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

Building Address 15012 Scottswood Ct
Woodbine MD 21797

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

Census Tract 6040.02 Subdivision ~~Bushy Park Prop.~~ Country Springs

Section _____ Area _____ Lot 11

Tax Map 14 Parcel 290 Grid 3

Zoning RC Map Coordinates _____ Lot size 3 Ac

Property Owner's Name Dan + Kristen Wortman

Address 15012 Scottswood Ct
Woodbine MD 21797

City _____ State _____ Zip Code _____

Home Phone 410 489 3621 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Steven Leaf 15084 Bushy Park Rd Woodbine MD
Phone 410 489 6145 Fax 410 489 6215

Existing Use Unheated two 27x24 car garage
Proposed Use bedroom + bath + kitchen
Estimated Construction Cost $ 50,000

Description of Work modify existing garage to allow for inlaw suite to include bed/bath/kitchen

Contractor Company Tradition Home Builders

Contact Person Steven Leaf

Address 15084 Bushy Park Rd

City Woodbine State MD Zip Code 21797
License No. 132095722 + 88568
Phone 410 489 6145 Fax 410 489 6215

Occupant or Tenant Dan + Kristen Wortman

Contact Name Dan

Address 15012 Scottswood Ct

City Woodbine State MD Zip Code 21797

Phone 4104893621 Fax

Engineer or Architect Company N/A

Contact Person Steven Leaf

Address 410 917 6070

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:	32	85
2nd floor:	32	40
Basement:	32	65

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4
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 _____ *Print Name* Steven Leaf

Tradition Home Builders, Inc
Title/Company

9/27/06
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	10/4/06	
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 75 FT
Rear: 60 FT
Side: 30 FT
Side St.: N/A

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 IDE:

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

Accepted by ____

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

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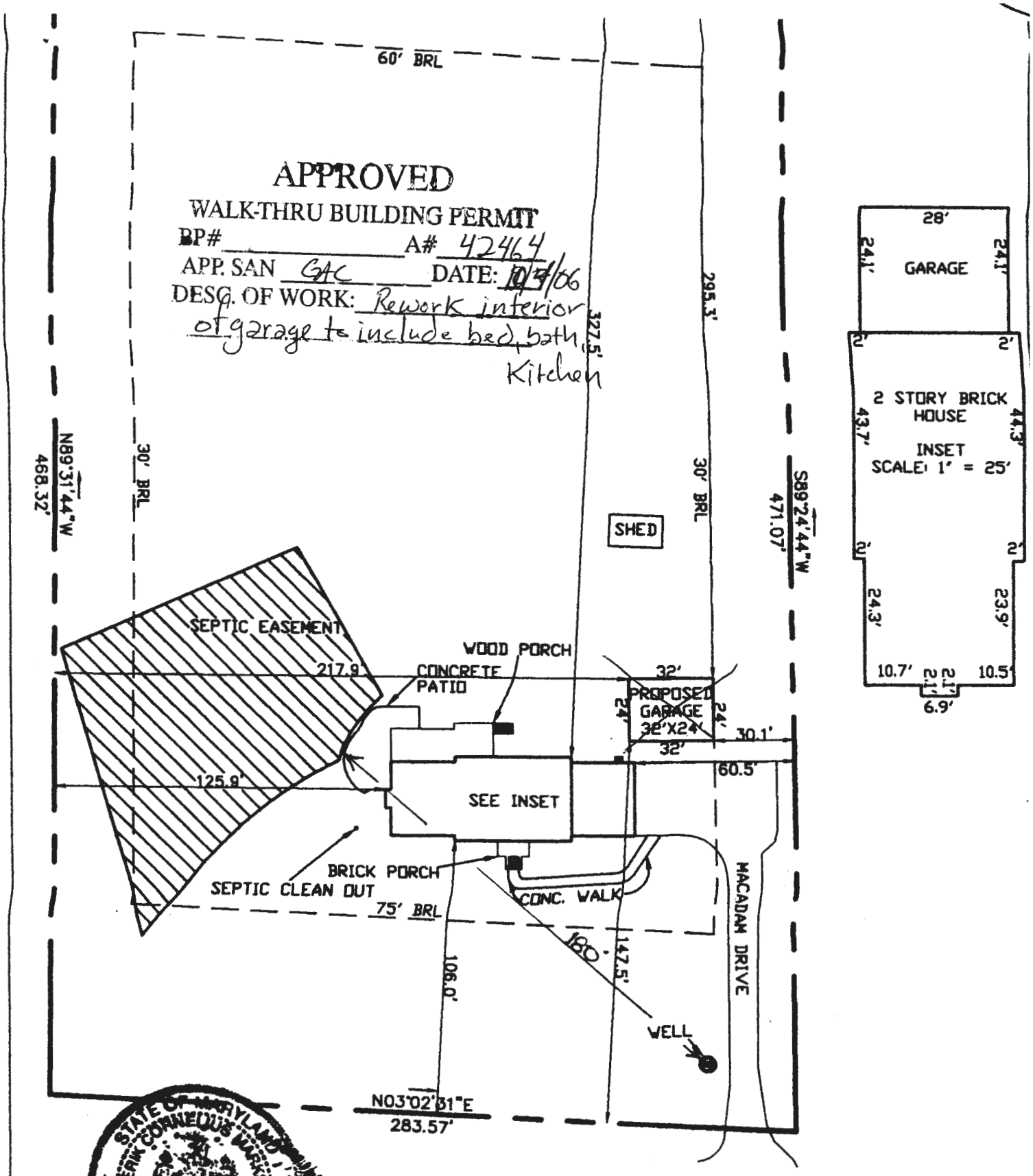
Rev. 11/4/04



RECORD REFERENCES	LOCATION SURVEY	MARKS & ASSOCIATES L.L.C.
LIBER/FOLIO	15012 SCOTTSWOOD COURT	SURVEYORS–LAND PLANNING CONSULTANTS
PLAT BOOK/FOLIO	LOT 11	4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND TELEPHONE (410)747-8735 FAX (410)747-8547
PLAT CMR No. 9648		I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND