DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 2103 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 ALTIONATED INSPERMICION (410) 313-1810

## HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BOOIS7427

|  |  |  | -13/199  |                    |  |                               |  |
|--|--|--|--|--------------------|--|-------------------------------|--|
| Building Address 14/34 Rout  | A TOTAL VERNING TO PARTY THE PARTY OF THE PA | Property Owner's Name Robin Pole   | d Ken Evans  |                    |  |                               |  |
| West Friendship, MD 21794  |  | Address  |  |                    |  |                               |  |
| Suite/Apt. #: SDP/WP/Po  | NAME OF THE PERSON OF THE PERS |  |  |                    |  |                               |  |
| Census Tract 603000 Subdivision  |  |  | City State Zip Code  |                    |  |                               |  |
| Section Area Lot   |  | Home Phone Work Phone<br>Applicant's Name & Mailing Address, (if other than stated hereon):  |  |                    |  |                               |  |
| Tax Map 15 Parcel 20   | or March Committee of Land and Times and Committee of Science  |  |  |                    |  |                               |  |
| Zoning T.C. De Map Coordinates   | Lot size 5. cau A  | Phone Fax  |  |                    |  |                               |  |
| Existing Use 4/1)  | <del></del>  | Contractor Company Constal Builders, INC   |  |                    |  |                               |  |
| Proposed Use 540.00 Estimated Construction Cost \$ 40.00   |  | Contact Person Jahn WA #/S   |  |                    |  |                               |  |
| Description of Work Md 30x32   | Side Addition  |  |  |                    |  |                               |  |
| Both, fire place Exercise Row and closers Add 90x 30 Rown deck post  |  | Address PO Box 10/3  City Ellicotl (: 14 State M/) Zip Code 2/04/ License No. 497597  Phone 4/10 - 466/- 69708 Fax 4/10 - 750 - 3570   |  |                    |  |                               |  |
|  |  |  |  | Occupant or Tenant |  | Engineer or Architect Company |  |
|  |  |  |  | Contact Name       |  | Contact Person                |  |
| Address         Zip Code           Phone         Fax   |  |  |  |                    |  |                               |  |
|  |  | Address  |  |                    |  |                               |  |
|  |  | City State Zip Code  |  |                    |  |                               |  |
|  |  | Phone Fax  |  |                    |  |                               |  |
| BUILDING DESCRIPTION - COMMERCIAL  |  | BUILDING DESCRIPTION - RESIDENTIAL   |  |                    |  |                               |  |
| Building Characteristics   | <u>Utilities</u>   | Building Characteristics   | <u>Utilities</u>   |                    |  |                               |  |
| Height   | Water Supply:<br>Public  | SF Dwelling  | Water Supply:<br>Public  |                    |  |                               |  |
| No. of stories:  | Private Sewage Disposal:   | 1st floor:   | Private Sewage Disposal:   |                    |  |                               |  |
| Gross area, sq. ft. per floor:   | Private  | Basement:  | Public X Private   |                    |  |                               |  |
|  | Electric Yes   No  | Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □   | Electric Yes D No D  |                    |  |                               |  |
| Use group:   | Gas Yes No   | No. of Bedrooms  | Gas Yes□ No ☑  |                    |  |                               |  |
| Construction type:   | Heating System:  | Multi-family dwellings:  No. of efficiency units:  No. of 1 BR units:  | Heating System:  |                    |  |                               |  |
| Reinforced Concrete Structural Steel   | Electric   Oil   Natural Gas   | No. of 2 BR units:<br>No. of 3 BR units:   | Natural Gas □ Propane Gas □  |                    |  |                               |  |
| Masonry  | Propane Gas  | Other Structure: Addinion  | Sprinkler system: N/A  |                    |  |                               |  |
| Wood Frame   | Sprinkler system: N/A  Full  | Dimensions: 70 x 72. Footings: 6x 6 x 1/6 footings: Roof Height: 11/1  | NFPA #13D<br>NFPA #13R   |                    |  |                               |  |
| State Certified Modular  | Partial Other Suppression  | / <b>/</b>   | Other:   |                    |  |                               |  |
|  |  | State Certified Medules  |  |                    |  |                               |  |
| THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS:  | # of Heads   | State Certified Modular Manufactured Home  |  |                    |  |                               |  |
| THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS:<br>HOMARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE<br>THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF   | # of Heads  (1) That He/she is Authorized to Make this APPL  | Manufactured Home  JOATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE W   | ALL COMPLY WITH ALL REGULATIONS OF<br>ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  |                    |  |                               |  |
| THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF   | # of Heads  (1) That He/she is Authorized to Make this APPL  | Manufactured Home  JOATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE W   | ALL COMPLY WITH ALL REGULATIONS OF<br>DN: (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  |                    |  |                               |  |
| THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF   | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPL (SHE WILL PERFORM NO WORK ON THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING NO  | Manufactured Home  ICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE W LENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  OF THE MANNEY  Print Name   | ALL COMPLY WITH ALL REGULATIONS OF<br>DN: (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  |                    |  |                               |  |
| Applicant's Signature  Title/Company   | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPL /SHE WILL PERFORM NO WORK ON THE ABOVE REFER FINSPECTING THE WORK PERMITTED AND POSTING NO  WAR BUILDING  WAS  | Manufactured Home  ICATION: (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE W BENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  TICLES.  Print Name  Date  | ALL COMPLY WITH ALL REGULATIONS OF DAY, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  |                    |  |                               |  |
| Applicant's Signature  Title/Company   | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPL (SHE WILL PERFORM NO WORK ON THE ABOVE REFER FINSPECTING THE WORK PERMITTED AND POSTING IN  White Broad Broa | Manufactured Home  ICATION: (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILLIAM IS CORRECT, (3 | ALL COMPLY WITH ALL REGULATIONS OF DAY, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  |                    |  |                               |  |
| Applicant's Signature  Title/Company  DATE   | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPL (SHE WILL PERFORM NO WORK ON THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING IN  Checks payable to: DIRECTOR OF  PLEASE WRITE NE FOR OTHER SIGNATURE APPROVAL  | Manufactured Home  ICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WIENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  Print Name  Date FINANCE OF HOWARD COUNTY  ATLY AND LEGIBLY.**  E USE ONLY*   | JILL COMPLY WITH ALL REGULATIONS OF DIA; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS   |                    |  |                               |  |
| Applicant's Signature  Title/Company  AGENCY Land Development, DPZ  State Highways   | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPL (SHE WILL PERFORM NO WORK ON THE ABOVE REFER F INSPECTING THE WORK PERMITTED AND POSTING IN  Checks payable to: DIRECTOR OF  "PLEASE WRITE NE/  SIGNATURE APPROVAL   | Manufactured Home  ICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WEINCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  Print Name  Date FINANCE OF HOWARD COUNTY  ATLY AND LEGIBLY.**  DPZ. SETBACK INFORMATION  Front:  FILIPE FINANCE  FINAN | PROPERTY IDE   |                    |  |                               |  |
| Applicant's Signature  Title/Company  AGENCY Land Development, DPZ  State Highways  Building Official  | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLISHE WILL PERFORM NO WORK ON THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING NO CHECKS payable to: DIRECTOR OF PLEASE WRITE NEW FOR OFFICE SIGNATURE APPROVAL   | Manufactured Home  ICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WEBSCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  Print Name  Date  FINANCE OF HOWARD COUNTY  ATLY AND LEGIBLY.**  EUSE ONLY.*  DPZ SETBACK INFORMATION  Front:  Front:  Filing  Rear:  Perm   | PROPERTY IDE   |                    |  |                               |  |
| Applicant's Signature  Title/Company  AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ  | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATE OF THE WORK PERMITTED AND POSTING IN THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING IN THE WORK PERM | Manufactured Home  ICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WE LENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION STICES.  Print Name  Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY.**  E USE ONLY-  DPZ SETBACK INFORMATION Front: Filing Rear: Perm Side: Side St.: Add*   | PROPERTY IDE  fee \$ it fee \$ it fee \$ per fee \$  |                    |  |                               |  |
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| Applicant's Signature  Title/Company  AGENCY  DATE  Land Development, DP7  | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATE OF MAKE THIS APPLICATION OF THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING IN DUBLIC OF THE WORK PERMITTED AND POSTING IN THE WORK PER | Manufactured Home  ICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  Print Name,  Date  FINANCE OF HOWARD COUNTY  ATLY AND LEGIBLY.**  DPZ SETBACK INFORMATION  Front:  Filing Rear:  Perm  Side:  Side:  Side St.:  Add*  All minimum setbacks met?  YES [] NO []  Is Entrance Permit required? Balar  | PROPERTY IDS:  fee \$  it fee \$  per fee \$  AL FEES \$  lotal paid \$  ce due \$   |                    |  |                               |  |
| Applicant's Signature  Applicant's Signature  Title/Company  AGENCY Land Development, DPZ  State Highways Building Official Day, Engineering, DPZ  Health Fire Protection  Is Sediment Control approval required prior to 1  YES E3 NO []  | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION OF THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING IN DUBLIC CHECKS payable to: DIRECTOR OF PLEASE WRITE NEW FOR OFFICE SIGNATURE APPROVAL  | Manufactured Home  ICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WERKED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  Print Name  Date  FINANCE OF HOWARD COUNTY  ATLY AND LEGIBLY.**  E USE ONLY.  DPZ SETBACK INFORMATION  Front:  Front:  Filing Rear:  Perm  Side:  Side:  Side:  All minimum setbacks met?  YES [] NO []  Is Entrance Permit required?  Balar  YES [] NO []  Check  Valid  | PROPERTY IDE  PROPERTY IDE  fee \$  if fee \$  ie tox \$  per, fee \$  total paid \$  ke due \$  |                    |  |                               |  |
| Applicant's Signature  Title/Company  AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Usatin  Fire Protection Is Sediment Control approval required prior to its sediment of the control approval required prior to its sediment control a | # of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATE IN SHE WILL PERFORM NO WORK ON THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING IN CHECKS payable to: DIRECTOR OF PLEASE WRITE NEW FOR OFFICE SIGNATURE APPROVAL   | Manufactured Home  ICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION.  Print Name  Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY.**  E USE ONLY.  DPZ SETBACK INFORMATION  Front: Filing Rear: Perm Side: Excis Side St.: Add* All minimum setbacks met? TOT.  YES [] NO [] Sub- Is Entrance Permit required? Balanty St. 10 Check.   | PROPERTY IDE  Ifee \$ If fee \$ It fee \$ It por, fee \$ Including the second secon |                    |  |                               |  |

## Coastal Builders, Inc. P.O. Box 1613

Ellicott City, MD 21041-1613 Phone: 410-461-9908 Fax: 410-750-3570

www.coastalbuilders.com

REGE

LICENSES & PERMITS DIVISION

JAN 10 203

January 9, 2006

Ms. Avis Corbin Dept. of Licenses and Permits George Howard Building 3430 Court House Drive, 1st Floor Ellicott City, Maryland 21043

Dear Ms. Corbin,

I am writing you regarding a building permit for which we have applied but has not yet been issued, permit number B00157427 for Mr. and Mrs. Ken Evans, 14134 Rover Mill Road, West Friendship, MD 21794. This is an existing four-bedroom house and the owners want us to add on a Master Bedroom addition. Since the Health Department says that the septic system is not sized for five bedrooms, the owners have asked us to remove the closet from one of the existing bedrooms and convert it to use as a study instead of as a bedroom. This work will not require any structural changes, just the removal of a partition wall and a door. This would leave only four bedrooms in the house after we complete our addition. Please advise the Health Department of this change so they can approve our permit application.

If you have any questions I may be reached at 410-461-9908. Thank you for your expeditious handling of this matter.

John M. Watts, President

Coastal Builders, Inc.

REDERICK AVENUE TDL, LIMITED Preston of the broken Need Septil task grade prior to BP \*PER DEED Property shown hereon is not in a flood plain per existing records unless otherwise noted. HOUSE LOCATION CALE: 1" = 100 ' PARCEL 205 ECORDED IN: \_AT BOOK: LIBER: 700 LOT 8\* AT: FOLIO: 387 14184 ROVER MILL ROAD HOWARD COUNTY, MD

DTE: This drawing is not intended establish property lines nor are e existance of corner markers aranteed. All information shown reon taken from the land records the county in which the property located. Do not attempt to erect noes from information contained this drawing.

I hereby certify that to the best of my knowledge and belief, the position of all the existing improvements on the above described property has been established by accepted field practices.

Date: July 27, 1994

JEFERSON D. LAWRENCE,
PROFESSIONAL LAND SURVEYOR #5216