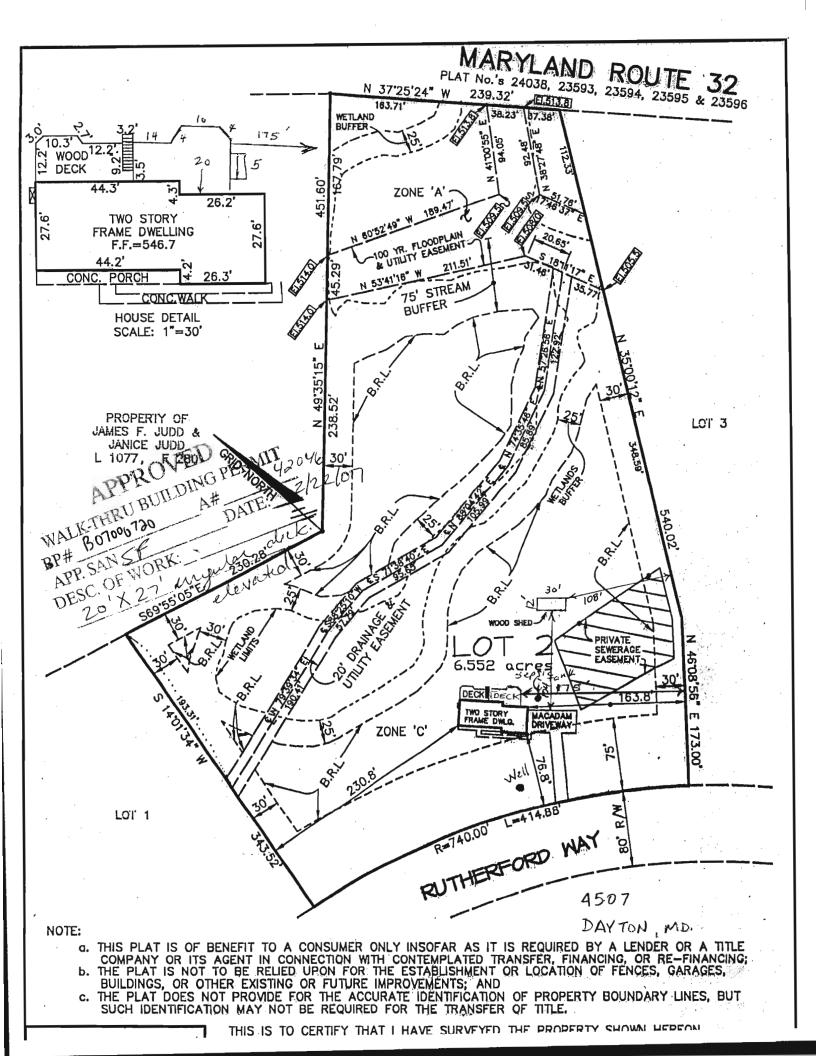
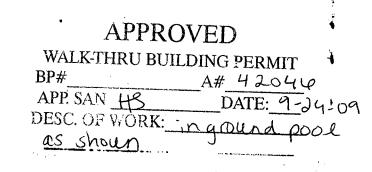
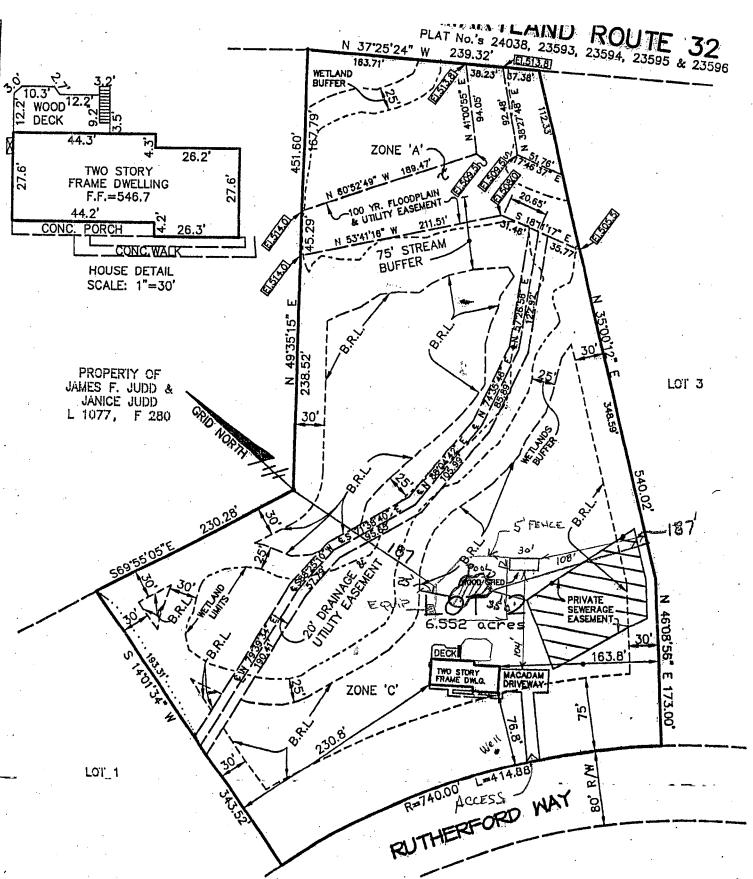
DEPARTMENT OF NERFECTORE LICENSES AND FEIRING AUD COART HOUSE DAVE ELLICOT OF JUD 2003 PEDARS 41/0 113 24/5 NERFECTORE 41(0) 313 300 AUTOWNIED INFORMATION (41(0) 313 300)		PERIPERION BOTION	MIT NUMBER 10720	
Building Address 4507 Ru-H	wford Way	Property Owner's Name BARBARH, MAKK RIDEN HOUR		
Dayton MD	· · · · · · · · · · · · · · · · · · ·	Address 4507 Ruthermen WAY.		
Suite/Apt. #: SDP/WP/Pet	ition #:	4507 KURTERED WAY,		
Census Tract Subdivision_		City DAY TON State MD Zip Code		
SectionArea	Lot	Home Phone 240 155-0101. Work Phone Applicant's Name & Mailing Address, (if other than stated hereon):		
Tax Map Parcel	Grid			
Zoning Map Coordinates	Lot size	Phone Fax		
Existing Use		Contractor Company Bruce Builder's LLC		
Proposed Use New Deck		Contact Person		
Estimated Construction Cost \$ 24,00		Contact Person MICHAUL BRUCE		
Description of Work Construct		Address 720 OALL GROVE CIRLLE		
W/ STAIRS TO GRA				
Approx 27×20 Irregular	Shape	City Sev. PARK State UID Zip Code ZI146 License No G7133 Phone 443 324-1415 Fax		
Occupant or Tenant BARBARA, M	ARK RIDENHOUR.	Engineer or Architect Company		
Contact Name BARBARA		Contact Person		
Address 4507 Rutherford	WAY	Address		
City DAY TON State M	AD Zip Code			
		City State	Zip Code	
Phone Fax <i>i-240 <u>155-</u> CI <u>C</u> 7</i>		Phone Fax		
BUILDING DESCRIPTION	- COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	Utilities	Building Characteristics	Utilities	
Height:	Water Supply:	SF Dwelling SF Townhouse	Water Supply: Public	
No. of stories:	Public Private	1st floor: Width	Private	
	Sewage Disposal:	2nd floor:	Sewage Disposal: Public	
Gross area, sq. ft. per floor;	Public Private	Basement:	Private	
	Electric Yes 🗅 No 🗖	Finished Basement Unfinished Basement Crawl space Slab on Grade	Electric Yes 🗆 No 🗖	
Use group:	Gas Yes No	No. of Bedrooms Height:	Gas Yes 🗅 No 🗋	
	Haating Sustary	Multi-family dwellings: No. of efficiency units:	Heating System:	
Construction type:	Heating System: Electric D Oil D	No. of 1 BR units:	Electric 🗆 Oil 🖾 Natural Gas 🗆	
Reinforced Concrete	Natural Gas 🛛	No. of 2 BR units:	Propane Gas	
Structural Steel Masonry	Propane Gas 🛛	Other Structure:		
Wood Frame	Sprinkler system: N/A 🗆	Other Structure:	Sprinkler system: N/A D NFPA #13D	
	Full	Footings: Roof Height:	NFPA #13R	
	Partial		Other:	
State Certified Modular		State Certified Modular		
State Certified Modular	Other Suppression # of Heads	Manufactured Home		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS:	# of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API SHE WILL PERFORM NO WORK ON THE ABOVE REFI	PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE REANCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT	WILL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HE/SHE GRANTS COUNTY OFFICIA	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/	# of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API SHE WILL PERFORM NO WORK ON THE ABOVE REFI	PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE REANCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT	NUL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HEISHE GRANTS COUNTY OFFICI 	
The UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO. (4) THAT HE/ THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	# of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API SHE WILL PERFORM NO WORK ON THE ABOVE REFI	PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT NOTICES.	ULL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HEISHE GRANTS COUNTY OFFICIA	

AGENCY	DATE	SIGNATL	IRE APPROVAL	DPZ SETBACK INFORMATION		PROPERTY ID#
Land Development, DPZ		SUSPECTS N		Front:	Filing fee	\$
State Highways		的复数外国际		Rear:	Permit fee	
Building Official	A CALCERTON AND AND	1213331622		Side:	Excise tax	5
Dev. Engineering. DPZ	1000 S. 2020	-		Side St.:	Add'l per. fee	\$
Health 2	122/07	Aar	uper	All minimum setbacks met?	TOTAL FEES	\$
Fire Protection			A LASS CONTRACTOR	YES D NO D	Sub-total paid	5
is Sediment Control approval required prior to issuance?			is Entrance Permit required	? Balance due	\$	
YES D NO D				YES D NO D	Check	#
				Historic District?	Validation	* Carto Maria Sav
CONTINGENCY CONSTRUCTION START:			YES D NO D			
ONE STOP SHOP:		Lot Coverage for NewTown Zone				
				SDP/Red-line approval date		Accepted by
Distribution of Copies-	White: Buildin	g Official	Green: LDD, DPZ	Yellow: DED, DPZ Pink: He	with Gold:	SHA
						C THE REAL PROPERTY AND A DESCRIPTION OF A DESCRIPTIONO OF A DESCRIPTION O



/ OF INSPECTIONS, LICENSES AND PERMI 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 103 312 2455 INSPECTIONS (410) 313, 1810 MATED ANFORMATION (410) 313-3800 HOWARD COUNTY PERMIT NUMBER PERMIT APPLICATION 191254 4507 Rutherford Way Building Address Mark & Barbara Ridenoui Property Owner's Name Dailton, MD 21036 Address 4507 Rutherford Way Suite/Apt. #: SDP/WP/Petition #: Census Tract ____ Subdivision city Dayton _State MD Zip Code 21036 Section Home Phone 2407550109 Work Phone 4109603264 Area х Lot Applicant's Name & Mailing Address, (if other than stated hereon): Kowa Landscope & Fnc, 16643 Free Line Road Mt Avy MD 2177 Phone 4104810707 Fax 3017034066 Tax Map Parcel Grid Zonina Map Coordinates Lot size Existing Use_SFD Inground Pool Contractor Company Rowan Landscope Co The Proposed Use __INGROUND POOL Estimated Construction Cost \$ 30,000 Contact Person Tim Rowan Description of Work Inground Pool 25x42 irreg Address 16643 Frederick 3'-B' deep, filled by truck city Mt Airy 16659 State MD_Zip Code 21771 Phone 4104890707 Fax 3017034066 Occupant or Tenant Engineer or Architect Company Contact Name Contact Person Address Address City State Zip Code City State Phone Zip Code Fax Phone Fax BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics** Utilities **Building Characteristics** Height: Utilities Water Supply: SF Dwelling D SF Townhouse D Water Supply: Public No. of stories: Depth Width Public Private 1st floor Private Sewage Disposal: 2nd floor: Sewage Dispo Public Gross area, sq. ft. per floor: Public Private Basement Private Finished Basement
Unfinished Basement
Crawl space
Slab on Grade
No. of Bedrooms Electric Yes D No D Use group: Electric Yes D No D Gas Yes 🛛 No 🗆 Height: ______ Multi-family dwellings: Gas Yes 🗆 No 🗖 Heating System: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Heating System: Construction type: Electric D Oil D Electric D Oil D Reinforced Concrete Natural Gas D Natural Gas No. of 3 BR units: Structural Steel Propane Gas Propane Gas Masonry Other Structure: Wood Frame Sprinkler system: N/A Sprinkler system: N/A D Dimensions: Footings: _____ Roof Height: Fuf NFPA #13D Partial NFPA #13P State Certified Modular Other: Other Suppression State Certified Modular # of Heads Manufactured Home D AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THES APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF THERETO: (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRAVITS COUNTY OFFICIALS Y FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSITING NOTICES. DERSIGNED HEREBY C D COUNTY WHICH nour Sec MaryE LOWAN Print Name <u>scope CoInc.</u> Sec Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY -SIGNATURE APPROVAL AGENCY Land Development, DPZ DATE DPZ SETBACK INFORMATION PROPERTY ID#: Filing fee \$ APR BEI DE MARTINE MET MET MET MET MET Front State Highways Building Official Rear: Permit fee Middle Street and the subscript Side: Excise tax Dev. Engineering. DPZ Side St. Health 9-24-01 AUU ALL Add'l per. fee 12 All minimum setbacks met? TOTAL FEES YES I NO I is Sediment Control approval required prior to assuance? Is Entrance Permit required? Balance due IS Entrance Permanent S. S. Starter YES D NO D Check Historic District? Validation YES D NO D 1.14 SDP/Red-line approval date Distribution of Copies White: Building Official Green: LDD, DPZ Thomal/PERMIT_FRM Accepted by Yellow: DED, DPZ Pinic Health Gold: SHA Rev. 11/4/04





NOTE:

- THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE 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; AND 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. a. b.
- Ċ.



THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "A" (AREA OF 100 YEAR FLOOD) AND ZONF 'C' (AREA OF MINIMAL FLOODING)