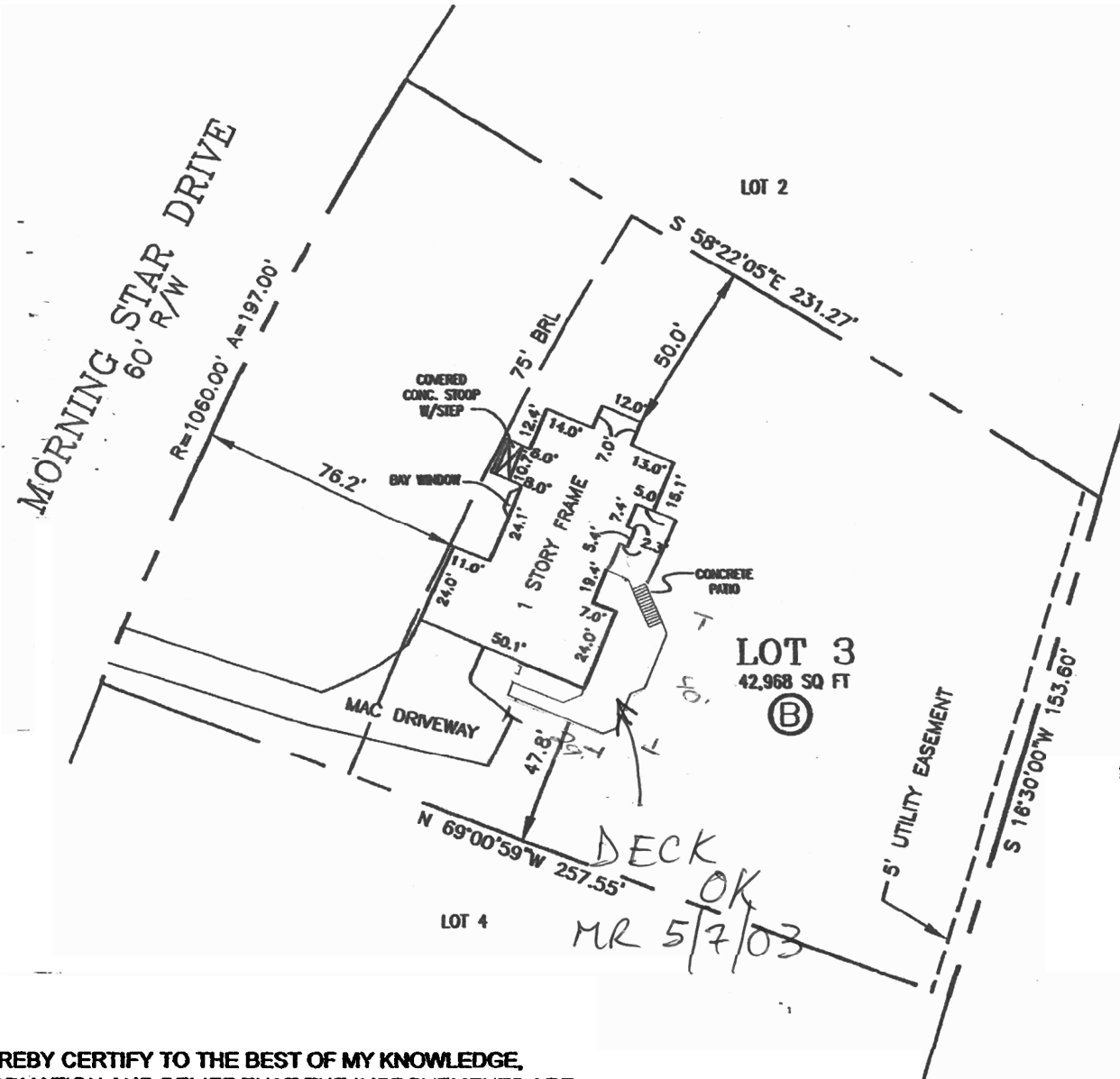


FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ASSUMED IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.5' MORE OR LESS.



PLAT 23/67 NORTH

N/F
FRANK F. WILSON ET AL
446/58 . 453/555

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.



James Robert Meeks
10/16/02

JAMES ROBERT MEEKS, PROFESSIONAL LAND SURVEYOR #10857 DATE

FIRST FLOOR = 584.58'

PLAT No.	DATE	FREDRICK WARD	FINAL LOCATION
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Building Address <u>4967 Morning Star Dr.</u> <u>Dayton, Md 21036</u>	Property Owner's Name <u>Mr + Mrs Jayne</u> Address <u>4967 Morning Star Dr.</u> City <u>Dayton</u> State <u>Md</u> Zip Code <u>21036</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Home Phone <u>410-531-1664</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____
Census Tract <u>605102</u> Subdivision <u>Hidden Chapel Hills</u>	Section <u>2</u> Area _____ Lot <u>3</u>
Tax Map <u>28</u> Parcel <u>167</u> Grid <u>8</u>	Zoning <u>M-10</u> Map Coordinates <u>135a</u> Lot size _____

Existing Use <u>SFD</u> Proposed Use <u>SFD Deck</u> Estimated Construction Cost \$ <u>10,000-</u> Description of Work <u>16x90 Deck with stairs</u> <u>To Grade on rear of house</u>	Contractor Company <u>Distinctive Living Spaces</u> Contact Person <u>David Gooding</u> Address <u>PO Box 207</u> City <u>Clarksville</u> State <u>Md</u> Zip Code <u>21029</u> License No. <u>35079</u> Phone <u>443-535-0487</u> Fax <u>same</u>
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Occupant or Tenant <u>Same as owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	Other Structure: _____ Dimensions: _____ Footings: <u>Post + Pier</u> Roof: _____ ____ State Certified Modular ____ Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> ____ NFPA #13D ____ NFPA #13R ____ 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 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.

<u>David Gooding</u> Applicant's Signature Contractor	<u>David Gooding</u> Print Name <u>5/7/03</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 FOR OFFICE USE ONLY.