

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-3110 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	30800 1193 PERMIT NUMBER
Building Address <u>17507 COUNTRY VIEW WAY</u> <u>MT AIRY MD 21771</u>		Property Owner's Name <u>STEVEN HOWARD</u> Address <u>17507 COUNTRY VIEW WAY</u> City <u>MT AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Phone <u>240-626-1236</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Country view</u> Section <u>-</u> Area <u>2</u> Lot <u>11</u> Tax Map <u>2</u> Parcel <u>124</u> Grid <u>19</u> Zoning <u>RES</u> Map Coordinates _____ Lot Size <u>301AC</u>		Applicant's Name & Mailing Address, (if other than stated herein): <u>HOLLER CONTRACTING</u> <u>10617 POWELL ROAD</u> <u>THURMONT, MD 21788</u> Phone <u>301-898-8780</u> Fax <u>301-898-8781</u>	
Existing Use <u>N/A</u> Proposed Use <u>GARAGE-DETACHED</u> Estimated Construction Cost \$ <u>30,900.00</u>		Contractor Company <u>HOLLER CONTRACTING</u> Contact Person <u>TERRY HOLLER</u> Address <u>10617 POWELL ROAD</u> City <u>THURMONT</u> State <u>MD</u> Zip Code <u>21788</u> License No. <u>92418</u> Phone <u>301-898-8780</u> Fax <u>301-898-8781</u>	
Description of Work <u>POLE BUILDING</u> <u>30x40</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant _____ Contact Name <u>SAME</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: <u>12'</u> No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>1200 sf.</u> Use group: <u>Garage</u> Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <u>N/A</u>	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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads <u>N/A</u>	Building Characteristics <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse Depth _____ Width _____ 1 st floor: <u>30x40</u> 2 nd floor: <u>None</u> Basement: <u>None</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms <u>0</u> Multi-family dwellings: No. of efficiency units: <u>0</u> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Pole Building</u> Dimensions: <u>30x40</u> Footings: <u>Rein</u> Roof Height: <u>12 Ft</u> <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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: <u>N/A</u> <input checked="" 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.

[Signature]
 Applicant's Signature
OWNER / HOLLER CONTRACTING
 Title/Company

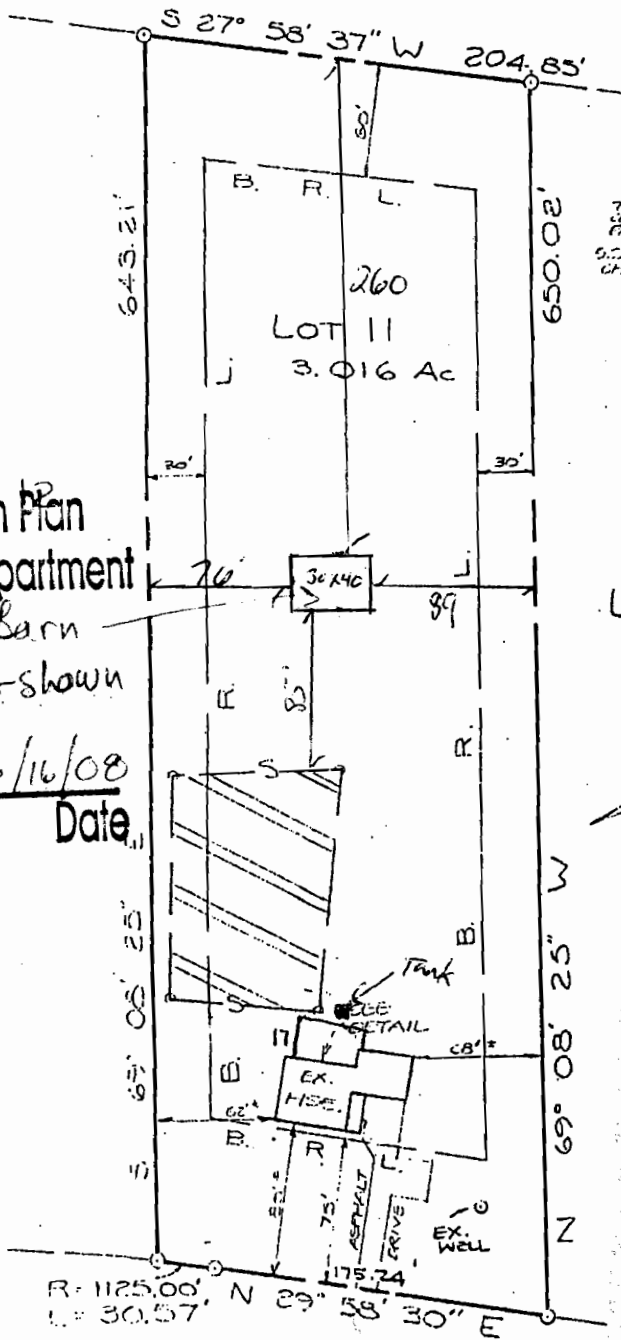
TERRY A HOLLER
 Print Name
4-23-08
 Date

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

AGENCY _____ DATE _____ SIGNATURE/APPROVAL _____ <input checked="" type="checkbox"/> Land Development (DPZ) <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev Engineering (DPZ) <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DPZ SETBACK INFORMATION Front _____ Rear _____ Side _____ Side Set _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID # _____ Filing fee \$ <u>25.00</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3738</u> Validation # _____ Accepted by _____
CONTINGENCY CONSTRUCTION START _____ ONE STOP SHOP <input type="checkbox"/>		
Distribution of Copies: White: Building Officials Green: EDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T: forms/buildingpermitapplication		

NOTE: Property is not located within a flood hazard area according to National Flood Insurance Program, Flood Insurance Rate Map, Community-Panel Number 240044

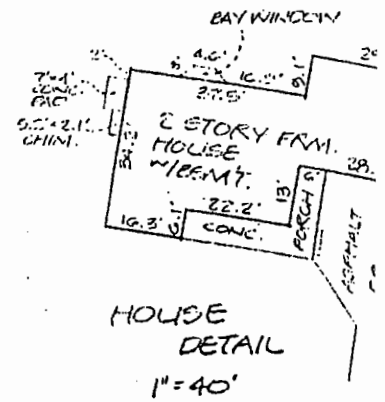
J. E. MILLER
1010/720



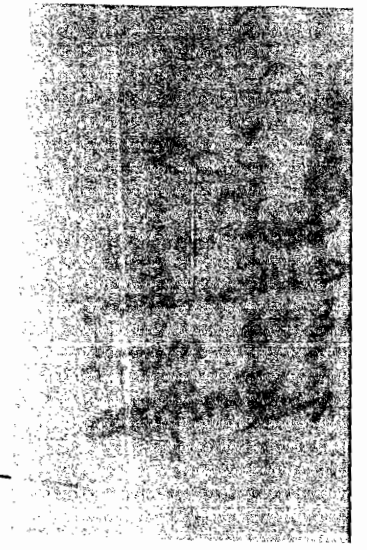
Approved Septic System Plan
Howard County Health Department
30' x 40' Pole Barn
approved as shown

R. Bucher
Signature

6/16/08
Date



C.N.
HOWARD COUNTY PLAN



COUNTRY VIEW WAY
50' R/W

HOUSE LOCATION S
LOT 11 (PLAT 1)
COUNTRY VIEW
#17507 COUNTRY V
FOURTH ELECTION
HOWARD COUNTY