

B09003257

Building Address 4219 College Ave
Ellicott City MD 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Roger Tarr
 Address 5006 Aveca Ave
 City Ellicott City State MD Zip Code 21043
 Home Phone 410 313 9978 Work Phone 410 206 4910
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use Residence
 Proposed Use same
 Estimated Construction Cost \$ 10,000

Contractor Company Home Owner To construct
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Description of Work add 16x16 shed (rafters, slab, framed walls & roof) also 6x30 porch (posts, framed floor for 2nd story deck & walls)
 Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name Roger Tarr
 Address 5006 Aveca Ave
 City Ellicott City State MD Zip Code 21043
 Phone 410 206 4910 Fax _____

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ | Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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.

Roger W Tarr
 Applicant's Signature
 Title/Company _____

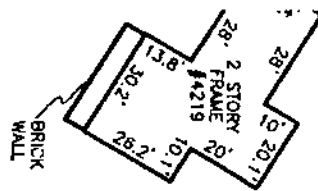
Roger W Tarr
 Print Name
Nov 23, 09
 Date

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

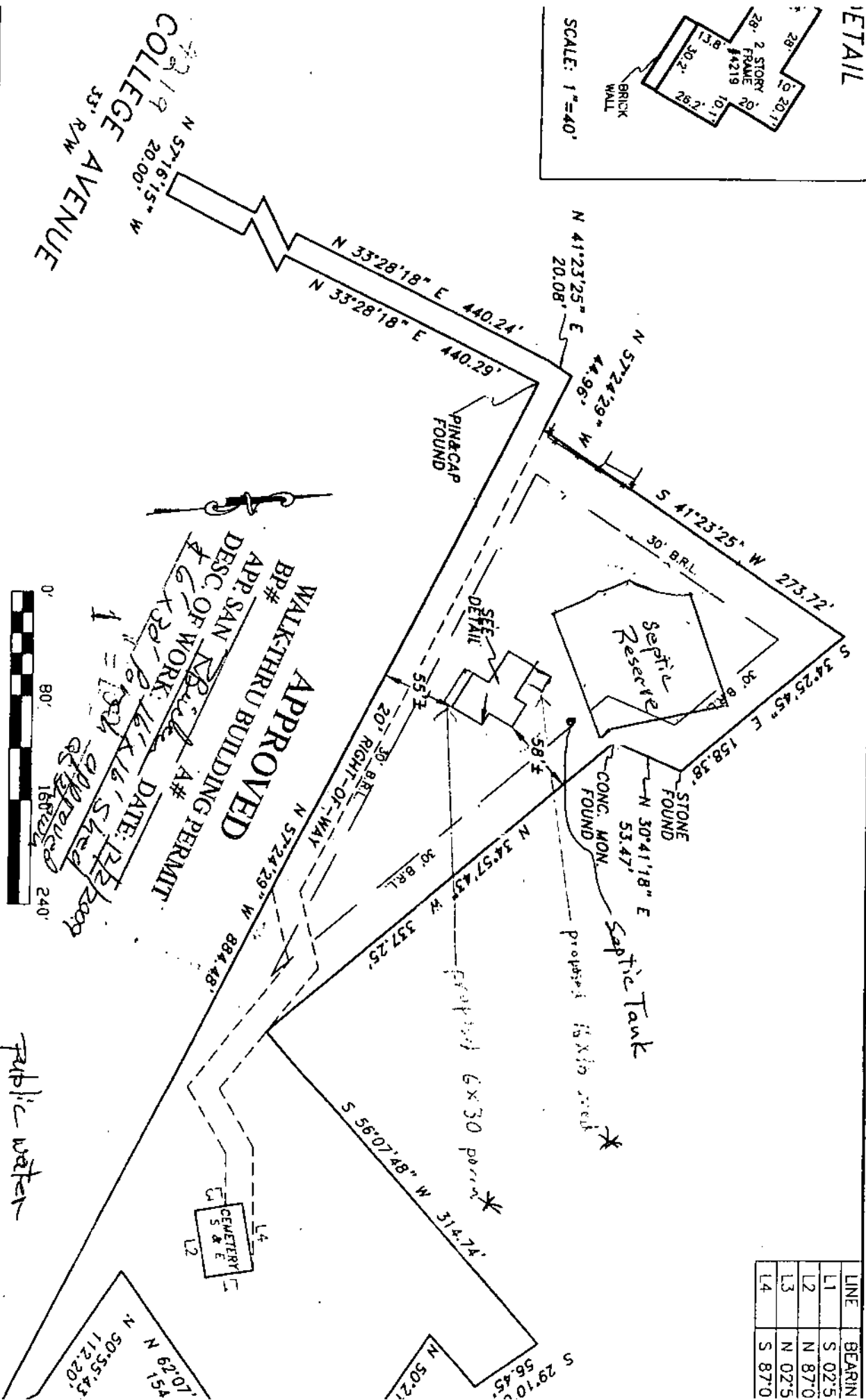
| AGENCY | DATE | SIGNATURE APPROVAL |
|--|------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Officials | | |
| Dev. Engineering, DPZ | | |
| Health: <u>12/2/2009</u> | | <u>R Buckle</u> |
| Fire Protection | | |
| Is Sediment Control approval required prior 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? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for New Town Zone SDP/Red-line approval date _____ | Check # _____ |
| | Validation # _____ |
| | Accepted by _____ |

DETAIL



SCALE: 1" = 40'



Subject property is shown in Zone C on the FIRM Map of HOWARD COUNTY, Maryland on Community Panel 240044 0024 B. Effective DECEMBER 4, 1986

NOTES:
 1. This plat 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 purposes.
 2. This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
 3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

This is to certify that I have surveyed the property shown hereon, being known as 4219 COLLEGE AVENUE Maryland in Liber 10218, folio 652 for the purpose of locating the improvements thereon.

APPROVED
 APP. SAN N.B. [Signature]
 DESC. OF WORK: [Signature]
 DATE: 12/2/2009
 1 = 100% APPROVED

| LINE | BEARIN |
|------|---------|
| L1 | S 02°5' |
| L2 | N 87°0' |
| L3 | N 02°5' |
| L4 | S 87°0' |

| | |
|--------|-----------|
| LOCAT | 4219 C |
| 2nd EL | HOWARD CC |

NTT Associates,
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Ph. (410)442-2031