

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B07004287	
Building Address 17413 white dogwood ct MT AIRY MD 21771			Property Owner's Name Michael I. CREATH		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 17413 white dogwood ct		
Census Tract _____ Subdivision _____			City MT AIRY State MD Zip Code 21771		
Section _____ Area _____ Lot _____			Home Phone 301-703-7585 Work Phone 240-322-4010		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company _____		
Proposed Use _____			Contact Person _____		
Estimated Construction Cost \$ 15,000			Address _____		
Description of Work ADD A SUN ROOM 16X16 1 FLOOR ON CONCRETE SLAB, NO water IN ROOM			City _____ State _____ Zip Code _____		
Occupant or Tenant _____			License No. _____		
Contact Name Michael CREATH			Phone _____ Fax _____		
Address 17413 white dogwood ct			Engineer or Architect Company _____		
City MT AIRY State MD Zip Code 21771			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas 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"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Height: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Heating System: _____
	Full <input type="checkbox"/>	No. of 1 BR units: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
	# of Heads _____	Other Structure: _____	Sprinkler system: N/A <input type="checkbox"/>
		Dimensions: _____	NFPA #13D <input type="checkbox"/>
		Footings: _____	NFPA #13R <input type="checkbox"/>
		Roof Height: _____	Other: _____
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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 Michael I. CREATH Print Name Michael I. CREATH

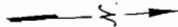
Title/Company _____ Date 18 Oct 07

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 Highway				Rear: _____	Permit fee \$ _____
Building Official				Side: _____	Excise tax \$ _____
Dev. Engineering DPZ				Side St: _____	Add'l per. fee \$ _____
Health 10/18/2007				All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				Lot Coverage for NewTown Zone _____	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				SDP/Red-line approval date _____	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:\home\PERMIT.FRM					

Rev. 11/4/04

104964



Location Drawing

Scale: 1" = 100'

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements nor does this plat purport to reflect setbacks or other distances with any specific level of accuracy. 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. The approximate location of the dwelling is shown in relation to the apparent property lines for the property known as

17413 White Dogwood Court
Howard County, Maryland

William T. Matthews

3/17/03

Ruxton Design Corporation

8422 Bellona Lane
Suite 300

Towson, Maryland 21204

410-823-5000

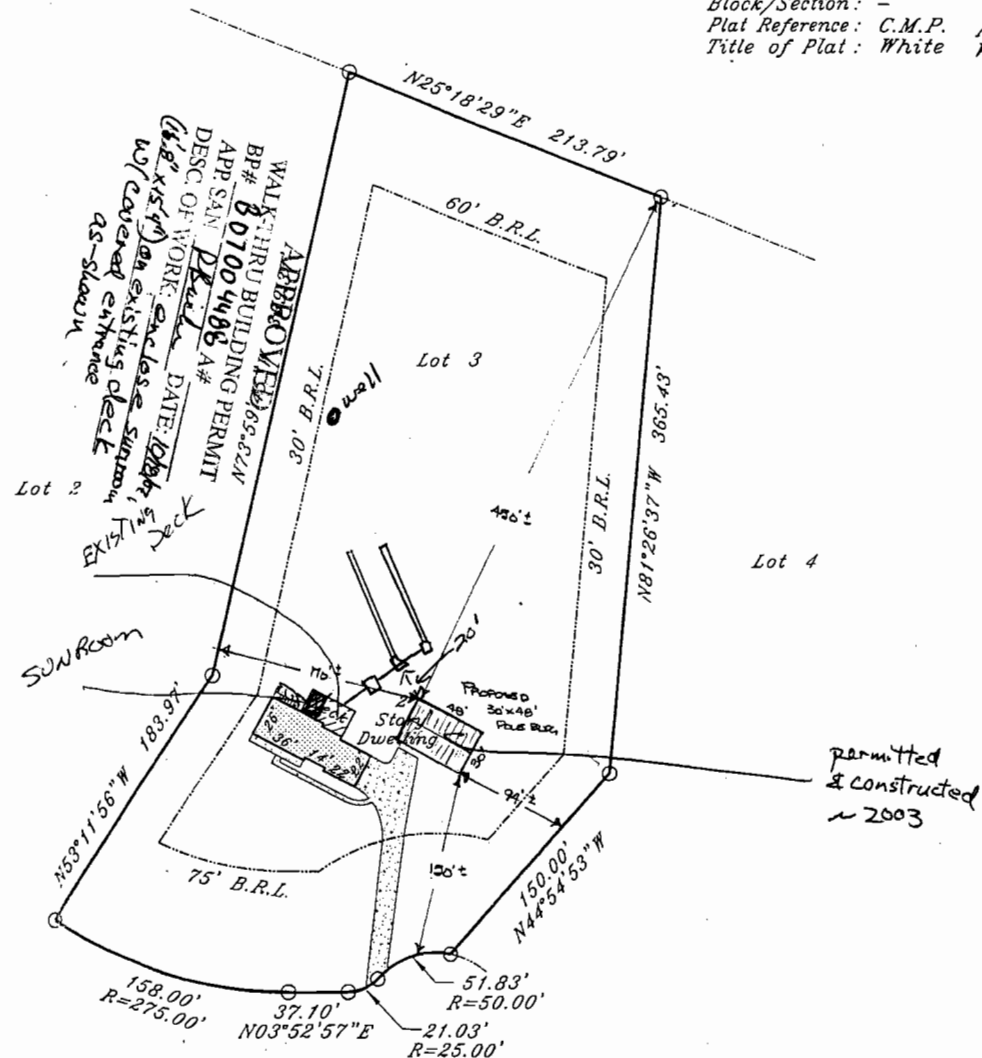
410-823-0115fax

rdc@ruxtondesign.com

www.ruxtondesign.com

15203

Lot Number: 3
Block/Section: -
Plat Reference: C.M.P. No. 8244
Title of Plat: White Wood Es



permitted
& constructed
~ 2003

WHITE DOGWOOD COURT

Dwelling lies in Block C

$\gamma'' = 100$

N25°18'29"E 213.79

Well location
per
owner 9.31

Lot 3

POOL

Pool

22x28
90° L
RIGHT

Lot 8

453°11'56"W 183.97'

75' P.R.L.

158.00
R=275.00

N03°52'57"E

$R=50.00'$
 $-21.03'$
 $R=25.00'$

17413
WHITE DOGWOOD COURT

6/27/03
- PROPOSED
POLE
BARN LOCATION
(OK SRK)
show SDA
adjustment
ok - (SRK)
10' off edge of
SDA
- SDA deleted