

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

108000938

Building Address 778 Chessie Crossing  
Way, Woodbine MD 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Chessie Crossing  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 28  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Jim - Pam Keenan  
Address 778 Chessie Crossing Way  
City Woodbine State MD Zip Code 21797  
Home Phone \_\_\_\_\_ Work Phone 410 309 7792  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single family home  
Proposed Use addition  
Estimated Construction Cost \$ 100,000  
Description of Work add 2 story addition  
approx. 25' x 20' office with bath  
and 2 car garage 2nd flr addition  
over existing family room.

Contractor Company none  
Contact Person Jim Keenan 410 309 7792  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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: _____ 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: 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 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 _____ Height: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" 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: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY MENTIONED 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.

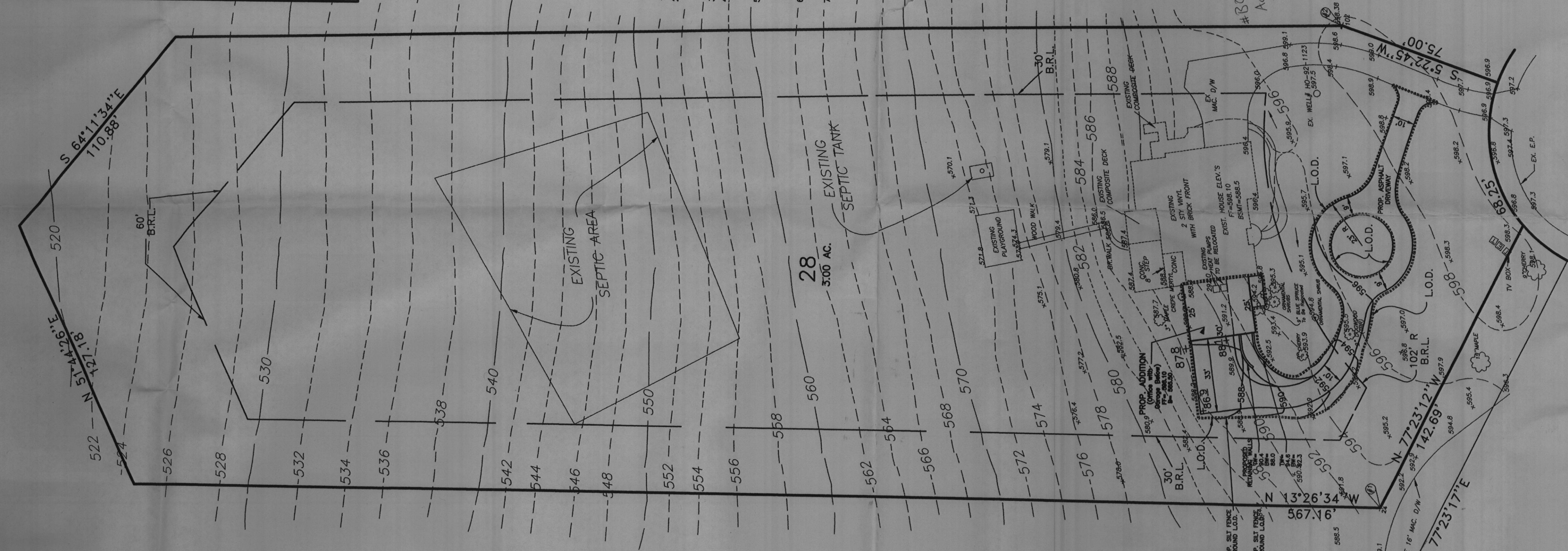
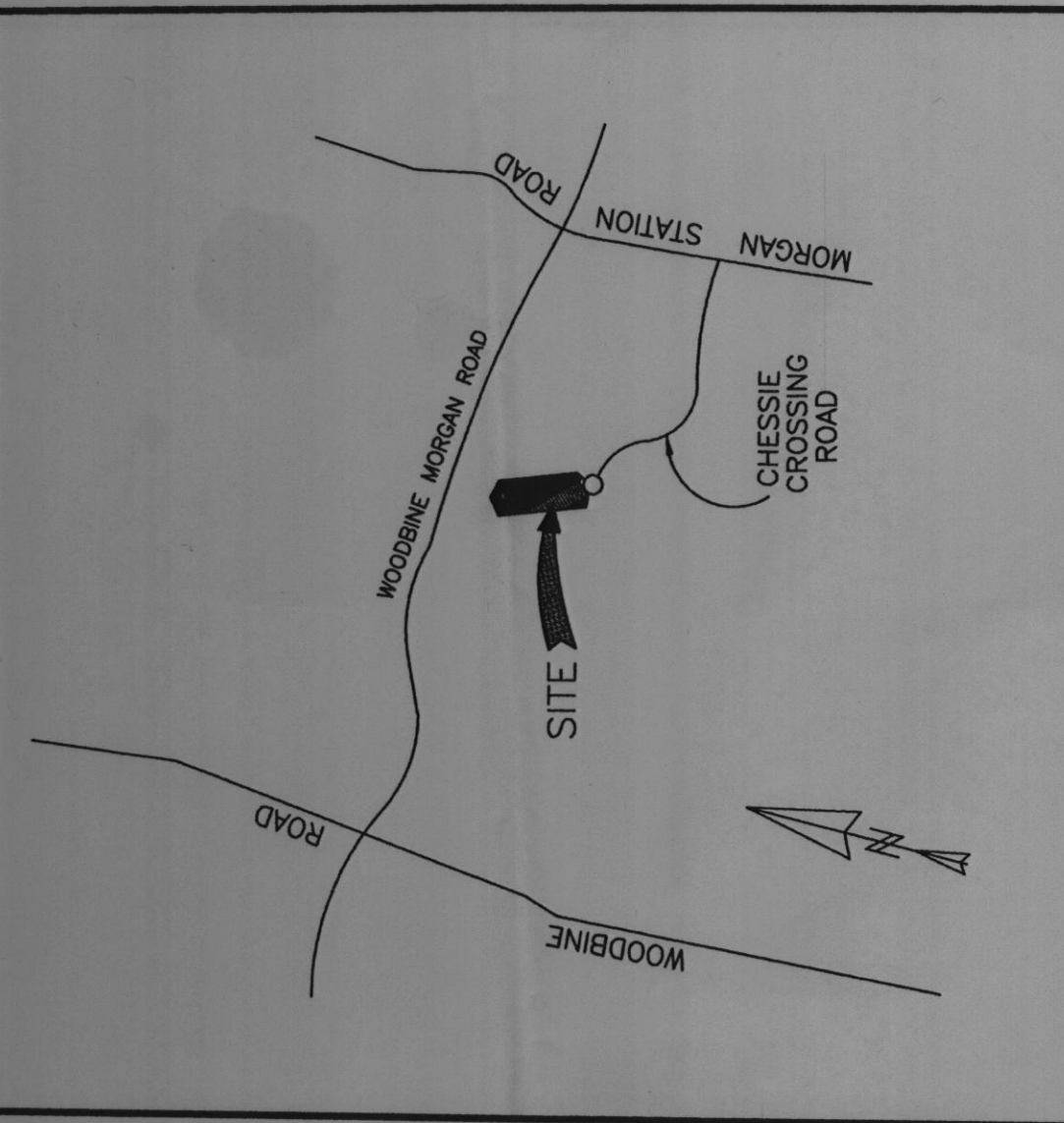
Jim Keenan  
Applicant's Signature  
Keenan  
Title/Company

Jim Keenan  
Print Name  
4/7/08  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

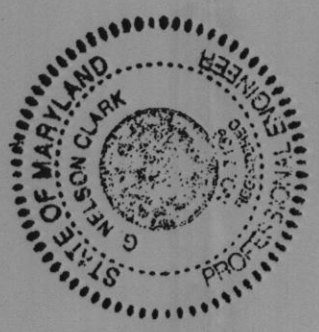
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>250.00</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>4/18/08</u>	<u>W. [Signature]</u>	Side B: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? 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"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>1707</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red line approval date _____	Validation \$ _____
Distribution of Copies: _____	Write: Building Official	Green: LDD, DPZ	Accepted by _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SPA				



**GENERAL NOTES**

1. THE AREA THIS LOT IS 3.0 AC.
2. SUBJECT PROPERTY IS ZONED RC-DEO PER THE COMPREHENSIVE ZONING PLAN DATED 2/2/04 AND THE COMP-LITE ZONING AMENDMENTS DATED 7/28/06.
3. RECORD PLAT REFERENCE: PLAT NO. 10463
4. PROPOSED IMPROVEMENTS TO THIS ONE LOT ARE TO CONSTRUCT AN ADDITION TO THE EXISTING SINGLE FAMILY RESIDENCE, CONSISTING OF AN OFFICE & BATHROOM ON THE FIRST FLOOR, & A GARAGE BELOW THE FIRST FLOOR (& ASSOCIATED DRIVEWAY).
5. SETBACK REQUIREMENTS: FRONT= 102'  
SIDE= 30'  
REAR= 60'
6. THE TOTAL AREA OF LAND DISTURBANCE IS 4,836 SQ. FT., AND THE TOTAL AMOUNT OF EARTH MOVEMENT IS 91 CUBIC YARDS.
7. SILT FENCE IS TO BE PROVIDED AROUND THE LIMIT OF DISTURBANCE.

#B08300938  
ADDITION OK Hg  
4-15-08 Hg



PROFESSIONAL CERTIFICATE  
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 7133, EXPIRES DATE: 8-21-08.

G. Nelson Clark  
G. NELSON CLARK

3-21-08  
Date

DESIGNED	CLARK FINEFROCK & SACKETT, INC.
DATE	03/21/08
CHECKED	ENGINEERS PLANNERS SURVEYORS
DATE	03/21/08
SCALE	1" = 30'
DRAWING	1 of 1
JOB NO.	08-002

7135 MINISTREL WAY COLUMBIA, MD 21045 (410) 381-7500 BALT. (301) 621-8100 WASH.

PERMIT SITE PLAN  
FOR ADDITION TO EXISTING HOUSE  
LOT 28, "CHESSIE CROSSING WAY"  
Map 3 Grid 19 Parcel 4 Plat No. 10463  
778 CHESSIE CROSSING WAY  
FOURTH TAX ASSESSMENT DISTRICT  
HOWARD COUNTY, MARYLAND

CHESSIE CROSSING WAY