

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 308001578	
Building Address 14651 RED LIND DR WOODBINE MD 21797			Property Owner's Name JOSEPH R LONG		
Suite/Apt. #: SDP/WP/Petition #:			Address SAME		
Census Tract 6040 Subdivision R00 LIND LIND RES.			City State Zip Code		
Section Area Lot 6			Phone 410 442 2048 Phone 301 928 6008		
Tax Map 8 Parcel 213 Grid			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning Map Coordinates Lot size			Phone Fax		
Existing Use			Contractor Company HOMEWORK		
Proposed Use Pool Fence			Contact Person		
Estimated Construction Cost \$ 6000.00			Address		
Description of Work 10' STALL ALUMINUM Pool Fence			City State Zip Code		
Occupant or Tenant Home owner			License No. Phone Fax		
Contact Name			Engineer or Architect Company		
Address			Contact Person		
City State Zip Code			Address		
Phone Fax			City State Zip Code		
Phone Fax			Phone Fax		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
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:	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: 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:	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 State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full Partial Other Suppression # of Heads	Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home	Sprinkler system: N/A <input 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 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature  
Homeowner  
Title/Company

JOSEPH R LONG  
Print Name

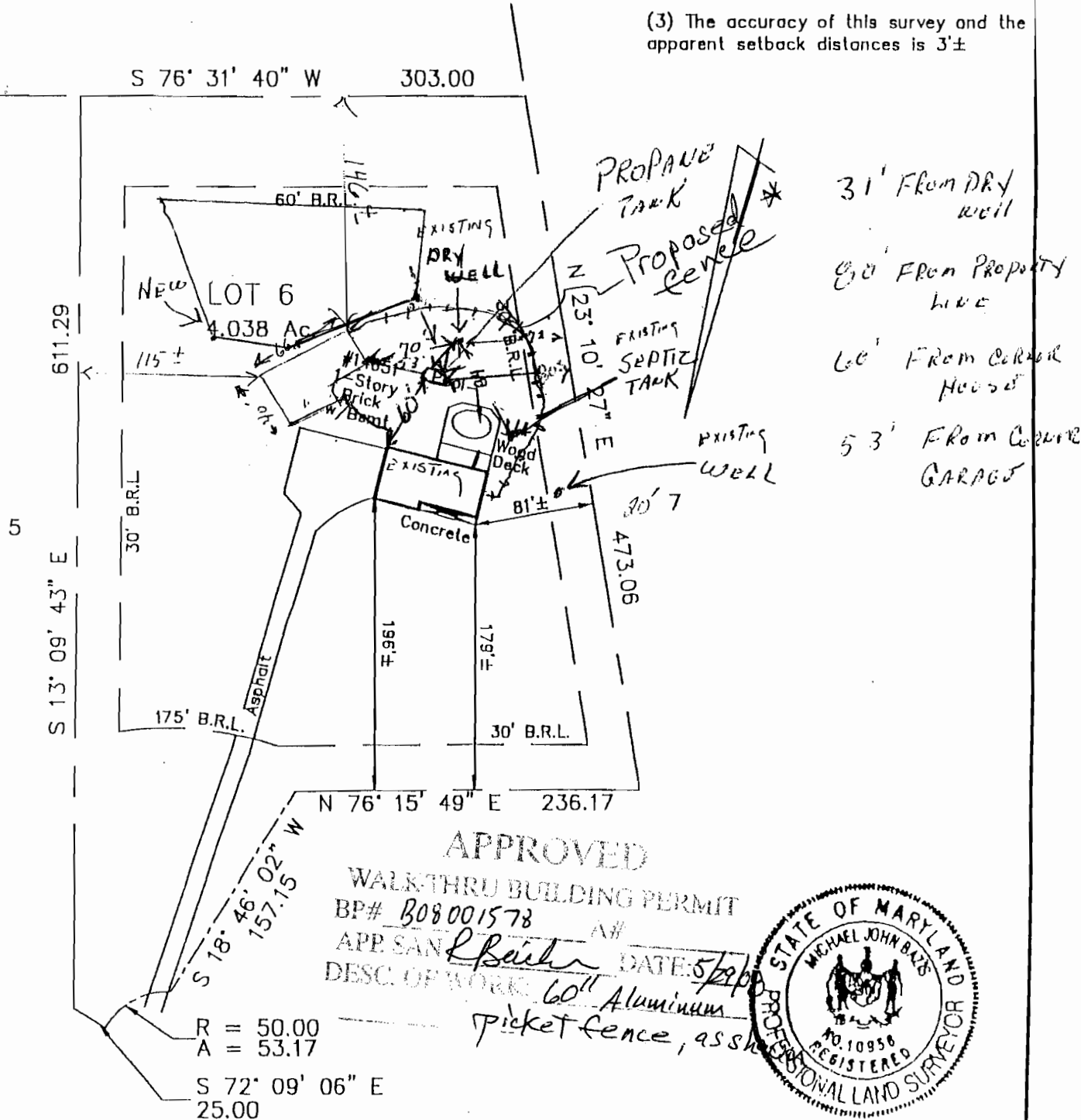
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	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 5/29/08 RBueh			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	
T:\forms\PERMIT.FRM			SDP/Red-line approval date	Accepted by

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

- NOTES:
- (1) The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 8  
Date of Map: 12/04/86  
Flood Zone: "C"
- (2) No property corners found or set unless otherwise noted.
- (3) The accuracy of this survey and the apparent setback distances is 3'±



RED LION DRIVE

LOCATION DRAWING  
LOT 6

RED LION INN ESTATES  
HOWARD COUNTY, MARYLAND

THIS SURVEY IS FOR TITLE PURPOSES ONLY

SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the plat of subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This plat is NOT FOR DETERMINING PROPERTY LINES OR FOR CONSTRUCTION OF IMPROVEMENTS, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat.

*Michael J. Bazls*  
Michael J. Bazls RPLS #10956

JOB # 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P # C.M.P. No. 5027
	SCALE: 1" = 100'

**R.C. KELLY & ASSOCIATES, INC.**  
**ENGINEERS & SURVEYORS**  
10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
(301)593-8005 FAX (301)881-7218  
E-MAIL: survey@rckelly.com

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B07003529

Building Address 14651 RBD LION DR  
WOODBINE MD 21797

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

Census Tract 6040 Subdivision FOOTING WOOD EST

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Tax Map 8 Parcel 213 Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use DECK

Proposed Use COVERED DECK

Estimated Construction Cost \$ 25,000

Description of Work REMOVE OLD DECK

INSTALL BLOCK WALL 13'6" x 4'5"

INSTALL NEW ROOF OVER DECK

NEW DECK 13'6" x 30'

Occupant or Tenant Homeowner

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

Address \_\_\_\_\_

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

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

Property Owner's Name JOSEPH K LONG

Address 6 AMES

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Contractor Company Homeowner

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

Address \_\_\_\_\_

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

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

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

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  
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 Characteristics

SF Dwelling ☐ SF Townhouse ☐  
Depth Width  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement ☐ Unfinished Basement ☐  
Crawl space ☐ Slab on Grade ☐  
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: \_\_\_\_\_  
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 TO THIS PROJECT; (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 Joseph K Long

Title/Company \_\_\_\_\_

Print Name JOSEPH K LONG

Date 8-23-07

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 8/23/07 Lead

Fire Protection \_\_\_\_\_

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\Forms\PERMIT.FRM

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 New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#:

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

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

Balance due \$ \_\_\_\_\_

Check # \_\_\_\_\_

Validation # \_\_\_\_\_

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

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

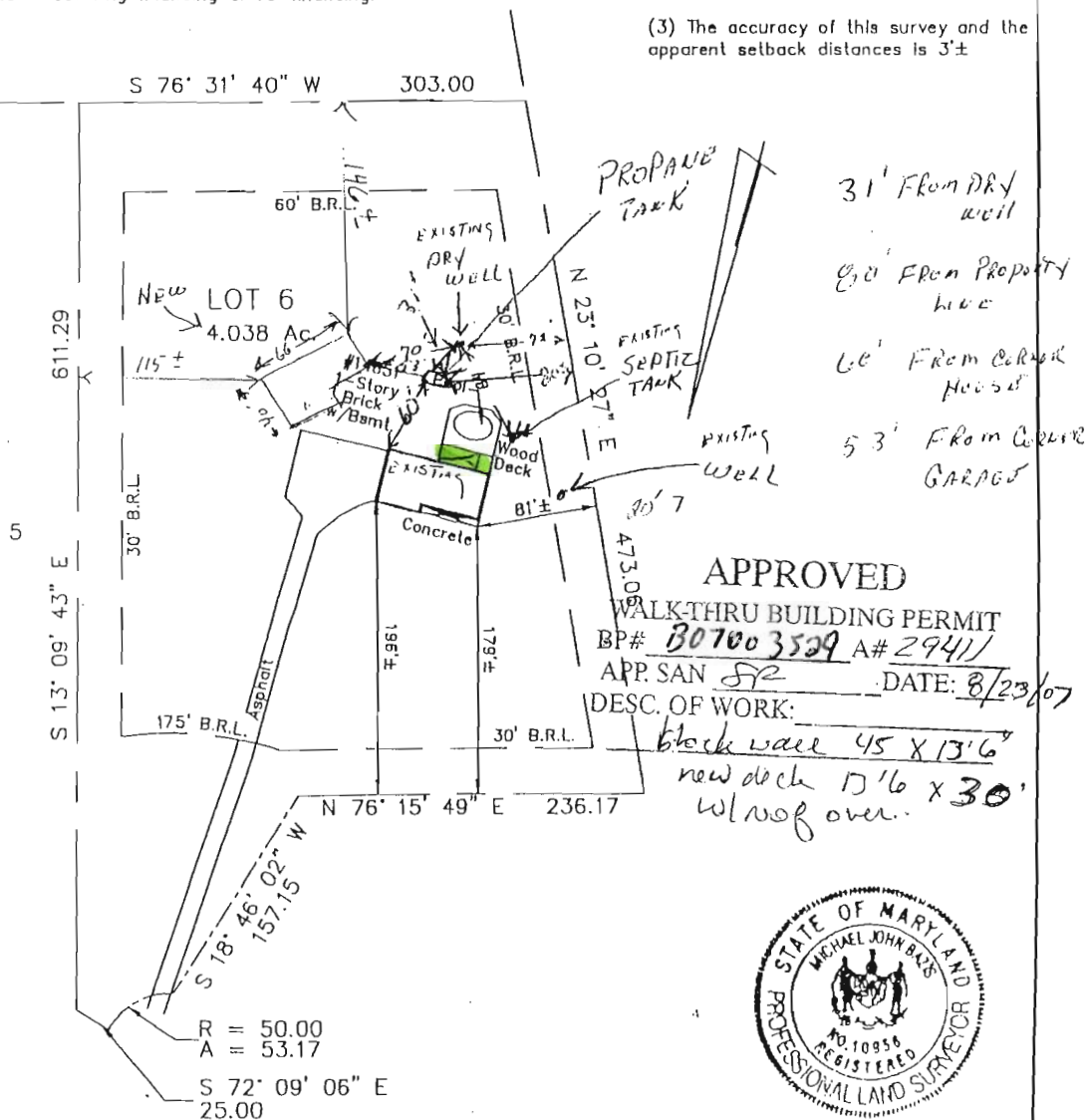
#### NOTES:

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Date of Map: 12/04/86  
Flood Zone: "C"

(2) No property corners found or set unless otherwise noted.

(3) The accuracy of this survey and the apparent setback distances is 3'±



JOB# 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P# C.M.P. No. 5027
	SCALE: 1" = 100'

#### R.C. KELLY & ASSOCIATES, INC.

##### ENGINEERS & SURVEYORS

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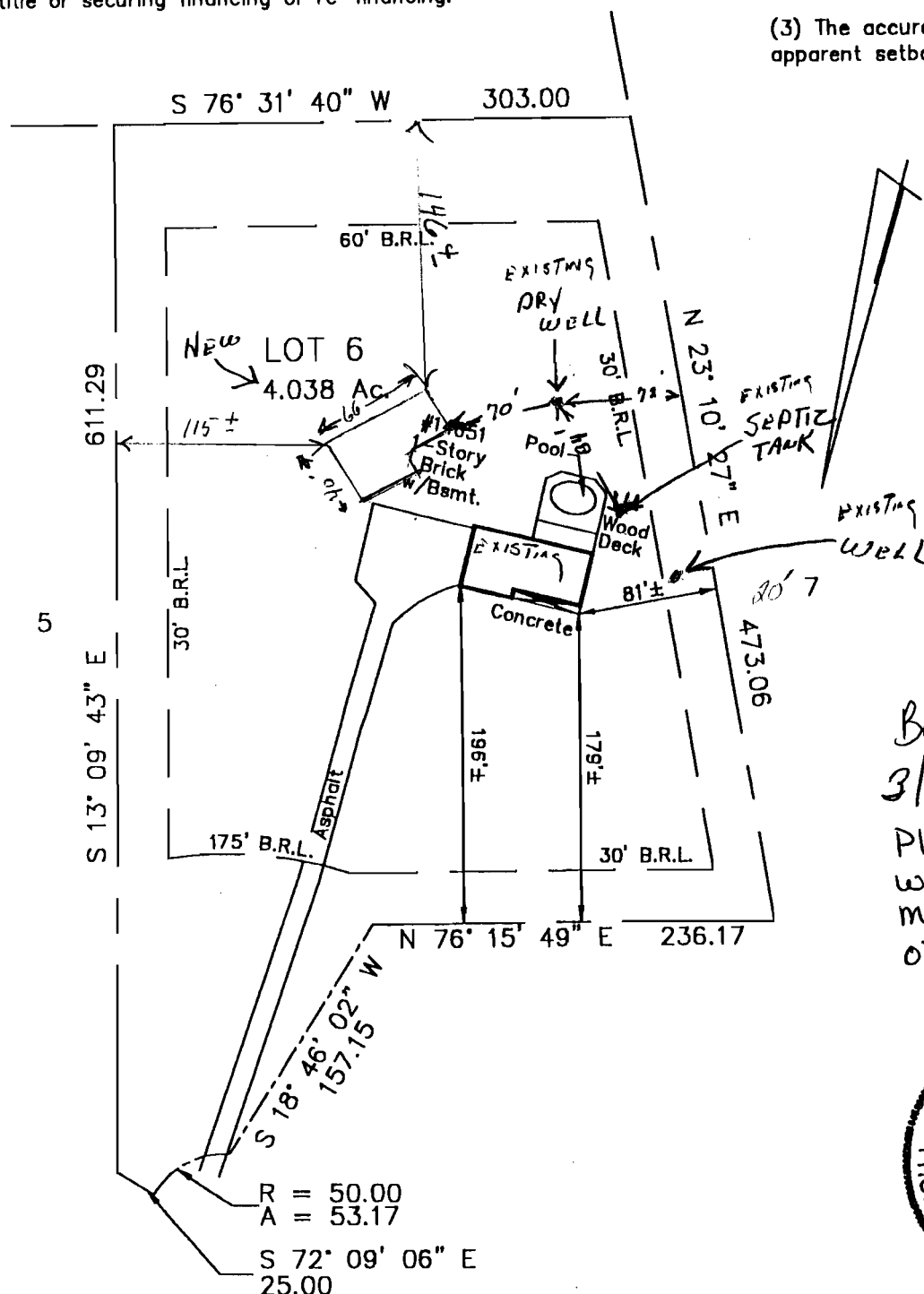
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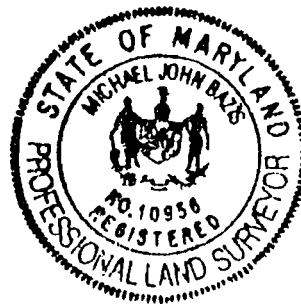
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B00134763  
3/13/02

Plan collaborates  
with septic permit  
measurements.  
ok'd garage



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*Michael J. Bazis*

Michael J. Bazis

RPLS #10956

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P# C.M.P. No. 5027
	SCALE: 1" = 100'

R.C. KELLY & ASSOCIATES, INC.  
ENGINEERS & SURVEYORS

10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
(301)583-6005 FAX (301)881-7216  
E-MAIL: survey@rckelly.com

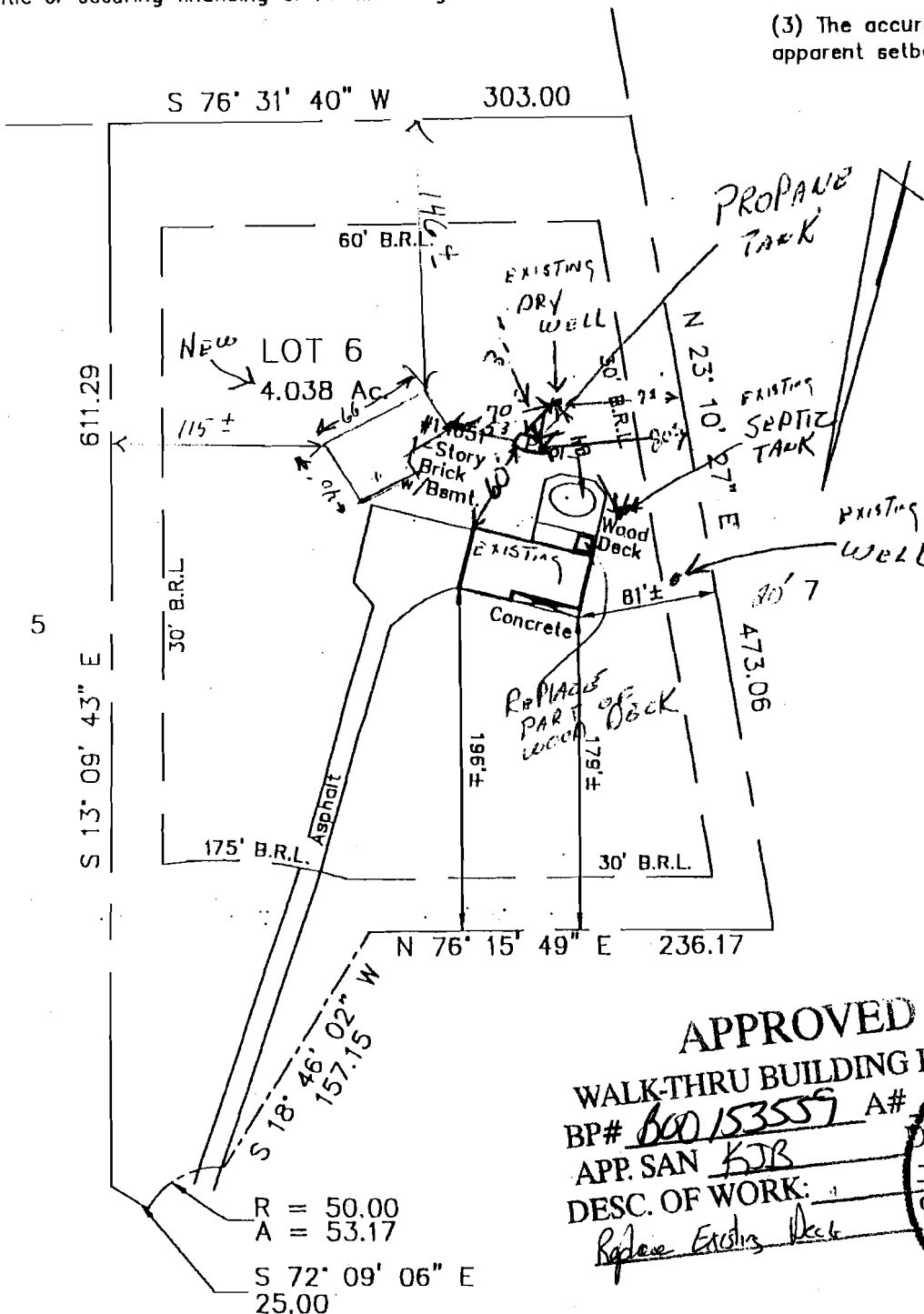
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31' From Dry Well  
80' From Property line  
60' From Corner House  
53' From Corner Garage

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# 600153559 A# 2001  
APP. SAN KJB  
DESC. OF WORK: Replace Existing Deck



#### SURVEYOR'S CERTIFICATE

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*Michael J. Bazls*

Michael J. Bazls

RPLS #10956

RED LION DRIVE  
LOCATION DRAWING  
LOT 6  
RED LION INN ESTATES  
HOWARD COUNTY, MARYLAND

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P# C.M.P. No. 5027
	SCALE: 1" = 100'

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B07003660

Building Address  
14651 Red Lion Dr  
Woodbine MD 21797

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

Census Tract  
Subdivision  
Red Lion Inn Est

Section  
Area  
Lot  
6

Tax Map  
8  
Parcel  
93  
Grid  
17

Zoning  
Map Coordinates  
Lot size  
4.03

Property Owner's Name  
Joseph Long

Address  
14651 Red Lion Dr

City  
Woodbine  
State  
MD  
Zip Code  
21797

Home Phone  
301 928 6008  
Work Phone

Applicant's Name & Mailing Address, (if other than stated hereon):  
Karen Klayman  
Phone  
410 507 7705  
Fax

Existing Use  
SFD

Proposed Use  
inground pool

Estimated Construction Cost  
\$ 30000

Description of Work  
17X35' inground pool,  
3' to 6' depth, filled by truck,  
fence by owner

Contractor Company  
Sunrise Pre Pools

Contact Person

Address  
1460 Rt 2

City  
Arnold  
State  
MD  
Zip Code  
21012

License No.  
454944  
Phone  
Fax

Occupant or Tenant

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 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  
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 Characteristics

SF Dwelling  
Depth  
Width  
1st floor:  
2nd floor:  
Basement:  
Finished Basement  
Unfinished Basement  
Crawl space  
Slab on Grade  
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:  
Other Structure:  
Dimensions:  
Footings:  
Roof Height:  
State Certified Modular  
Manufactured Home

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.

Karen Klayman

Applicant's Signature

Karen Klayman

Print Name

Title/Company

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

AGENCY  
Land Development DPZ  
State Highway  
Building Official  
Dev. Engineering DPZ  
Health  
9/5/07  
Fire Protection  
Is Sediment Control Approval required prior to issuance?  
YES NO

SIGNATURE APPROVAL  
John P. G.

CONTINGENCY CONSTRUCTION START  
ONE STOP SHOP

Distribution of Copies  
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 New Town Zone  
SDP/Red-line approval date

Property Fee  
Permit fee  
Excise tax  
Add'l per. fee  
TOTAL FEES  
Sub-total paid  
Balance due  
Check  
Validation

Accepted by

Rev. 11/4/04

10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
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E-MAIL: [survey@rockellv.com](mailto:survey@rockellv.com)