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| 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 B00137652 |
|--|-------------------------------------|----------------------------|

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|---|--|
| Building Address <u>3505 WINDING PATH COURT</u> <u>Glenwood 4th 2173F</u> | Property Owner's Name <u>SEAN GOTTLIEB</u> |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ | Address <u>3505 WINDING PATH CT.</u> |
| Census Tract <u>6040</u> Subdivision <u>Catfall Ridge</u> | City <u>GLENDALE</u> State <u>MD</u> Zip Code <u>21038</u> |
| Section _____ Area _____ Lot <u>29</u> | Home Phone <u>410 442 4026</u> Work Phone <u>410 415 0050</u> |
| Tax Map <u>21</u> Parcel <u>228</u> Grid <u>3</u> | Applicant's Name & Mailing Address, (if other than stated hereon): _____ |
| Zoning <u>REDEO</u> Map Coordinates <u>9A7</u> Lot size _____ | Phone _____ Fax _____ |
| Existing Use <u>SFD</u> | Contractor Company <u>Owner</u> |
| Proposed Use <u>SFD @ Deck</u> | Contact Person _____ |
| Estimated Construction Cost \$ <u>7500</u> | Address _____ |
| Description of Work <u>Deck 20' x 10'</u> <u>@ steps to</u> <u>garage</u> | City _____ State _____ Zip Code _____ |
| Occupant or Tenant <u>SEAN GOTTLIEB</u> | License No. _____ |
| Contact Name _____ | Phone _____ Fax _____ |
| Address _____ | Engineer or Architect Company _____ |
| City _____ State _____ Zip Code _____ | 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: _____ Public _____ Private _____ | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1st floor: _____ | 2nd floor: _____ |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | Basement: _____ | Basement: _____ |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> | Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ |
| | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | 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: _____ | Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ |
| | | State Certified Modular _____ Manufactured Home _____ | State Certified Modular _____ Manufactured Home _____ |

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 THERE TO; (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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature E. SEAN GOTTLIEB Print Name E. SEAN GOTTLIEB
Date 7/24/02

Title/Company

Date

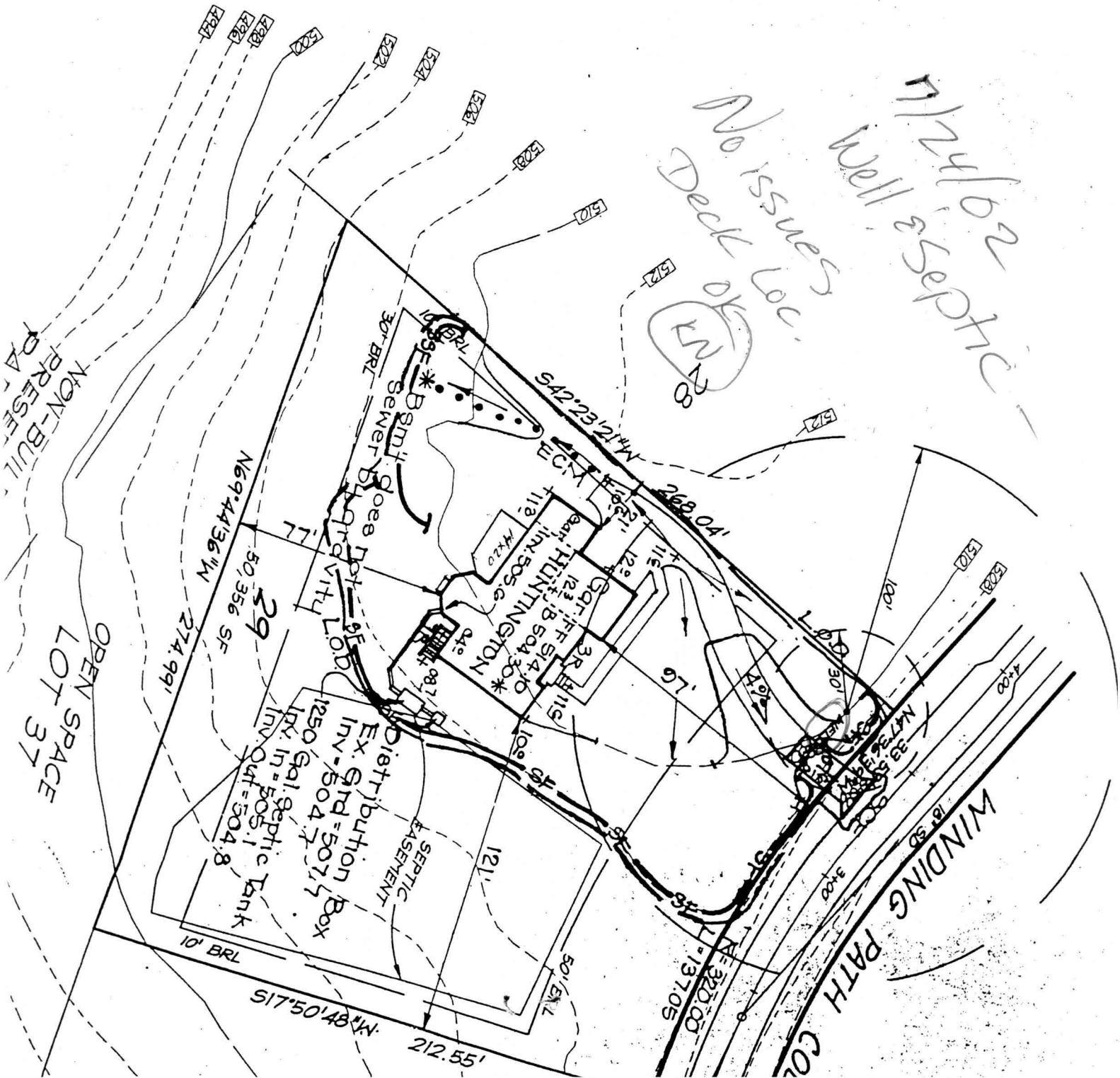
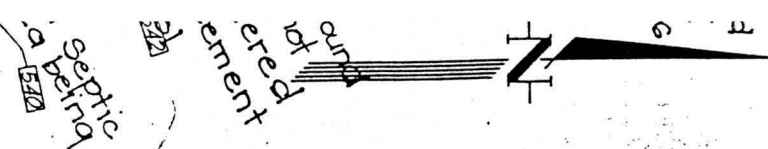
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

| | | | | |
|--|----------------|---------------------|--|----------------------------|
| AGENCY | DATE | SIGNATURE | DPZ SETBACK INFORMATION | PROPERTY ID# |
| Land Development, DPZ | <u>7/24/02</u> | <u>Joe Seltzer</u> | Front: <u>50</u> | <u>49395</u> |
| State Highways | | | Rear: <u>30</u> | Filing fee \$ _____ |
| Building Official | <u>7/24/02</u> | <u>[Signature]</u> | Side: <u>10</u> | Permit fee \$ <u>50</u> |
| Dev. Engineering, DPZ | | | Side St.: <u>NA</u> | Excise tax \$ _____ |
| Health | <u>7/24/02</u> | <u>Kevin Noonan</u> | All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOTAL FEES \$ <u>50</u> |
| Is Sediment Control approval required prior to issuance? | | | Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Sub-total paid \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | Balance due \$ <u>cash</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Check # _____ |
| | | | | Validation # _____ |
| | | | | Accepted by <u>Cal.</u> |

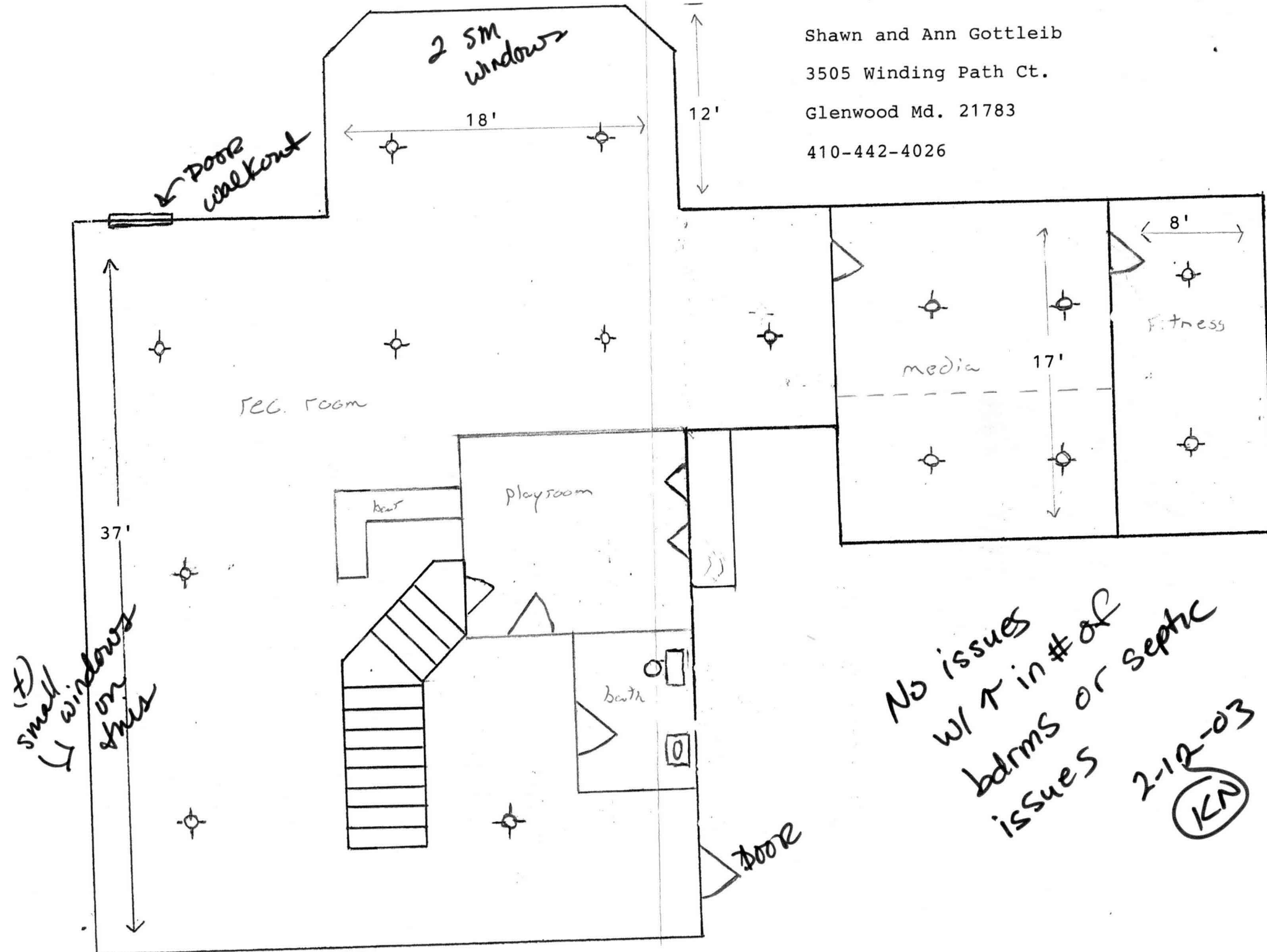
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

4 of this plan, the
Health Dept. accepts
modification to the
1 sewage disposal esmt.

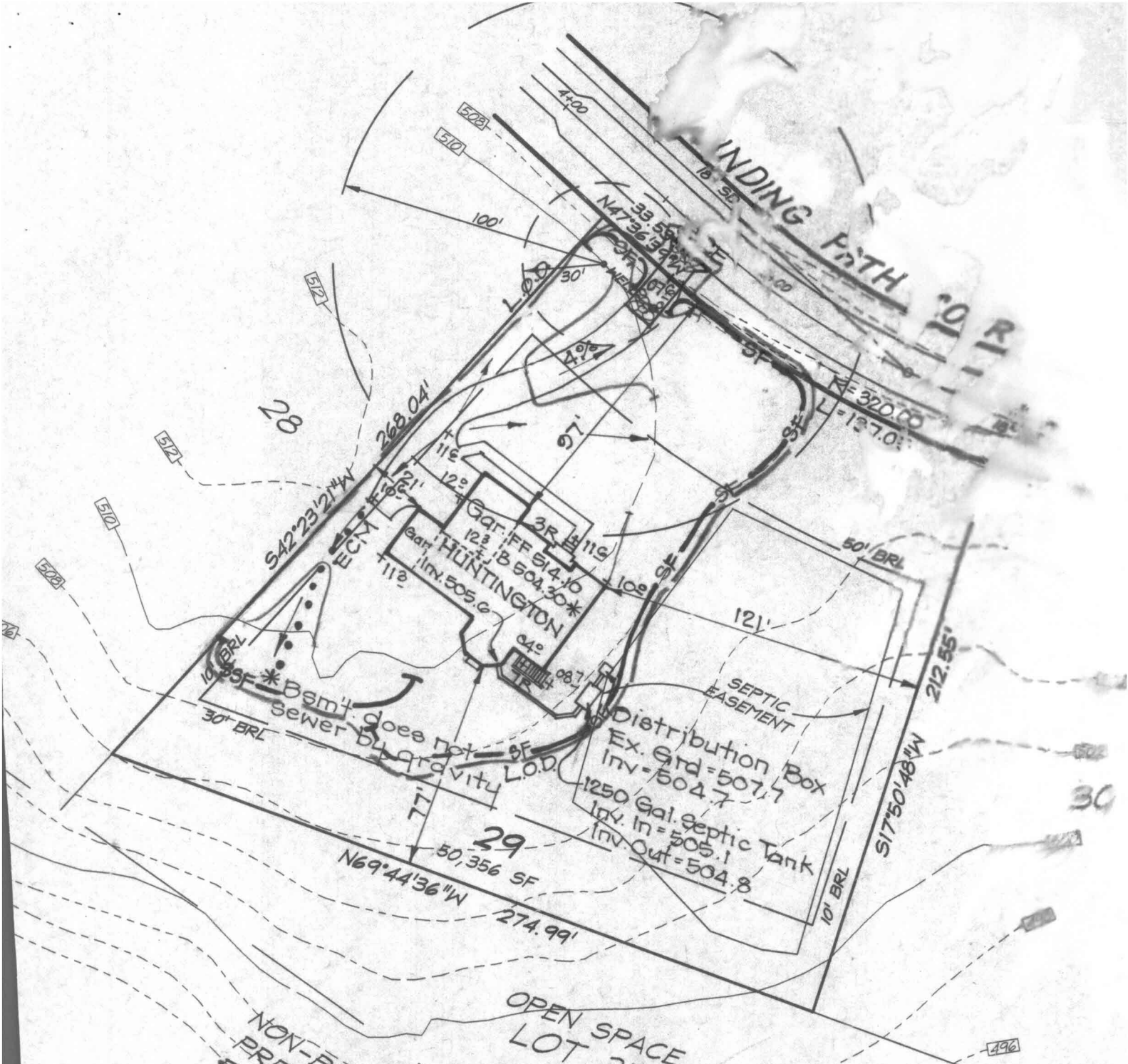


7/24/02
Well & Septic
No issues
Deck Loc.
OK

Shawn and Ann Gottlieb
3505 Winding Path Ct.
Glenwood Md. 21783
410-442-4026



No issues
w/ ↑ in # of
bdms or septic
issues
2-12-03
(KN)



Approved Septic System Plan
Howard County Health Department

Donna Clark

Signature

2/7/01

Date

BUILDER'S CERTIFICATE

Total linear feet of trench required 240 **feet**

Width of trench(es) 3 **feet**

Depth of trench(es) 5 **feet**

Depth of stone required below distribution pipe 2 **feet**