

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) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>PD021901</u>	
Building Address <u>15036 Lottswood Court</u> <u>Lisbon MD 21797</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>6040</u> Subdivision <u>Country Springs</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>15</u> Tax Map <u>14</u> Parcel <u>390</u> Grid <u>3</u> Zoning <u>PC-DE</u> Map Coordinates <u>9A1</u> Lot size _____ Existing Use <u>Vacant lot</u> Proposed Use <u>Single family home</u> Estimated Construction Cost <u>\$250,000..</u> Description of Work <u>New single family home</u> <u>attached 3 car garage, first porch unfinished</u> <u>buried with 2 1/2" x 4" beam with unfinished area</u> Occupant or Tenant <u>owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Property Owner's Name <u>Kenneth & Nancy Linnings</u> Address <u>3894 ST. CLAIR COURT</u> City <u>MONROVIA</u> State <u>MD</u> Zip Code <u>21770</u> Home Phone <u>301-567-0161</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ Contractor Company <u>CLASSIC CUSTOM BUILDERS</u> Contact Person <u>WALT COLQUITT</u> Address <u>525 DALLAM COURT</u> City <u>BEL AIR</u> State <u>MD</u> Zip Code <u>21014</u> License No. <u>317827</u> Phone <u>410-803-2944</u> Fax <u>410-803-2945</u> Engineer or Architect Company: _____ 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: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Utilities Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" 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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawly space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Utilities Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" 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 checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> 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 THEREIN; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Cam Curtis</u> Title/Company <u>Vice President</u>	Print Name <u>Cam Curtis</u> Date <u>12/23/99</u>
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY Land Development DPZ _____ State Highways _____ Building Official _____ Dev. Engineering DPZ _____ Health _____ Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DATE <u>11/4/00</u>	SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St. _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Historic District? _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>44501</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1012</u> Validation # <u>94254</u>
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Building Address 15000 SOUTHWOOD COURT SUITE 100 SPRINGFIELD, MD 21151			Property Owner's Name HUBBARD, JAMES		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 15000 SOUTHWOOD COURT		
Census Tract _____ Subdivision _____			City SPRINGFIELD		
Section _____ Area _____ Lot 15 11			State MD		
Tax Map _____ Parcel _____ Grid 3			Zip Code 21151		
Zoning _____ Map Coordinates _____ Lot size _____			Phone 410-313-1038		
Existing Use _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Proposed Use _____			Phone _____ Fax _____		
Estimated Construction Cost \$ 000			Contractor Company JAMES HUBBARD & ASSOCIATES, INC.		
Description of Work REPAIR ROOF			Contact Person RONALD JAY		
Occupant or Tenant _____			Address 15000 SOUTHWOOD COURT		
Contact Name _____			City SPRINGFIELD		
Address _____			State MD		
City _____ State _____ Zip Code _____			Zip Code 21151		
Phone _____ Fax _____			License No. 41786		
			Phone 410-313-1038		
			Fax 410-331-6074		
Engineer or Architect Company _____			City _____ State _____ Zip Code _____		
Contact Person _____			License No. _____		
Address _____			Phone _____ Fax _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			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: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Height: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Heating System: _____
	Full <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	# of Heads _____	Other Structure: _____	NFPA #13D <input type="checkbox"/>
		Dimensions: _____	NFPA #13R <input type="checkbox"/>
		Footings: _____	Other: _____
		Roof Height: _____	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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 _____	Print Name JAMES HUBBARD
Title/Company _____	Date 1/15/04

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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- 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			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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:Forms\PERMIT.FRM			SDP/Red-line approval date _____	

Rev. 11/4/04