

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07004868

Building Address 4035 ROXBURY MILL RD.

LENWOOD, MD 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 10225

Census Tract 604002 Subdivision Herder Prop

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot: 2

Tax Map 21 Parcel 5 Grid 111

Zoning RC Map Coordinates \_\_\_\_\_ Lot size 4,234

Existing Use SINGLE FAMILY HOME

Proposed Use SINGLE FAMILY HOME

Estimated Construction Cost \$ N/A

Description of Work AS BUILT KITCHEN

IN BASEMENT IN-LAW SUITE

13' x 11' + 6"

Occupant or Tenant WARREN HEIDER

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

Address 4035 ROXBURY MILL RD

City LENWOOD State MD Zip Code 21738

Phone 410 4899315 Fax \_\_\_\_\_

Property Owner's Name WARREN HEIDER

Address 4035 ROXBURY MILL RD

City LENWOOD State MD Zip Code 21738

Home Phone 410 4899315 Work Phone 301 821 4162

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

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

Contractor Company same as above

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

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

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

Engineer or Architect Company N/A

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 5

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

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 ☐

☐ 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
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>1/3/08</u>	<u>afacer</u>	<u>afacer</u>
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies:  
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

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 \_\_\_\_\_

PROPERTY ID#:

Filing fee \$ 35

Permit fee \$ 25

Excise tax \$ 0

Add'l per. fee \$ 107.50

TOTAL FEES \$ 152.50

Sub-total paid \$ \_\_\_\_\_

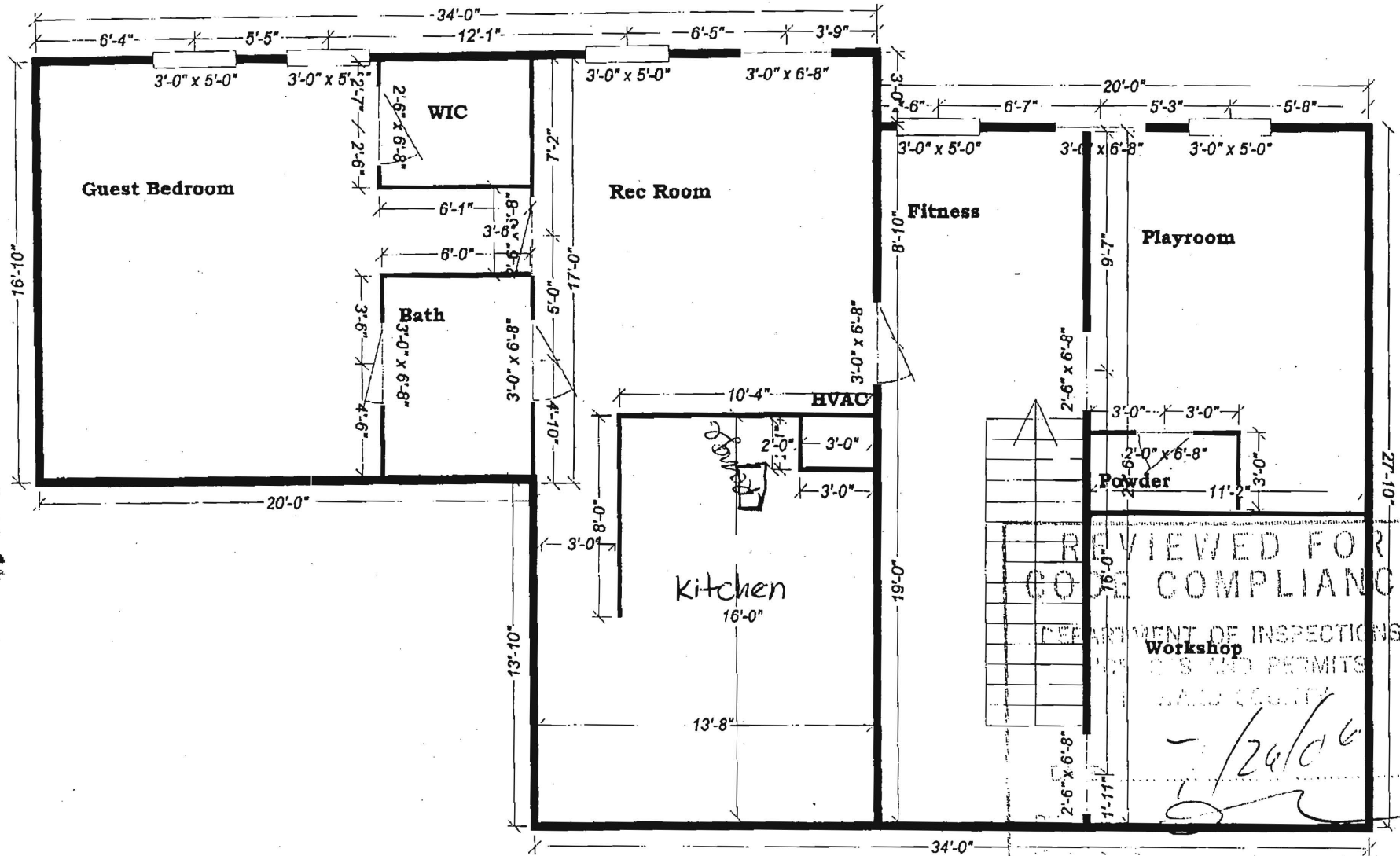
Balance due \$ 107.50

Check \$ \_\_\_\_\_

Validation \$ \_\_\_\_\_

Accepted by \_\_\_\_\_

sent 12/12/07



REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
SOUTH DAKOTA PERMITS  
SOUTH DAKOTA

7/24/06

☐ CORRECT TO COMMENTS OR PLANS  
☐ AMENDMENT ☐ FINAL

BP07004868 OK  
1-3-08 HS

946810

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCITY CITY, MD 21043 PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B07003975
Building Address <u>4085 Roxbury Mill Rd</u> <u>Glenwood</u> <u>21738</u>		Property Owner's Name <u>Warren + Virginia Header</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>4085 Roxbury Mill Rd</u>
Census Tract _____ Subdivision _____		City <u>Glenwood</u> State _____ Zip Code <u>21738</u>
Section _____ Area _____ Lot <u>2</u>		Home Phone <u>410-489-9315</u> Work Phone _____
Tax Map <u>21</u> Parcel <u>5</u> Grid <u>14</u>		Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates <u>85-11</u> Lot size _____		Phone _____ Fax _____
Existing Use <u>SFD</u>		Contractor Company <u>Maryland Pool</u>
Proposed Use <u>SFD + Pool</u>		Contact Person <u>Joanne Latham</u>
Estimated Construction Cost \$ <u>25,000</u>		Address <u>9515 Gerwig LA</u>
Description of Work <u>Inground concrete</u> <u>pool 22'x43' in rear yard</u> <u>w/48" high fence to code</u>		City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>
Occupant or Tenant _____		License No. <u>6694</u>
Contact Name _____		Phone <u>410-995-6600</u> Fax _____
Address _____		Engineer or Architect Company _____
City _____ State _____ Zip Code _____		Contact Person _____
Phone _____ Fax _____		Address _____
		City _____ State _____ Zip Code _____
		Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	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"/>	2nd floor: <u>3' - 8'</u>	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"/>	Basement: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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J. Latham  
Applicant's Signature  
Title/Company

J. Latham  
Print Name  
Date 9-5-07

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 Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>9/25/2007</u>	<u>schiffa</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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

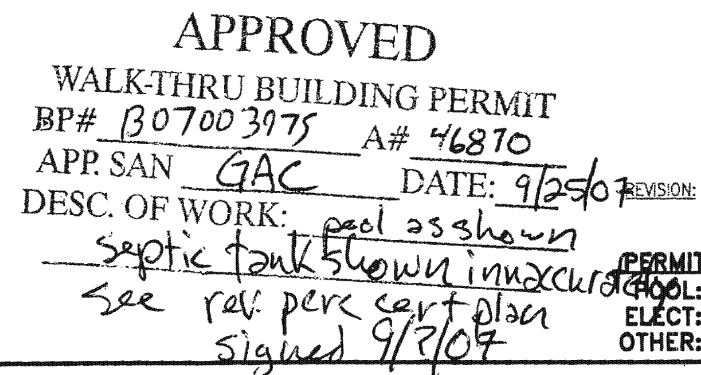
ELE

**DIRECTIONS:**  
29/NORTH TO  
BURY MILL RD  
DRIVE ON LEFT  
ACCESS TO RI

Wai  
40  
Glen

LOT:	SUBI
2	H

SCALE:  
1"=100'



**SITE PLAN**  
**1"=100'**  
**LOT 2**  
**HERDER PROPERTY**  
**TAX ACCOUNT #353021**  
**MAP 21, GRID 14, PARCEL 5**  
**ELECTION DISTRICT NO.04**  
**HOWARD COUNTY, MARYLAND**

WALK-THRU BUILDING PERMIT  
BP# B07003975 A# 46870  
APP. SAN GAC DATE: 9/2  
DESC. OF WORK: pool as shown  
septic tank shown in max  
see rev. perc cert plan  
signed 9/2/07

~~PERMIT NUMBERS~~  
 1400L:  
 ELECT:  
 OTHER:

PERMIT SET

DATE: 09-04-07