PLOT # 7001 Liber Folto 33

PERMIT APPLICATION	DEPT. OF INSPECTIONS, LICENSES AND PERMITS JAM COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455		HOWARD COUNTY		28002196		
Suite/Apt.#: SDP/WPPetition #: Provided Suite/Apt.#: SDP/WPPetition #: Provided Suite/Apt.#: Subdivision Logia Reach Subdivisi	AUTOMATED INFORMATION (410) 313-3800 PERMIT AF			PLICATION	PERM	IIT NUMBER	
Suite/Apt. #: SDP/WPPetition #: Poondy 72 Subdivision Lop 3 Reach Census Tract Subdivision Lop 3 Reach Section Area Lot F1 Tax Map Parcel Grid F1 Tax Map Parcel Grid F2 Zoning Map Coordinates Lot Size F1 Existing Use Construction Cost \$ Contract Construction Cost \$ Construction Cost Schild F2 Description of Work Construction Cost \$ Description of Work Construction Cost \$ Description of Work Construction Cost \$ Contract Person D11 Angles State And Zip Code 2 Legs Licenses No. 12 Log T. Phone F1 Description of Work Construction Cost \$ City State Zip Code Construction Cost \$ BULLDING DESCRIPTION - COMMERCIAL Construction Cost \$ Bullding Construction Cost \$ City State Zip Code Construction Cost \$ Bullding Construction Cost \$ City State Zip Code Construction Cost \$ Construction Cost \$ City State Zip Code Cost Provide Cost Cost Cost Cost Cost Cost Cost Cost	Building Address 69	045	Address 3424 ALCADIA OFICE				
Census Tract Section Area Lot ST Tax Map Parcel Grid Phone Existing Use Proposed Use Estimated Construction Cost S Description of Work Description of Work Description of Tenant Contact Name Address City State Zip Code Fax BUILDING DESCRIPTION — COMMERCIAL Building Characteristics Was Supply Phone Building Characteristics Was Supply Building Characteristics Phone Building Characteristics Building Characteristics Building Characteristics Phone Building Characteristics Building Characteristics	/			Phone 43286 Phone 6/35			
Section Area Lot I Size Tax Map Parcel Grid Phone Elik No. 9 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				stated herein):			
Phone				8015 FOETTA DINE			
Existing Use Contractor Company My C? HONE FARE Description of Work				Phone Fax			
Contact Person		ordinates	Loi Size				
Description of Work City	Proposed Use			Contact Person Bill Myers			
Phone Prox Description Contact Name Contact Name Contact Name Contact Name Contact Person Address				City EIRN JOC State MO Zip Code 21075			
Contact Name	Description of Work			Phone Fax			
Contact Name Address City State Zip Code Phone Fax BUILDING DESCRIPTION - COMMERCIAL Building Characteristics Building Characteristics Water Supply: Public Phone Fax Building Characteristics Building Characteristics Water Supply: Public Phone Fax Building Characteristics Building Characteristics Building Characteristics Some Disposal: Public Phone Fax Building Characteristics Building Characteristics Building Characteristics Some Disposal: Public Phone Fax Building Characteristics Building Characteristics Some Disposal: Public Private Some Disposal: Phone Fax Building Characteristics Building Characteristics Some Disposal: Phone Fax Building Characteristics Some Disposal: Phone Fax Building Characteristics Building Characteristics Some Disposal: Phone Fax Building Characteristics Some Disposal: Phone Fax Building Characteristics Building Characteristics Some Disposal: Phone Fax Building Characteristics Some Disposal: Phone Fax Building Characteristics Buildin	Occupant or Tenant						
Address City State Zip Code City State Zip Code Phone Fax BUILDING DESCRIPTION - COMMERCIAL Building Characteristics Utilities Building Characteristics Water Supply: No. of sories: Description - Phone Phone Fax Building Characteristics Water Supply: Phone Fax Building Characteristics Water Supply: Phone Fax Building Characteristics Water Supply: Phone Fax Building Characteristics Building Characteristics Phone Fax Building Characteristics Water Supply: Phone Fax Building Characteristics Water Supply: Phone Fax Building Characteristics Building Characteristics Phone Fax Building Characteristics Water Supply: Phone Fax Building Characteristics Water Supply: Phone Fax Building Characteristics Phone Fax Building Characteristics Water Supply: Physic Bacute Valle Water Supply: Physic Bacute Valle Water Supply: Physic Bacute Valle Water Supply: Bectric Valle No Bacute Valle Water Supply: Physic Bacute Valle No Bacute Valle Water Supply: Bectric Valle No Bacute Val							
Phone Fax Phone Fax Phone Fax							
BUILDING DESCRIPTION - COMMERCIAL Building Characteristics Height: No. of stories: Public Public Public Private Gross area, sq. ft. per floor Use group: Construction type Construction type Construction type Construction type Sinforced Concrete Sinchcural Steel Masterny Wood Frame State Certified Modular Sprinkler system: Public Private Sprinkler system: No. of BR units: No. of 2 BR units: No. of 2 BR units: No. of 3 BR units: No. of 4 BR units: No. of 5 BR units: No. of 6 BR units: No. of 7 BR units: No. of 6 BR units: No. of 7 BR units: No. of 8 BR units: No. of 1 BR units:	CityStateZip Code						
Baiding Characteristics Utilities Water Supply: Public Private Serve Disposal: Public Public Private Serve Disposal: Public Private Public Public Private Public Public Public Public Public				Phone	Fax		
Heigh: No. of stories: On. Public Private Public Private Public Private Public Private Priva							
Find Server Find Server Find Server Find Server Find Server Find Server Find Find Server Find Server Find Find Find Server Find				SF Dwelling S SF	Townhouse (1)		
Find Server Find Server Find Server Find Server Find Server Find Server Find Find Server Find Server Find Find Find Server Find		Public		Depth 26 Wid	<u>т</u> Э/	≯ Public	
Gross area, sq. ft. per floor Dublic Private Electric Private Private Electric	No. of stories:		sal·	1" floor:	χ,		
Size group: Construction type: Reinforced Concrete Structural Steel Reinforced Concrete Structural Steel Heating System: Heating System: Construction Steel Construction Ste	Gross area, sq. ft. per floor:	Public		Basement: 26	31	Public	
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular State Certified Modular State Certified Modular State Certified Modular Sprinkler system: N/A Cl Pull Partial Other Suppression of of BR units: No. of 3 Br units: No. of 4 Br u	Lise erono:	Private		Finished Resement # 11	ofinished Basement G	Private	
Reinforced Concrete Structural Steel Masony Wood Frame Propane Gas Propane Gas No. of 1 BR units: No. of 1				Crawl space () Si	ab on Grade □	Electric Yes No []	
Structural Steel Heating System: Blectric Oil No. of efficiency units: Blectric Oil No. of 1 BR units: No. of 3 BR un	Construction type: Reinforced Concrete	Gas Y	es 🗅 No 🗆	_		Gas Yes 🗅 No 🏋	
Wood Frame	Structural Steel			No. of efficiency unit	LS:	Heating System:	
State Certified Modular Sprinkler system: N/A		Natural Gas	1	No. of 1 BR units: _		Natural Gas	
Sprinkler system: N/A CI Color Col	State Certified Modular	Propane Gas	0	No. of 3 BR units:		Propane Gas	
Dimensions:	out comine install	Sprinkler syste	em: N/A 🗅	Other Structure:		Sprinkler system: N/A	
Other Suppression # of Heads Total Undersigned Derend Certifies and agrees as follows: (i) that he side is a unificated Home Manufactured Home	1	Partial		Dimensions:		NFPA #13R	
State Certified Modular Manufactured Home THE LINDERSHONED HERBEY CERTIFIES AND AGREES AS FOLLOWS (1), THAT HE SHE EN AVITICATION (2) THAT THE INFORMATION IS CORRECT. (3) THAT HE SHE WILL COMPLY WITH ALL REDULATIONS OF HOWARD CONTY WHICH ARE APPLICATION. (2) THAT THE INFORMATION IS CORRECT. (4) THAT HE SHE WILL PERFORM NO WORK ON THE ALOVE REFERENCED PROPERTY FOR THE PURPOSE OF DEFICIENCY DESCRIBED IN THIS APPLICATION. (3) THAT THE INFORMATION IS CORRECT TO THE NOTE OF THE PURPOSE OF DEFICIENCY DESCRIBED IN THIS APPLICATION. (3) THAT THE INFORMATION IS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (4) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (5) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE MORE OF THE WORK PRINTITED AND DOCTORS (6) THAT HE SHE GRANTS COUNTY OF FICALIS THE WORK PRINTITED AND DOCTORS (7) THAT HE SHE GRANTS COUNTY OF FICALIS THE MORE OF THE WORK PRINTITED AND DOCTORS (7) THAT HE SHE AVEL OF THE MORE OF THE WORK PRINTITED AND DOCTORS (7) THAT HE SHE AVEL OF THE MORE OF THE WORK PRINTING AND THE MORE OF THE WORK PRINTING AND THE WORK PRINTING AND THE WORK PR	ļ			Footings: Roof Height:		Other:	
THE INDERSIONED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HERSE WILL COMPLY WITH ALL RESULTATIONS OF HOWARD COUNTY WITH ALL RESERVE; (4) THAT HESSE WILL PERFORM NO WORK ON THE ABOVE REFERENCES PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HESSE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF ENSPECTING THE WORK PERMITTED AND POSTING NOTICES Applicant's Signature OWNUT MYELS HOME IMPROVE OF ENSPECTING THE WORK PERMITTED AND POSTING NOTICES Print Name OWNUT MYELS HOME IMPROVE OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY - AGENCY DATE SIGNATURE APPROVAL DEZ SETBACK INFORMATION PROPERTY ID # FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY - AGENCY DATE SIGNATURE APPROVAL DEZ SETBACK INFORMATION PROPERTY ID # FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY - AGENCY DATE SIGNATURE APPROVAL DEZ SETBACK INFORMATION PROPERTY ID # FINANCE OF THE WORK PERMITTED AND ID SUB-JOINT TO THE SUB-JOINT TO THE SUB-JOINT TO THE WORK PERMITTED AND ID SUB-JOINT TO THE SUB-JOINT TO THE SUB-JOINT TO THE WORK PERMITTED AND ID SUB-JOINT TO THE WORK PERMITTED AND PERMITTED AND ID SUB-JOINT TO THE WORK PERMITTED AND PERMITTED AND ID SUB-JOINT TO THE WORK PERMITTED AND PERMITTED AND ID SUB-JOINT TO THE WORK PERMITTED AND PERMITTED AND PERMITTED AND PERMITTED AND	<u>.</u>	- " or rice	*****	State Certified			
Applicant's Signature OWNU MYELS HOME IMPROVENCET 9-17-08 Title/Company 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 # Front: Front: Front: Front: Front: Front: Property ID # Fro	THE UNDERSIGNED HEREDY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HESHE IS AUTHORIZED TO MAKE THIS APPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HESHE WILL COMPLY WITH ALL REQUILATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HESHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HESHE GRANTS COUNTY OFFICIALS THE						
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY.* AGENCY DATE SIGNATURE APPROVAL DEZ SETBACKINFORMATION PROPERTY ID # Front Filing for 3 State Highways Rear Permit for 5 Building Officials Side Becies tax 5 Oev. Enterineering DPZ Health All 19 / DX County State Side State						reis	
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY.* AGENCY DATE SIGNATURE APPROVAL DEZ SETBACKINFORMATION PROPERTY ID # Front Filing for 3 State Highways Rear Permit for 5 Building Officials Side Becies tax 5 Oev. Enterineering DPZ Health All 19 / DX County State Side State	Applicant's Signature Print Name						
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 Reat: Permit fee \$ State Signature Approval required prior to issuance? State Signature Control approval required prior to issuance? IS Entrance Permit required? Its Continuent Control approval required prior to issuance? IS Entrance Permit required? YES D NO D Check # Historic District? Validation # YES D NO CONTINUENCY CONSTRUCTION START: Control approval date Accepted by Distribution of Copies - White: Building Officials Green: LDD, DFZ Yellow: DED, DPZ Pink: Health Gald: SHA	OWNU MYELS HOME IMPROVENCE 9-17-08 Title/Company Date						
Land Development DFZ State Highways State Highways Building Officials Dev Engineering DFZ Health Of High State State Add 1 per fee \$ Add 1 per fee \$ All minimum setbacks pee? All minimum setbacks pee? TOTAL FEES \$ Add 1 per fee \$ All minimum setbacks pee? TOTAL FEES \$ TO	Checks payable 10: DIRECTOR OF FINANCE OF HOWARD COUNTY "PLEASE WRITE NEATLY AND LEGIBLY."						
State Highways Reac Permit for 5 Building Officials State Permit for 5 Building Officials Permit for 6 Building Offici		TE SIGNAT	URE APPROVAL		FORMATION		
Dev. Enterinent DPZ Health	State Highways	110		React		Permit fee \$	
Health Comparison Comparis	Dev Engineering DPZ			Side St.		Add'l per fee \$	
Is Sediment Control approval required prior to issuance? YES NO	Health C/18	108 0	THE SECOND	All minimum setback	us met?		
Historic District? Validation # YES D NO CI CONTINGENCY CONSTRUCTION START: C Lot Coverage for New Town Zone ONE STOP SHOP: D SDP/Red-line approval date Accepted by Distribution of Copies - White: Building Officials Green: LDD, DFZ Yellow: DED, DPZ Pink: Health Gold: SHA	is Sediment Control approval r		issuance?	Is Entrance Permit	equired?	Balance due \$	
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Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA	CONTINGENCY	ONSTRUCTIO	100 Per 200 Per 100 Per 200 Pe	YES D NO D Lot Coverage for No			

REQUIRED NOTES PER COMAR 09.1306

- This plat is of benefit to a consumer only insofar as it is required by a lender or title insurance company or its agent in connection with contemplated transfer, financing or refinancing. 1)
- This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements; 2)
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
- 4) The level of accuracy of apparent setback distances is within 3 feet +/-

as shown on the flood hazard boundary map 24004400358 dated 12/04/86.

This is not a boundary survey or lot stakeout. No title research furnished to or done by this office.

This plat shows the principal structure and significant structures (close to the apparent property lines) as required by Maryland law. However, additional internal structures may not be shown. Fences shown as _____x___ are approximate only. Fences shown as -

The exact location of fences and boundary lines can be

occomplished with a boundary survey.

The licensee either personally prepared this drawing or was in responsible charge over its preparation and the surveying work reflected in it, all in compliance with requirements set forth in

Regulation .12 of Chapter 06 Minimum Standards of Practice. The source of data, bearings, and/or coordinates used on this drawing are based on the record plat or deed

referenced : PLAT#7001 WALK-THRU BUILDING PERMIT ROUTE 108 RECORD PLAT MORTH 260.61 ЗQ, BRL #G410 1 STORY FRAME Shown 20.4 26.4 51 34' 31' 25' USE-IN-COMMON :5 188300 EASEMENT FOR INGRESS AND EGRESS FOR LOTS 1 + 2 C/P LOT 1 LOT 2 ROBERT L. AND JUDITH A. BAKER PROPERTY PLAT#7001 GRAVEL DRIVE 뽒 ιŪ BRL GARAGE 47'55'W r. N79.21.22 3/8 500/2 578 PROFESSIONAL 30' BRL 99.09 N12'36'46'W

Myers Home Improvement 8015 Joetta Drive Elkridge, MD 21075

I hereby certify that the improvements shown hereon, to the best of my professional knowledge and ability.

ATTENTION USER! SURVEY DROSE "LE" BE ON FILE WITH ADVANCES SURVEYS BEFORE THIS DOCUMENT CAN BE SED