## HOWARD COUNTY PERMIT APPLICATION

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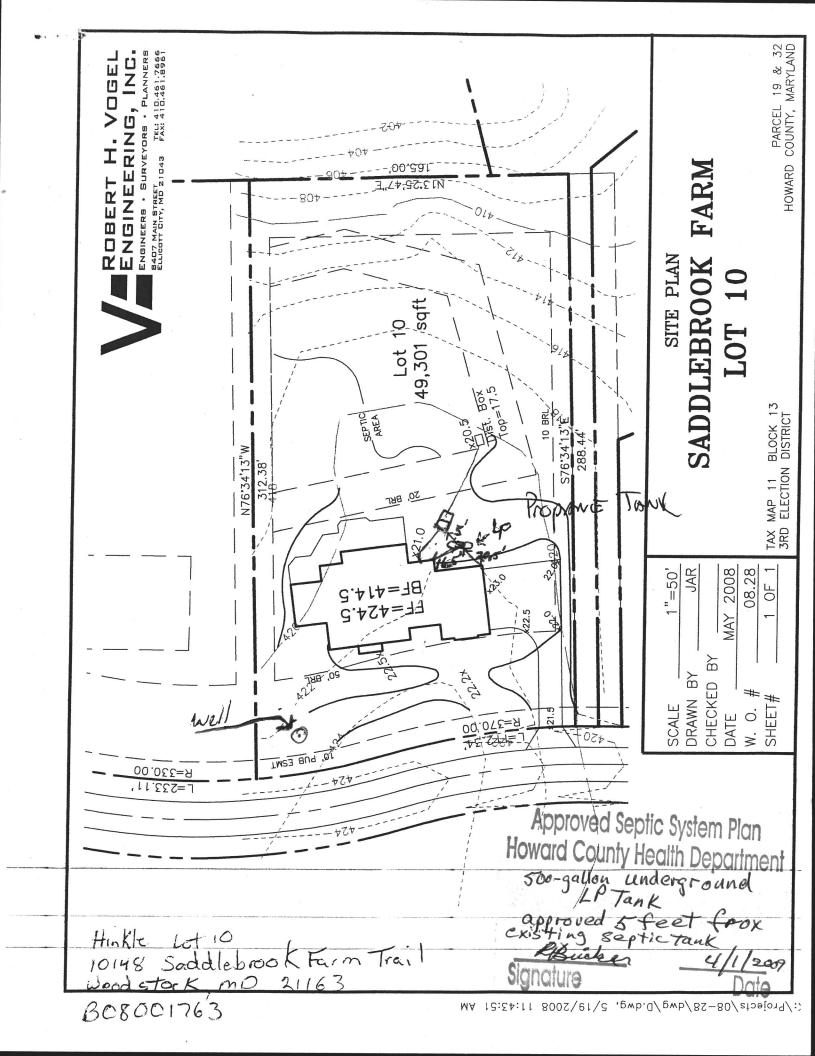
PERMIT NUMBER

|   | T ETCIVITI / (I  | I LIOATION  | 1000 1100  |  |
|---|--|---|--|--|
| Building Address 10148 Saddlebrook Farm   |  | Property Owner's Name   |  |  |
| Wood derk 115 21163   |  | Address 2092  |  |  |
| Suite/Apt. #: SDP/WP/Petition #:  |  | City Ellicott C.ty State MO Zip Code 21041  |  |  |
| Census Tract 60300 Subdivision Saddle beautiful   |  | de de la companya de |  |  |
| Section Area Lot  |  | Phone 410-206-8456 Phone Applicant's Name & Mailing Address, (if other than stated hereon):   |  |  |
| Tax Map Parcel Grid Grid  |  | Disconnection   |  |  |
| Zoning C Map Coordinates Lot size   |  | Phone 410-465-4360 Fax  |  |  |
| Existing  |  | Contractor Company  |  |  |
| Proposed Use New Since Family Duelling  |  | Contact Person  |  |  |
| Estimated Construction Cost \$ 650,000  |  | Carry Fraga   |  |  |
| Description of Work   |  | Address Lane  |  |  |
| Duelling Wattached Garage   |  | City Church H. M. State (1) Zip Code 2162   |  |  |
|   |  | License No. 150   |  |  |
| Occupant or Tenant  |  | Phone 410-708-243 5 410-810-0505  |  |  |
| Contact   |  | Contact Person  | Engineer or Architect Company  |  |
| Name  |  | - Contact Closin  |  |  |
| Address   |  | Address   | Address  |  |
| City State _  | City State Zip Code  |   | Zip Code   |  |
| Phone Fax   |  |   |  |  |
| T TAX   |  | Phone Fax   |  |  |
| BUILDING DESCRIPTION - <u>COMMERCIAL</u>  |  | BUILDING DESCRIP  | TION - <u>RESIDENTIAL</u>  |  |
| Building Characteristics  | <u>Utilities</u>   | Building Characteristics  | <u>Utilities</u>   |  |
| Height:   | Water Supply: Public   | SF Dwelling SF Townhouse Depth Width  | Water Supply: Public   |  |
| No. of stories:   | Private Sewage Disposal:   | 1st floor:<br>2nd floor:  | Private Sewage Disposal:   |  |
| Gross area, sq. ft. per floor:  | Public Private   | Basement:   | Public Private   |  |
| *   | Electric Yes  No   | Finished Basement Unfinished Basement  Crawl space Slab on Grade  | Electric Yes ☑ No ☐<br>Gas Yes ☐ No ☑  |  |
| Use group:  | Gas Yes□ No□   | No. of Bedrooms   | Heating System:  |  |
| Construction type: Reinforced Concrete  | Heating System: Electric □ Oil □   | Multi-family dwellings:  No. of efficiency units:  No. of 1 BR units:   | Electric ☑ Oil □ Natural Gas □   |  |
| Structural Steel  | Natural Gas □<br>Propane Gas □   | No. of 2 BR units:  No. of 3 BR units:  | Propane Gas □  |  |
| Masonry<br>Wood Frame   | Sprinkler system: N/A □  | Other Structure:  | Sprinkler system: N/A 🔟 NFPA #13D  |  |
| State Certified Modular   | Full Partial Other Suppression   | Dimensions: Footings: Roof Height:  | NFPA #13R Other:   |  |
| State Certified Modular   | # of Heads   | State Certified Modular   |  |  |
| THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOW   | S: /1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS A  | Manufactured Home   | HE/SHE WILL COMPLY WITH ALL DECLIFATIONS OF  |  |
| HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HOFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE | IE/SHE WILL PERFORM NO WORK ON THE ABOVE RE  | FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS A  | PPLICATION; (5) THAT HE/SHE GRANTS COUNTY  |  |
| Augh hear   | · ·  | Lary Fran   |  |  |
| Applicant's Signature   | traction CUCCO   | Print Name  |  |  |
| Title/Company  Date  Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY                                  |  |   |  |  |
|   | ** PLEASE WRITE NEA<br>- FOR OFFIC   |   | Association (Control of Control o |  |
|   | SIGNATURE APPROVAL   | DPZ SETBACK INFORMATION  Front: Fill  | PROPERTY ID#:  |  |
| State Highways  | And the second s | Rear: Pe  | rmit fee \$  |  |
| Building Official S Dev. Engineering, DPZ   |  |   | cise tax \$d'l per. fee \$   |  |
| tealth 1-24-08 Anna Burnard ATA   |  | All minimum setbacks met? TO  | TAL FEES \$  |  |
| Fire Protection<br>Is Sediment Control approval required prior to   | issuance?  | Is Entrance Permit required? Ba   | b-total paid \$lance due \$  |  |
| YES NO D  |  |   | eck # <u>/৪৫৮</u><br>lidation #  |  |
| CONTINGENCY CONSTRUCTION  |  | YES   NO  |  |  |
| ONE STOP SHOP:  |  |   |  |  |
|   |  | Lot Coverage for NewTown Zone<br>SDP/Red-line approval date   |  |  |
| Distribution of Copies- White: Building (   |  |   |  |  |

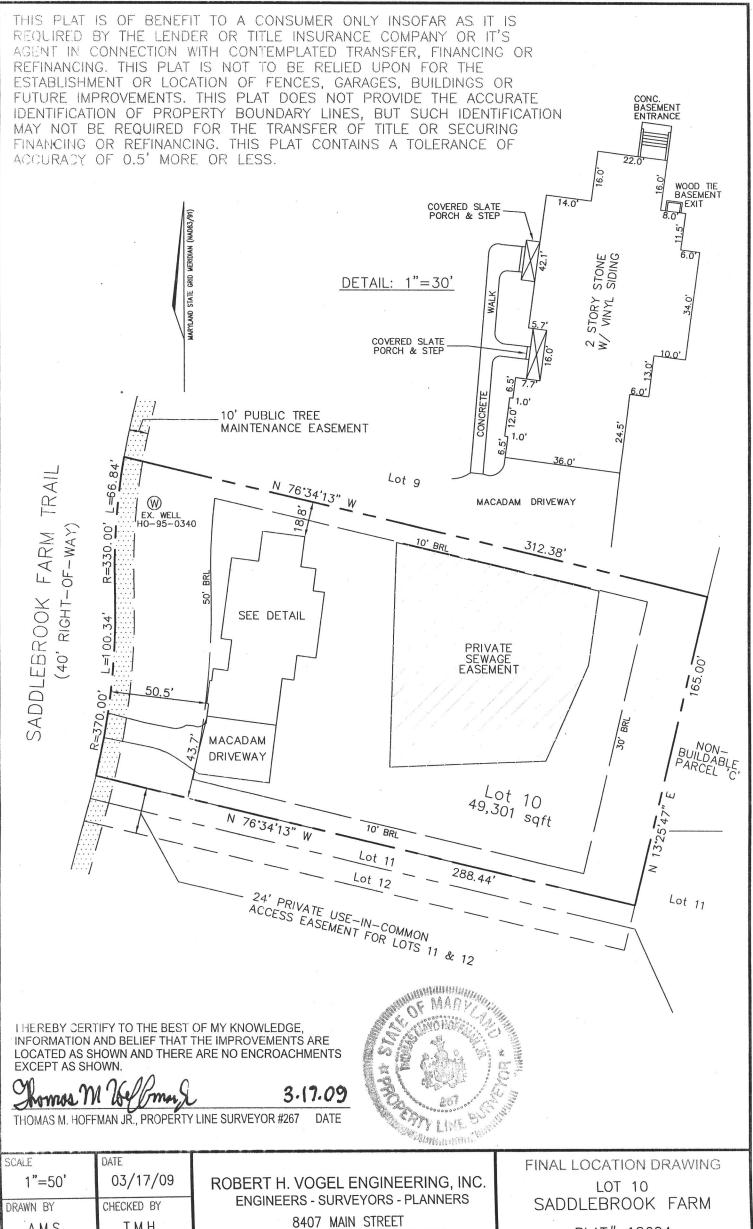
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MO 21043 PERMITS (410) 313-2455 NSPECTIONS (410) 313-1810 AUTOMATIED INFORMATION (410) 513-3800  | 4  | PERIPERICATION DESCRIPTION   | MIT NUMBER   |
|--|--|--|--|
| Building Address 10/48 Souddle Form Tr   |  | Property Owner's Name  | 1- John Hink   |
| THE PART OF SHE  |  | Address 1144 ADDIE DICKE   |  |
| Suite/Apt. #: SDP/WP/Petition #:   |  |  | The state of the s |
| Census Tract Subdivision Subdivision   |  | City State S   | AD Zip Code 21163  |
| Section Area Lot   |  | Home Phone 410-45 World  |  |
| 「ax Map Rarcel   | Grid   | Applicant's Name & Mailing Address, (if oth  | er than stated hereon):  |
| Zoning Map Coordinates Lot size  |  | Phone Fax  |  |
| Existing Use   |  | Contractor Company   |  |
| Proposed Use   |  | 1  |  |
| Estimated Construction Cost \$   |  | Contact Person   | Here Graning   |
| Description of Work  | 4  | Address // A Proposition   | R5   |
| property Town  | NFP258 1-368   | City State NO. State NO. Zip Code 1774   |  |
|  |  | Phone III - 771 - III + Fax  |  |
| Occupant or Tenant   |  | Engineer or Architect Company  | 1. /1/11/20  |
| Occupant or Tenant   |  | Contact Person   |  |
| Contact Name   |  | Contact Person   |  |
| Address  |  | Address  | ·  |
| City Stat  | ze Zip Code  |  |  |
| Phone Fax  |  | City State   | Zip Code   |
| riiolie Fax  |  | Phone Fax  |  |
| BUILDING DESCRIPT  | ON - COMMERCIAL  | BUILDING DESCRIPT  | ION - RESIDENTIAL  |
| Building Characteristics   | <u>Utilities</u>   | Building Characteristics   | <u>Utilities</u>   |
| Height:  | Water Supply: Public   | SF Dwelling SF Townhouse Depth Width   | Water Supply: Public   |
| No. of stories:  | Private  | 1st floor:   | Private  |
| 4  | Sewage Disposal:<br>Public   | 2nd floor:   | Sewage Disposal:<br>Public   |
| Gross area, sq. ft. per floor:   | Private  | Basement:  | Private  |
| . 6  | Floris Vos E. N. E.  | Finished Basement ☐ Unfinished Basement☐ Crawl space ☐ Slab on Grade ☐   | Electric Yes □ No □  |
| Use group:   | Electric Yes □ No □ Gas Yes □ No □   | No. of Bedrooms  | Gas Yes □ No □   |
|  |  | Multi-family dwellings:  | Heating System:  |
| Construction type:   | Heating System: Electric □ Oil □   | No. of efficiency units:No. of 1 BR units:   | Electric  Oil  |
| Reinforced Concrete  | Natural Gas  | No. of 2 BR units: No. of 3 BR units:  | Natural Gas  Propane Gas   |
| Structural Steel   | Propane Gas  | No. of 3 BK diffus.  | Propane Gas 12   |
| Masonry  | Sprinkler system: N/A  | Other Structure:   | Sprinkler system: N/A D  |
|  | I OUTILITATE SYSTEM: N/A L   | Footings:  | NFPA #13D<br>NFPA #13R   |
| Wood Frame   |  |  | **********   |
| Wood Frame   | Full Partial   | Footings:Roof Height:  | Other:   |
|  | Full   | State Certified Modular  | Other:   |
| Wood Frame State Certified Modular HE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLO   | Full Partial Other Suppression # of Heads  OWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API   | State Certified Modular Manufactured Home PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE   | WILL COMPLY WITH ALL REGULATIONS OF  |
| Wood Frame  State Certified Modular  HE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THE  | Full Partial Other Suppression # of Heads  OWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API AT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REF   | State Certified Modular  Manufactured Home  PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT  | WILL COMPLY WITH ALL REGULATIONS OF  |
| Wood Frame  State Certified Modular  HE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLO  HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THE  HE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOR   | Full Partial Other Suppression # of Heads  OWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API AT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFI SE OF INSPECTING THE WORK PERMITTED AND POSTING  | State Certified Modular Manufactured Home PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT NOTICES.   | WILL COMPLY WITH ALL REGULATIONS OF  |
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| State Certified Modular  State Certified Modular  E UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLO OWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THE ERIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOS  Applicant's Signature  Title/Company  | Full Partial Other Suppression # of Heads  OWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APIAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFISE OF INSPECTING THE WORK PERMITTED AND POSTING  Checks payable to: DIRECTOR OF PLEASE WRITE NI FOR OFFI | State Certified Modular Manufactured Home  PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE BERBICED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT NOTICES.  Print Name  Date  DF FINANCE OF HOWARD COUNTY  EATLY AND LEGIBLY. ***  ICE USE ONLY  DPZ SETBACK INFORMATION                         | WILL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HE/SHE GRANT'S COUNTY OF   |
| State Certified Modular  State Certified Modular  HE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THE PURPOSE APPLICANT'S Signature  Applicant's Signature  Title/Company  DATE  AGENCY  DATE   | Full Partial Other Suppression # of Heads  OWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APITHE/SHE WILL PERFORM NO WORK ON THE ABOVE REFISE OF INSPECTING THE WORK PERMITTED AND POSTING  Checks payable to: DIRECTOR OF PLEASE WRITE NIFOR OFFI    | State Certified Modular Manufactured Home  PLICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE ERBICED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT NOTICES.  Print Name  Date  DF FINANCE OF HOWARD COUNTY  EATLY AND LEGIBLY. **  ICE USE ONLY-  DPZ SETBACK INFORMATION  Front: Filler           | WILL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HE/SHE GRANT'S COUNTY OF PROPERTY ID   |
| State Certified Modular  The undersigned hereby certifies and agrees as followed County which are applicable thereto; (4) the time right to enter onto this property for the purpose Applicant's Signature  Title/Company  AGENCY  DATE  Land Development, DPZ   | Full Partial Other Suppression # of Heads  OWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APIAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFISE OF INSPECTING THE WORK PERMITTED AND POSTING  Checks payable to: DIRECTOR OF PLEASE WRITE NI FOR OFFI | State Certified Modular Manufactured Home  PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT NOTICES.  Print Name  Print Name  OF FINANCE OF HOWARD COUNTY  EATLY AND LEGIBLY. **  ICE USE ONLY  DPZ SETBACK INFORMATION  Front:  Rear:  Per | WILL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HE/SHE GRANTS COUNTY OF I  |

4/1/2009 All minimum setbacks met? TOTAL FEES Fire Protection YES | NO | Sub-lotal paid Balance dus Check te Sediment Control approval required prior to issuance? is Entrance Permit required? YES D NO D YES D NO D Validation Historic District? 1-14 =1216) CONTINGENCY CONSTRUCTION START: YES I NO I Lot Coverage for NewTown Zone ONE STOP SHOP: SDP/Red-line approval data\_ Accepted by\_ Distribution of Copies- White: Building Official Tiforms/PERMET.FRM Pinic Health Green: LDD, DPZ Yellow: DED, DPZ Gold: SHA

Rev. 11/4//04



provided of ord towns and



| SCALE       | DATE       |  |
|-------------|------------|--|
| 1"=50'      | 03/17/09   |  |
| DRAWN BY    | CHECKED BY |  |
| A.M.S.      | T.M.H.     |  |
| PLAT NUMBER | JOB NUMBER |  |
| 18622-18624 | 08-028.00  |  |

8407 MAIN STREET ELLICOTT CITY, MARYLAND 21043

FAX:410-461-8961 TEL:410-461-7666

PLAT# 18624 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND