

Building Address: <u>13921 Ryan Dr</u> <u>Glen Elg 21737</u>		Property Owner's Name: <u>Annie Lin</u>	
Suite/Apt. # _____ SDP/WP/BA #: _____		Address: <u>13921 Ryan Dr</u>	
Census Tract: _____ Subdivision: _____		City: <u>Glen Elg</u> State: <u>MD</u> Zip Code: <u>21737</u>	
Section: _____ Area: _____ Lot: _____		Home Phone: _____ Work Phone: _____	
Tax Map: _____ Parcel: _____ Grid: _____		Applicant's Name & Mailing Address, (if other than stated herein): <u>Bob Kewy</u>	
Zoning: _____ Map Coordinates: _____ Lot Size: _____		Phone: <u>301 928 8627</u> Fax: _____	
Existing Use: <u>SFH</u>		Email: _____	
Proposed Use: <u>SFH</u>		Contractor Company: <u>North American Deck</u>	
Estimated Construction Cost: \$ <u>12,100</u>		Contact Person: <u>Bob Kewy</u>	
Description of Work: <u>24x20 Deck 320 sq ft</u>		Address: <u>301 Kewy Dr</u>	
		City: <u>Ellicott City</u> State: <u>MD</u> Zip Code: <u>21043</u>	
		License No.: <u>90487</u>	
		Phone: <u>301 928 8627</u> Fax: _____	
		Email: _____	
Occupant or Tenant: _____		Engineer/Architect Company: _____	
Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Responsible Design Prof.: _____	
Contact Name: _____		Address: _____	
Address: _____		City: _____ State: _____ Zip Code: _____	
City: _____ State: _____ Zip Code: _____		Phone: _____ Fax: _____	
Phone: _____ Fax: _____		Email: _____	
Email: _____			

BUILDING DESCRIPTION - COMMERCIAL			
Building Characteristics		Utilities	
Height:		<u>Water Supply</u>	
No. of stories:	<input type="checkbox"/> Public		
Gross area, sq. ft./floor:	<input type="checkbox"/> Private		
	<u>Sewage Disposal</u>		
Area of construction (sq. ft.):	<input type="checkbox"/> Public		
	<input type="checkbox"/> Private		
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction type:		Heating System	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil		
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas		
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>		
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A		
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full		
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression		
Roadside Tree Project Permit #	No. of Heads:		

BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics		Utilities	
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse		<u>Water Supply</u>	
Depth	Width	<input type="checkbox"/> Public	
1st floor:		<input checked="" type="checkbox"/> Private	
2nd floor:		<u>Sewage Disposal</u>	
Basement:		<input type="checkbox"/> Public	
<input type="checkbox"/> Finished Basement		<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>		
No. of Bedrooms:	<input type="checkbox"/> Electric		
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil		
No. of efficiency units:	<input type="checkbox"/> Natural Gas		
No. of 1 BR units:	<input type="checkbox"/> Propane Gas		
No. of 2 BR units:			
No. of 3 BR units:			
Other Structure:			
Dimensions:			
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit		
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #		
<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.

Applicant's Signature <u>Bob Kewy</u> Email Address _____	Print Name <u>Bob Kewy</u> Date <u>11/3/15</u>
Title/Company _____	

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	12/3/15	R. B. Baker
Fire Protection		

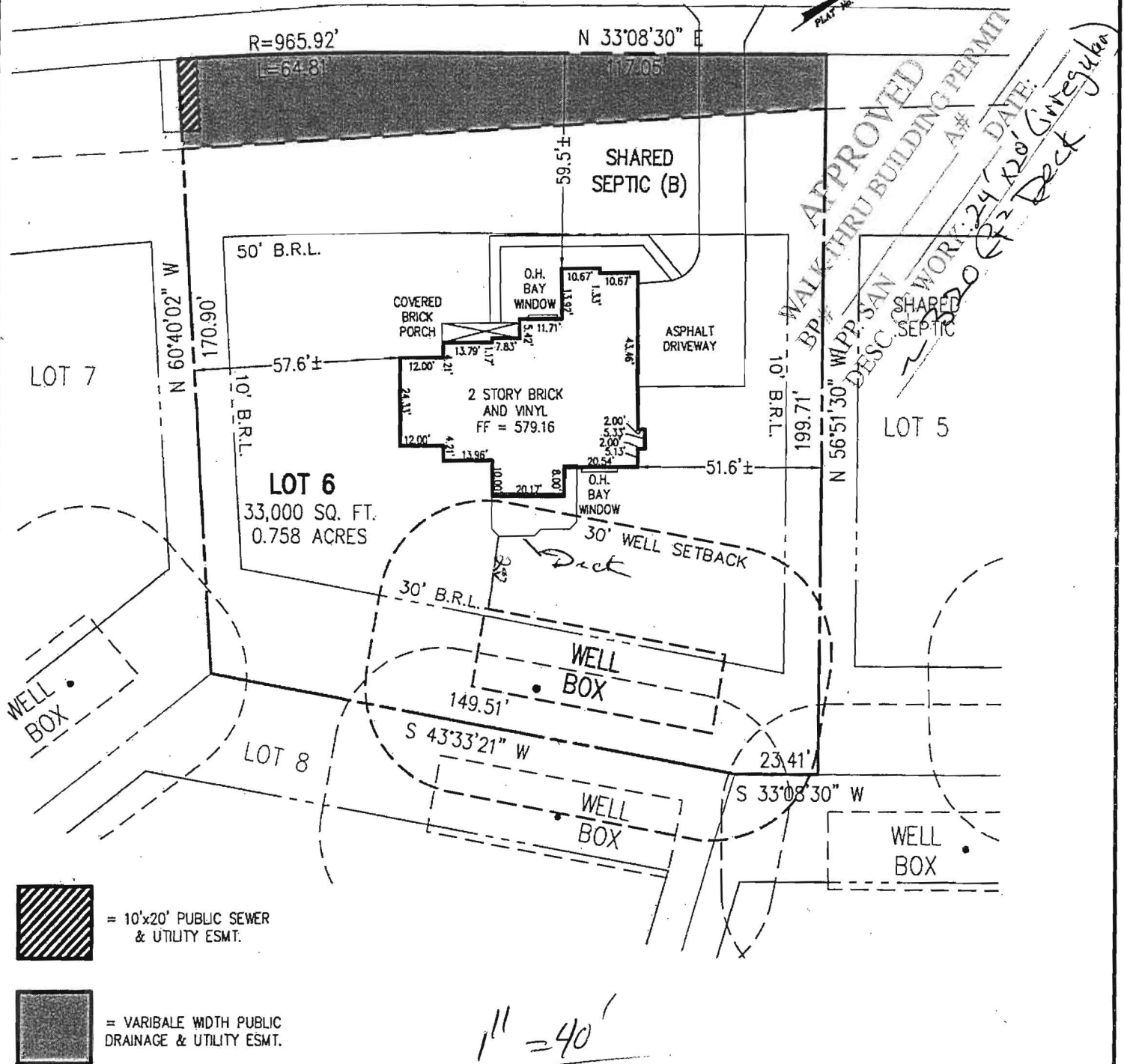
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/13.

RYON DRIVE



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

ADDRESS: 13921 RYON DRIVE
GLENELG, MD 21737

SURVEYOR'S NOTE

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF LOCATION OF EASES, EASEMENTS, BUILDINGS, OR OTHER EXISTING OR FUTURE

LOCATION DRAWING
LOT #06
HOPKINS CHOICE

LIRFR 07504 FOLIO 0437