HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B09000321

Building Address 15282 Roxbury Rd Glenelg, MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map 21 Parcel 27 Grid 15

Zoning RC-DEO Map Coordinates: _____ Lot size 5.15

Property Owner's Name Craig & Roberta Garretson-Mogren

Address 15282 Roxbury Rd

City Glenelg State MD Zip Code 21737

Phone 410-489-0851 H Phone 240-567-5237 W

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Residential

Proposed Use Residential

Estimated Construction Cost $ 200,000-

Description of Work Remove existing addition. Replace with same use addition 18 x 32 2-story addition

Contractor Company Home owner as own Contractor

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

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 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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:	15'	21'
2nd floor:	15', 21', 18 x 32	
Basement:	15 x 21	

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 1
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
__1__ Private
Sewage Disposal:
____ Public
__1__ 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.

Applicant's Signature

Craig T Garretson-Mogren
Print Name

Title/Company

March 3 2009
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	3/16/09	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

Filing fee	$ 25
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# 4152
Validation	# _____

PROPERTY ID#:

Accepted by ____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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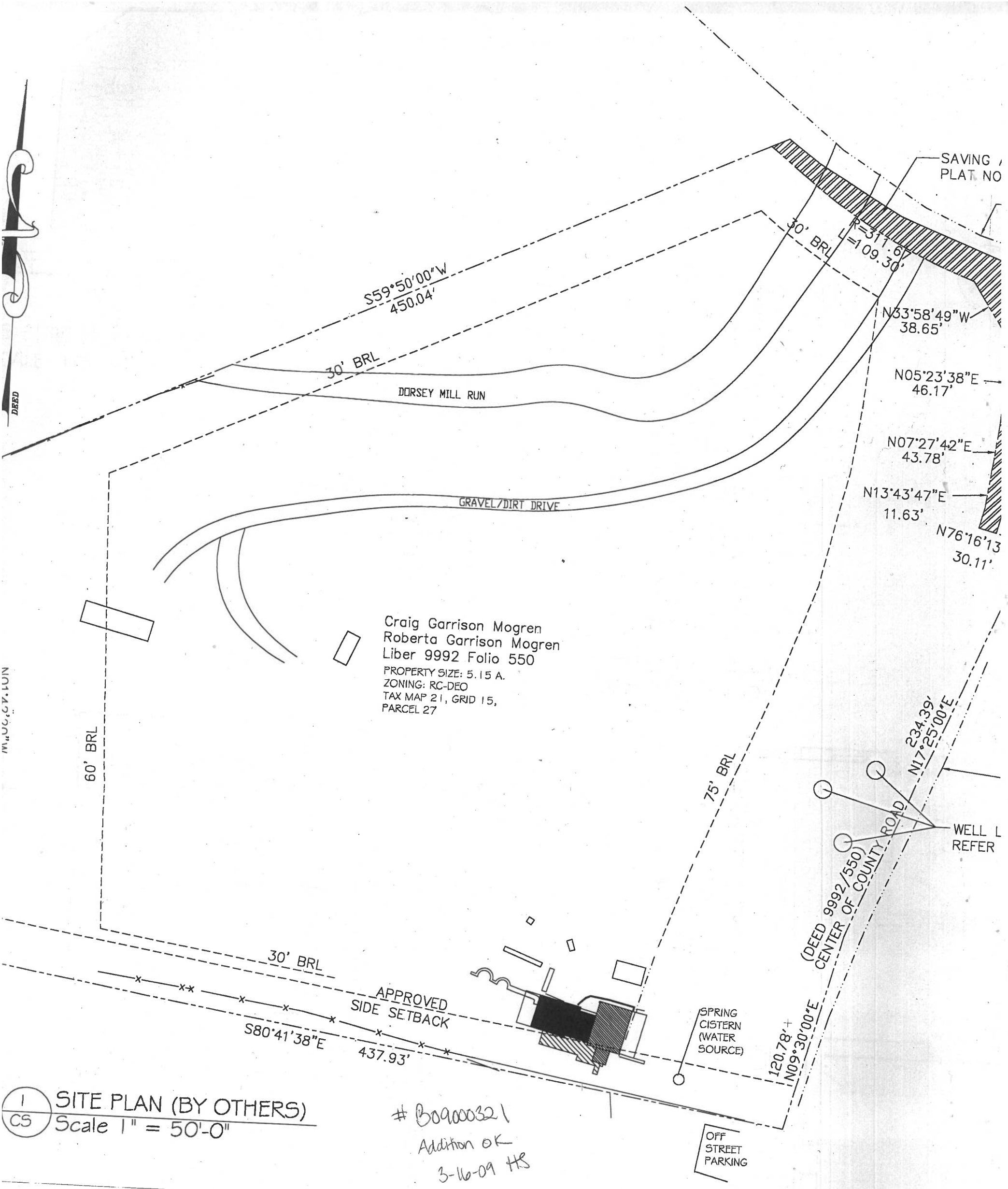
Rev. 11/4//04



1 / CS SITE PLAN (BY OTHERS)
Scale 1" = 50'-0"

B09000321
Addition OK
3-16-09 HS

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