

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE SUITE 207 CITY AND COUNTY PERMITS (410) 313-3450 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER
Building Address <u>13571 Argo Drive,</u> <u>Dyersville, Md 21036</u>	Property Owner's Name <u>Robert Francis</u>	
Suite/Apt #: _____ SDP/WP/Petition #: _____	Address <u>200 Park Avenue</u>	
Census Tract _____ Subdivision _____	City <u>Gaithersburg</u> State <u>Md</u> Zip Code <u>20877</u>	
Section _____ Area _____ Lot _____	Home Phone _____ Work Phone _____	
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon).	
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____	
Existing Use <u>SFD</u>	Contractor Company <u>Michel Welding; Mechanical</u>	
Proposed Use <u>SFD w/ Tank</u>	Contact Person <u>Robert J Michel Sr</u>	
Estimated Construction Cost \$ <u>1000</u>	Address <u>2518 Green Rd</u>	
Description of Work <u>Install (1) 250 AG Cylinder and</u> <u>run line to generator 0.5 per</u> <u>NEPA 54.58</u>	City <u>Baldwin</u> State <u>Md</u> Zip Code <u>21013</u>	
Occupant or Tenant <u>Robert Francis</u>	License No. <u>73201</u>	
Contact Name _____	Phone <u>410.925.4116</u> Fax _____	
Address <u>200 Park Avenue Apt 201</u>	Engineer or Architect Company _____	
City <u>Gaithersburg</u> State <u>Md</u> Zip Code <u>20877</u>	Contact Person _____	
Phone _____ Fax _____	Address _____	
	City _____ State _____ Zip Code _____	
	Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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

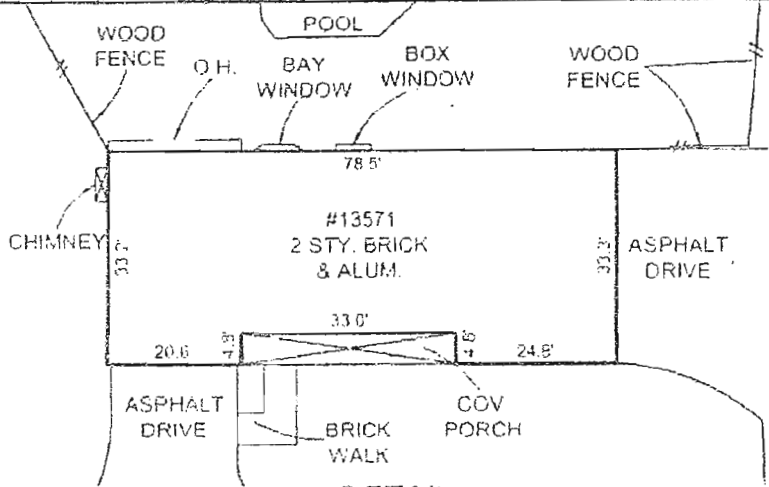
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Robert J Michel Sr
 Applicant's Signature
Michel Welding & Mechanical Repair
 Title/Company

Robert J Michel Sr
 Print Name
10/2/08
 Date

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

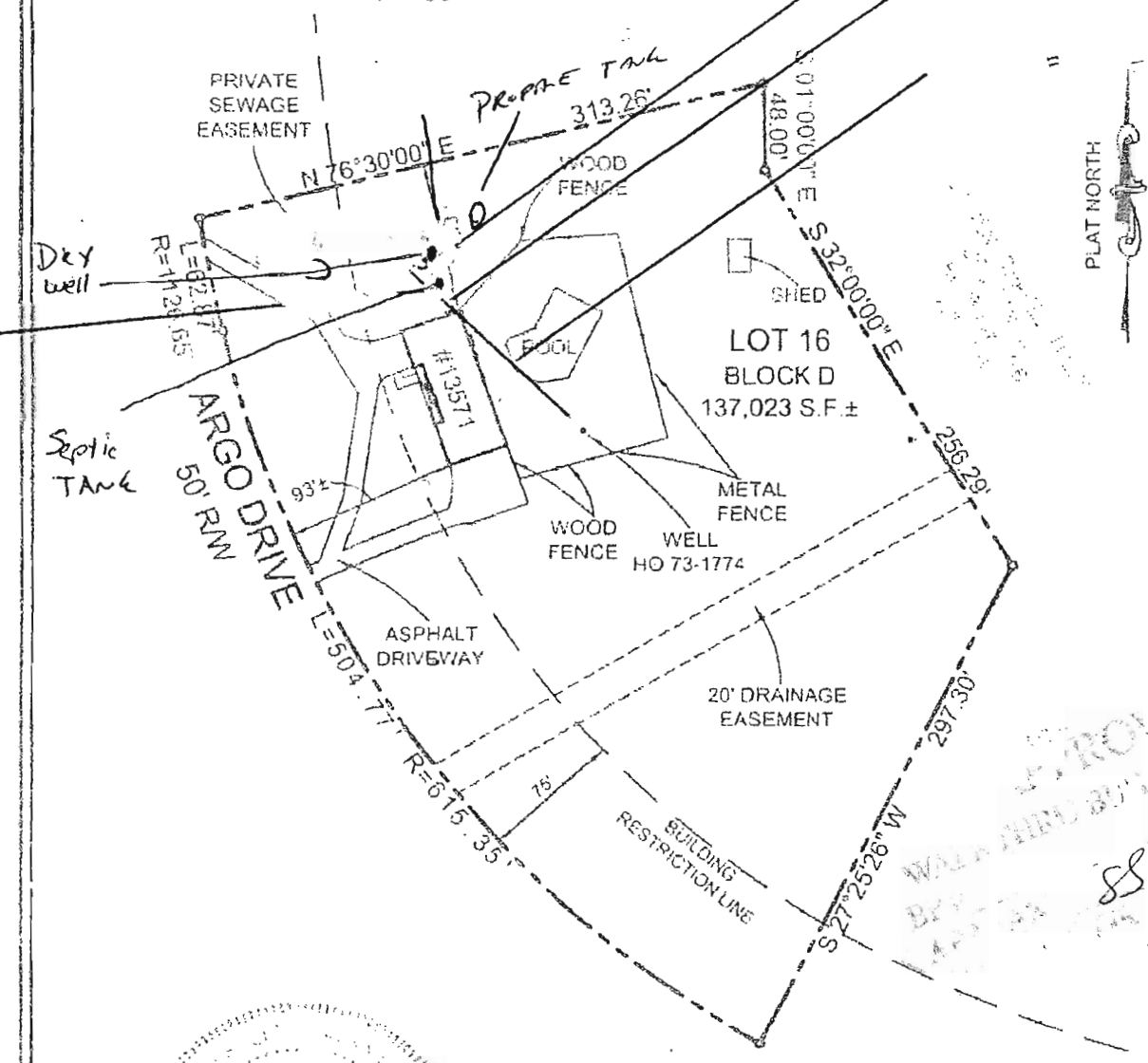
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION
Land Development, DPZ			Front: _____ Filing fee \$ <u>110.00</u>
State Highways			Rear: _____ Permit fee \$ _____
Building Official			Side: _____ Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____
Health	<u>10/22/08</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: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____
T: 301-261-1111 PERMIT.FRM			SDP/Red-line approval date _____ Accepted by _____



DETAIL
1" = 30'

NOTES:

1. THIS PLAT IS A BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING PURPOSES. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE STRUCTURES. 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.
2. THE ± SETBACK ACCURACY IS 1 FOOT.



APPROVED
WILLIAM BULLANG PERMIT
19552
DATE: 10/22/08
SS
250 Above ground
prepaid tank



LOCATION SURVEY
13571 ARGO DRIVE
LOT 16, BLOCK D
LINDEN CHAPEL HILLS
SECTION 4
5TH FLORIDA DISTRICT

THIS LOT DOES NOT APPEAR TO LIE WITHIN THE 100 YEAR FLOOD PLAIN AS SHOWN ON THE F.E.M.A.

A 19552
125205

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B10001321

Building Address 13571 Argo Dr
DAYTON, MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name ROBERT FRANCIS
 Address 13571 Argo Dr
 City DAYTON State MD Zip Code 21034
 Home Phone 410 531 2325 Work Phone 202 360 8852
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SFH
 Proposed Use SFH
 Estimated Construction Cost \$132,000.00
 Description of Work DEMO CONCRETE POOL DECK OF INGRAMS POOL. REPLACE WITH PAVERS.

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____

Finished Basement Unfinished Basement Crawl space Slab on Grade

No. of Bedrooms 4

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: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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.

Robert Francis
 Applicant's Signature
bfrancis42@gmail.com
 Email Address
HOMEOWNER
 Title/Company

Robert Francis
 Print Name
5/19/2010
 Date

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

AGENCY DATE SIGNATURE APPROVAL

State Highways _____
 Building Officials _____
 Civil Engineering, DPZ _____
 Health _____
 Fire Protection _____

Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit Required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone
 SDP/Red-line approval date _____

PROPERTY ID #

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # _____
 Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

