

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Bo 8 000 531

Building Address 13004 Cedar View Ct
West Friendship, MD 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Fox Chase Estates
 Section _____ Area _____ Lot 5
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Anthony & Amy Recce
 Address 13004 Cedar View Ct.
 City West Friendship State MD Zip Code 21794
 Home Phone 4104899432 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use Inground Pool, Fence, deck
 Estimated Construction Cost \$ 30,000.00
 Description of Work SFD-Inground Pool 3-8ft deep 15x25ft irregular
fence to code; deck
filled by truck

Contractor Company Rowan Landscape Co Inc.
 Contact Person Tim Rowan, Mary Rowan
 Address 16643 Frederick Road
 City Mt Airy State MD Zip Code 21771
 License No. 16059
 Phone 4104890707 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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

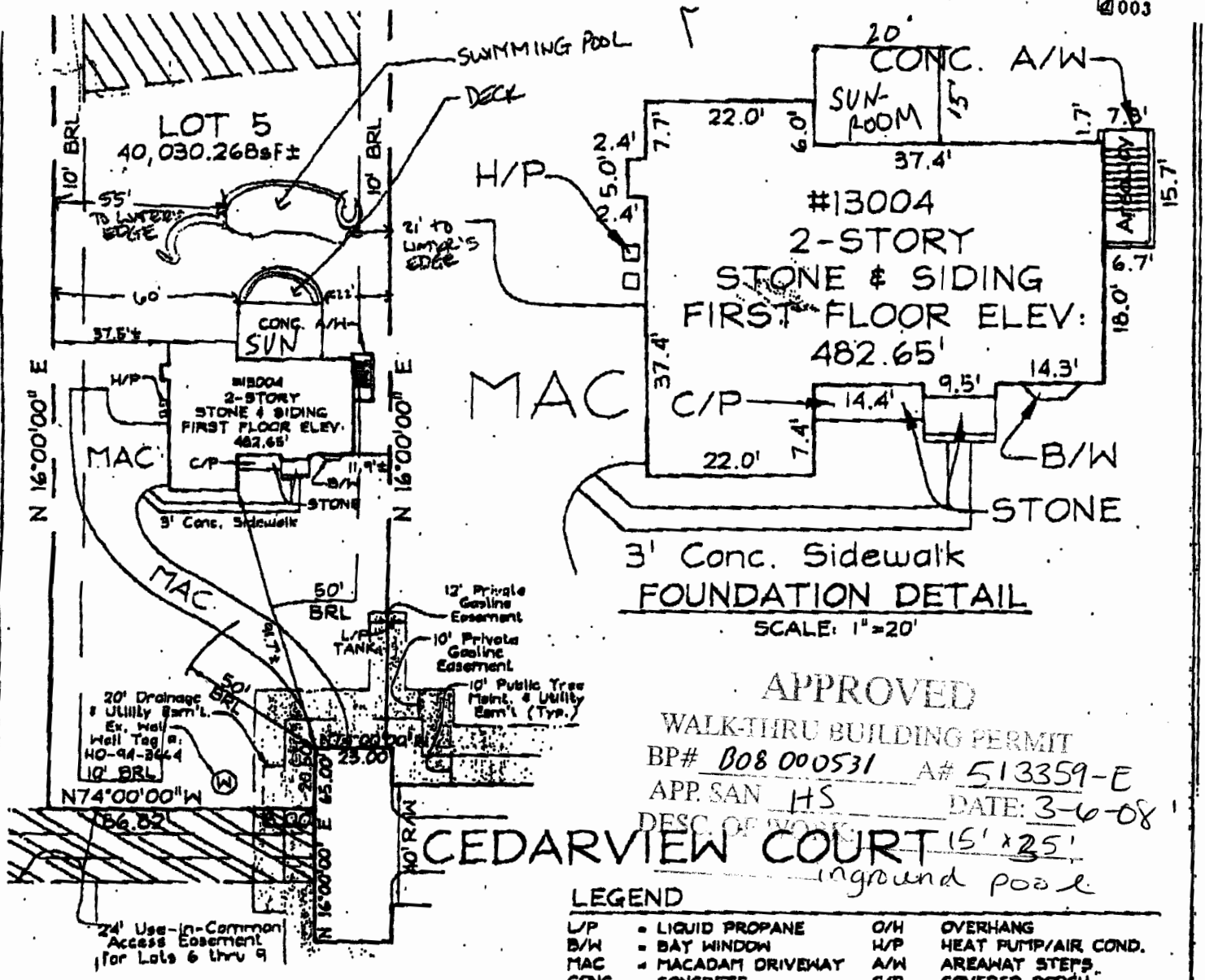
Mary E. Rowan Sec
 Applicant's Signature
Sec. Rowan Landscape Co Inc.
 Title/Company

Mary E. Rowan
 Print Name
3-7-2008
 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>3-6-08</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 _____	



PLAN VIEW
SCALE: 1"=50'

FOUNDATION DETAIL
SCALE: 1"=20'

APPROVED
WALK-THRU BUILDING PERMIT
BP# 008 000531 A# 513359-E
APP. SAN HS DATE: 3-6-08
DESC. OF WORK: inground pool

LEGEND

L/P	= LIQUID PROPANE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND.
MAC	= MACADAM DRIVEWAY	A/W	AREAWAY STEPS
CONC	= CONCRETE	C/P	COVERED PORCH

DIMENSIONS LABELED ± ARE WITHIN 0.1'

ADDRESS No.: 13004 CEDARVIEW COURT
FIRST FLOOR ELEV. - 482.65'
THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;
AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FSH Associates
Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-760-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

LOCATION DRAWING	
FOUNDATION	Date: 10/06/03
FINAL	Date: 03/19/04
DRAWN BY:	GS
SCALE:	As Shown
Plot No.:	3003



LOT 5
FOX CHASE ESTATES
PLAT No. 15907
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B00159679

Building Address 13004 Cedarview Ct
West Friendship, Md. 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Fox Chase Ext.
 Section _____ Area _____ Lot 5
 Tax Map 15 Parcel 25 Grid 23
 Zoning RCDED Map Coordinates 10C6 Lot size _____

Property Owner's Name Anthony Reece
 Address 13004 Cedarview Ct.
 City West Friendship State md Zip Code 21794
 Home Phone ⁴¹⁰ 489-9432 Work Phone ⁴¹⁰ 766-6333
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use Same with Addition
 Estimated Construction Cost \$ 861,000
 Description of Work One story 20'x15'
Sun Room Addition on
porch and post

Contractor Company PAUL & Bernice Contractors
 Contact Person PAUL Laverde
 Address 345 Tulip Oak Ct.
 City Linthicum State MD Zip Code 21090
 License No. 5415
 Phone 443-677-3257 Fax _____

Occupant or Tenant Anthony Reece
 Contact Name PAUL Laverde
 Address 345 Tulip Oak Ct.
 City Linthicum State md Zip Code 21090
 Phone 443-677-3257 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
No. of stories:		<input type="checkbox"/> Public		Depth _____ Width _____		<input checked="" type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private		1st floor:		<input checked="" type="checkbox"/> Private	
Use group:		Sewage Disposal:		2nd floor:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public		Basement:		<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private		Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:		Height: _____		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>		No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>		No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>		No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
		<input type="checkbox"/> Full		No. of 3 BR units: _____		_____ NFPA #13D	
		<input type="checkbox"/> Partial		Other Structure: _____		_____ NFPA #13R	
		<input type="checkbox"/> Other Suppression		Dimensions: _____		_____ Other:	
		<input type="checkbox"/> # of Heads		Footings: _____			
				Roof Height: _____			
				<input type="checkbox"/> State Certified Modular			
				<input type="checkbox"/> Manufactured Home			

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Paul Laverde
 Applicant's Signature
Contractor
 Title/Company

PAUL Laverde
 Print Name
5/18/06
 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>5/18/06</u>	<u>Laverde</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"/>		

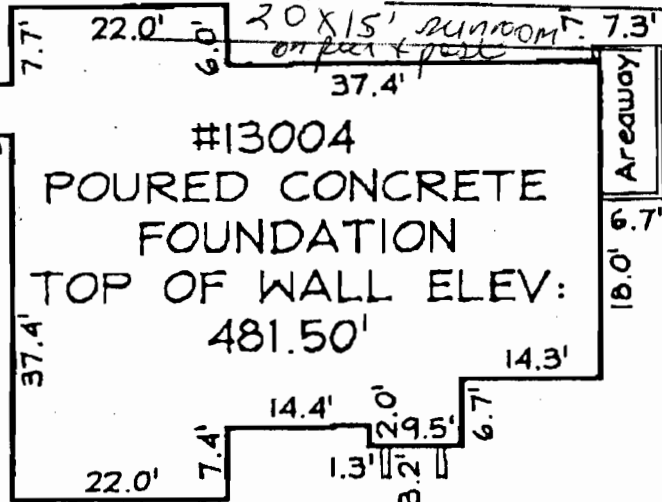
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 _____

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 513359E
 APP. SAN JK DATE: 5/18/06

DESC. OF WORK:



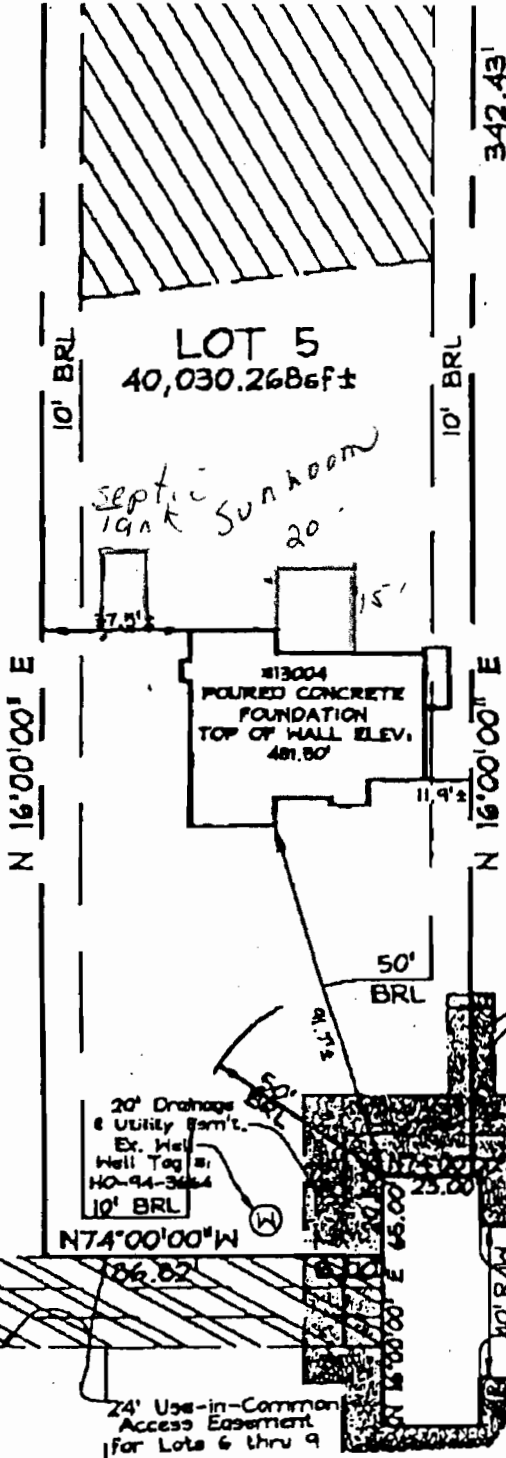
FOUNDATION DETAIL

SCALE: 1"=20'

1/20/04

FR

WALL CHECK OK



PLAN VIEW

SCALE: 1"=50'

LEGEND

- | | | | |
|------|--------------|-----|---------------------|
| F/P | = FIREPLACE | O/H | OVERHANG |
| B/W | = BAT WINDOW | H/P | HEAT PUMP/AIR COND. |
| D/W | = DRIVEWAY | G/M | GAS METER |
| CONC | = CONCRETE | E/M | ELECTRIC METER |
- DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 13004 CEDARVIEW COURT
 TOP OF WALL ELEV. = 481.50' FIRST FLOOR ELEV. = N/A
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FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-760-2251 Fax: 410-760-7360
 E-mail: FSHAssociates@cs.com

WALL CHECK



FOUNDATION Date: 10/06/03

LOT 5
 FOX CHASE ESTATES