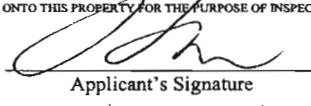


DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B08003099 PERMIT NUMBER				
Building Address <u>14144 Rover Mill Road</u> <u>W. Friendship, MD 21774</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6031.30</u> Subdivision <u>West Friendship</u> Section _____ Area _____ Lot <u>5</u> Tax Map <u>15</u> Parcel <u>2026</u> Grid <u>7</u> Zoning <u>RC</u> Map Coordinates _____ Lot Size <u>5.0216</u>		Property Owner's Name <u>John & Jane Ohlman</u> Address <u>14144 Rover Mill Road W. Friendship, MD 21774</u> City _____ State _____ Zip Code _____ Phone <u>410 439 7107</u> Phone <u>301 237-5104</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>Same as above</u> Phone _____ Fax _____						
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>23,000</u> Description of Work <u>16'x16' screen porch</u> <u>w/ stairs & 8'x16' Deck</u> Occupant or Tenant <u>Same as property owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Contractor Company <u>CHF Deck Co</u> Contact Person <u>Ken Cook</u> Address <u>22610 Clarkburg Road</u> City <u>Boyd</u> State <u>MD</u> Zip Code <u>20841</u> License No. <u>37070</u> Phone <u>301 428-9743</u> Fax <u>(301) 428-9749</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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____		Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ 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 _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 <u>owner / CHF Deck Co</u> Title/Company		<u>Kenneth Cook</u> Print Name <u>10/16/08</u> Date						
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -								
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:30%;"> AGENCY Land Development, DPZ <u>10/16/08</u> State Highways Building Officials Dev. Engineering, DPZ Health <u>10/16/08</u> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> </td> <td style="width:30%;"> DATE / SIGNATURE APPROVAL DPZ SETBACK INFORMATION Front: <u>15 ft</u> Rear: <u>10 ft</u> Side: <u>30 ft</u> Side St.: <u>NA</u> All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input 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 _____ Accepted by _____ </td> <td style="width:40%;"> PROPERTY ID # Filing fee \$ Permit fee \$ Excise tax \$ Add'l per fee \$ TOTAL FEES \$ Sub-total paid \$ Balance due \$ Check # Validation # </td> </tr> </table>						AGENCY Land Development, DPZ <u>10/16/08</u> State Highways Building Officials Dev. Engineering, DPZ Health <u>10/16/08</u> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE / SIGNATURE APPROVAL DPZ SETBACK INFORMATION Front: <u>15 ft</u> Rear: <u>10 ft</u> Side: <u>30 ft</u> Side St.: <u>NA</u> All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input 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 _____ Accepted by _____	PROPERTY ID # Filing fee \$ Permit fee \$ Excise tax \$ Add'l per fee \$ TOTAL FEES \$ Sub-total paid \$ Balance due \$ Check # Validation #
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CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>								
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T:forms/buildingpermitapplication REV:10/28/04								

[illegible]

BP# _____ A# 32230
AP# SAN HS DATE 10-16-08
DESC. OF WORK: 16'x16' screen porch
w/ stairs & 8'x16' deck



Saurabh Munshi

Date: 12/29/82

REVISER: 2/10/07