

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	HOWARD COUNTY PERMIT APPLICATION <i>Walk thru</i>	PERMIT NUMBER B10002946
Building Address: <u>14532 Edgewoods Way</u> <u>Clensley, MD 21737</u>	Property Owner's Name: <u>OLAV JENSEN</u> Address: <u>14532 Edgewoods Way</u> City: <u>Clensley</u> State: <u>MD</u> Zip Code: <u>21737</u> Home Phone: _____ Work Phone: _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: _____ Subdivision: <u>Edgewood Farm</u> Section: _____ Area: _____ Lot: <u>56</u> Tax Map: _____ Parcel: _____ Grid: _____ Zoning: _____ Map Coordinates: _____ Lot Size: _____	Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ Phone: _____ Fax: _____	
Existing Use: <u>SFD</u> Proposed Use: <u>24x10 COVERED PORCH</u> Estimated Construction Cost \$: _____ Description of Work: <u>24x10 PORCH</u>	Contractor Company: <u>Timeless Const.</u> Contact Person: <u>DAVID BENFER</u> Address: <u>5364 Heapers Dr</u> City: <u>Columbia</u> State: <u>MD</u> Zip Code: <u>21044</u> License No.: <u>MHLC 95285</u> Phone: <u>301.674.3604</u> Fax: _____	
Occupant or Tenant: _____ 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 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	Utilities 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	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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:

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.

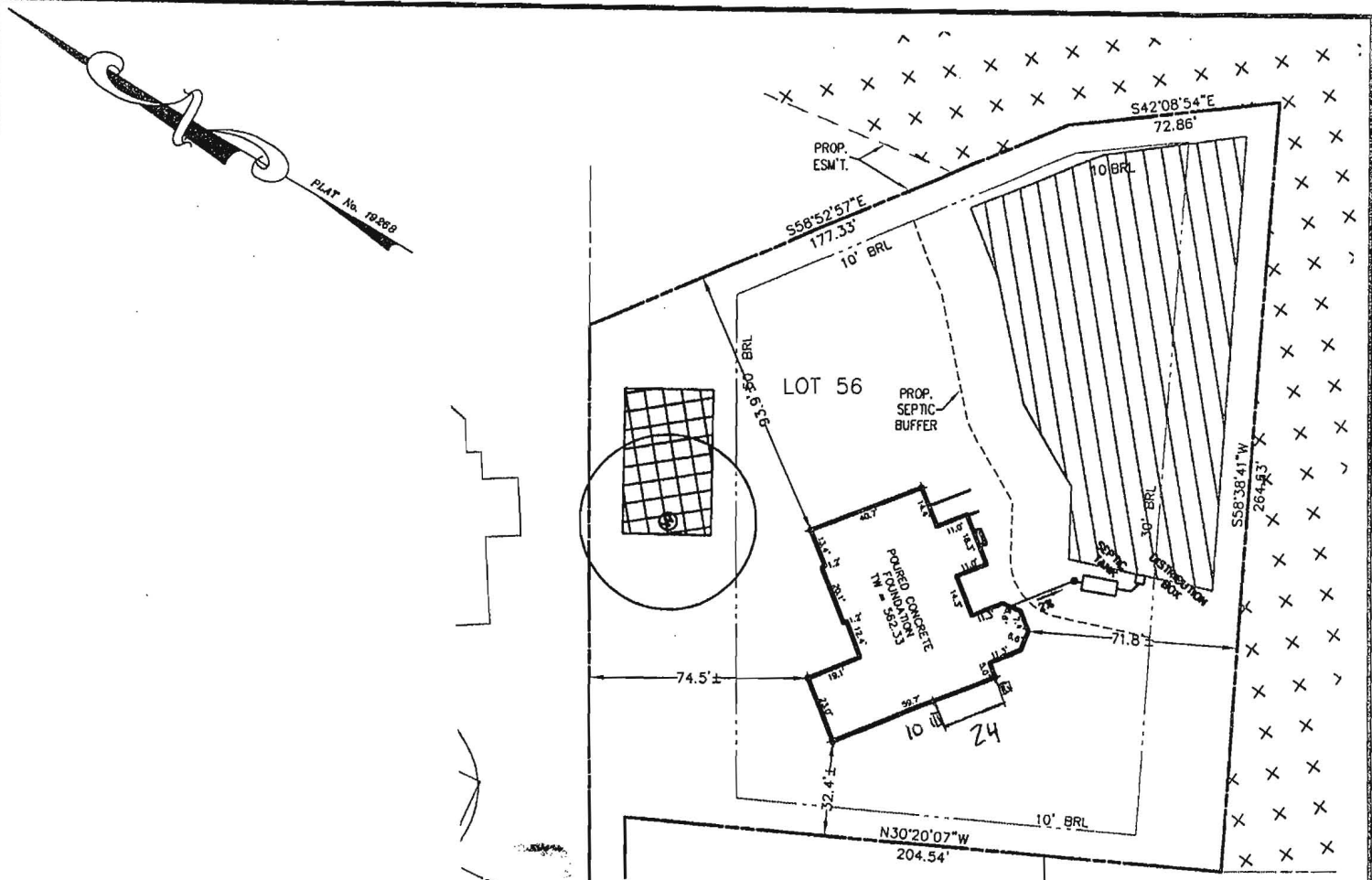
David C. BF
 Applicant's Signature
dcbenfer@hotmail.com
 Email Address
owner / Timeless
 Title/Company

DAVID BENFER
 Print Name
9.22.10
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL <u>Land Development, DPZ</u> <u>State Highways</u> <u>Building Officials</u> <u>Dev. Engineering, DPZ</u> <u>Health 9-22-10 D Bernard</u> <u>Fire Protection</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	PROPERTY ID # Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ <u>1928</u> Check # _____ Validation # _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN Bernard DATE: 9-20-10
 DESC. OF WORK: Approved as shown 24x10 porch

*Wallcheck OK
 12/28/08*

THIS WALLCHECK WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE REPORT. THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHT-OF-WAYS, COVENANTS, AND RESTRICTIONS, ETC. OF RECORD, SOME OR ALL OF WHICH MAY OR MAY NOT BE SHOWN AND/OR REFERENCED HEREON. BEARINGS AND DISTANCES OF THE PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER AVAILABLE RECORDS AND HAVE NOT BEEN FIELD VERIFIED. THIS IS NOT A "LOCATION DRAWING" AND IS NOT TO BE USED FOR SETTLEMENT PURPOSES.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

EDGEWOODS WAY

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-1056) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

WELL No. HO-95-1056

ADDRESS: 14532 EDGEWOODS WAY
 GLENELG, MD 21737

WALLCHECK
 LOT #56
EDGEWOOD FARM
 LIBER 4174, FOLIO 0436
 PLAT No. 19266, et seq
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 12/4/08

SCALE: 1"=60'

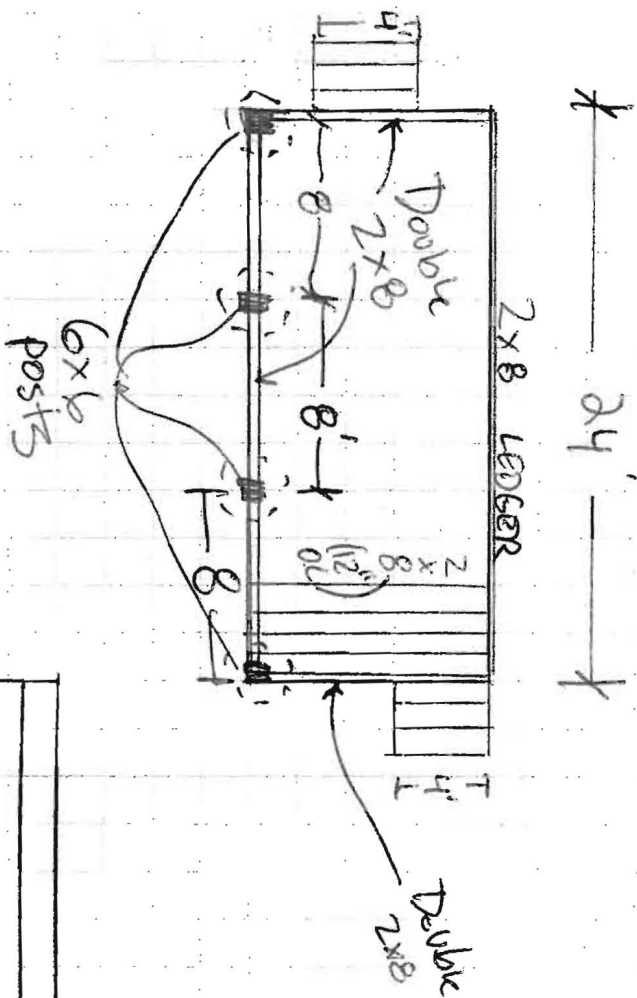
FILE: LOT_56 HENLEY_FED

CHK'D: MJB

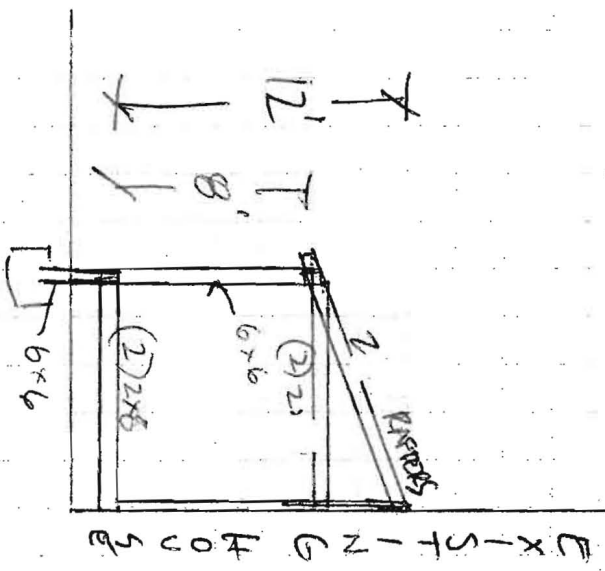
JOB#: 1498

DRAWN: GTC

FLOOR FRAME

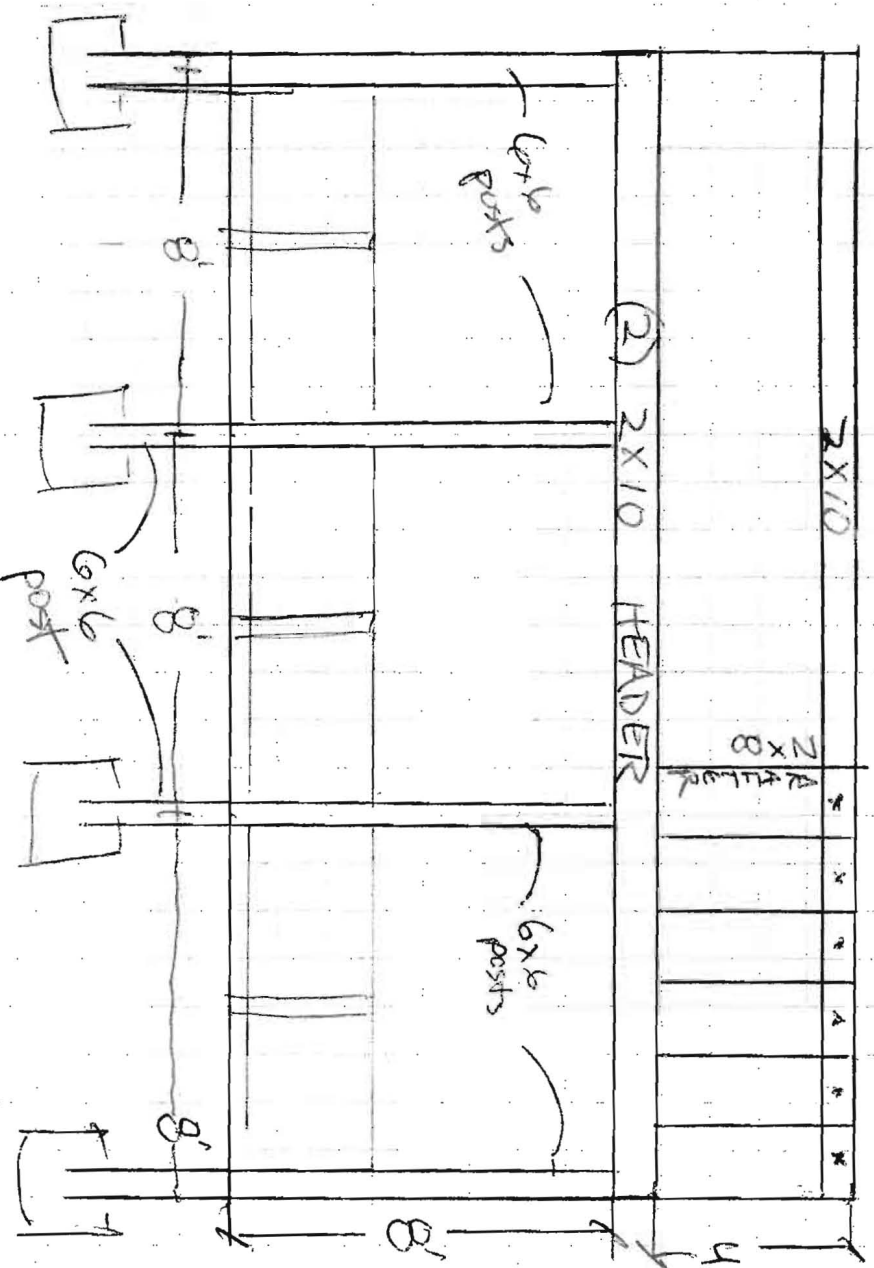


SIDE VIEW



Jensen (Porch)
 14532 Edgewoods Way
 Glenclg, MD 21737

PORCH FRONT VIEW



G0700150

DEPARTMENT 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

PERMIT NUMBER

B-28-00-2756

Building Address 14532 Edgewood Lane
Beltsville MD 20757

Suite/Apt. #: _____ SDP/W/P/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 56

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TRU MTD V LP

Address 7164 Columbia Gateway Dr #237

City Columbia State MD Zip Code 21046

Home Phone _____ Work Phone _____

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

Phone 410 489 2375 Fax 410 489 3376

Existing Use Vacant Lot

Proposed Use SID W/P 44% PAVING

Estimated Construction Cost \$ 225,000

Description of Work Asph/Flt Paved L.P. + 44% Paving
Pathways, Storm Drain, Excavated Area
Playground

Contractor Company TRU MTD V LP

Contact Person TRU MTD V LP

Address 14532 Edgewood Lane

City Beltsville State MD Zip Code 20757

License No. _____

Phone _____ Fax _____

Occupant or Tenant TRU MTD V LP

Contact Name Thomas V. Xxxxx

Address 14532 Edgewood Lane

City Columbia State MD Zip Code 21046

Phone 410 237 5 Fax 410 489 2376

Engineer or Architect Company LSI

Contact Person Craig Stewart

Address 7164 Columbia Gateway Dr #237

City Columbia State MD Zip Code 21046

Phone 410 388 3275 Fax 410 872 4370

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: N/A <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 1st floor: <u>76</u> <u>83</u> 2nd floor: <u>76</u> <u>83</u> Basement: <u>76</u> <u>83</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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> Height: <u>35</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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 type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <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 checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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Applicant's Signature [Signature]

Title/Company [Company]

Print Name Thomas V. Xxxxx

Date 9/10/08

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
and Development, DPZ		
State Highways		
Building Official		
Env. Engineering, DPZ		
Health	<u>10/2/08</u>	<u>[Signature]</u>
Fire Protection		
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"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ
Forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____