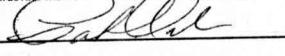


DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		<h2 style="margin:0;">HOWARD COUNTY</h2> <h2 style="margin:0;">PERMIT APPLICATION</h2>		<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 1.2em; margin:0;"><u>B001a7533</u></p>	
Building Address <u>3512 Winding Path Ct.</u> <u>Glenwood, MD 21738</u> Suite/Apt.#: <u>N/A</u> SDP/WP/Petition #: <u>GP-99-208</u> Census Tract <u>6040</u> Subdivision <u>Cattail Ridge</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>22</u> Tax Map <u>21</u> Parcel <u>228</u> Grid _____ Zoning <u>RCDEO</u> Map Coordinates <u>9A8</u> Lot size _____		Property Owner's Name <u>Goodier Builders, Inc.</u> Address <u>10705 Charter Dr.</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone _____ Work Phone <u>410-997-7400</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Building Permit Services, Inc. - Pat Orla</u> <u>7806 Deboy Ave., Balto., MD 21222</u> Phone <u>410-477-9666</u> Fax <u>410-477-8437</u>			
Existing Use <u>Vacant Lot</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>150,000.00</u> Description of Work <u>Const SFD-"AA"- 2sty,full basmt,10R</u> <u>4FB,1HB,FP & Garage(4Br) opt.Fin.L.L.w/bath</u>		Contractor Company <u>Owner</u> Contact Person <u>Betsy Chassion</u> 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 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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____			
Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>45'</u> <u>62'</u> 2nd floor: <u>45'</u> <u>62'</u> Basement: <u>40'</u> <u>62'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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: <u>16"x 8"</u> Roof: <u>Asp/Gable</u> <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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA # <u>13D</u> NFPA # <u>13R</u> 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 HERETO; (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 


 Title/Company _____
 Agent _____

Building Permit Services, Inc. - Pat Orla
 Print Name _____
 11/27/00
 Date _____

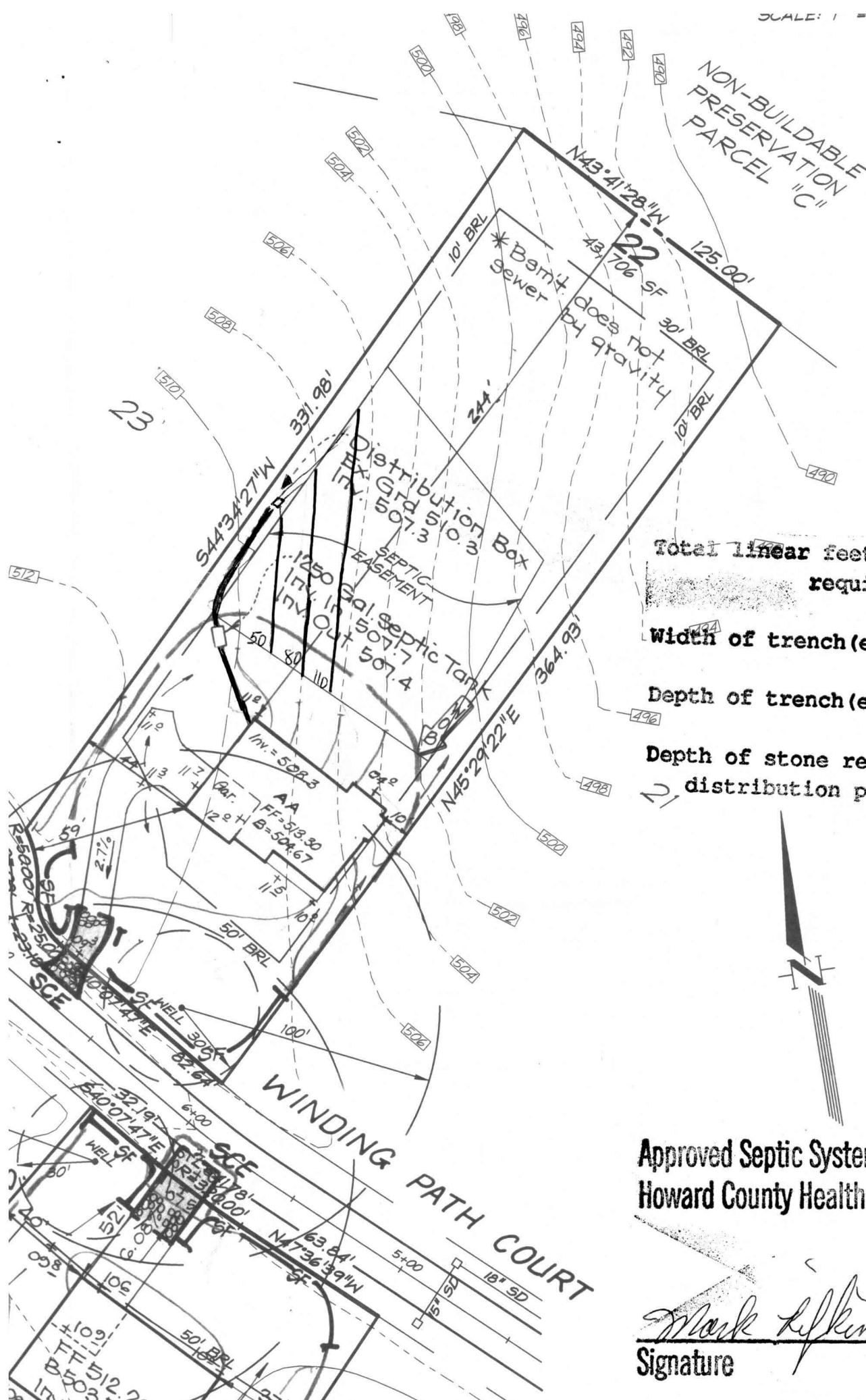
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>12/13/00</u>	<u>Mark R. Pless</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

CONTINGENCY CONSTRUCTION START: ☐
 ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filling fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ <u>790.00</u>
Side: _____	Excise tax \$ <u>5166.00</u>
Side St.: _____	Subtotal paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line, approval date _____	Validation # _____
Accepted by <u></u>	

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



Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5.5 feet

Depth of stone required below
distribution pipe 2 feet

Approved Septic System Plan

Howard County Health Department

Signature

Date _____

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

1500149811

Building Address 3512 Winding Path Court
Glenwood MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision Crested Ridge
Section _____ Area _____ Lot 22
Tax Map 21 Parcel 228 Grid 3
Zoning RCDFO Map Coordinates 9A8 Lot size _____

Property Owner's Name Rodney & Judy Wofford
Address 3512 Winding Path Court
City Glenwood State MD Zip Code 21738
Home Phone 410-379-0076 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Unfinished 2nd Floor SFD
Proposed Use Finished Living Room Basin
Estimated Construction Cost \$ \$100,000.00

Contractor Company JV Enterprises
Contact Person Scott Vossie

Description of Work Finishing lower level space for
Basin, Exercise Rm, Dining Rm, Master Lin, Bar
& Garage Rm. Approx 2000 SF

Address 12520 Hill Top Road
City Farmersville State MD Zip Code 20757
License No. 458005
Phone 301 370-9730 Fax 301 854-9037

Occupant or Tenant M & M Wofford
Contact Name _____

Engineer or Architect Company JV Enterprises
Contact Person Scott Vossie

Address 3512 Winding Path Court
City Glenwood State MD Zip Code 21738
Phone _____ Fax _____

Address 12520 Hill Top Road
City Farmersville State MD Zip Code 20757
Phone 301 370-9730 Fax 301 854-9037

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>2000 + 4000</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>40</u> <u>65</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 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 Scott W. Vossie
Title/Company Owner JV Enterprises

Print Name Scott W. Vossie
Date Aug 11, 2004

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	<u>8/11/04</u>	<u>Karen Thomas</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:
<u>458337</u>
Filing fee \$ <u>25</u>
Permit fee \$ <u>100</u>
Excise tax \$ _____
Add'l per. fee \$ <u>10</u>
TOTAL FEES \$ <u>135</u>
Sub-total paid \$ _____
Balance due \$ _____
Validation # <u>74402</u>

Accepted by _____

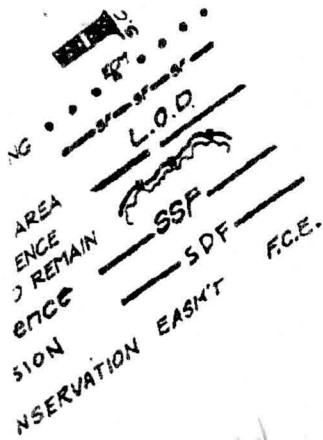
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

No ↑ in bedrooms as seen on plan

[illegible]

23x16
proposed Deck & Porch
23x16

Date 8-16-01



VIC. SCALE

NON-BUILDABLE
PRESERVATION
PARCEL "C"

11/3/00
Brian, I would
prefer this
adjustment
There is a rock
outcrop
A. M. Miller

NEITHER
ADJUSTMENT
PROPOSED @ BP
12/13/00
(NR)

Septic Area
Added

Septic Area
Deleted

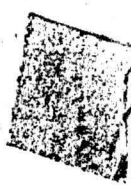
*Bent. does not
sewer by gravity

Distribution Box
Ex. Grd 510.3
Inv. 507.3

1200 Gal. Septic Tank
Inv. In 508.7
Inv. Out 507.4

FF 513.34
504.07
Inv. 508.3

WINDING PA



7+0.82

7+00

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