

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B 00154006 KTB

Building Address 14322 Rocking Horse Ln.  
Glenview MD 21737  
Suite/Apt. #: 04-369106 SDP/WP/Petition #: E-04-118  
Census Tract 604002 Subdivision Triadelphia Creek  
Section Area PH 1 Lot 5  
Tax Map 21 Parcel 97 Grid D/23  
Zoning REED Map Coordinates 9D12 Lot size 51099 sq ft

Property Owner's Name Tell Bros Inc  
Address 7101 Columbia Gateway Dr  
City Columbia State MD Zip Code 21046  
Home Phone 410 370 6634 Work Phone 410 370 6634  
Applicant's Name & Mailing Address, (if other than stated herein):  
Phone 410 370 6634 Fax 410 370 6634

Existing Use Vacant Lot  
Proposed Use Single Family Dwelling  
Estimated Construction Cost \$ 3.5  
Description of Work 1.5 story detached garage - 48' x 12' - 48' x 12' - 48' x 12'  
Single Family Dwelling  
1.5 story detached garage

Contractor Company Tell Bros Inc  
Contact Person Brian Roberts  
Address 7101 Columbia Gateway Dr  
City Columbia State MD Zip Code 21046  
License No. 11 Phone 410 370 6634 Fax 410 370 6634

Occupant or Tenant Tell Bros Inc  
Contact Name Brian Roberts  
Address 7101 Columbia Gateway Dr  
City Columbia State MD Zip Code 21046  
Phone 410 370 6634 Fax 410 370 6634

Engineer or Architect Company Benchmark Engineering  
Contact Person Dave Thompson  
Address 5480 Ball Natl Pike Millersville  
City Millersville State MD Zip Code 21103  
Phone 410 465-6155 Fax 410 465-6614

BUILDING DESCRIPTION - COMMERCIAL

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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 THEREON; (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 Brian Roberts  
Title/Company Tell Bros Inc

Print Name Brian Roberts  
Date 6/11/05

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		
Public Health		
Fire Department		
Police Department DPZ		
Public Works		
Is Submittal Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
County of Copies: _____	White: Building Official	Green: LDO, DPZ
Yellow: DPZ	Pink: Health	Gold: SHA

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: <u>50'</u>	Filing fee: \$ <u>10.00</u>
Rear: <u>30'</u>	Permit fee: \$ _____
Side: <u>10'</u>	Excise tax: \$ _____
Side St: _____	Add'l per. fee: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid: \$ _____
Is Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due: \$ _____
Lot Coverage for New Town Zone: _____	Check: \$ <u>1615.75</u>
SDP/Lead-line approval date: _____	Validation: \$ <u>721.00</u>
Accepted by: <u>[Signature]</u>	

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Building Address 14322 Roxbury LAKE DR

Property Owner's Name JIM BARKOWSKI

Address 14322 Roxbury LAKE DR

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

City Glen Elg State MD Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Proposed Use SFD w DECK

Estimated Construction Cost \$ 29,000

Description of Work 942 sq ft deck

irregular shaped 15x60 app.

w steps

Contractor Company TERRA N DECKING

Contact Person RAY TAVERNICK

Address 407 GLENN LN

City WILMINGTON State MD Zip Code 21157

License No. 121773

Phone 410 9913932 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full

☐ Partial

☐ Other Suppression

☐ # of Heads

Building Characteristics

Utilities

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor:

2nd floor:

Basement:

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

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

Water Supply:

☒ Public

☐ Private

Sewage Disposal:

☐ Public

☒ Private

Electric Yes ☒ No ☐

Gas Yes ☒ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ NFPA #13D

☐ NFPA #13R

☐ 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

Title/Company

Print Name

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

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

Front: \_\_\_\_\_ Filing fee \$ \_\_\_\_\_

Rear: \_\_\_\_\_ Permit fee \$ \_\_\_\_\_

Side: \_\_\_\_\_ Excise tax \$ \_\_\_\_\_

Side St.: \_\_\_\_\_ Add'l per. fee \$ \_\_\_\_\_

All minimum setbacks met? TOTAL FEES \$ \_\_\_\_\_

YES ☐ NO ☐

Is Entrance Permit required? Balance due \$ \_\_\_\_\_

YES ☐ NO ☐

Check # \_\_\_\_\_

Validation # \_\_\_\_\_

Historic District? YES ☐ NO ☐

Lot Coverage for NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

Yellow: DED, DPZ Pink: Health Gold: SHA

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

T:Form/PERMIT.FRM



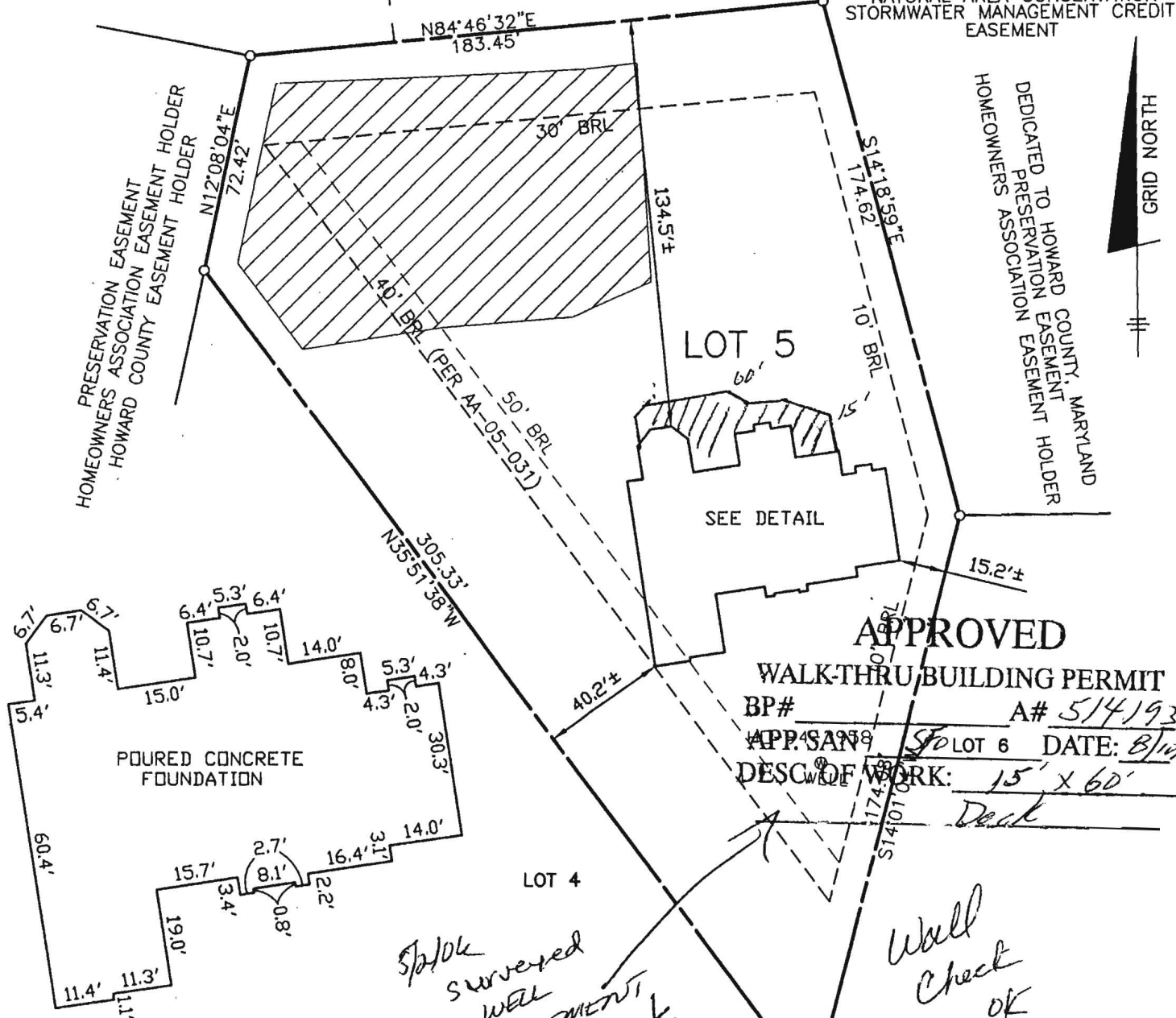
NON-BUILDABLE  
PRESERVATION PARCEL A  
DEDICATED TO HOWARD COUNTY, MARYLAND  
PRESERVATION EASEMENT  
HOMEOWNERS ASSOCIATION EASEMENT HOLDER

NATURAL AREA CONSERVATION  
STORMWATER MANAGEMENT CREDIT  
EASEMENT

PRESERVATION EASEMENT  
HOMEOWNERS ASSOCIATION EASEMENT HOLDER  
HOWARD COUNTY EASEMENT HOLDER

DEDICATED TO HOWARD COUNTY, MARYLAND  
PRESERVATION EASEMENT  
HOMEOWNERS ASSOCIATION EASEMENT HOLDER

GRID NORTH



DETAIL  
SCALE: 1" = 30'

FIRST FLOOR ELEVATION = 554.6'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'  
**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 04/06/06; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "TRIADELPHIA CROSSING LOT 5 PREVIOUSLY RECORDED AS PLAT NUMBER 17232-17235", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.17831

DAVID M. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 17831  
FEMA FIRM No. 240044 0020 B  
ZONE: C  
DATED: 12/04/86

**BENCHMARK**

ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418  
ELLCOTT CITY, MARYLAND 21043

Phone: 410-465-8100, Fax: 410-465-8844  
P:\1792 TRIADELPHIA CROSSING LOT 5.dwg, 4/6/2006 4:38:12 PM, cwf, jlj



ROXBURY LAKE  
DRIVE  
(PUBLIC ROAD)

~FOUNDATION DETAIL~  
SCALE: 1" = 30'

WALL CHECK

**TRIADELPHIA CROSSING LOT 5  
REVISION PLAT**

LOT No. 5

14322 ROXBURY LAKE DRIVE

4TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 04/06/06

Wall  
Check  
OK

Spoke  
surveyed  
well  
STATEMENT  
on site  
plan  
(BEN)

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# 514193-  
APP. SAN 8 LOT 6 DATE: 8/10/06  
DESC. OF WORK: 15' X 60'  
Deck