

**HOWARD COUNTY
PERMIT APPLICATION**

**PERMIT NUMBER
B07002757**

Building Address 14397 Dorsey Mill Rd.
Glenwood, MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: #13064
Census Tract 604002 Subdivision Clarks Woods II
Section _____ Area _____ Lot 1
Tax Map 21 Parcel 232 Grid 17
Zoning RC Map Coordinates _____ Lot size 1.084

Property Owner's Name David & Abby Gurian
Address 14397 Dorsey Mill Rd
City Glenwood State MD Zip Code 21738
Home Phone _____ Work Phone 410-489-9500
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use N/A
Proposed Use Rec. Room/Family Room
Estimated Construction Cost \$ 30,000
Description of Work 24'x30' addition on crawlspace
ATTC TRUSSES For storage above addition

Contractor Company Newport Builders Inc.
Contact Person MIKE FISHER
Address 2105 Spenser Lane
City Finksburg State MD Zip Code 21048
License No. 16663
Phone 410-795-3011 Fax 410-795-0634

Occupant or Tenant David & Abby Gurian
Contact Name DAVID Gurian
Address 14397 Dorsey Mill Rd
City Glenwood State MD Zip Code 21738
Phone _____ Fax _____

Engineer or Architect Company Caddworks
Contact Person _____
Address 332 W. Patrick Street
City Fredersick State MD Zip Code 21701
Phone 301-695-9121 Fax 301-695-4848

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>59'</u> <u>54'11"</u> 2nd floor: _____ Basement: _____ 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: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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.

Mike Fisher
Applicant's Signature
President Newport Builders
Title/Company

MIKE FISHER
Print Name
6/20/07
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		
Health	<u>7/5/2007</u>	<u>Schil A Cj</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

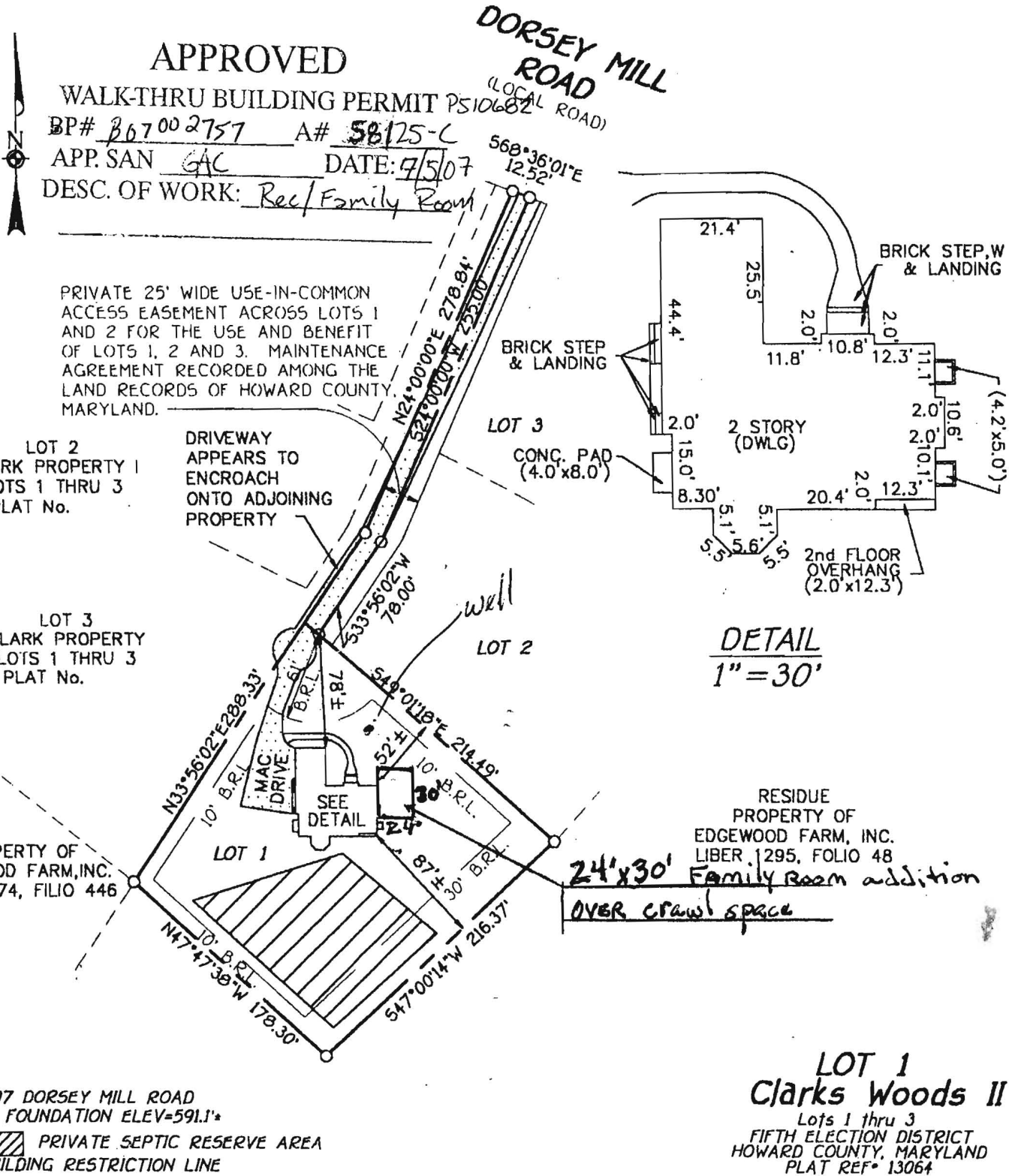
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES NO
Is Entrance Permit required?
YES NO
Historic District?
YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:

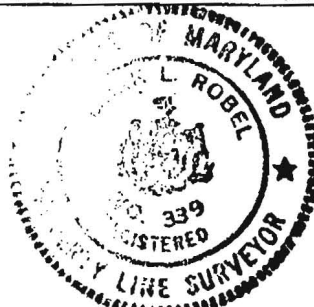
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENT AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0020 B, EFFECTIVE DATE: DEC. 7, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



Mark L. Robel 5/10/99
 PROFESSIONAL LAND SURVEYOR DATE
 REG. # 339

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/13/99
 FINAL LOCATION: 5/10/99
 BOUNDARY SURVEY: _____

SCALE: 1"=100'
 DATE: 5/11/99
 DRAWN BY: T.P.F.
 CHECKED BY: M.L.R.
 PROJECT No.: 61275