

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

307003057

Building Address 13271 Styer Court  
Highland, MD 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Allnutt Farms Est City Highland State MD Zip Code 20777  
Section 3 Area \_\_\_\_\_ Lot 5  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Mr. & Mrs. William Welsh  
Address  
13271 Styer Court  
Home Phone 301-717-3353 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Martin J. Niessner, Sr.  
4839 Rollington Rd. E.C. 21043  
Phone 410-465-0435 Fax 410-461-8390

Existing Use SFD  
Proposed Use SFD w/Deck  
Estimated Construction Cost \$ \_\_\_\_\_ \$10,000.00

Contractor Company Martin J. Niessner Const. Inc  
Contact Person  
Martin J. Niessner, Sr.

Description of Work Build 11'4" w x 9' deck on rear  
of house, w/5' wide steps to grade.

Address  
4839 Rollington Road  
City Ellicott City State MD Zip Code 21043  
License No. 9080  
Phone 410-465-0435 Fax 410-461-8390

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company n/a  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/> Private <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/> Private <input type="checkbox"/>	
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Heating System:	
<input type="checkbox"/> Masonry		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/> Private <input type="checkbox"/>	
1st floor:		Sewage Disposal:	
2nd floor:		Public <input type="checkbox"/> Private <input type="checkbox"/>	
Basement:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Heating System:	
No. of Bedrooms _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
Height: _____		Natural Gas <input type="checkbox"/>	
Multi-family dwellings:		Propane Gas <input type="checkbox"/>	
No. of efficiency units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 1 BR units: _____		NFPA #13D <input type="checkbox"/>	
No. of 2 BR units: _____		NFPA #13R <input type="checkbox"/>	
No. of 3 BR units: _____		Other: _____	
Other Structure: <u>Deck</u>			
Dimensions: <u>11'4" w - 9' out</u>			
Footings: <u>pier</u>			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> Manufactured Home			

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.

Martin J. Niessner Sr  
Applicant's Signature  
President  
Title/Company

Martin J. Niessner, Sr.  
Print Name  
July 25, 2007  
Date

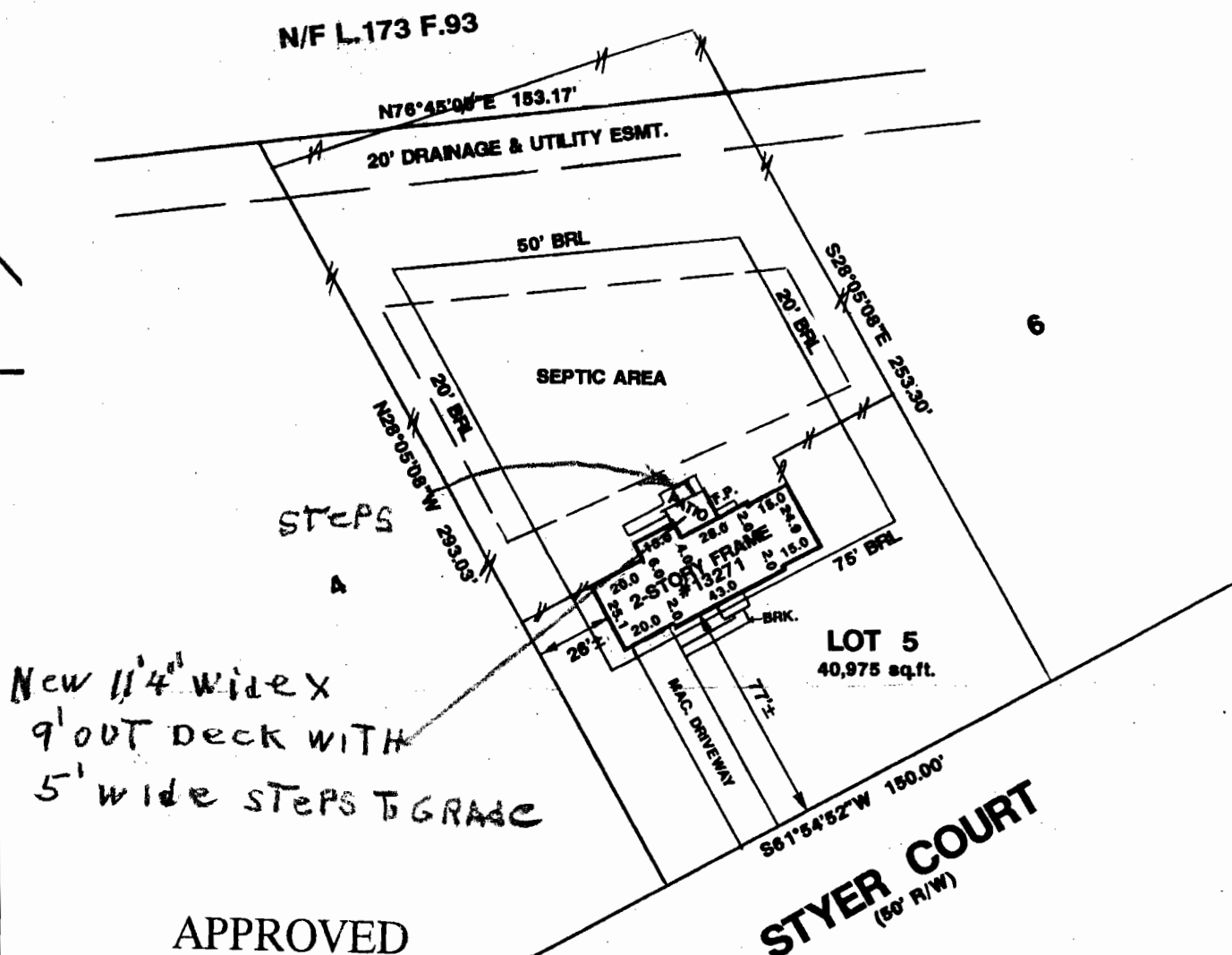
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

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>7/25/2007</u>		<u>Schultz, Jc</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	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

REV. 11/4/04

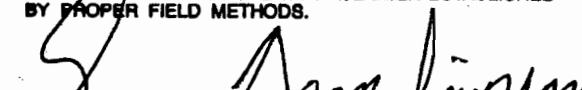

## NORTH



APPROVED  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# 247116 P 40955  
APP. SAN GAC DATE: 7/25/07  
DESC. OF WORK: DECK AS  
DESCRIBED ABOVE



THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING)  
ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY  
PANEL NO. 240044 00320 AS REVISED 12-04-1986.

<b>CERTIFICATE</b> I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS.  GARY DEAN SIMPSON Reg. MARYLAND P.L.S. No. 514	<b>REFERENCES</b> PLAT BK.  PLAT. NO. <b>CMP 3884</b>	 <b>C M S</b> <b>CENTRAL MARYLAND SURVEYORS</b> 4319 Northview Drive (301) 262-2500 FAX (301) 262-9878 Bowie, MD 20716
	LIBER  FOLIO	

NOTES: 1) This location for title purposes only, no title report furnished, not to be used for determining property lines, building fences or other improvements.  
2) Property corner markers NOT found, or guaranteed by this location.  
3) B.R.L. information, if shown was obtained from existing record plat or local agencies and is not guaranteed by GHS, Inc.  
4) Building Area and/or Easement