

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00012 8192
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Building Address <u>11962 QUEEN ST.</u> <u>FULTON MD 20159</u>	Property Owner's Name <u>MARK F. SCHWARTZ</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>8-07-172</u>	Address <u>609 HOLLYWOOD AVE.</u>
Census Tract <u>11511</u> Subdivision <u>11111</u>	City <u>S. SPRING</u> State <u>MD</u> Zip Code <u>20904</u>
Section _____ Area _____ Lot _____	Home Phone <u>301 642 2278</u> Work Phone <u>301 424 6966</u>
Tax Map <u>41</u> Parcel <u>117</u> Grid <u>13419</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>MARK F. SCHWARTZ</u> <u>609 HOLLYWOOD AVE.</u> <u>FULTON MD 20159</u>
Zoning <u>PDX-8</u> Map Coordinates <u>1863</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>VACANT LOT</u>	Contractor Company <u>MCALISTER-SCHWARTZ CO.</u>
Proposed Use <u>SINGLE FAMILY DWELLING</u>	Contact Person <u>MARK SCHWARTZ</u>
Estimated Construction Cost \$ <u>170,000</u>	Address <u>14640 SOUTHLAWN LA.</u>
Description of Work <u>BUILDING NEW HOUSE</u>	City <u>ROCKVILLE</u> State <u>MD</u> Zip Code <u>20850</u>
<u>2 STORY W/ BASEMENT 4 BEDROOMS</u>	License No. <u>461046</u>
<u>2 1/2 BATHS W/ FIREPLACE / OPTIONAL PORCH</u>	Phone <u>301 424 6966</u> Fax <u>301 424 0146</u>
Occupant or Tenant <u>SAME AS OWNER</u>	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u>WELL</u> Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth Width 1st floor: <u>28-0</u> <u>48-0</u>	Sewage Disposal: <u>SEPTIC</u> Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>28-0</u> <u>48-0</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>28-0</u> <u>48-0</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <u>FORCED AIR</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		No. of Bedrooms <u>4</u>	
		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
		Other Structure: <u>HOUSE</u>	
		Dimensions: <u>28-0 x 38-0</u>	
		Footings: <u>CONCRETE</u>	
		Roof: <u>SHINGLE</u>	
		<input checked="" type="checkbox"/> State Certified Modular <u>HOUSE ONLY</u> <input type="checkbox"/> 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.

<u>Mark F. Schwartz</u> Applicant's Signature	<u>MARK F. SCHWARTZ</u> Print Name
<u>VISE PRES MCALISTER-SCHWARTZ CO.</u> Title/Company	<u>1-24-01</u> 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>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>2/7/01</u>	<u>A. McMillan</u>	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>111</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

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

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Building Address <u>11962 QUEEN ST</u> <u>FULTON MD.</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>F97-172</u> Census Tract <u>6051-02</u> Subdivision <u>MALCOM PROP.</u> Section _____ Area _____ Lot _____ Tax Map <u>41</u> Parcel <u>67</u> Grid <u>13419</u> Zoning <u>R2DEP</u> Map Coordinates _____ Lot size _____ Existing Use <u>VACANT LOT</u> Proposed Use <u>GARAGE</u> Estimated Construction Cost \$ <u>15,000-</u> Description of Work <u>3 CAR DETACHED GARAGE</u> <u>28' x 36'</u>	Property Owner's Name <u>MARK F. SCHWARTZ</u> Address <u>609 HOLLYWOOD AVE.</u> City <u>SPRING</u> State <u>MD</u> Zip Code <u>20904</u> Home Phone <u>301-622-0078</u> Work Phone <u>301-424-6966</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Call Home</u> <u>12740-876-1256</u> Phone _____ Fax _____ Contractor Company <u>MCALISTER-SCHWARTZ CO.</u> Contact Person <u>MARK F. SCHWARTZ</u> Address <u>14640 SOUTHLAWN LA.</u> City <u>ROCKVILLE</u> State <u>MD</u> Zip Code <u>20850</u> License No. <u>461046</u> Phone <u>301-424-6966</u> Fax <u>301-424-0146</u> Engineer or Architect Company <u>N/A.</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant <u>SAME AS OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>N/A.</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

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ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

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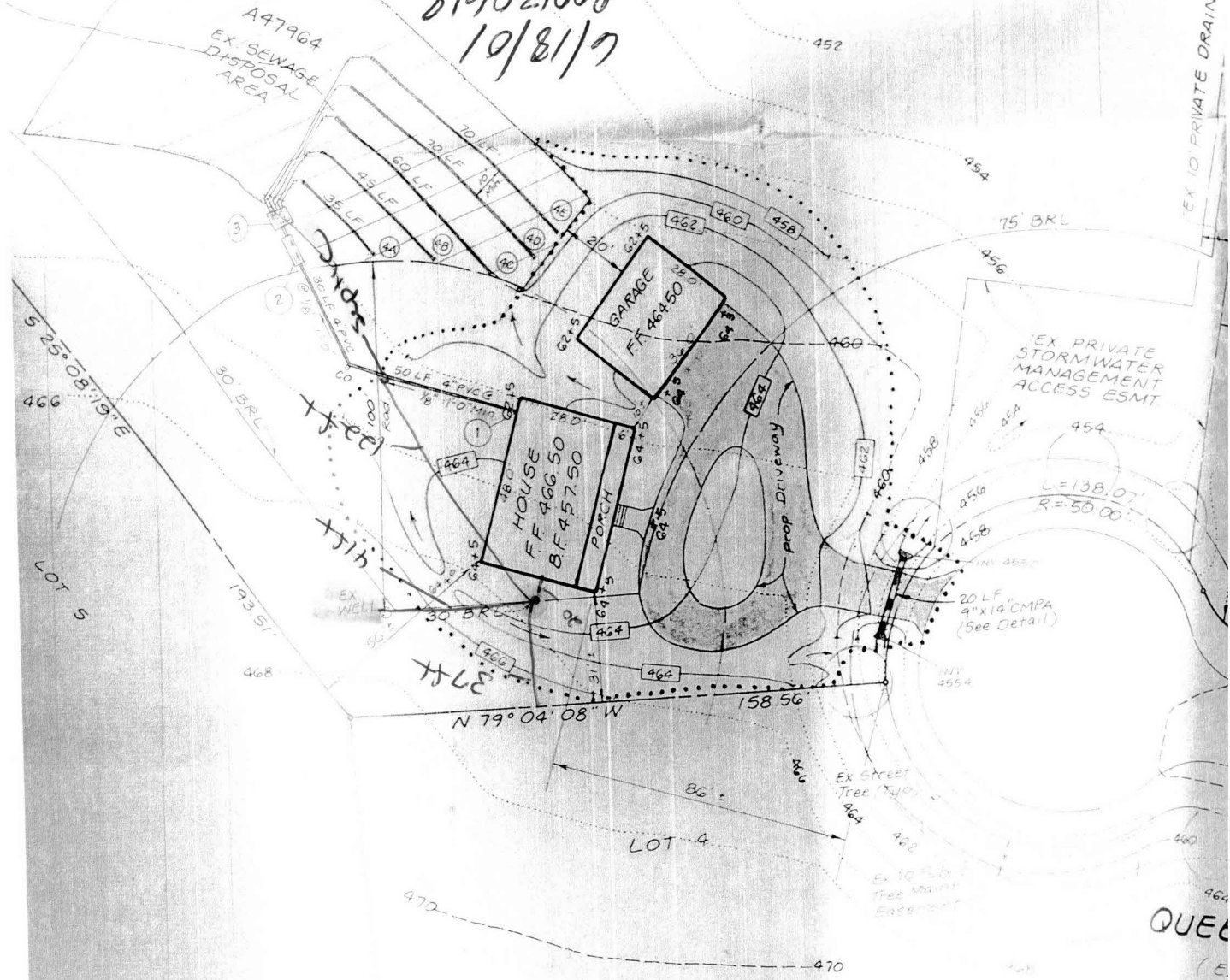


Tank → house  
20 ft  
Tank → well  
41 ft  
Tank → septic  
12 ft  
Tank → property line  
37 ft

60' BRL  
CO TREE MAINTENANCE EASEMENT  
DR

6/18/01  
B00130618  
Prepares that location  
or

LOT 7  
32955 Ac ±  
Plat No. 14070



LDE, INC  
9250 Rumsey Road, Suite 106, C  
(410) 715-1070 (301) 596-3424

- (5)

**Signature**

Date \_\_\_\_\_

Depth of stone required below  
distribution pipe 2.00 feet

LOT 7  
3.2955 Ac.±  
Plat No. 14070

