

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00133558 X
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Building Address <u>1040 Ridge Rd</u> also known as <u>990 Ridge Rd</u> Suite/Apt. #: <u>1040</u> SDP/WP/Petition #: <u>1040</u> Census Tract <u>604001</u> Subdivision <u>Burdette Hill</u> Section <u>1</u> Area <u>1</u> Lot <u>4</u> Tax Map <u>6</u> Parcel <u>235</u> Grid <u>1</u> Zoning <u>RC</u> Map Coordinates <u>158</u> Lot size <u>158</u>	Property Owner's Name <u>Chirleda Yantakoum</u> Address <u>1040 Ridge Rd</u> City <u>Mt. Airy</u> State <u>NC</u> Zip Code <u>27771</u> Home Phone <u>(704) 824-3375</u> Work Phone <u>(704) 502-4454</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____
Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>15,000</u> Description of Work <u>sunroom addition</u> <u>built on existing deck. shed roof.</u> <u>TO KIF</u>	Contractor Company <u>Homebased of Maryland</u> Contact Person <u>Jim Spier</u> Address <u>7771 Tuckerman Lane, Suite 181</u> City <u>Potomac</u> State <u>MD</u> Zip Code <u>20854</u> License No. <u>120344</u> Phone <u>(301) 765-3440</u> Fax <u>(301) 983-2403</u>
Occupant or Tenant <u>SAME</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ 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: 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> 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.

Applicant's Signature <u>Jim Spier</u> Title/Company <u>Manager, Homebased of Maryland</u>	Print Name <u>Jim Spier</u> Date <u>12/12/01</u>
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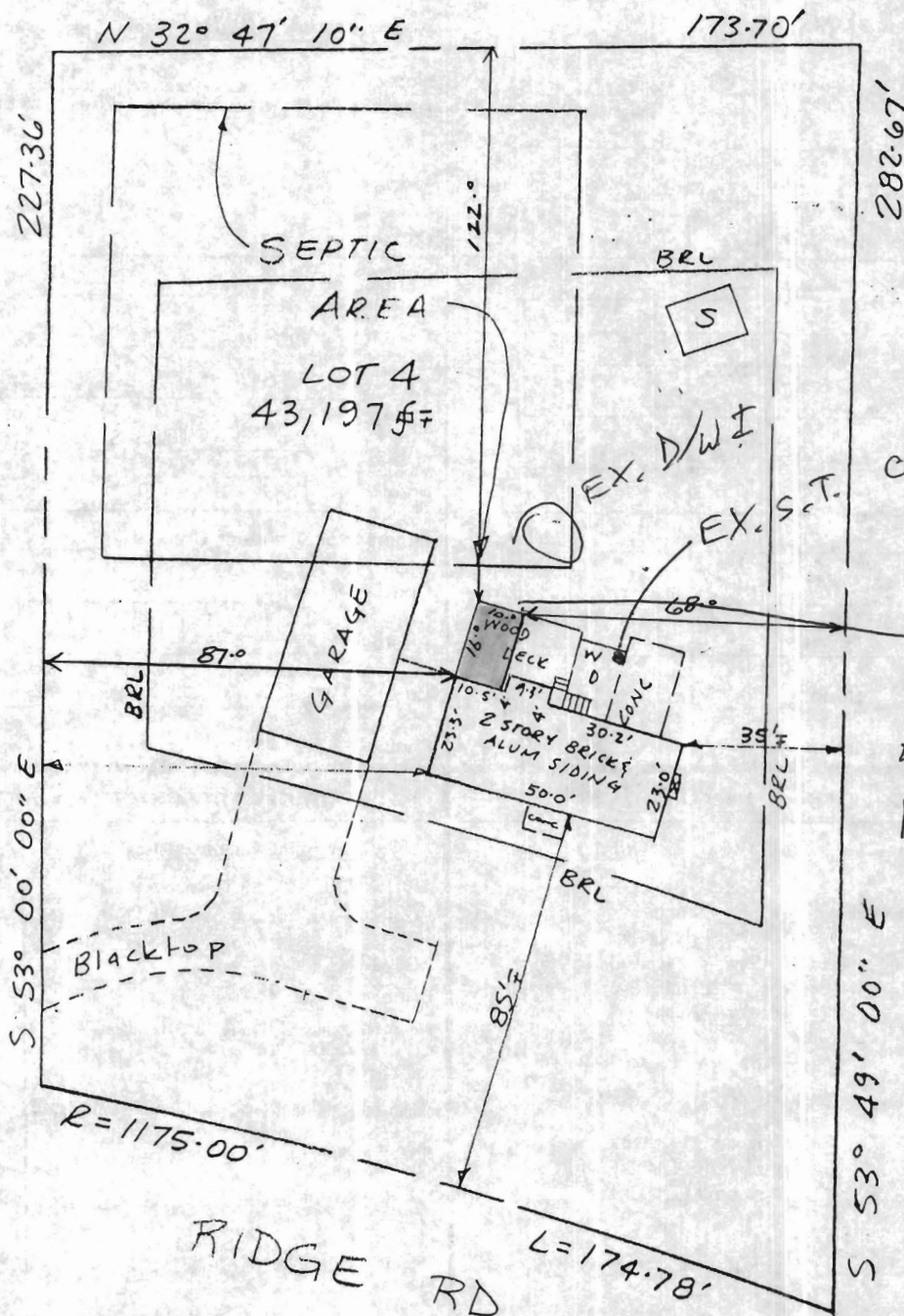
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	530214
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>75</u>
Dev. Engineering, DPZ	<u>12/12/01</u>	<u>Denise Naran</u>	Side St.: _____	Excise tax \$ _____
Health	<u>12/12/01</u>	<u>Mark Rife</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>112</u>
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1010</u>
				Validation # <u>42114</u>
				Accepted by <u>[Signature]</u>

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

1040
 RH9939-6 990 RIDGE RD MT AIRY HOW 1/20/99 OPTIM Case#THEPVONGS
 Fema Panel: 240044 0006B
 Flood Zone: C
 LOT 4
 BURDETTE HILL
 Book: 3698
 Folio:
 Dist: 4
 Co: HOWARD CO
 MD
 Scale 1"= 40'

LOCATION APPROXIMATE
 NO PIPES FOUND



NO OBJ
 TO SUNROOM
 AS SHOWN
 MR 12/12/01

Accuracy: Approximate average accuracy (SD of sideline distances) for small suburban lots is two feet, and for large lots and metes and bounds parcels varies from two feet to twenty feet. In case of doubt, we recommend a Boundary Survey.



DAVID M. GREEN, Prop LS 311 MD
 Executive Vice President

LEGEND

Shed (unsurveyed)	[S]
Blacktop Drive
Gravel Drive	=====
Concrete Drive	=====

This is an Improvements Location Survey only, and must not be used for Boundary purposes. No Title Report furnished. No statement is made as to ownership of property or right or interest therein. Fences are approximate only and may not be shown. Not to be used for construction purposes (incl. permits) of any kind.

SURVEY ASSOCIATES OF MARYLAND INC

9420 ANNAPOLIS ROAD
 LANHAM MD 20706

TEL 301 459 2760
 FAX 301 459 4409

108 OLD SOLOMONS ISLAND RD #100
 ANNAPOLIS MD 21401

TEL 410 266 7211
 FAX 410 266 0918

LOCATION
 SURVEY