

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

BO8000282

Building Address 6608 Corina Ct.
Columbia, Maryland
 Suite/Apt. #: _____ SDP/WP/Petition #: 5364
 Census Tract 605602 Subdivision La Isla
 Section _____ Area _____ Lot 2
 Tax Map 35 Parcel 113 Grid 23
 Zoning R20 Map Coordinates _____ Lot size 3.15

Property Owner's Name Earl Jackson
 Address 6608 Corina Court
 City Columbia State MD Zip Code 21044
 Home Phone 410 531-1859 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use Deck
 Estimated Construction Cost \$ 35,000
 Description of Work Free Standing Deck Supporter
with steel col. and steel I-beams
with 3/4 Plywood & 1" stone floor
30 x 16 Framing, Shaped w/Steps

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

Occupant or Tenant Cynthia/Earl Jackson
 Contact Name Cynthia Jackson
 Address 6608 Corina Court
 City Columbia State MD Zip Code 21044
 Phone 410 531-1859 Fax _____

Engineer or Architect Company John Schneider
 Contact Person John Schneider
 Address 100 N. Rolling Rd
 City Catonsville State MD Zip Code 21228
 Phone 410 744-1945 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 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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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.

Cynthia Jackson
 Applicant's Signature

Cynthia Jackson
 Print Name

_____ Title/Company

2/6/08 Date

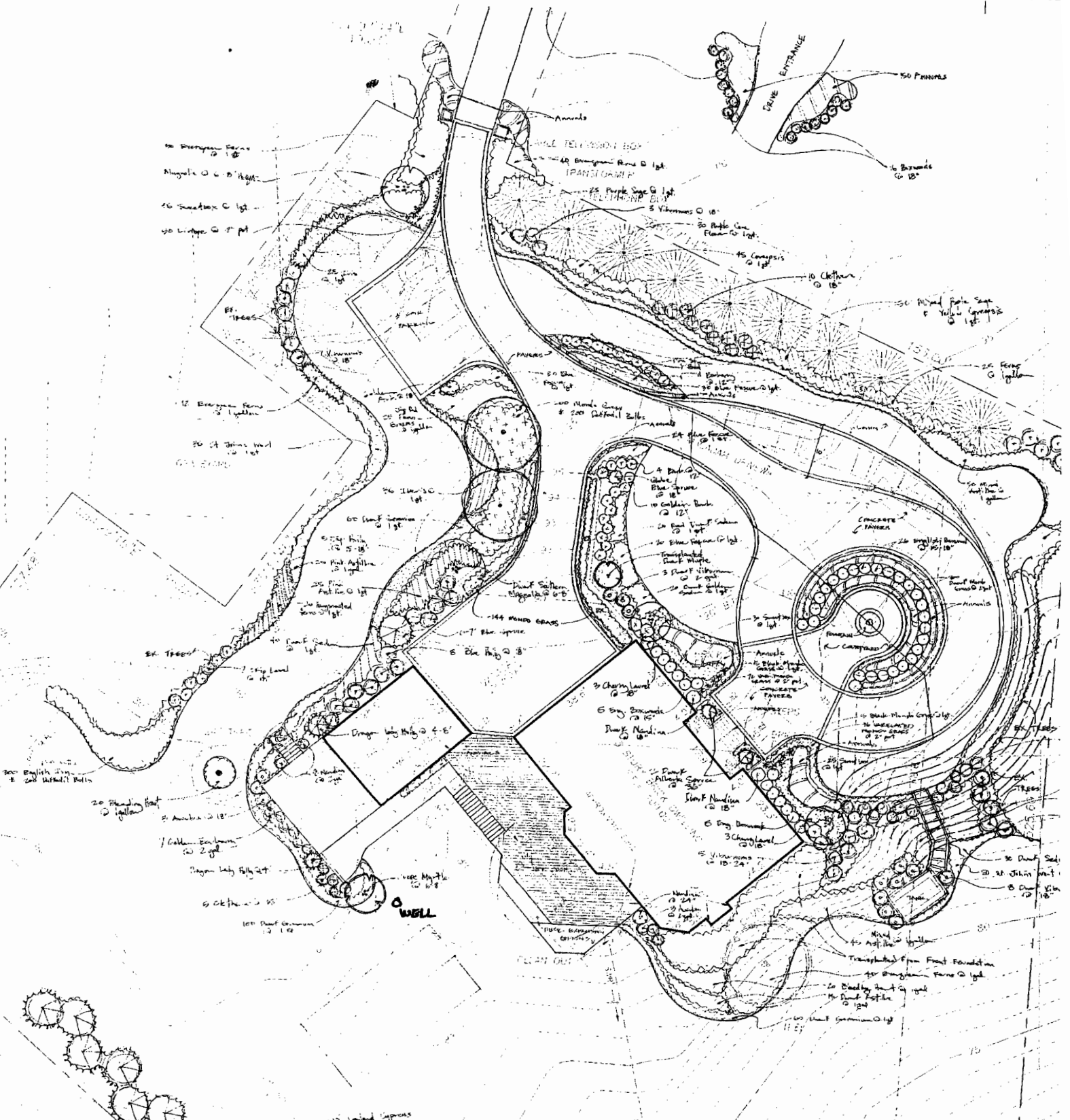
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>2-6-08</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? 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 NewTown Zone _____	Check # <u>CASH</u>
SDP/Red-line approval date _____	Validation # _____

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



APPROVED

WALK-THRU BUILDING PERMIT
 BP# B08000282 A# 31566
 APPLICANT: ARISAN HS DATE: 2-6-08
 DESC. OF WORK: 30 x 16 deck

PRIVATE SEPTIC TANK
 INSPECTED AND FOUND
 HEALTHY AND IN GOOD
 WORKING ORDER

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

308 000969

Building Address 6608 CORINA CT
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name WAYNE JACKSON
 Address 6608 CORINA CT
 City Columbia State MD Zip Code 21044
 Home Phone 410 531-1558 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ #15,000
 Description of Work Install Partially
INGROUND ENDLESS POOL
9X16

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

Occupant or Tenant WAYNE JACKSON
 Contact Name WAYNE JACKSON
 Address 6608 CORINA CT
 City Columbia State MD Zip Code 21044
 Phone 410 531-1558 Fax _____

Engineer or Architect Company _____
 Contact Person _____
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 City _____ State _____ Zip Code _____
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Applicant's Signature _____
 Title/Company _____

Print Name _____
 Date _____

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State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/9/08</u>	<u>R. Bicker</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
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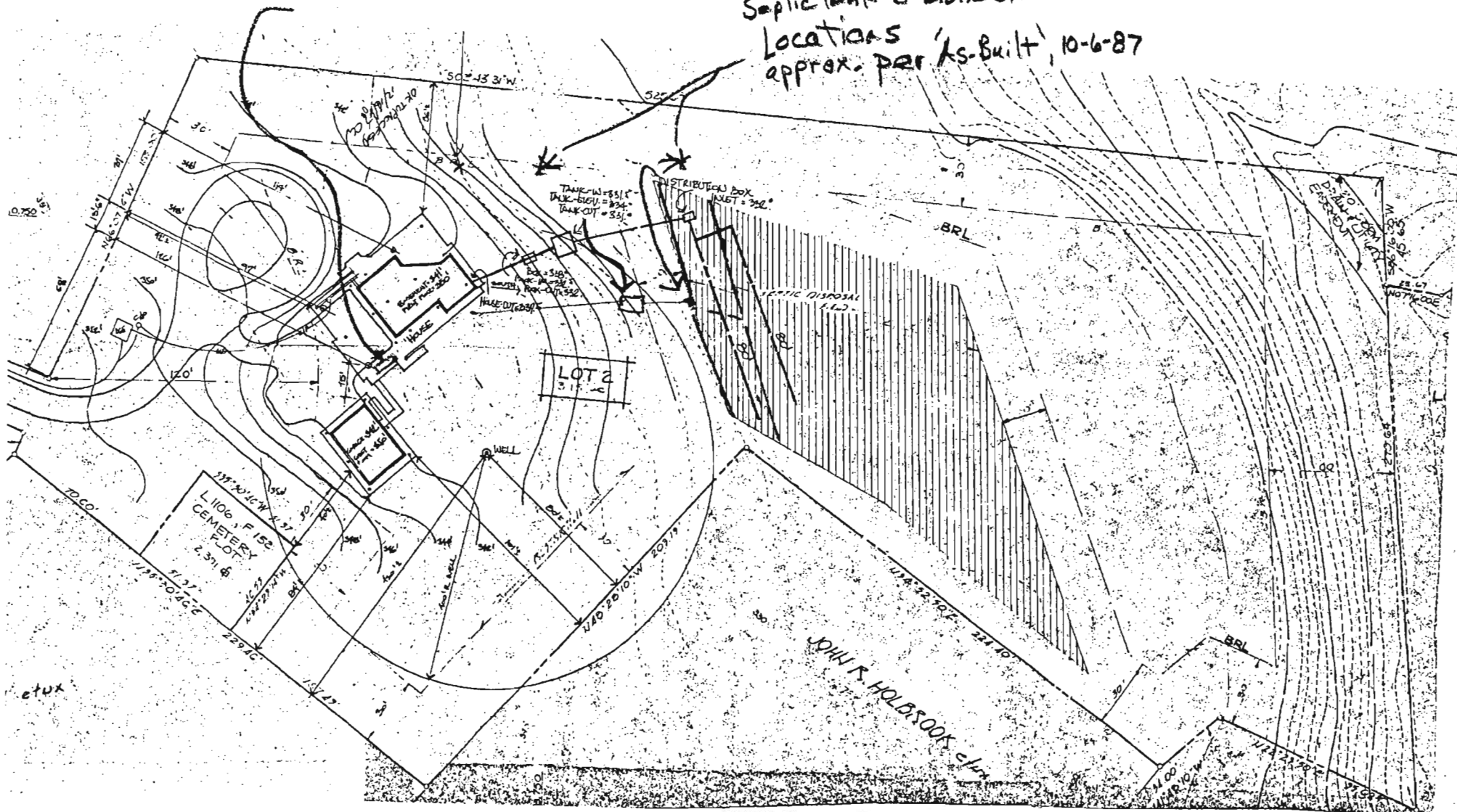
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Yellow: DED, DPZ Pink: Health Gold: SHA

Partially Inground Under Deck

Septic Tank & Dist. Box
Locations approx. per 'As-Built', 10-6-87



APPROVED

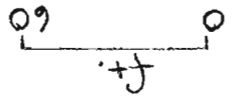
WALK-THRU BUILDING PERMIT

BP# 80800969 A#

APP. SAN R. Bickler DATE: 4/9/2008

DESC. OF WORK: 9x16' Partially Inground Pool;
under deck as-shown

ns 97- cet
- 91



Scale: 1" = 60'