

DEPT. 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	807004464 PERMIT NUMBER
Building Address <u>3301 Roscommon DR</u> <u>GLENELG MD 21737</u>		Property Owner's Name <u>JEFF SOEKEN</u> Address <u>3301 Roscommon DR</u> City <u>GLENELG</u> State <u>MD</u> Zip Code <u>21737</u> Phone <u>443-266-7153</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Burntwood</u> Section _____ Area _____ Lot <u>5</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Applicant's Name & Mailing Address, (if other than stated herein): <u>OWNER</u> Phone _____ Fax _____	
Existing Use <u>Residential SED</u> Proposed Use <u>Deck/Residential</u> Estimated Construction Cost \$ <u>10,000.00</u> Description of Work <u>New deck</u> <u>24 x 24 IRREGULAR</u>		Contractor Company <u>Unlimited Property Services</u> Contact Person <u>Mike Bowman</u> Address <u>PO Box 1428</u> City <u>Sylarville</u> State <u>MD</u> Zip Code <u>21784</u> License No. <u>123 863</u> Phone <u>443-857-8486</u> Fax _____	
Occupant or Tenant <u>Jeff Soeken</u> Contact Name <u>Jeff Soeken</u> Address <u>3301 Roscommon DR</u> City <u>GLENELG</u> State <u>MD</u> Zip Code <u>21737</u> Phone <u>443-266-7153</u> Fax _____		Engineer or Architect Company <u>N/A</u> 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: <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>28</u> <u>40</u> 2 nd floor: <u>28</u> <u>40</u> Basement: <u>28</u> <u>40</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</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>N/A</u> 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 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.

Mike Bowman
 Applicant's Signature
President Unlimited Property Services
 Title/Company

Mike Bowman
 Print Name
10/16/07
 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 \$
State Highways				Rear: _____	Permit fee \$
Building Officials				Side: _____	Excise tax \$
Dev. Engineering, DPZ				Side St: _____	Add'l per fee \$
Health	<u>10/25/2007</u>	<u>John St. J.</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 #
				Historic District?	Validation #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date	Accepted by
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Forms/buildingpermitapplication					

REV 10/28/04

Soeken
3301 Roscommon Dr.

APPROVED

WALK-THRU BUILDING PERMIT
BP# 307004464

BP# B07004464

A# 518620-A

APP. SAN

DATE: 10/25/07

DESC. OF WORK: Deck

Deck

