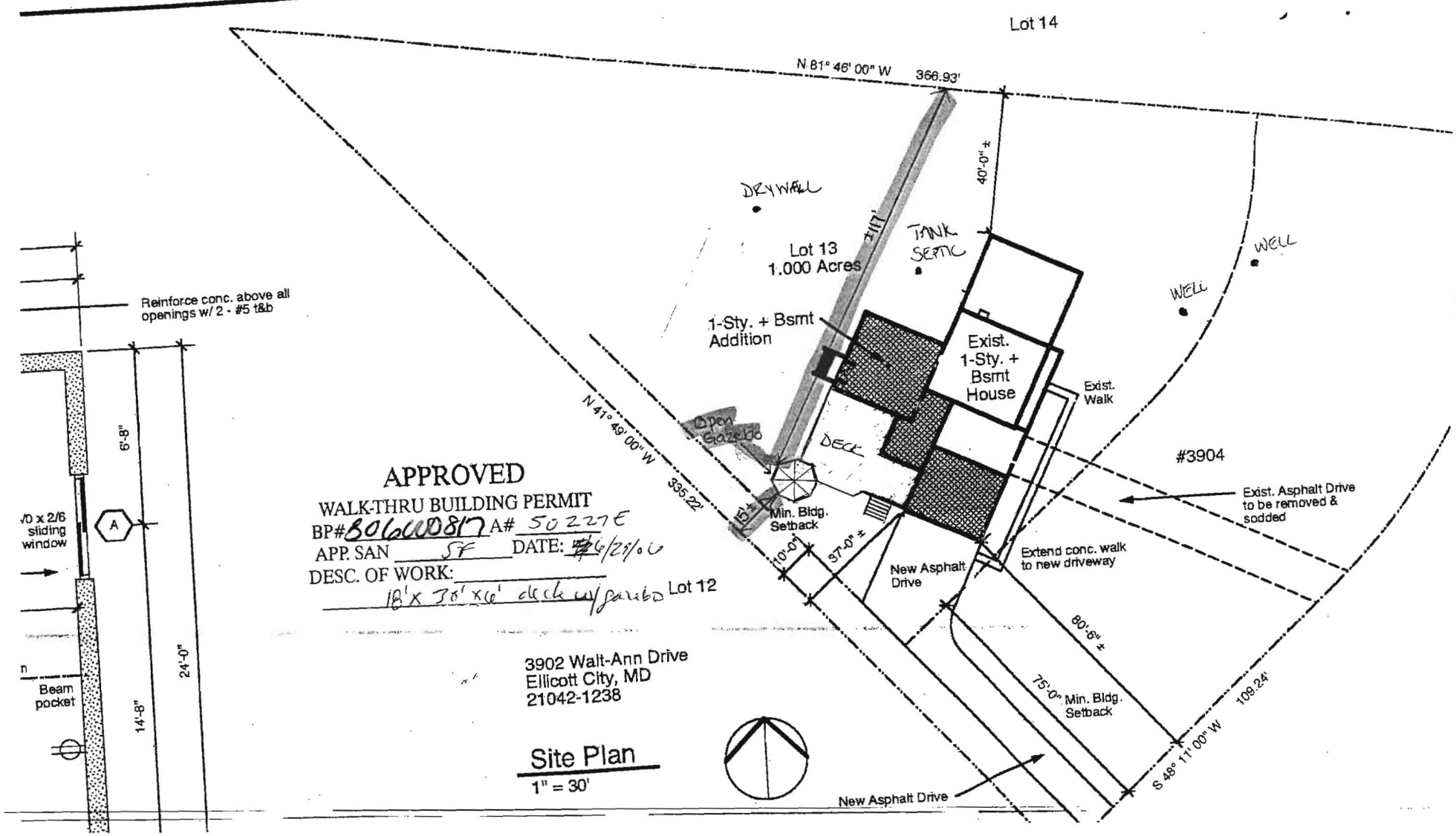


APPROVED

WALK-THRU BUILDING PERMIT

BP# B06000817 A# 50227E

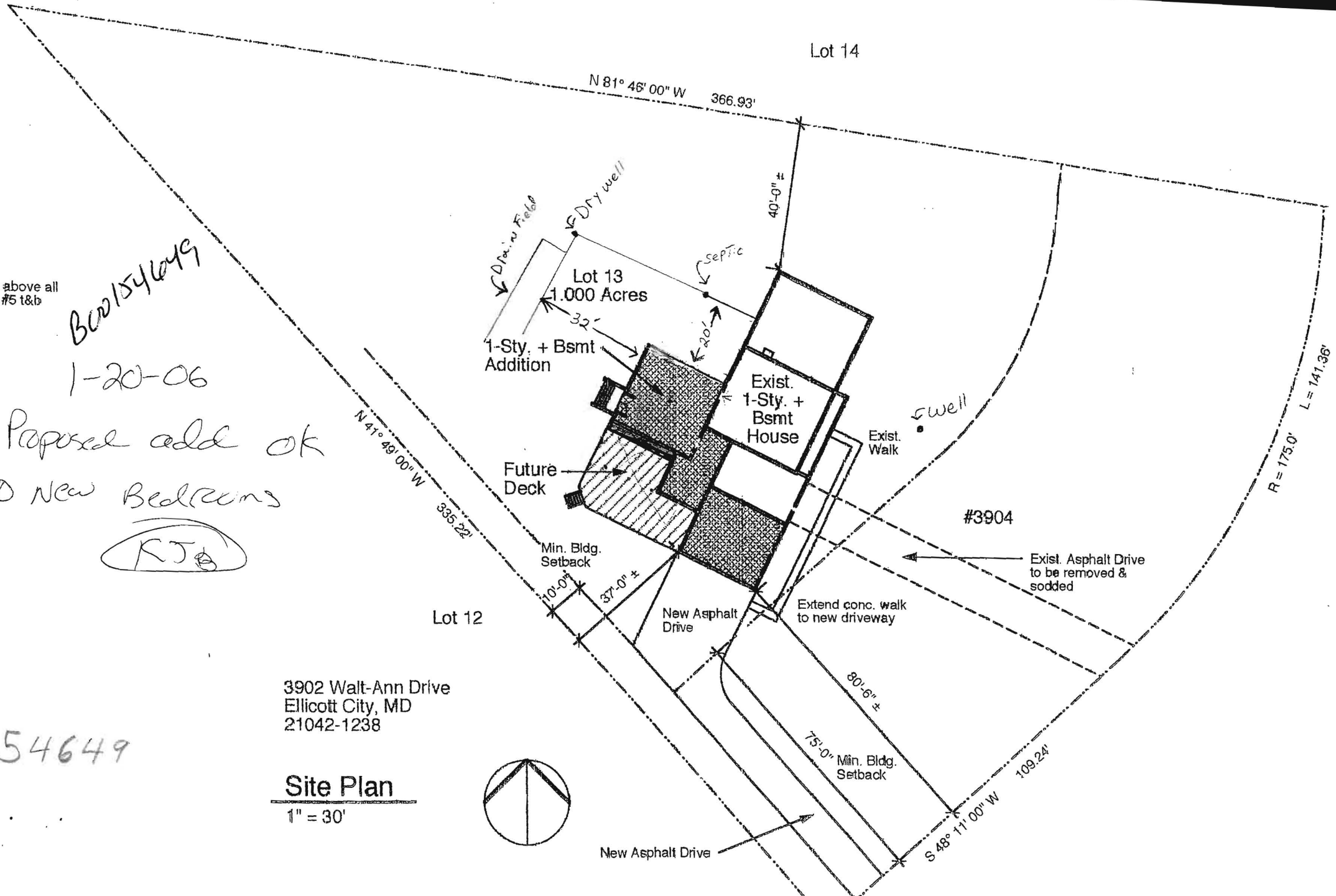
APP. SAN SF DATE: 4/26/06

DESC. OF WORK: 18' x 30' x 6' deck w/ gazebo

3902 Walt-Ann Drive
Ellicott City, MD
21042-1238

Site Plan

1" = 30'



above all
- #5 t&b

B01154649

1-20-06

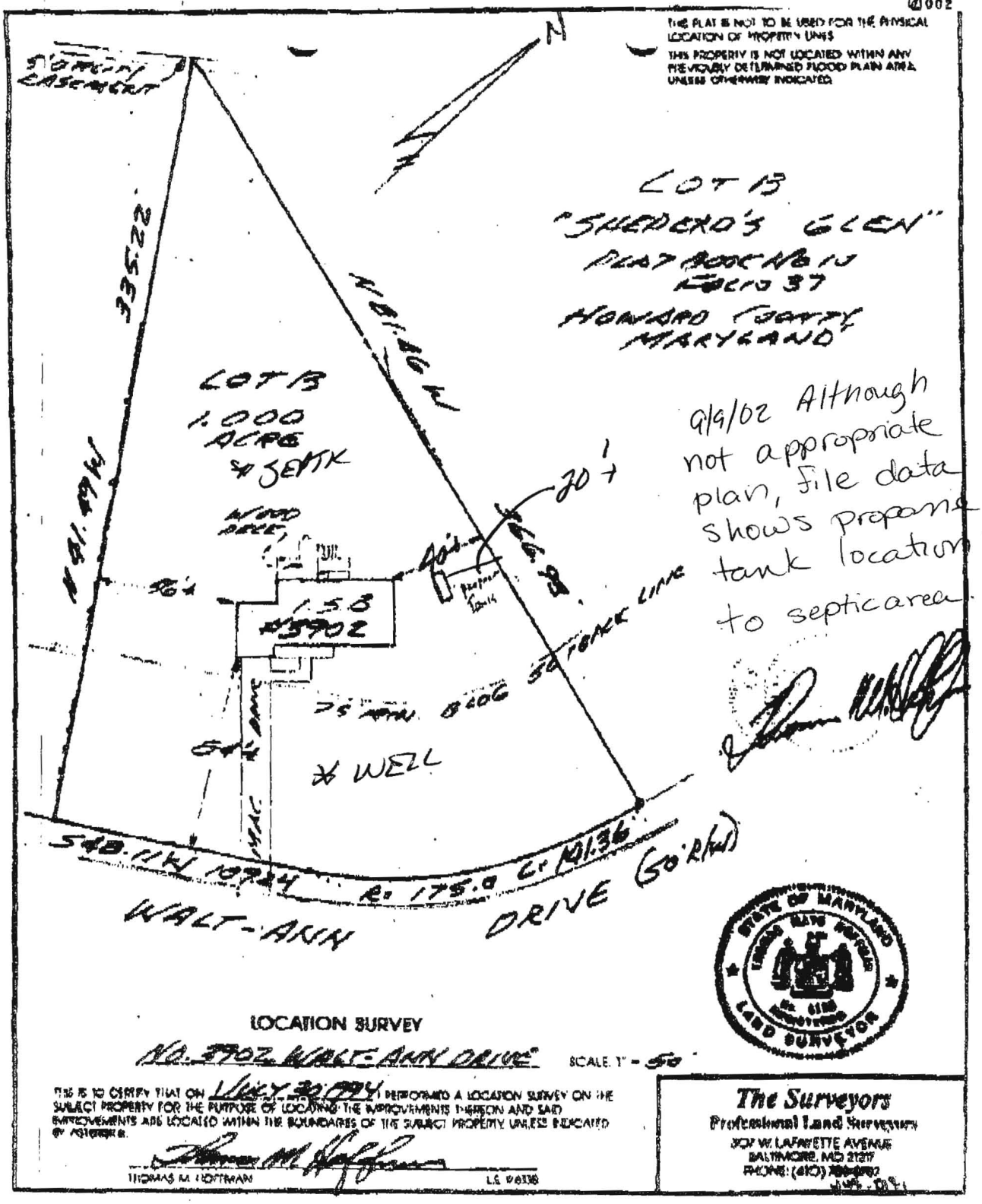
Proposed add ok

NO New Bedrooms

KJB

3-

01154649


THIS PLAT IS NOT TO BE USED FOR THE PHYSICAL LOCATION OF PROPERTY LINES
THIS PROPERTY IS NOT LOCATED WITHIN ANY PREVIOUSLY DETERMINED FLOOD PLAIN AREA UNLESS OTHERWISE INDICATED
N
S 41° 49' W
335.22'
N 41° 49' E
LOT B
1.000 ACRE
SEPTIC
WOOD SHED
30'±
3702
50' FRONT LINE
WELL
S 48° 11' W 109.24'
R. 175.0 C. N 71.36'
WALT-ANN DRIVE (50' R/W)
LOT B
"SHEDRO'S GLEN"
PLAT BOOK MB 10
FOLIO 37
HOWARD COUNTY
MARYLAND
9/9/02 Although not appropriate plan, file data shows propane tank location >20' to septic area.
LOCATION SURVEY
NO. 3702 WALT-ANN DRIVE
SCALE: 1" = 50'
THIS IS TO CERTIFY THAT ON ... PERFORMED A LOCATION SURVEY ON THE SUBJECT PROPERTY FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND SAID IMPROVEMENTS ARE LOCATED WITHIN THE BOUNDARIES OF THE SUBJECT PROPERTY UNLESS INDICATED BY NOTES.
THOMAS M. HOFFMAN LS #838
The Surveyors
Professional Land Surveyors
307 W. LAFAYETTE AVENUE
BALTIMORE, MD 21217

Call Nick 410-[illegible]

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** B0U158367

Building Address 3902 WALT ANN DR ELLICOTT CITY, MD 21042

Suite/Apt. #: ______ SDP/WP/Petition #: ______

Census Tract 603000 Subdivision Shepards Glen

Section — Area — Lot 13

Tax Map 22 Parcel 145 Grid 15

Zoning RR Map Coordinates ______ Lot size ______

Property Owner's Name CHRIS DUGAN

Address 3902 WALT ANN DR

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-531-2434 Work Phone ______

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone ______ Fax ______

Existing Use DWELLING

Proposed Use DWELLING

Estimated Construction Cost $ 1500.00

Description of Work INSTALL 1-325 GALLON UNDERGROUND PROPANE TANK FOR EMERGENCY GENERATOR

Contractor Company Positive Mecanical

Contact Person LEON KUCHARSKI

Address 104 TENNEYSON CT

City ABINGDON State MD Zip Code 21009

License No. 15627

Phone 443-463-7009 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 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 DESCRIPTION - *RESIDENTIAL*

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 ______

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: ______

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
- ~~X~~ Public
- X Private

Sewage Disposal:
- ~~X~~ Public
- X 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 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.

[signature]
Applicant's Signature

CHRIS KOLB
Print Name

POSITIVE MECANICAL
Title/Company

9-3-02
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY **

RECEIVED

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	9/9/02	Kacie Norman
Fire Protection		

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

CONTINGENCY CONSTRUCTION START ☐

ONE STOP SHOP ☐

DPZ SETBACK INFORMATION
- Front: ______
- Rear: ______
- Side: ______
- Side St. ______

All minimum setbacks met? YES ☐ NO ☐

Is Entrance Permit required? YES ☐ NO ☐

Historic District? YES ☐ NO ☐

Lot Coverage for NewTown Zone ______

SDP/Red-line approval date ______

PROPERTY ID#: 2-[illegible]

Filing fee	$ 100
Permit fee	$
Excise tax	$
Add'l perl fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 7308
Validation	#

Accepted by ______

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

T:\forms\PERMIT.FRM Rev. 5/17/00