

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B07002860

Building Address 11697 CEDARLINE CT.  
ELLICOTT CITY, MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision hanside  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name ST. CLAIR JEFFER  
 Address 11697 CEDARLINE COURT  
 City ELLICOTT CITY State MD Zip Code 21042  
 Home Phone 410-730-5044 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD Deck  
 Estimated Construction Cost \$ 15,000  
 Description of Work 10'X38' - 18'X8' and  
16'X20' Irregular Shaped Deck  
on Rear of House steps to grade

Contractor Company WOODWORKING BY DAVE INC  
 Contact Person DAVID GOODING  
 Address 630 DAY BREAK CIRCLE, SUITE 207  
 City CHARLESVILLE 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 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 <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> 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"/> No. of Bedrooms _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Other Structure: _____ Dimensions: _____ Footings: <u>Post &amp; Beam</u> Roof Height: _____	_____ State Certified Modular _____ Manufactured Home

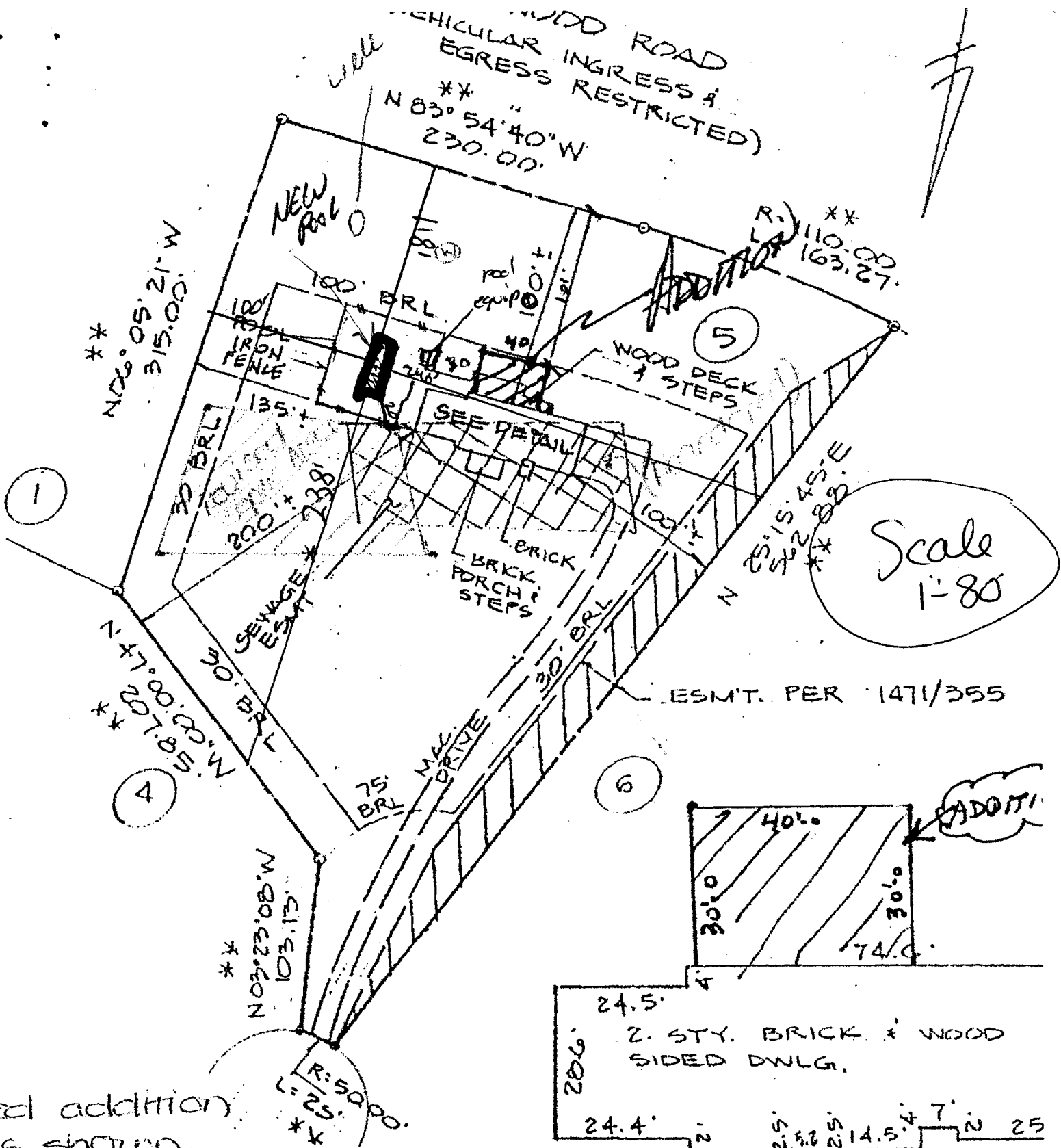
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

David Gooding  
 Applicant's Signature  
Contractor  
 Title/Company

DAVID GOODING  
 Print Name  
7-11-07  
 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>7/11/07</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?			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				



Additional addition is shown.

(DKS)

CEDARLINE  
COURT  
S.W.

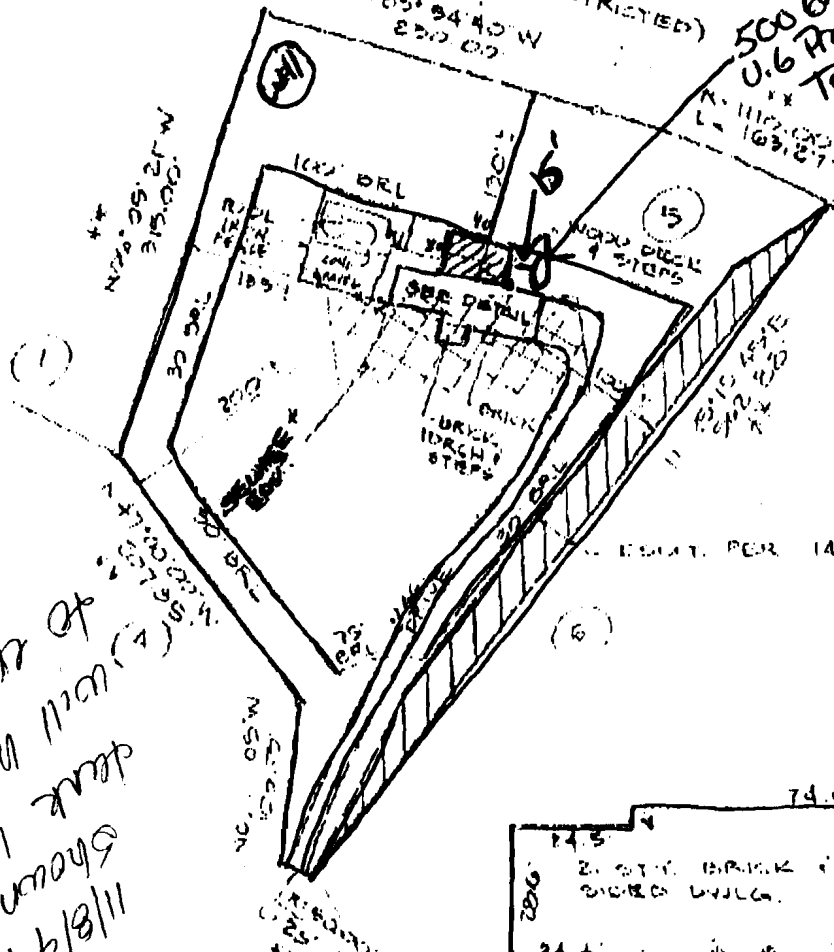
APPROVED

WALK-THRU BUILDING PERMIT  
 BP# 800154010 A# 33204  
 APP. SAN KTB DATE: 5/25/05  
 DESC. OF WORK: 80x90  
Pool

DETAIL 1"=30'

HOMELAND ROAD  
(VEHICULAR INGRESS &  
EGRESS RESTRICTED)  
N 05° 04' 40" W  
200.00'

500 GALLON  
0.6 PROPANE  
TANK



\*  
As shown on well to S of  
deck there will be no impact  
to U. well as shown  
on papers  
11/8/99  
bbl

CEDARLINE  
COURT  
(NO. 116)

\* NOTE: ONLY 4 IMPROVEMENTS APPEAR  
TO BE PARTIALLY WITHIN  
SEWAGE EASMT.

\*\* PLAT APPEARS TO CONTAIN MATHEMATICAL  
ERRORS

I hereby certify that I have examined Flood Insurance Rate Map Panel Number  
2100440021 for the subject property and it lies within  
the Special Flood Hazard Area as shown on said Map.  
The information shown on this plat shows only that the improvements indicated herein are  
located within the surface of the lot upon which they are erected unless otherwise noted and is  
not to be used to establish property lines or corners.

LOCATION SURVEY



11697 CEDARLINE CT.  
**J.S. DALLAS, INC.**  
Surveying & Engineering  
4032 Hazelwood Avenue Beltsville, Md. 21206

Date: 4/19/01  
Scale: 1"=100'  
Job Number: 11697  
Drawn By: JSD  
Checked: S

B00121176

Building Address 11697 Cedarline Ct.  
Ellicott City, MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision Forside  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5  
Tax Map 29 Parcel 126 Grid 2  
Zoning AL-DEU Map Coordinates 101113 Lot size \_\_\_\_\_

Property Owner's Name Wartham Earl McDonald  
Address 11697 Cedarline Ct.  
City Ellicott City State MD Zip Code 21042  
Home Phone 410 992 0642 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
Proposed Use 500 Gallon U.G. TANK  
Estimated Construction Cost \$ 2500.00  
Description of Work BUY a 500 GALLON  
U.G. PROPANE TANK

Contractor Company SUBURBAN PROPANE  
Contact Person Michael DeVincent  
Address 31 Derwood Circle P.O. Box 1766  
City Rockville State MD Zip Code 20850  
License No. \_\_\_\_\_ Phone \_\_\_\_\_ 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" 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"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
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 type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Michael DeVincent  
Applicant's Signature  
Residential Energy Rep.  
Title/Company

Michael DeVincent  
Print Name  
11/03/99  
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>11/8/99</u>	<u>[Signature]</u>
Fire Protection		

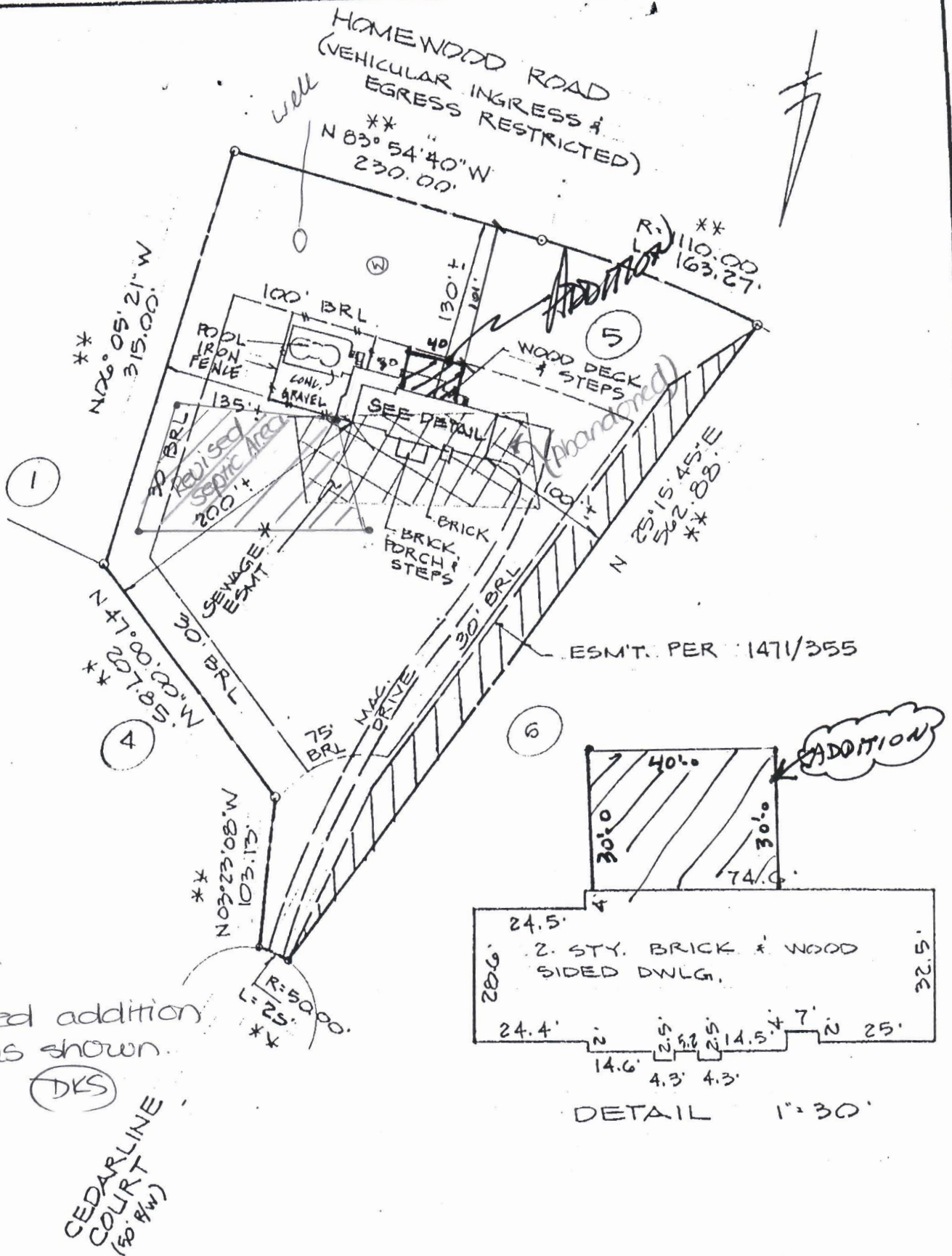
Is Sediment Control approval required prior to issuance?  
YES  NO

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	AMOUNT
Filing fee	\$ <u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>100</u>
Balance due	\$ _____
Check	# <u>cash</u>
Validation	# _____

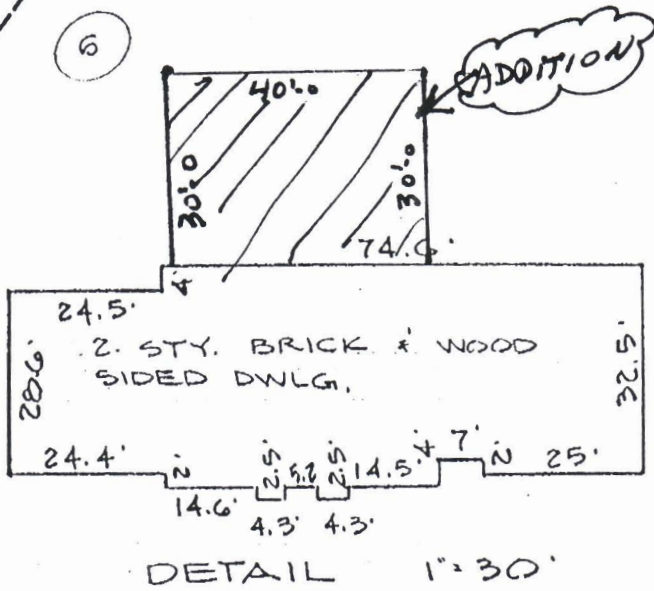
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



7/13/99  
 Proposed addition  
 OK as shown.

(DKS)  
 CEDARLINE  
 COURT  
 (50' R/W)



\* NOTE: DWLG & IMPROVEMENTS APPEAR TO LIE PARTIALLY WITHIN SEWAGE ESM'T.  
 \*\* PLAT APPEARS TO CONTAIN MATHEMATICAL ERRORS.

I hereby certify that I have examined Flood Insurance Rate Map Panel Number 2490440027 B for the subject property and it lies within Zone C per said Map.  
 This information shown on this plat shows only that the improvements indicated hereon are located within the outlines of the lot upon which they are erected unless otherwise noted and is not to be used to establish property lines or corners.

DEED REF: 1793/238  
 LOT 5 "FAR SIDE" (CMP 4406)  
 3RD. EL. DIST. HD. CO., MD.

**LOCATION SURVEY**



11697 CEDARLINE CT.  
**J.S. DALLAS, INC.**  
 Surveying & Engineering  
 4932 Hazelwood Avenue Baltimore, Md. 21206  
 (301)866-2001

Date: 4-19-91  
 Scale: 1"=100'  
 Job Number: IT-613  
 Drawn By: JSD.  
 Checked By: SS

