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) 313-3900

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B01173468

Building Address 8520 RESERVOIR RD
FULTON MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.02 Subdivision N/A

Section N/A Area N/A Lot N/A

Tax Map 45 Parcel 40 Grid 11

Zoning RR-DEO Map Coordinates _____ Lot size _____

Property Owner's Name MATTHEW. D. MARLEY
DOROTHY. A. MARLEY
Address 8520 RESERVOIR RD
City FULTON State MD Zip Code 20759
Home Phone 301 4983432 Work Phone 301 4983432
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone 301 4983432 Fax

Existing Use LIVING AREA SF Home
Proposed Use LIVING AREA Stone w/ Deck
Estimated Construction Cost $ 3,600.-
Description of Work BUILD Deck JOINING Home
324 sq ft deck irregular shape
w/stairs to ground on rear home

Contractor Company HOME OWNER
Contact Person MATT MARLEY
Address 8520 RESERVOIR RD
City FULTON State MD Zip Code 20759
License No. NONE
Phone 301 4983432 Fax

Occupant or Tenant owner
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 Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame
_____ State Certified Modular

Utilities

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: Pier Post
Roof: _____
_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private
Sewage Disposal:
____ Public
X 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.

Matthew D Marley
*Applicant's Signature*

owner
*Title/Company*

MATTHEW. D MARLEY
*Print Name*

4/12/99
*Date*

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 | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | 4/14/99 | |
| Fire Protection | | |

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: _____

| | |
|---|---|
| Filing fee | $ |
| Permit fee | $ |
| Excise tax | $ |
| Sub-total paid | $ |
| Add'l permit fee | $ |
| TOTAL FEES | $ |
| Balance due | $ |
| Check | # |
| Validation | # |

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

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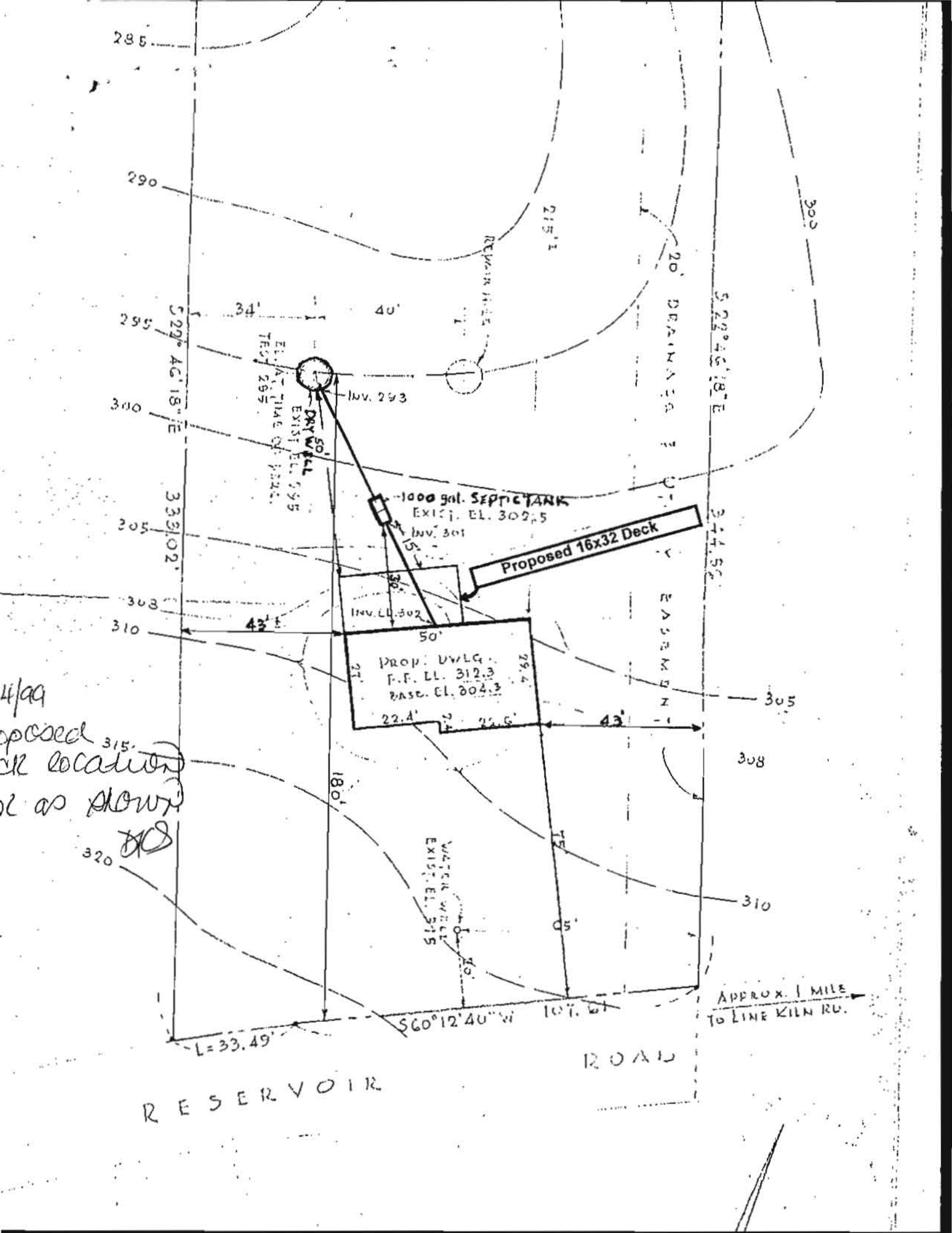
Rev. 10/15/98




4/99
proposed
ck location
ol as shown