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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>B000129094</u>	
Building Address <u>3921 WAITANA LN</u> <u>ELLICOTT CITY MD 21042</u>			Property Owner's Name <u>ROBERT LUDIKE</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>3921 WAITANA LN</u>		
Census Tract <u>6030</u> Subdivision <u>Glennely</u>			City <u>ELLICOTT</u> State <u>MD</u> Zip Code <u>21042</u>		
Section <u>NA</u> Area <u>NA</u> Lot <u>NA</u>			Home Phone <u>410 531-5042</u> Work Phone <u>410 485 7638</u>		
Tax Map <u>22</u> Parcel <u>154</u> Grid <u>15</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning <u>RR</u> Map Coordinates <u>9K10</u> Lot size _____			Phone _____ Fax <u>410 313 8567</u>		
Existing Use <u>Residence</u>			Contractor Company <u>Homeowner</u>		
Proposed Use <u>Storage building</u>			Contact Person <u>Joe Ludike</u>		
Estimated Construction Cost \$ <u>2000</u>			Address <u>3205 Old Farm Rd</u>		
Description of Work <u>Construction of woodshed 20' x 14' w/footings</u>			City <u>ELLICOTT</u> State <u>MD</u> Zip Code <u>21042</u>		
Occupant or Tenant <u>Robert Ludike</u>			License No. _____		
Contact Name <u>Robert Ludike</u>			Phone <u>410 531 5472</u> Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 type="checkbox"/> SF Townhouse <input type="checkbox"/> <input type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Shed</u> Dimensions: <u>20 x 14</u> Footings: _____ Roof: _____ <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 type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input 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.

Robert Ludike
 Applicant's Signature

Robert Ludike
 Print Name
3-20-2001
 Date

Title/Company

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	3/21/01	[Signature]
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	3/21/01	Mark R. [Signature]
Fire Protection		

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

DPZ SETBACK INFORMATION

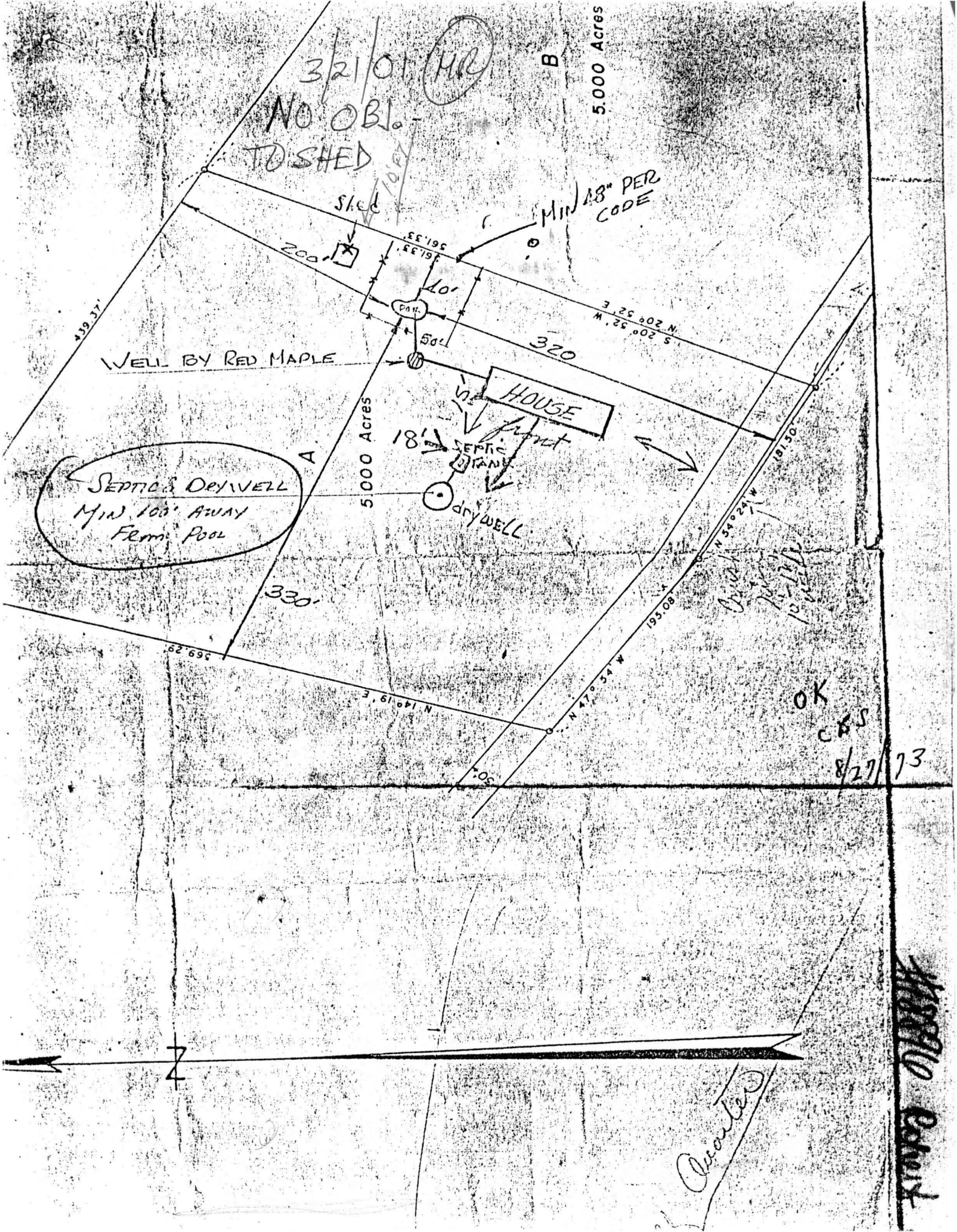
Front: 75 FT
 Rear: 75 FT
 Side: 50 FT
 Side St: NA
 All minimum setbacks met?
 YES ☒ NO ☐
 Is Entrance Permit required?
 YES ☐ NO ☒
 Historic District?
 YES ☐ NO ☒
 Lot Coverage for New Town Zone NA
 SDP/Red-line approval date NA

PROPERTY ID#: 29043

Filing fee	\$ <u>100</u>
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>130</u>
Balance due	\$ _____
Check	# <u>7122</u>
Validation	# <u>47234</u>

CONTINGENCY CONSTRUCTION START: ☐
 ONE STOP SHOP: ☐

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



3/21/01 HR
NO OBL.
TO SHED

5,000 ACRES

MIN 48" PER
CODE

WELL BY RED MAPLE

SEPTIC & DRYWELL
MIN. 100' AWAY
FROM POOL

HOUSE

drywell

OK
C.R.S.
8/27/73

C. Carter

W. Carter