

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0300 1747

Building Address: 1774 Main St
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 8 Parcel 38 Grid C6
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name: Michael Steinact
 Address: 777 Main St
 City: Ellicott City State: MD Zip Code: 21043
 Home Phone: 410-453-6113 Work Phone: 410-744-7500
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Name: Michael Steinact
 Address: 777 Main St
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 410-453-6113 Fax: 410-453-7737

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost \$: 300,000
 Description of Work: 2nd floor kitchen, bathroom, and base with bath

Contractor Company: Stewart Construction
 Contact Person: Michael Steinact
 Address: 777 Main St
 City: Ellicott City State: MD Zip Code: 21043
 License No.: 740-7500
 Phone: 410-453-6113 Fax: 410-453-7737

Occupant or Tenant: Michael Steinact
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: Stewart Construction
 Contact Person: Michael Steinact
 Address: 777 Main St
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 410-453-6113 Fax: 410-453-7737

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	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"/>
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 _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: <u>20'</u> Width: <u>20'</u>	Water Supply: _____ Public _____ Private _____
1st floor: <u>66</u> <u>31</u> 2nd floor: <u>27</u> <u>28</u> Basement: <u>None</u>	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>1</u> Height: <u>20'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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.

Applicant's Signature: Michael Steinact
 Title/Company: _____

Print Name: Michael Steinact
 Date: 6-13-08

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	<u>7/20/08</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B09001081

Building Address 979 Route 97
(Hards mill rd) Cooksville md 21723
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 8 Parcel 38 Grid 6
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name BARBARA Costello
Address 979 Route 97
City Cooksville State MD Zip Code 21723
Home Phone 410 489 2919 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use JFD
Proposed Use Same w/ Tank
Estimated Construction Cost \$ 1000.00
Description of Work Install (1) 120 ub
LP tank and run line to home

Contractor Company Michel Welding & Mechanical Repair
Contact Person Robert J Michel Sr
Address 2513 Green Rd
City Baldwin State MD Zip Code 21013
License No. 73061
Phone 410 692 5416 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	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input 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"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

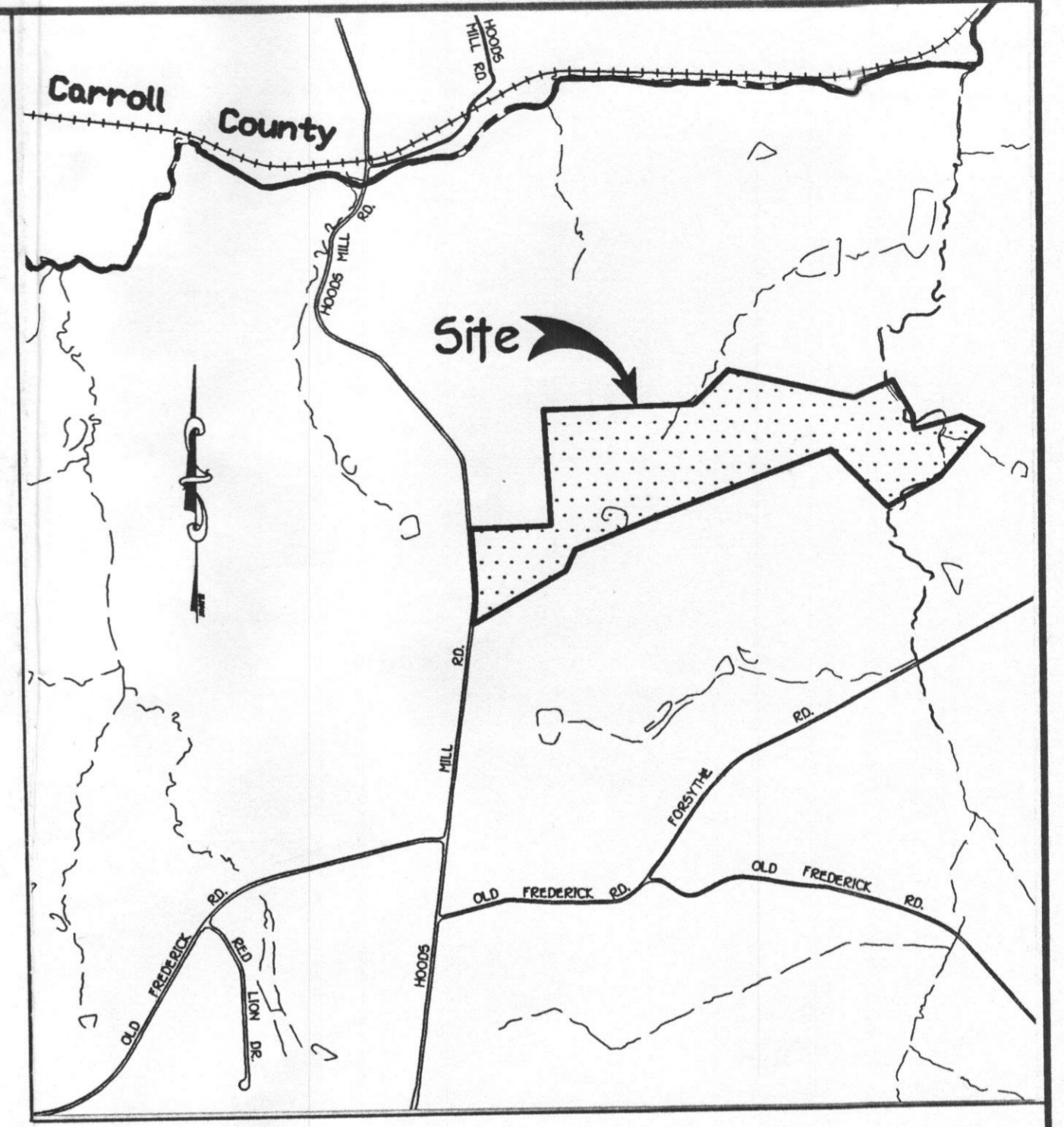
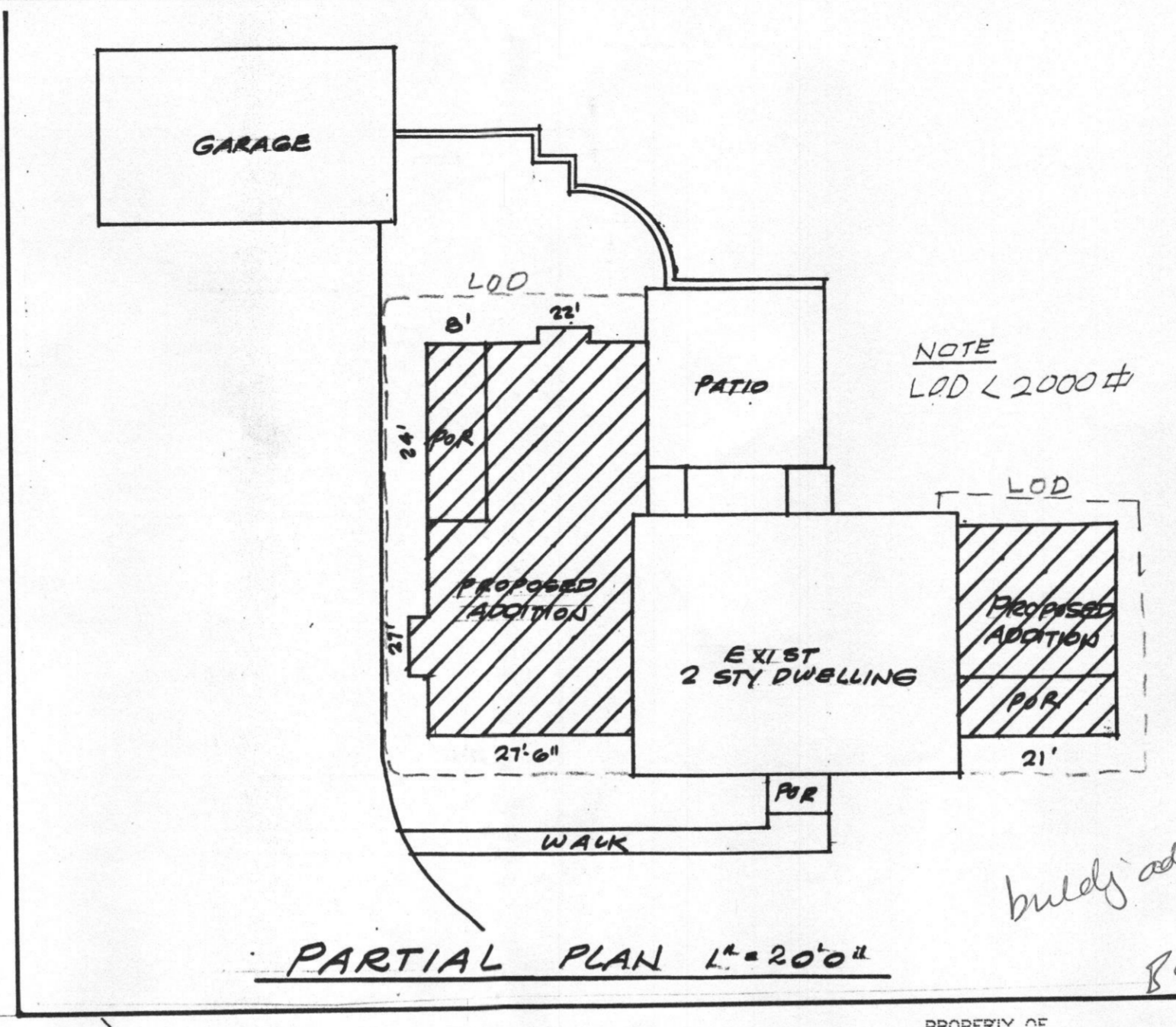
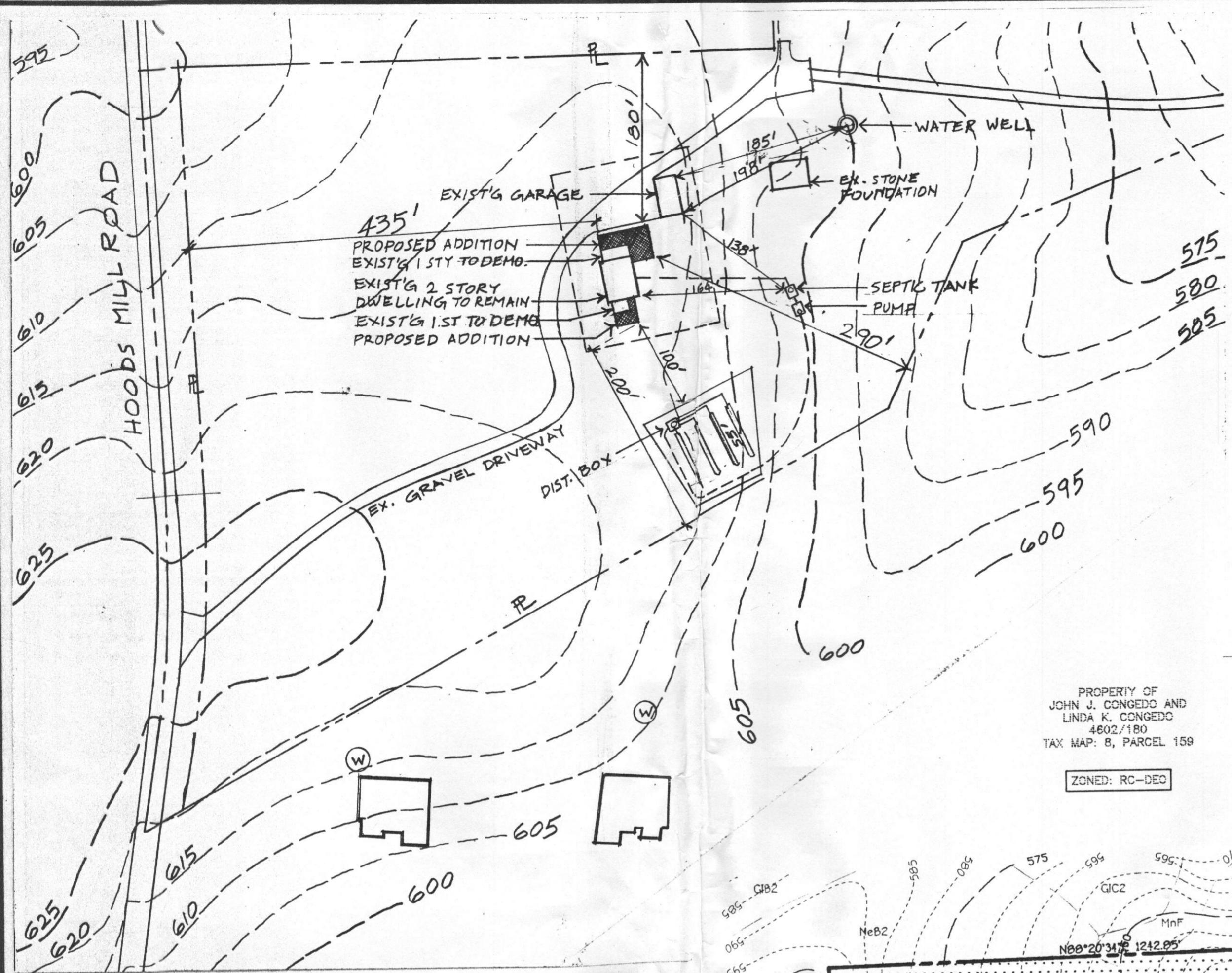
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Applicant's Signature Michel Welding & Mechanical Repair
Title/Company _____

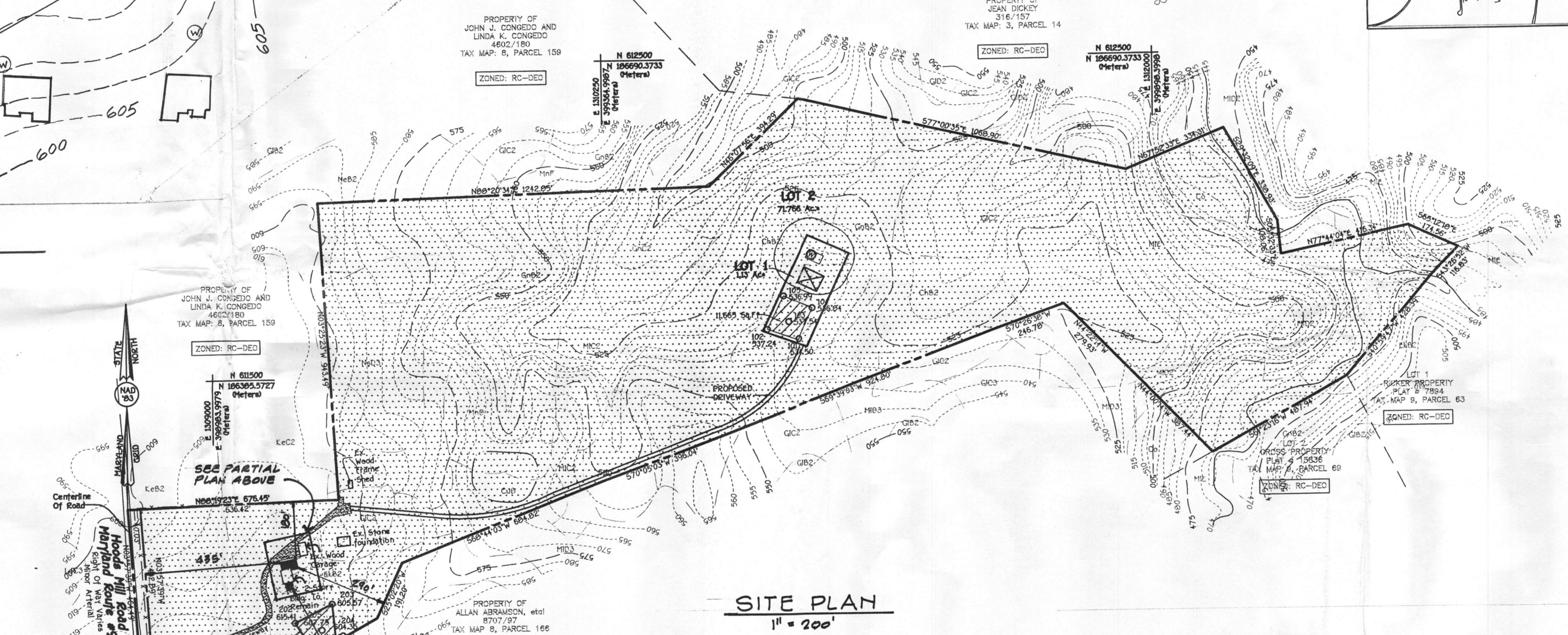
Print Name Robert J Michel Sr
Date 5/1/09

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

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	<u>5/18/09</u>	<u>Robert J Michel Sr</u>	Side St: _____ Add'l per. fee \$ _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
Gold: SHA				



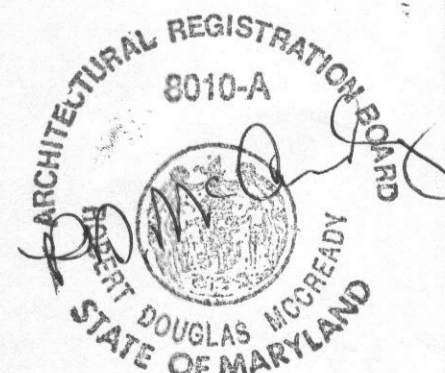
SITE PLAN
 1" = 100'



Land Reserved for State of Maryland For The Purpose Of A Public Road (0.716 Ac.) This Area is Not Encumbered By The Preservation Easement.

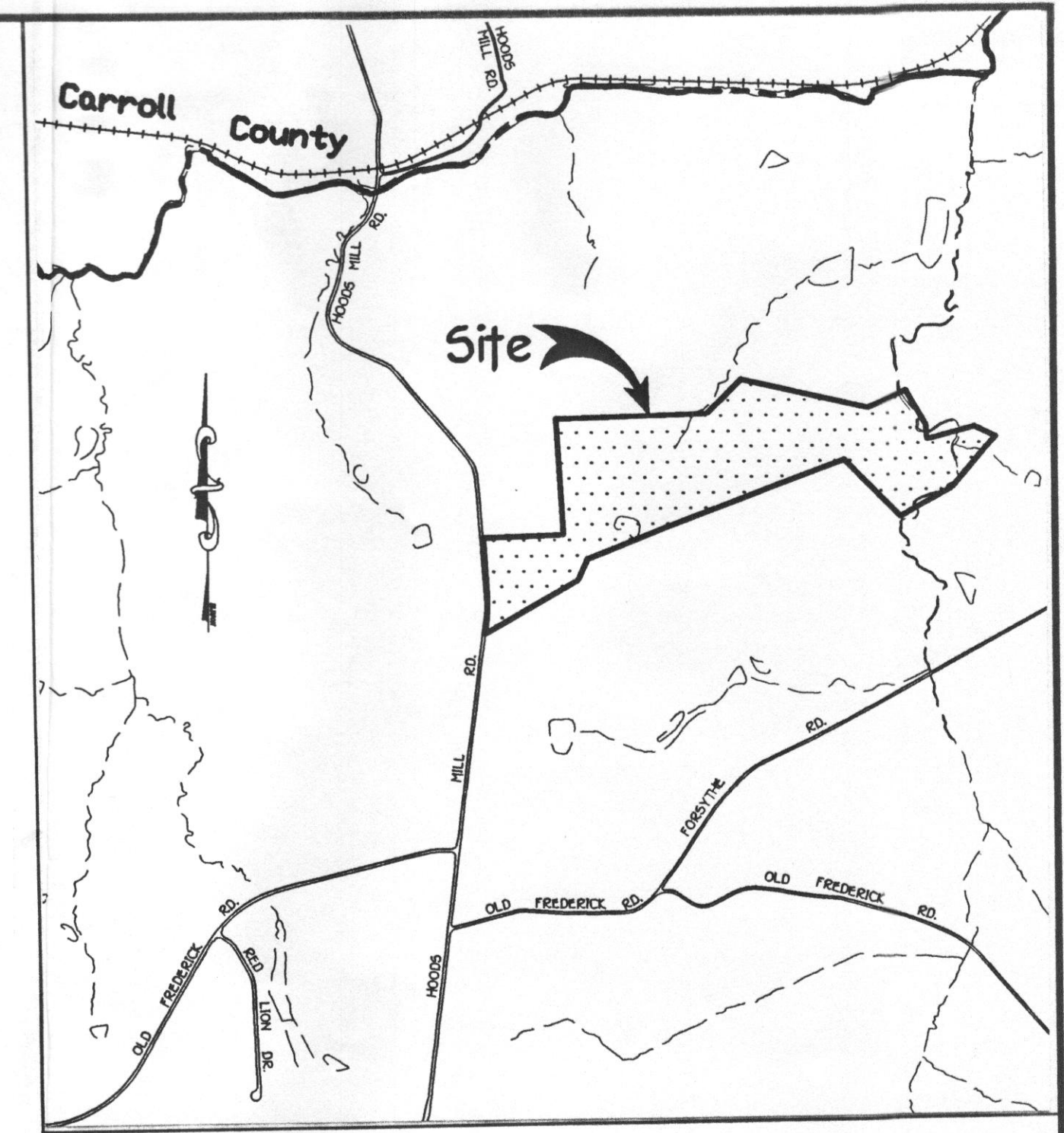
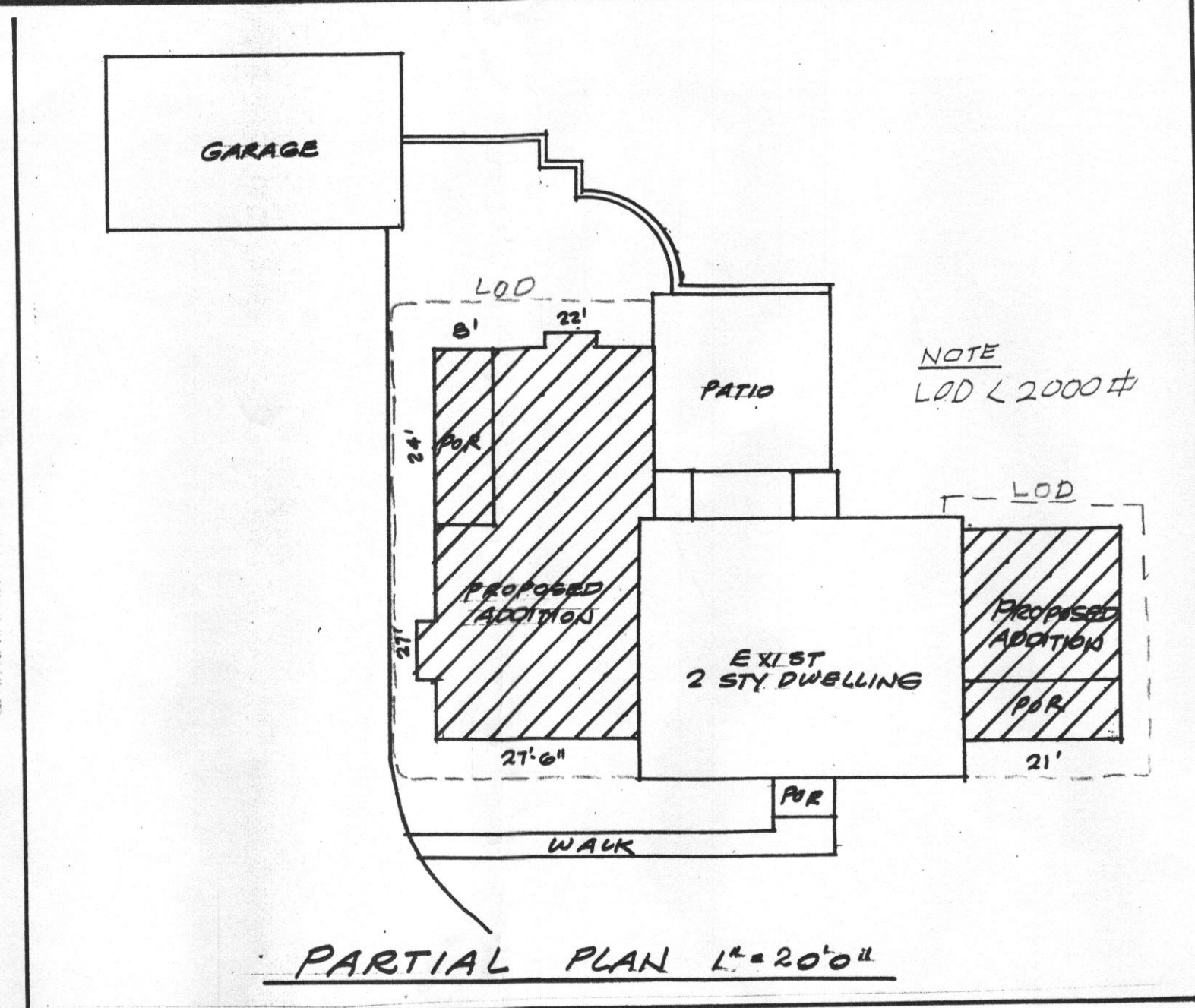
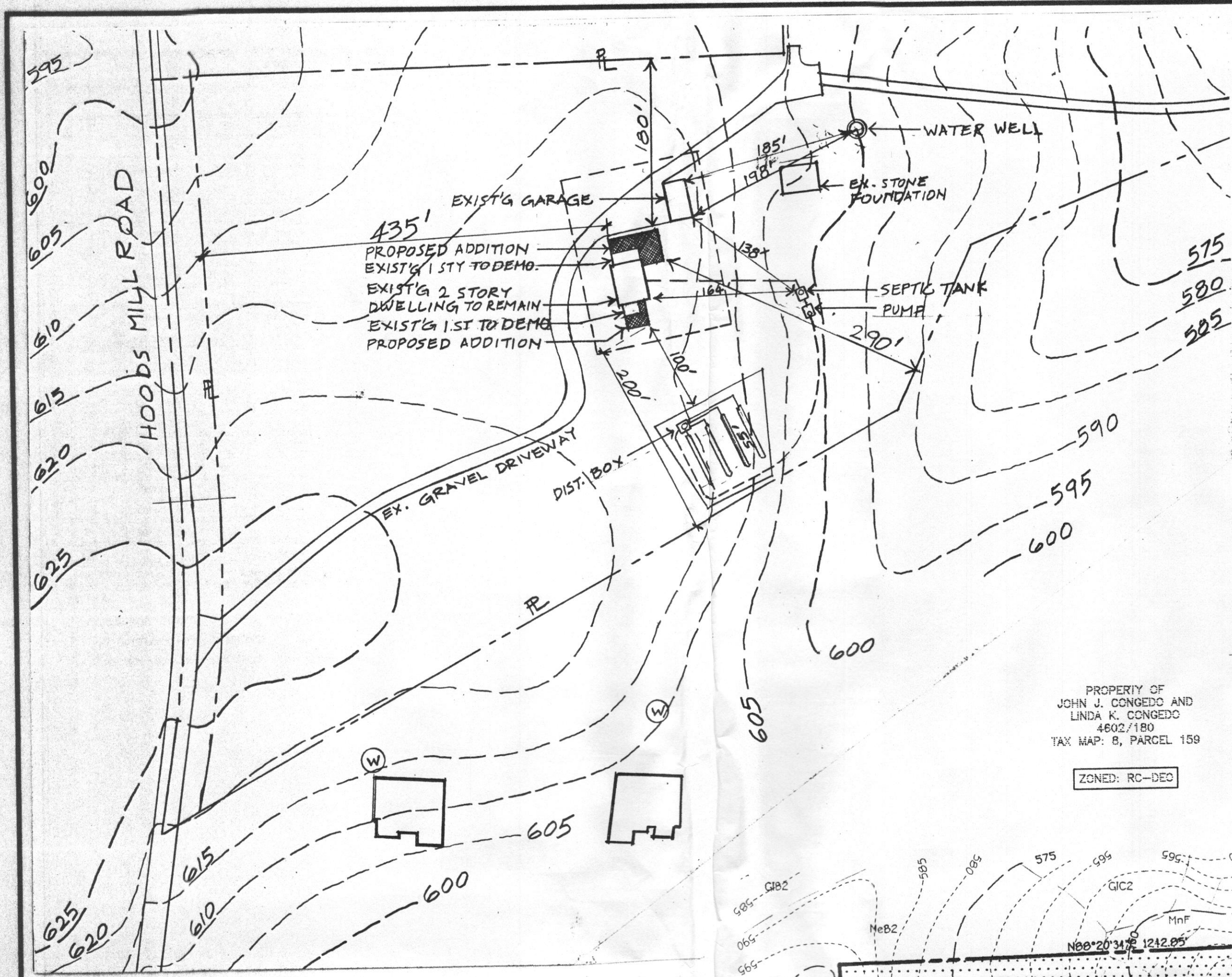
GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. ADJUSTMENTS TO SEPTIC EASEMENT AREA IS NOT PERMITTED WITHOUT ADDITIONAL TESTING.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
4. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
5. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
6. ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. IT IS THE DEVELOPERS RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO FINAL PLAT SUBMISSION. IT WILL NOT BE CONSIDERED "GOVERNMENT DELAY" IF THE WELL DRILLING HOLDS-UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAT.
7. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY GIS TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 2' CONTOUR INTERVAL.
8. BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.
9. DEED REFERENCE LIBER 3079 FOLIO 613

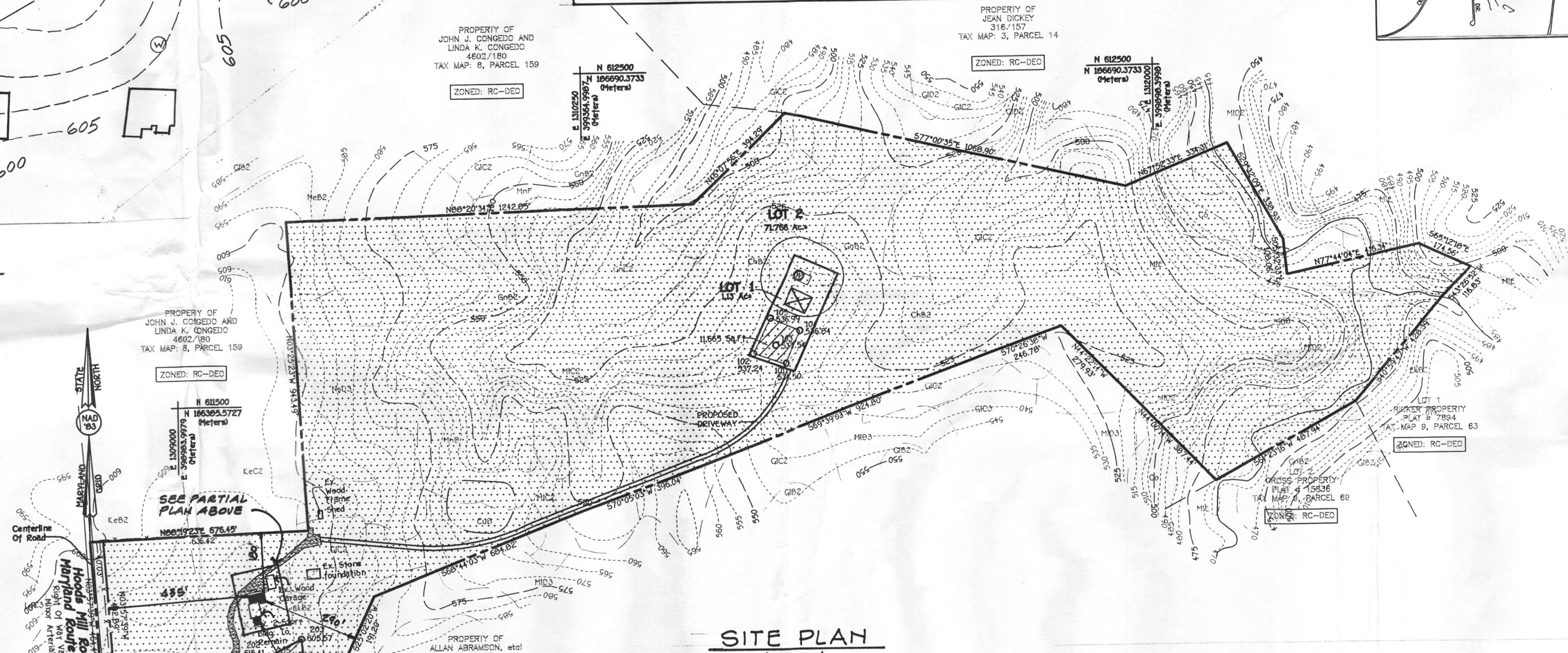


ADDITIONS AND ALTERATIONS, COSTELLO RES.
 919 HOODS MILL RD., COOKSVILLE MD, 21723
 SITE PLAN

JOB 23-01
 DATE 7-18-08
 SHEET 1
 OF 1



SITE PLAN
1" = 100'

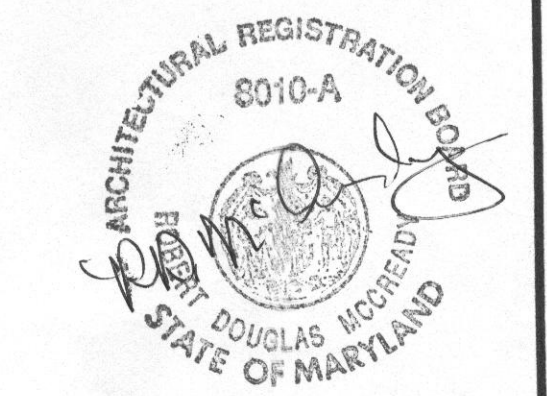


SITE PLAN
1" = 200'

GENERAL NOTES:

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7. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY GIS TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 2' CONTOUR INTERVAL.
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9. DEED REFERENCE LIBER 3078 FOLIO 613

Land Reserved For State Of Maryland For The Purpose Of A Public Road (0.716 Ac) This Area Is Not Encumbered By The Preservation Easement.

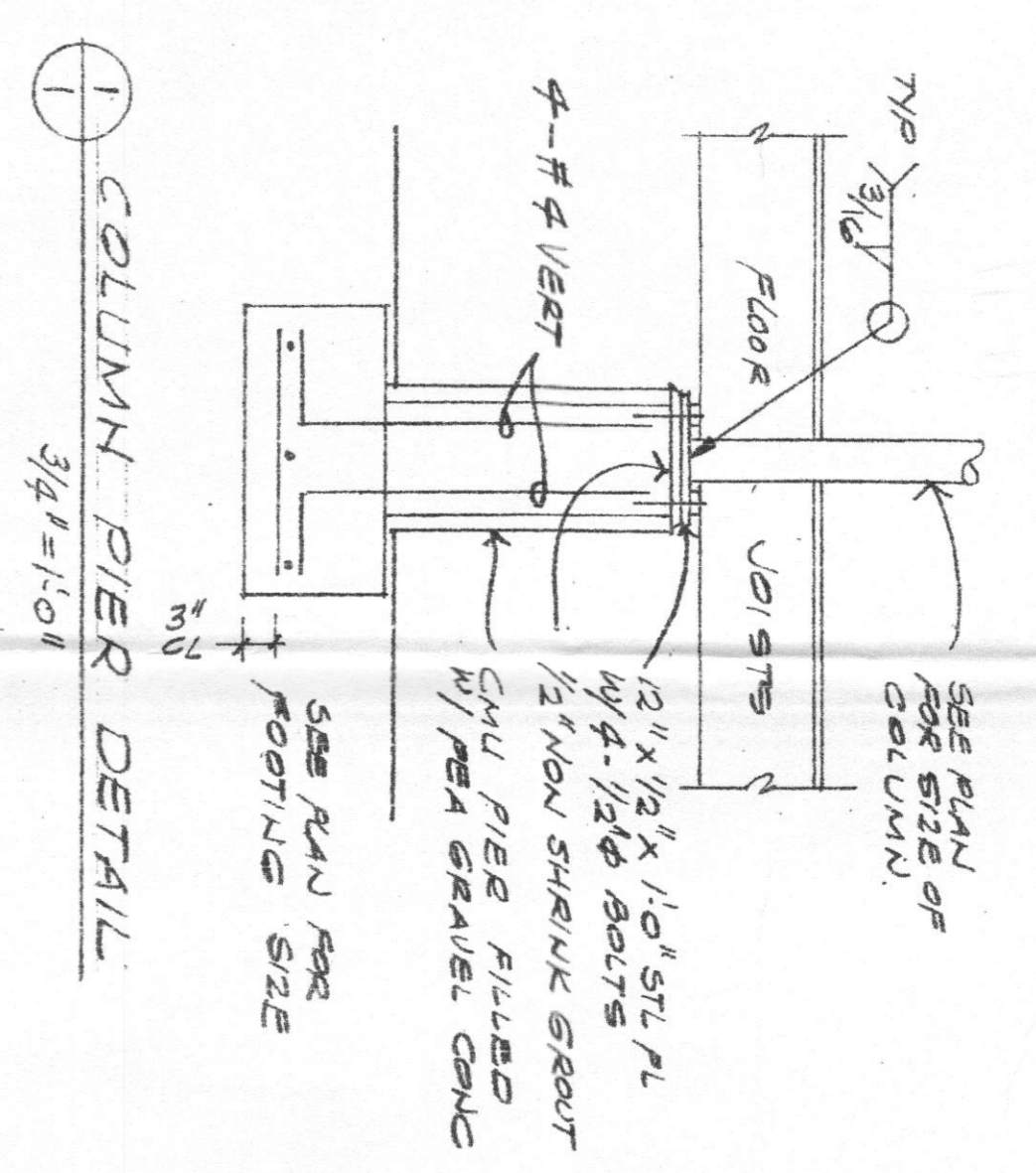
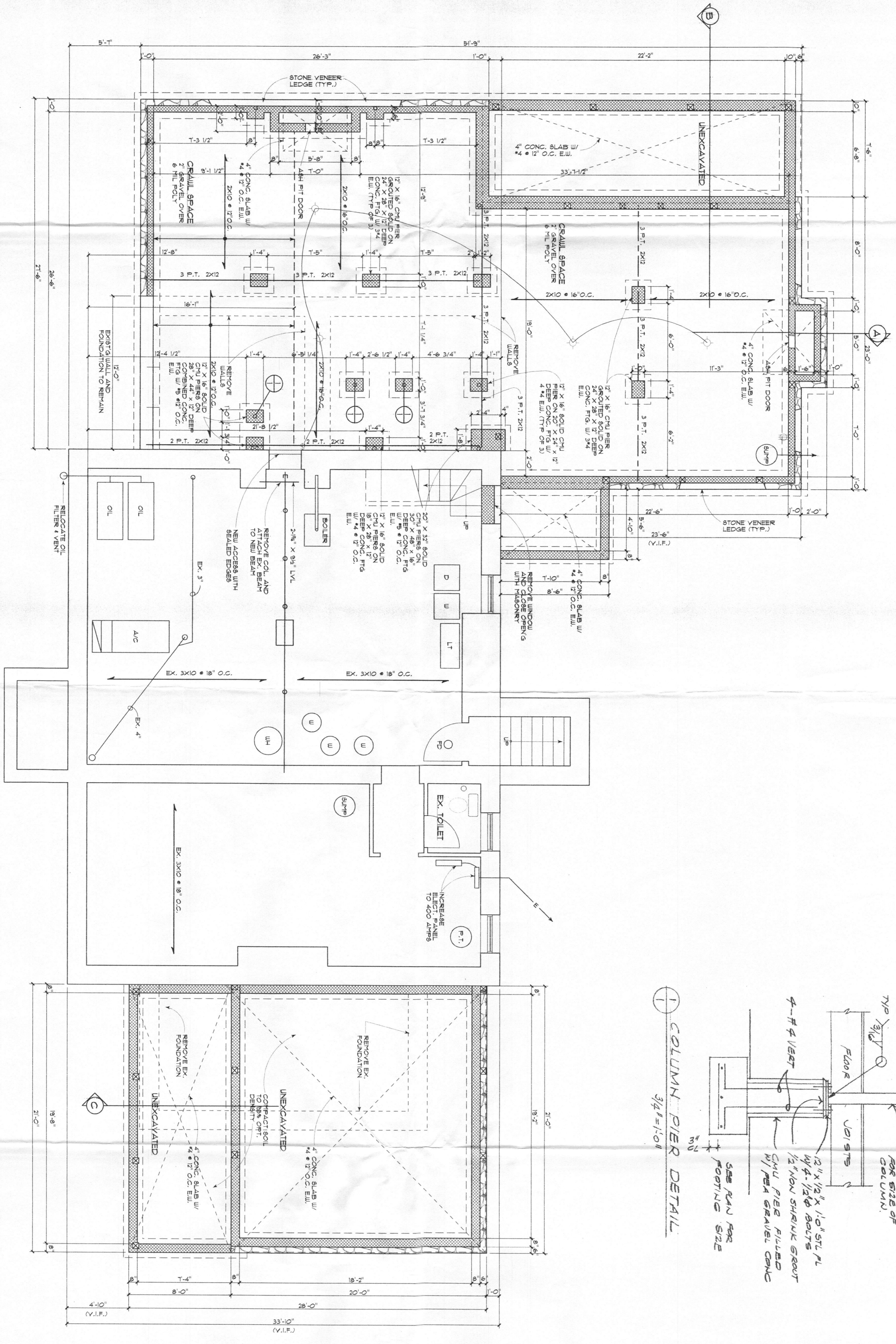


ADDITIONS AND ALTERATIONS, COSTELLO RES.
 979 HOODS MILL RD. COOKSVILLE MD, 21723
 SITE PLAN

JOB 23-07
 DATE 7-18-08
 SHEET 1 OF 1

BASEMENT FLOOR PLAN

1/4" = 1'-0"

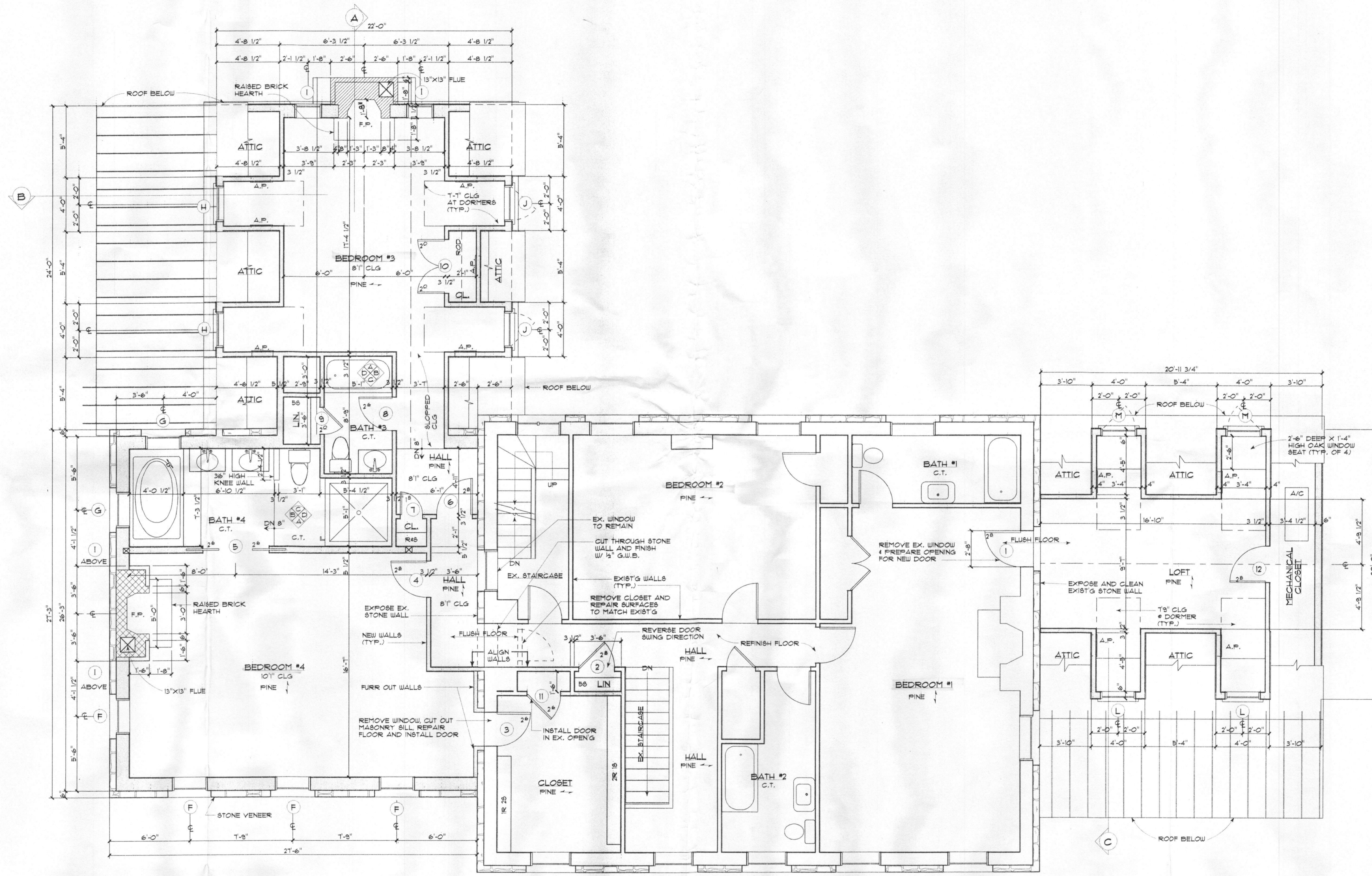


STEWART/MCCREARY ARCHITECTS, PA
 1000 W. MARKET STREET
 SUITE 200
 COOKSVILLE, TN 38506
 (615) 986-7881

DRAWN: G.M./J.M.
 CHECKED: A.S. NOTED
 JOB NO.: 23-01
 SHEET: 1
 OF 11 SHEETS

ADDITIONS & ALTERATION - COSTELLO RES.
 979 HOODS MILL RD., COOKSVILLE, MD 21723
BASEMENT FLOOR PLAN

NO.	REVISIONS



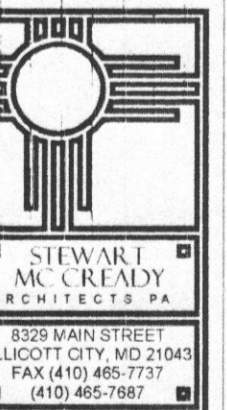
SECOND FLOOR PLAN

1/4" = 1'-0"

ADDITIONS & ALTERATION - COSTELLO RES.

979 HOODS MILL RD., COOKSVILLE, MD 21723

SECOND FLOOR PLAN



STEWART
MCCREARY
ARCHITECTS, PA
1329 WAIN STREET
ELLSWORTH CITY, MD 21543
FAX (410) 485-7137
(410) 485-7967

DATE: 6-16-2008
SCALE: AS NOTED
JOB NO: 23-01
SHEET