

Building Address 5034 DURHAM ROAD EAST
COLUMBIA, MD 21044

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

Census Tract 005503 Subdivision BEAVERBROOK

Section _____ Area _____ Lot 7

Tax Map 30 Parcel 151 Grid _____

Zoning _____ Map Coordinates _____ Lot Size 1 ACRE

Property Owner's Name CHARLES DANIELS
 Address 5034 DURHAM ROAD EAST
 City COLUMBIA State MD Zip Code 21044
 Home Phone 410 490-8597 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use SAME
 Estimated Construction Cost \$ 5000
 Description of Work
ADDITION OF A TOOL SHED

Occupant or Tenant CHARLES DANIELS

Contact Name CHARLES DANIELS
 Address 5034 DURHAM RD EAST
 City COLUMBIA State MD Zip Code 21044
 Phone 410 490-8597 Fax _____

Contractor Company HOMEOWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company HOMEOWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>60 x 39</u> 2 nd floor: _____ Basement: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Charles Daniels
 Applicant's Signature

C-DANIELS@VERIZON.NET
 Email Address

CHARLES DANIELS
 Print Name

Title/Company _____

Date 6/30/10

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 Officials			
Dev. Engineering, DPZ			
Health	<u>7/7/2010</u>	<u>R. Bieber</u>	
Fire Protection			

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 New Town 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 # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

DURHAM

ROAD

EAST

Mac Baring

23.6' Mac Paving - 50' R/W

S 20°33'22" E

174.24'

250.00'

5034

APPROVED

WALK-THRU BUILDING PERMIT

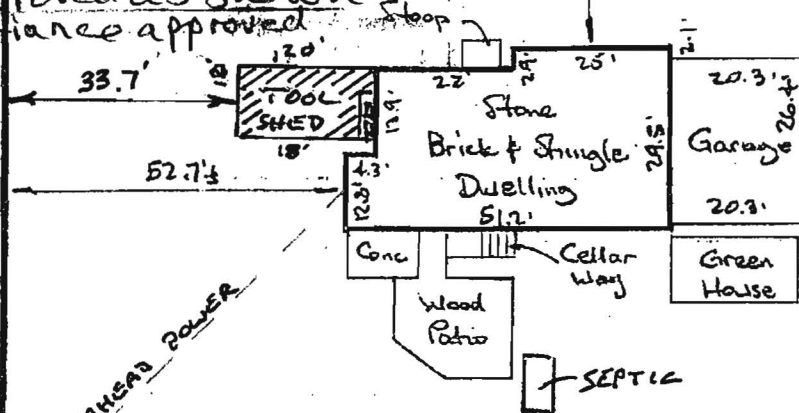
BP#

A#

APP. SAN Phicker DATE: 7/7/2010

DESC. OF WORK: Tool Shed

approved as shown
variance approved



Drive
Mac

250.00'

Wood Fence
Others
Lot 8

U 69°26'38" E

S 69°26'38" W

Lot 7
Block "D"

5' R/W for Drainage & Utilities

N 20°33'22" W

174.24'

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240244-0028B

Charles W. Daniels
 5034 Durham Rd. E
 Columbia, MD 21044-1421



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

150042830

Building Address 5034 E. DURHAM ROAD
COLUMBIA, MD 21044
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605503 Subdivision Beaverbrook
 Section _____ Area _____ Lot 7
 Tax Map 30 Parcel 151 Grid _____
 Zoning _____ Map Coordinates 15F3 Lot size _____

Property Owner's Name CHARLES DANIELS
 Address 5034 E. DURHAM RD
 City COLUMBIA State MD Zip Code 21044
 Home Phone 410-715-3012 Work Phone 410-715-3012
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use 2400 SF Home
 Proposed Use STORAGE GARAGE FOR CAR
 Estimated Construction Cost \$ 15,000
 Description of Work ADDITION OF GARAGE
AND SURROUNDING

Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant CHARLES DANIELS
 Contact Name CHARLES DANIELS
 Address 5034 E DURHAM RD
 City COLUMBIA State MD Zip Code 21044
 Phone 410-715-3012 Fax _____

Engineer or Architect Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>±</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>520</u>	Electric Yes <input checked="" 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>46'</u> <u>13'</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>3</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Other Structure: Dimensions: _____ Footings: _____ Roof: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature Charles Daniels

Print Name CHARLES DANIELS

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>7/3/03</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>7/3/03</u>	<u>Bruce Baker</u>
Fire Protection		

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#: 52444

Filing fee \$ 25
 Permit fee \$ 108
 Excise tax \$ 478
 Add'l per. fee 11
 TOTAL FEES \$ 622
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 466
 Validation # 27829

Accepted by [Signature]

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

