

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 808001535
Building Address <u>2808 SAGEWOOD DRIVE</u> <u>GLENWOOD, MD. 21738</u>		Property Owner's Name <u>CHRIS DAVIS</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>2808 SAGEWOOD DR</u>	
Census Tract _____ Subdivision _____		City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u>	
Section _____ Area _____ Lot _____		Phone <u>410-489-5116</u> Phone _____	
Tax Map _____ Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning _____ Map Coordinates _____ Lot size _____		Phone _____ Fax _____	
Existing Use _____		Contractor Company <u>RALES ENTERPRISES</u>	
Proposed Use <u>POOL PAVILION</u>		Contact Person <u>RANDY LEUPEN</u>	
Estimated Construction Cost \$ <u>12,000.00</u>		Address <u>P.O. Box 1014</u>	
Description of Work <u>CONSTRUCT 16'X16'</u> <u>OPEN PAVILION W/STORAGE</u> <u>AREA 5'X15'</u>		City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u>	
Occupant or Tenant _____		License No. <u>MAIC #89837</u>	
Contact Name _____		Phone <u>410-984-5334</u> Fax <u>410-549-0172</u>	
Address _____		Engineer or Architect Company _____	
City _____ State _____ Zip Code _____		Contact Person _____	
Phone _____ Fax _____		Address _____	
		City _____ State _____ Zip Code _____	
		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 _____	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: _____
_____ State Certified Modular			

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.

Randy Leupen
Applicant's Signature
RALES ENTERPRISES
Title/Company

RANDY LEUPEN
Print Name
5/22/08
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	<u>5/22/08</u>	<u>R. Leupen</u>	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 _____

Principal structure from property
 es are approximate. The level of
 curacy for this drawing should be
 en to be no greater than
 is or minus 3 feet

LOT 25

N 89°49'51"E

296.45

S 07°32'09"E

LOT 29

98.58

WELL

60' BRL

APPROX SEPTIC
 AREA

LOT 31
 2.7000 AC.

PURPOSE
 TANK

PROPOSED
 PAVILION

Approx.
 Septic Tank

SEE DETAIL

30' BRL

49'±

395.04

LOT 30

S 16°42'28"W

feet
 0 60

LOT 32

APPROVED

WALK-THRU BUILDING PERMIT

BP# B08001535 A#

DATE: 5/22/68

APPROVED BY: RB

DATE: 5/22/68

DESC: WORK
 Proposed 16 x 16 pool pavilion, as shown
 w/ storage area

M1195155.90 N

75715



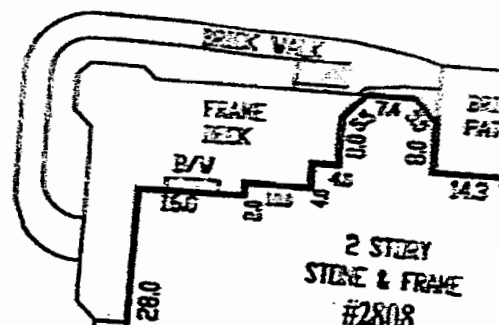
SAGE

A=74.62
 R=32

ASPHALT D/W

108.43

38°21'W



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) 313-3500		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B08000942	
Building Address <u>2808 Sugewood Dr.</u> <u>Glenwood, MD 21738</u>			Property Owner's Name <u>Mr. Davis</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>2808 Sugewood Dr.</u>		
Census Tract _____ Subdivision _____			City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u>		
Section _____ Area _____ Lot _____			Phone <u>301-385-4569</u> Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): <u>Suburban Propane</u>		
Zoning _____ Map Coordinates _____ Lot size _____			Phone <u>301-251-0606</u> Fax <u>301-251-0608</u>		
Existing Use <u>Self Dwelling</u>			Contractor Company <u>Suburban Propane</u>		
Proposed Use <u>Same</u>			Contact Person <u>James McKinney</u>		
Estimated Construction Cost \$ <u>2,000</u>			Address <u>31 Deerwood Cr.</u>		
Description of Work <u>Burying a 250 gal. propane tank</u>			City <u>Rockville</u> State <u>MD</u> Zip Code <u>20850</u>		
Occupant or Tenant _____			License No. <u>78620</u>		
Contact Name <u>Mr. Davis</u>			Phone <u>301-251-0606</u> Fax <u>301-251-0606</u>		
Address <u>2808 Sugewood Dr.</u>			Engineer or Architect Company _____		
City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u>			Contact Person _____		
Phone <u>301-385-4569</u> Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 checked="" 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: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
		_____ State Certified Modular _____ Manufactured Home	

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Applicant's Signature _____
Title/Company Svc. Mgr.

Print Name James McKinney
Date 4-7-08

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	<u>4/10/08</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>6000</u>
			Lot Coverage for NewTown Zone _____	Validation # _____
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				
Normal PERMIT.FRM				Rev. 11/4/04

2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan 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.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

Notes:

- 1) Flood zone "C" per H.U.D. panel No. 240044-0014 B
- 2) Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 5 feet

