

Health

DEPT. OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455  
INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

Bo 7001135  
**PERMIT NUMBER**

Building Address 1851 Florence Rd. Property Owner's Name Jeffrey Rose + Helen Rose  
Address 1851 Florence Rd.  
City Mount Airy State MD Zip Code 21771  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Phone 301-703-4107 Phone \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein):  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning RC Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_  
Existing Use Garden Contractor Company National Barn Company  
Proposed Use Storage Building Contact Person Ron  
Estimated Construction Cost \$ 49,000 Address 316 Juniper Lane  
City Harrier State PA Zip Code 17331  
Description of Work 40x60 Pole Bldg License No. 124016  
Phone 866-942-2276 Fax \_\_\_\_\_  
Occupant or Tenant Jeffrey Rose Engineer or Architect Company \_\_\_\_\_  
Contact Name Jeffrey Rose Contact Person \_\_\_\_\_  
Address 1851 Florence Rd. Address \_\_\_\_\_  
City Mount Airy State MD Zip Code 21771 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone 301-703-4107 Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	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"/>	No. of Bedrooms: _____	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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: <u>Pole Building</u> Dimensions: <u>40x60</u> Footings: <u>25</u> Roof Height: <u>12.4</u>	
		State Certified Modular _____ Manufactured Home _____	

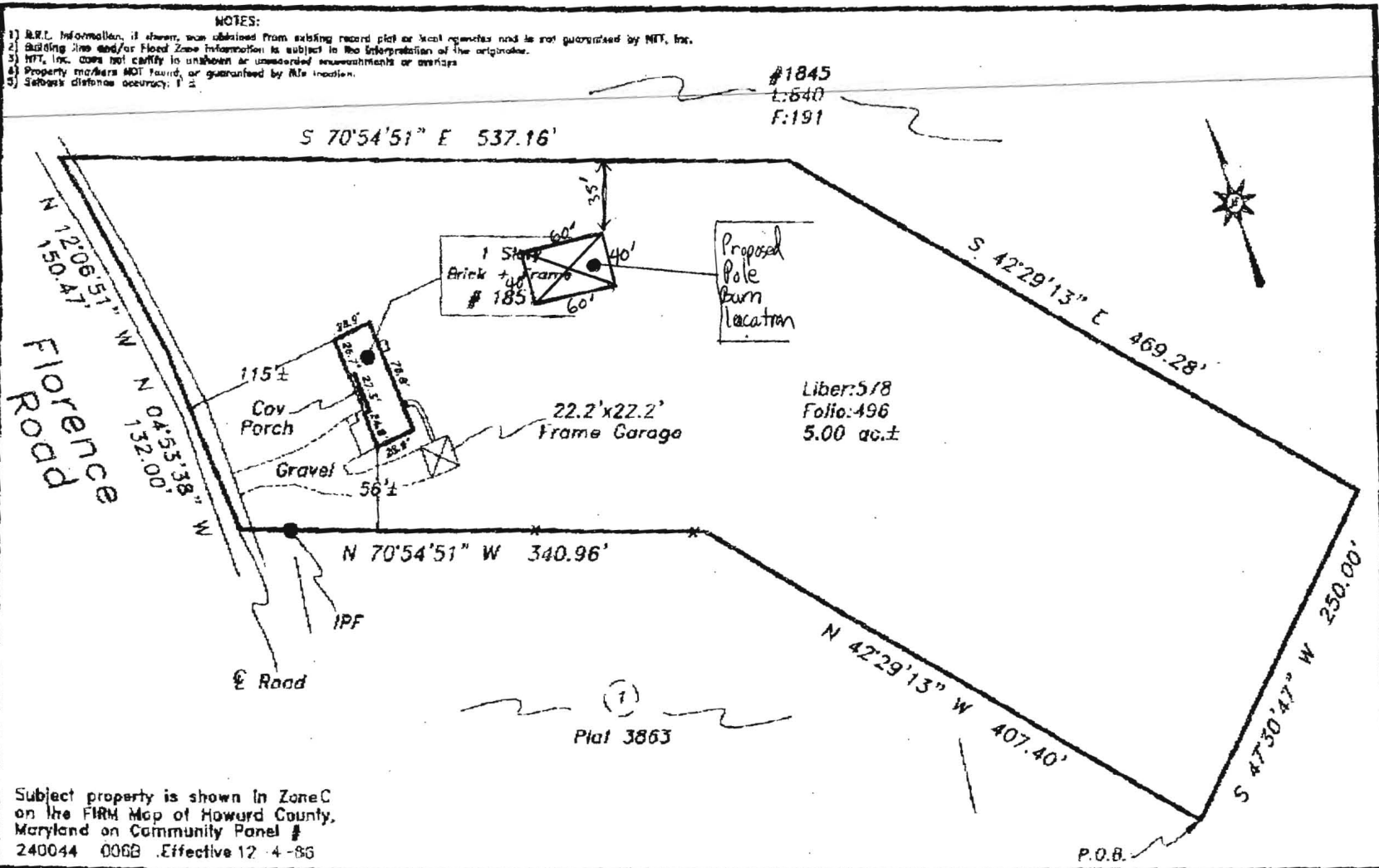
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Helen Rose Applicant's Signature  
Jeffrey Rose Print Name  
Title/Company \_\_\_\_\_ Date 4/18/07 4/5/07

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 Officials				Side: _____	Excise tax \$ _____
✓ Dev. Engineering DPZ				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?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				Historic District?	Check # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date	Accepted by _____
Distribution of Copies - White: Building Officials					
Green: LDD, DPZ					
Yellow: DED, DPZ					
Pink: Health					
Gold: SHA					
T:forms/buildingpermitapplication					REV:10/28/04

2288



This is to certify that I have surveyed the property shown hereon, being known as 1851 Florence Road and recorded among the land records of Howard County, Maryland in Liber 578 folio 496 for the purpose of locating the improvements thereon.



LOCATION DRAWING  
1851 Florence Road  
Howard County, Maryland  
Election District No. 04

\* This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.  
\* This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.  
\* This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

NTT Associates, Inc.  
16205 Old Frederick Road  
Mt. Airy, Maryland 21771  
Ph. (410)442-2031  
Fax No. (410)442-1315

Scale:	1"=100'
Date:	2-9-05
Field By:	Dan
Drawn By:	Dan
Drawing #	V2255

Scanned 11/10/07

DEPT. 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		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B07001135
Building Address <u>1851 Florence Rd.</u>		Property Owner's Name <u>Jeffrey Rose + Helen Rose</u> Address <u>1851 Florence Rd.</u> City <u>Mount Airy</u> State <u>MD</u> Zip Code <u>21271</u> Phone <u>301-703-4107</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Applicant's Name & Mailing Address, (if other than stated herein): _____	
Census Tract _____ Subdivision _____		Phone _____ Fax _____	
Section _____ Area _____ Lot _____		Zoning <u>RC</u> Map Coordinates _____ Lot Size _____	
Existing Use <u>Garden</u> Proposed Use <u>Storage Building</u> Estimated Construction Cost \$ <u>49,000</u>		Contractor Company <u>National Barn Company</u> Contact Person <u>Ron</u> Address <u>316 Juniper Lane</u> City <u>Handover</u> State <u>PA</u> Zip Code <u>17331</u> License No. <u>124016</u> Phone <u>866-942-2226</u> Fax _____	
Description of Work <u>40x60 Pole Building</u>		Engineer or Architect Company _____	
Occupant or Tenant <u>Jeffrey Rose</u>		Contact Person _____	
Contact Name <u>Jeffrey Rose</u>		Address _____	
Address <u>1851 Florence Rd.</u>		City _____ State _____ Zip Code _____	
City <u>Mount Airy</u> State <u>MD</u> Zip Code <u>21271</u>		Phone _____ Fax _____	
Phone <u>301-703-4107</u>		_____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: <u>Pole Building</u> Dimensions: <u>40x60</u> Footings: <u>25</u> Roof Height: <u>12.4</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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Helen Rose  
 Applicant's Signature  
 \_\_\_\_\_  
 Title/Company  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date

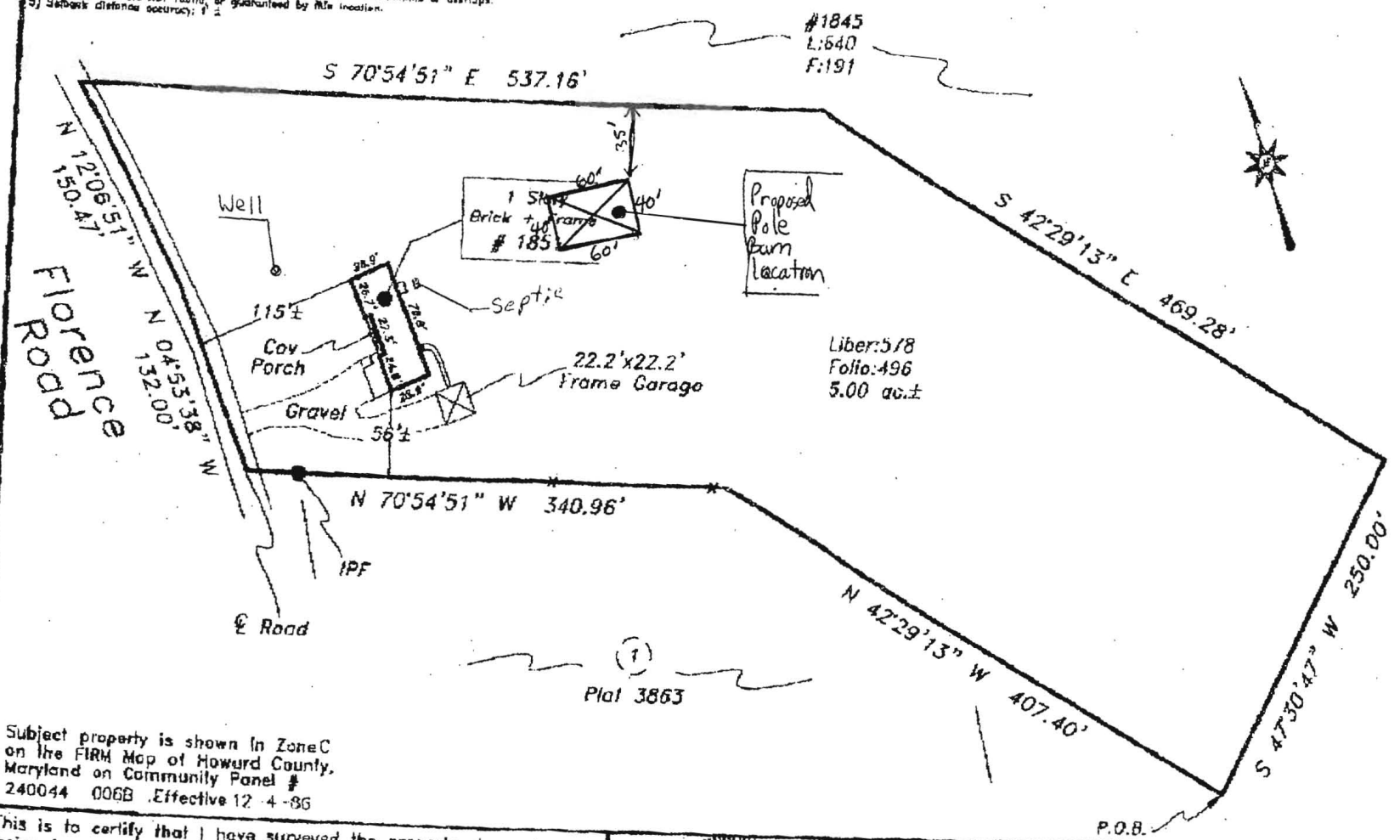
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Land Development DPZ				Front	Filing fee \$
State Highways				Rear	Permit fee \$
Building Officials				Side	Excise tax \$
Dev. Engineering DPZ				Side St.	Add'l per fee \$
Health				All minimum setbacks met?	TOTAL FEES \$
Fire Protection				YES <input 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 #
				Historic District?	Validation #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date	Accepted by
Distribution of Copies - White: Building Officials					
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Pink: Health					
Gold: SHA					
T:forms/buildingpermitapplication					REV 10/28/04

The correct permit is B07001134  
 Cancelled Big Permit B07001135  
 Thanks Joe

2288

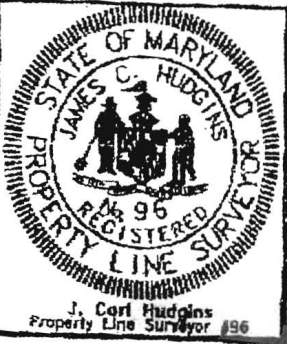
- NOTES:
- 1) B.C. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
  - 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
  - 3) NTT, Inc. does not certify to utilities or unrecorded encroachments or easements.
  - 4) Property markers NOT found, or guaranteed by this location.
  - 5) Suburb defense accuracy: 1/2"



Subject property is shown in Zone C on the FIRM Map of Howard County, Maryland on Community Panel # 240044 006B Effective 12-4-86

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LOCATION DRAWING  
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Howard County, Maryland  
Election District No. 04

NTT Associates, Inc.	Scale: 1"=100'
16205 Old Frederick Road Mt. Airy, Maryland 21771	Date: 2-9-05
Ph. (410)442-2031	Field By: Don
Fax No. (410)442-1315	Drawn By: Dan
	Drawing # V2255