

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2434 INSPECTIONS (410) 313-1870 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 808002334	
Building Address 854 THE OLD STATION CRT WOODBINE MD 21797			Property Owner's Name HILTON BRAKE		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates 31B Lot size _____			Address 854 THE OLD STATION CRT City WOODBINE State MD Zip Code 21797 Phone (410) 489-0003 Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): STEVE BOWERS 7 HAYMARKET CRT (410) BART MD 21226 227-9843 Phone _____ Fax _____		
Existing Use SFD Proposed Use SFD W/ DECK Estimated Construction Cost \$ \$11,000. Description of Work 20' x 14' OPEN WOOD DECK W/ STEPS			Contractor Company Don & FENCE CO Contact Person STEVE BOWERS Address 1114 RT 3 NORTH City CROFTON State MD Zip Code 21114 License No. 9415-01 Phone (410) 713-0600 Fax _____		
Occupant or Tenant OWNER 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: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	Utilities Water Supply: ☐ Public ☐ Private Sewage Disposal: ☐ Public ☐ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads	Building Characteristics SF Dwelling ☒ SF Townhouse ☐ Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ ☐ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms: _____ Height: _____ 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 Height: _____ ☐ State Certified Modular ☐ Manufactured Home	Utilities Water Supply: ☐ Public ☒ Private Sewage Disposal: ☐ Public ☒ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ☐ NFPA #13D ☐ NFPA #13R ☐ Other:

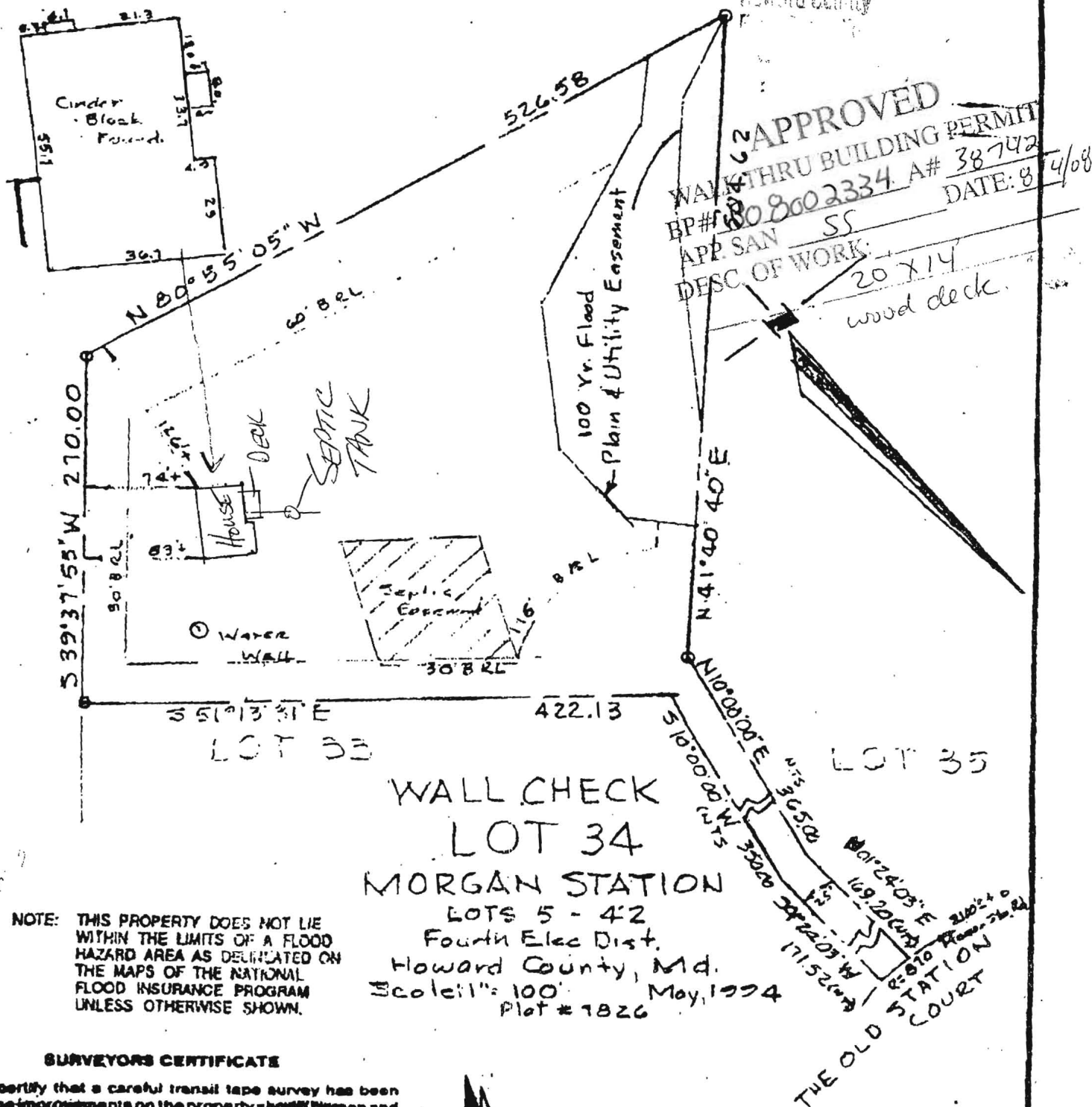
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: *[Signature]* Print Name: **K. STEVEN BOWERS**
 Title/Company: **HGBST** Date: **8/4/2008**

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 Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	8/4/08	<i>[Signature]</i>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES ☐ NO ☐			YES ☐ NO ☐	Check # _____
CONTINGENCY CONSTRUCTION START: ☐			Historic District?	Validation # _____
ONE STOP SHOP: ☐			YES ☐ NO ☐	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	Accepted by _____
T:\Forms\PERMIT.FRM			SDP/Red-line approval date _____	

Note: This is a building and improvement plat only and should not be used to establish property lines.



APPROVED
WALKTHRU BUILDING PERMIT
BP# 808002334 A# 38742
APP. SAN SS
DESC. OF WORK: 20' x 14' wood deck.
DATE: 8/4/08

SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the improvements on the property shown hereon and they are as shown and that there are no other improvements or as shown.

Jack E. Clark
Land Surveyor
5/5/94
STATE OF MARYLAND
JACK E. CLARK
LAND SURVEYOR
REG. NO. 4370
EXPIRATION DATE 12/31/2007



THE J. E. CLARK COMPANY
LAND SURVEYING ENGINEERING

P.O. BOX 147 • LAUREL, MARYLAND 20707