MIL BRUCE
Owner Bruce Builders Date: JULY 9, 2009
 Title/Company: _____

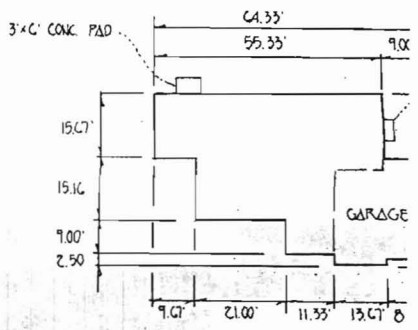
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

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>7/9/09</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 _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 611.80
 B. BASEMENT ELEVATION: 601.50
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 60
 D. INVERT IN AT SEPTIC TANK: 605.90
 E. INVERT OUT AT SEPTIC TANK: 605.00
 F. PROPOSED GRADE OVER SEPTIC TANK: 604
 G. INVERT AT DISTRIBUTION BOX: 604.00
 H. EXISTING GROUND OVER DISTRIBUTION BOX
4. LENGTH OF TRENCH TO BE DETERMINED AT TISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATION ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC.



TEDERICK RESID

PRIVATE 50' WIDE EASEMENT FOR INGRESS, EGRESS AND UTILITIES TO LOTS Nos. 2, 3, 16 AND 17

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 42496
 APP. SAN _____ DATE: 7/9/09
 DESC. OF WORK: 16'x32' deck.



PLAN TO ACCOMPANY ΔF
 FOR BUILDING PER
COUNTRY 9F
 LOT 1

TAX MAP 14
 FOURTH ELECTION DIST
 SCALE: 1" = 50'
 HOWAR
 DATE: