

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06006939

Building Address 3116 SPRING HOUSE CT.
WOODBINE MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name ALB & JENNIFER NOYES
Address 3116 SPRING HOUSE CT.
City WOODBINE State MD Zip Code 21797
Home Phone 410-489-4051 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS CONTRACTOR
Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
Proposed Use FINISHED BASEMENT
Estimated Construction Cost \$ 20,000.00
Description of Work 2x4 WALLS, CLUB RM,
BATHROOM, WET BAR, DEH,
UNFINISHED LAUNDRY RM.

Contractor Company DORSEY CUSTOM CARPENTRY
Contact Person JOSEPH H DORSEY
Address 14767 JUSTIFIABLE CT.
City WOODBINE State MD Zip Code 21797
License No. MHC 68878
Phone 410-489-7636 Fax 410-489-7075

Occupant or Tenant SAME AS OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities
Water Supply: _____
____ Public
____ Private
Sewage Disposal: _____
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
of Heads _____

Building Characteristics
SF Dwelling ☒ SF Townhouse ☐
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
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: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____
____ State Certified Modular
☒ Manufactured Home

Utilities
Water Supply: _____
____ Public
☒ Private
Sewage Disposal: _____
____ Public
☒ Private
Electric Yes ☒ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☒
____ NFPA #13D
____ NFPA #13R
____ 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.

Joseph H Dorsey
Applicant's Signature
PRESIDENT DKC
Title/Company

JOSEPH H DORSEY
Print Name
11/11/06
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/1/06</u>	<u>Amara</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM

APPROVED

WALK-THRU BUILDING PERMIT

30BP# B06006939 A# 49482-I

APP. SAN ST DATE: 11/1/06

DESC. OF WORK:

JNF MISLE

ST MAG:

As on-

finishing base coat.
add bathwater.

add bathwater

← 22 =
7116: 25R

$$1 < -8 \Rightarrow 1$$

L.A.M.O. 46

ST 125

STAIRS

Class:

BULKHEAD STEEL - TRACK LINES

6

6

C

 $\hookrightarrow 12' \rightarrow$

CLUB ROOM

DET
SFFI JE

2 (AD2
6AD/AD6E

↑
B
8
↓

WET BAN CABINETS

DOOR

TOILET

SINK

MIRROR

BATH

DOOR

SP

WILL TOME

1 RECH OF HOUSE

YOYLS BASIMENT A²F 1:320 SQ FT.

(1) 2: Access 4 GHTS.