

Expedite Process. Plot Plan - Hatched in Accelerated 03/05/07

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-3455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B07000648	
Building Address <u>17700 N. QUAIL COVEY CT.</u>			Property Owner's Name <u>MANVA, Steve</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: <u>9052</u>			Address <u>17700 N. QUAIL COVEY CT.</u>		
Census Tract _____ Subdivision <u>Foxmoor</u>			City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u>		
Section _____ Area _____ Lot <u>10</u>			Home Phone <u>410-489-7199</u> Work Phone _____		
Tax Map <u>12</u> Parcel <u>16</u> Grid <u>12</u>			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size <u>3.09</u>			Phone <u>443-745-7512</u> Fax _____		
Existing Use _____			Contractor Company <u>CRAFTON CONST. INC.</u>		
Proposed Use <u>DETACHED GARAGE</u>			Contact Person <u>ARTHUR CRAFTON</u>		
Estimated Construction Cost \$ <u>60,000</u>			Address <u>4432 15024 KENWOOD CT</u>		
Description of Work <u>27x24 DETACHED GARAGE</u>			City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u>		
Occupant or Tenant _____			License No. <u>86369</u>		
Contact Name <u>ARTHUR CRAFTON</u>			Phone <u>443-745-7512</u> Fax _____		
Address <u>15024 KENWOOD CT.</u>			Engineer or Architect Company _____		
City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u>			Contact Person _____		
Phone <u>443-745-7512</u> Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public _____	Depth _____ Width _____	Public _____
Gross area, sq. ft. per floor: _____	<input checked="" type="checkbox"/> Private	1st floor: <u>24</u> 2nd floor: <u>27</u>	Private _____
Use group: _____	Sewage Disposal: _____	Basement: _____	Sewage Disposal: _____
Construction type: _____	Public _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Public _____
Reinforced Concrete _____	<input checked="" type="checkbox"/> Private	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Private _____
Structural Steel _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Height: <u>12</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Heating System: _____	Multi-family dwellings: _____	Heating System: _____
State Certified Modular _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____	Other Structure: _____	NFPA #13D _____
	Partial _____	Dimensions: _____	NFPA #13R _____
	Other Suppression _____	Footings: _____	Other: _____
	# of Heads _____	Roof Height: _____	
		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 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 Arthur Crafton Print Name Arthur Crafton

Title/Company _____ Date 3/2/07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

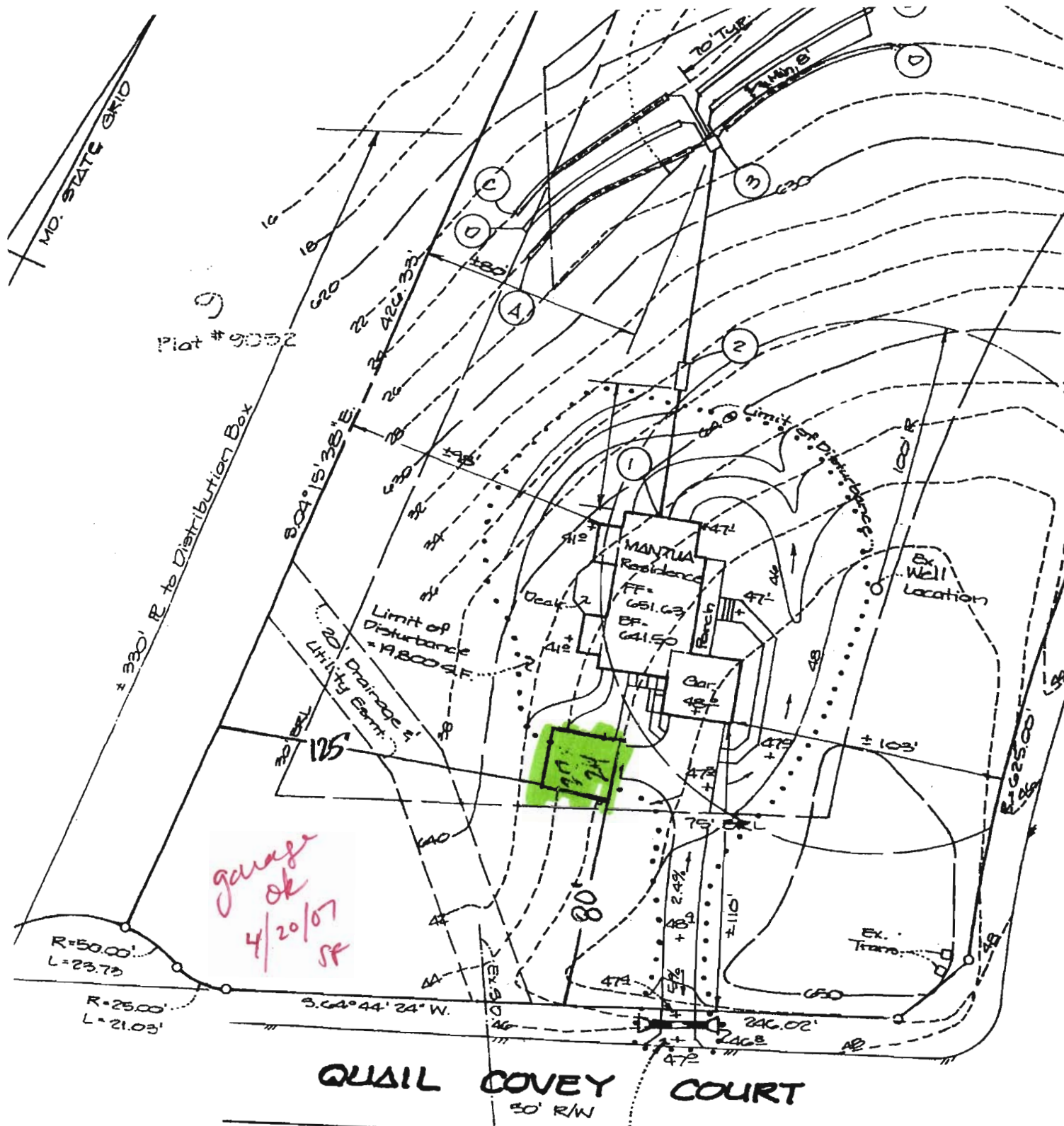
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
✓ Land Development, DPZ			Front: _____ Filing fee \$ <u>25.00</u>	
✓ State Highways			Rear: _____ Permit fee \$ <u>233.28</u>	
✓ Building Official	<u>4/4/07</u>	<u>[Signature]</u>	Side: _____ Excise tax \$ _____	
✓ Dev. Engineering, DPZ			Side St: _____ Add'l per. fee \$ <u>23.33</u>	
✓ Health	<u>4/20/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
✓ Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	

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

T: forms/PERMIT.FRM

PLANS RECEIVED Rev. 11/4/04



garage
ok
4/20/07
SP

B07000648
17700 Quail Cove Ct

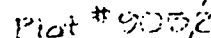
443-745-7512 (17700
N QUAIL COVEY CT.
WOODBINE MD)

F. 03
Aot

10/22/08

Proposed propane
~~fuel~~ location
 OK as shown
 Fig

Lot 1C
3.091 ΔC
Plot # 90C



* 330' R to Distribution Box

Limit of Disturbance = 19,800 SF

20 June

R=50.00
=23.72

R = 25.00
L = 21.03

9.64° 44' 24" W

246.02

32
Ex. Edgco
FOXMOO