

Building Address 830 MORGAN STATION RD  
WOODBINE MD 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name OLEGARIO RAMIREZ  
Address 830 MORGAN STATION RD  
City WOODBINE State MD Zip Code 21797  
Home Phone 301 748 1010 Work Phone 410 489 7599  
Applicant's Name & Mailing Address, (if other than stated herein):  
SAME AS ABOVE  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use (SHED) Pavilion  
Proposed Use Pavilion  
Estimated Construction Cost \$ 3,000

Contractor Company OLEGARIO RAMIREZ  
Contact Person OLEGARIO RAMIREZ  
Address 830 MORGAN STATION RD  
City WOODBINE State MD Zip Code 21797  
License No. \_\_\_\_\_  
Phone 301 748 1010 Fax \_\_\_\_\_

Description of Work NEW COLUMNS & ROOF  
STRUCTURE OVER AN EXISTING  
CONCRETE SLAB

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**

<b>Building Characteristics</b>	<b>Utilities</b>
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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

<b>Building Characteristics</b>	<b>Utilities</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"/> Crawlspace <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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> 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"/> 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 [Signature] X OLEGARIO RAMIREZ Print Name  
Title/Company \_\_\_\_\_ X 3/15/10 Date

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	<u>3-15-10</u>	<u>[Signature]</u>	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 _____

CAMDEN DOWNS  
SECTION ONE  
LOT 7  
PLOT # 9573  
ZONING R

CAMDEN DOWNS  
SECTION ONE  
LOT 7  
PLOT # 9573  
ZONING R

N11°19'E  
121.65'

S89°58'09"E  
845.11'

30' BRL

75' BRL

60' BRL

30' BRL

75' BRL

75' COLONIAL PIPELINE EASEMENT  
976/711

30 BRL

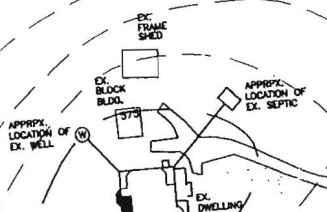
S87°49'07"  
878.7'

S64°24'31"E  
111.58'

MORGAN STATION RD.

C&P  
264'

S08°36'43"W  
521.57'



**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# P43097  
APP. SAN HS / DATE 3-15-10  
DESC. OF WORK: 10' x 20' shed

N63°10'00"W  
121.66'

N81°29'33"W  
771.49'

75' BRL

30' BRL

EXISTING DRIVEWAY

CAMDEN DOWNS  
SECTION ONE  
LOT 17  
PLOT # 9574  
ZONING R

CAMDEN DOWNS  
SECTION ONE  
LOT 18  
PLOT # 9574  
ZONING R

575