

Walk-thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	B06006669 PERMIT NUMBER
--	-------------------------------------	----------------------------

Building Address <u>14725 Carriage Mill; Woodbine 21797</u>	Property Owner's Name <u>James Zoller</u> Address <u>14725 Carriage Mill</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>410-8962288</u> Work Phone <u>703-292-6377</u> Applicant's Name & Mailing Address, (if other than stated herein):
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Phone _____ Fax _____
Census Tract _____ Subdivision _____	
Section _____ Area _____ Lot <u>13</u>	
Tax Map _____ Parcel _____ Grid _____	
Zoning <u>C</u> Map Coordinates _____ Lot Size _____	

Existing Use <u>Private</u> Proposed Use <u>Private</u> Estimated Construction Cost \$ <u>60,000</u>	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Description of Work <u>Pool 20x40 Type III - In Ground - 10' deep concrete decking / patio</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant _____	
Contact Name _____	
Address _____	
City _____ State _____ Zip Code _____	
Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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 _____	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 checked="" type="checkbox"/> NFA #13D _____ NFA #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 THERE-TO; (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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

James Zoller Applicant's Signature James Zoller Print Name
Fountainhead Title/Company 10/26/2006 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL	DFZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St: _____	Add'l per fee \$ _____
Health	<u>10/26/06</u>	<u>Stua J...</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"/>				Historic District?	Check # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date	Accepted by _____
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					
T:forms/buildingpermitapplication					REV 10/28/04

1481

APPLICATION

HOW CITY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

150011820
6896167

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
14725 CARRIAGE MILL DRIVE
WOODBINE, MD 21797

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
BASEMENT
2 STORY FULL BASEMENT
9 R 2 FK, 1 HB 2 CAR GARAGE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
13	158	-	-	16	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
CARRIAGE MILL FAVL		REDO	8	4	6040	

OWNER NAME AND ADDRESS
DAX HILL PROPERTIES
107 LLOYD COURT ST. SE
L955 CUMBERLAND, VA 20175
PHONE NO. 703 443 0400

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
423	90	21	10
	46	28	10
	46	31	10

OCCUPANT'S NAME AND ADDRESS
John E
410-489-5499
(John)
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 4R ROOMS 9R BATHS 2 1/2 FIREPLACES 1			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
RMI MD CHI PC
P.O. BOX
NEW MARKET MD 21774
PHONE NO. 301 765 5858

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	CONC.	WOOD

CONTRACTOR'S NAME AND ADDRESS
John E
PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				GA

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EXISTING USE
VACANT LOT
PROPOSED USE
NEW HOME

SIGNATURE
TITLE
DATE 5/19/98

EST. CONSTRUCTION COST
75,000
LICENSE NUMBER
CTM-03160
PERMIT FEE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET _____
BACK _____ (CORNER LOT ONLY) _____
SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	5/27/98	DOUGLAS GEE
FIRE PROTECTION		
STORM WATER MGMT	5/15/98	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

APPROVED _____ DATE _____

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

CR 4205

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

A