

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2444 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-1900</small>		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 08002695	
Building Address <u>3625 Jen Oaks Road</u> <u>Glenn, Maryland 21737</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____		Property Owner's Name <u>Michael L. Bowen</u> Address <u>3625 Jen Oaks Road</u> City <u>Glenn</u> State <u>MD</u> Zip Code <u>21737</u> Phone <u>(410) 489-9501</u> Phone <u>(301) 674-0511</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____			
Existing Use <u>Residence</u> Proposed Use <u>Residence</u> Estimated Construction Cost \$ <u>20,000.00</u> Description of Work <u>Construction to replace an existing porch (8x24)</u>		Contractor Company <u>Self</u> Contact Person <u>Michael Bowen</u> Address <u>3625 Jen Oaks Road</u> City <u>Glenn</u> State <u>MD</u> Zip Code <u>21737</u> License No. _____ Phone <u>(410) 489-9501</u> Fax <u>(410) 489-9604</u>			
Occupant or Tenant <u>Michael Bowen</u> Contact Name <u>Michael Bowen</u> Address <u>3625 Jen Oaks Road</u> City <u>Glenn</u> State <u>MD</u> Zip Code <u>21737</u> Phone <u>(410) 489-9501</u> Fax <u>(410) 489-9604</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THEREON; (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.

<u>Michael L. Bowen</u> Applicant's Signature	<u>Michael L. Bowen</u> Print Name <u>September 10, 2008</u> Date
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Title/Company _____

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

AGENCY	DATE	SIGNATURE/INITIALS	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>9/10/08</u>	<u>[Signature]</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"/> ONE STOP SHOP: <input type="checkbox"/>			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DEP, DPZ Pink: Health Gold: SHA			Accepted by _____ T: Forms/PERMIT/FORM	

RIGHT OF WAY LINE &
EXISTING RIGHT OF WAY LINE

DESC. OF WORK: replace
existing porch 8'x24'

DATE: 5/10/08 LINE OF DEED FROM HOWARD ASSOCIATES
DONALD BLACKERT AND ROBERT O. GLASCOCK
RECORDED MARCH 9, 1984 IN LIBER 1240
AT FOLIO 443.

LACKERT AND
J. GLASCOCK
5810

MATTHEW A. SMITH, ET AL
95808

RIGHT OF WAY LINE &
EXISTING RIGHT OF WAY LINE

PERPETUAL EASEMENT
FOR DRAINAGE AREA

TEMPORARY EASEMENT AREA
SEE NOTE 'A'

POINT OF
BEGINNINGPOINT OF
BEGINNING

CURVE NO. 23
+50'

TEN OAK

- RIGHT OF WAY LINE
OF THROUGH HIGHWAY
& EXISTING RIGHT OF WAY
LINE OF THROUGH HIGHWAY

OF WAY
HIGHWAY
BASE LINE OF RIGHT OF WAY &
BASE LINE OF CONSTRUCTION
(MD RTE. 32)
+50

9+09.92
4322.3740
6024.4216