

Building Address 737 SE WATERSVILLE RD
MT. AIRY MD 21771

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

Census Tract _____ Subdivision NURSERY VIEW

Section _____ Area _____ Lot 6

Tax Map 2 Parcel 109 Grid 19

Zoning _____ Map Coordinates _____ Lot Size 42,906.00 S.F.

Property Owner's Name CHARLES MANZOLILLO
 Address 737 SE WATERSVILLE RD
 City MT. AIRY State MD Zip Code 21771
 Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated herein):
DAMON COGAR
PO BOX 567
CROWNSVILLE MD. 21032
 Phone 443-871-3340 Fax 410-923-3096

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$1200.00

Description of Work replace front porch with
6'x12' masonry porch

Occupant or Tenant _____

Contact Name DAMON COGAR
 Address PO BOX 567
 City Crownsville State MD Zip Code 21032
 Phone 443-871-3340 Fax 410-923-3096

Contractor Company ALCAP CONST
 Contact Person DAMON COGAR
 Address 8099 Jumpers Hole Rd.
 City Pasadena State MD Zip Code 21222
 License No. MHC 4943
 Phone 410-761-8710 Fax _____

Engineer or Architect Company _____

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ Public _____ 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	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.

Damon Cogar
 Applicant's Signature
AGENT - ALCAP
 Title/Company

DAMON F. COGAR
 Print Name
5-20-09
 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 Officials			
Dev. Engineering, DPZ			
Health	<u>5/20/09</u>	<u>[Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Officials
 T:Operations/Updated forms

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

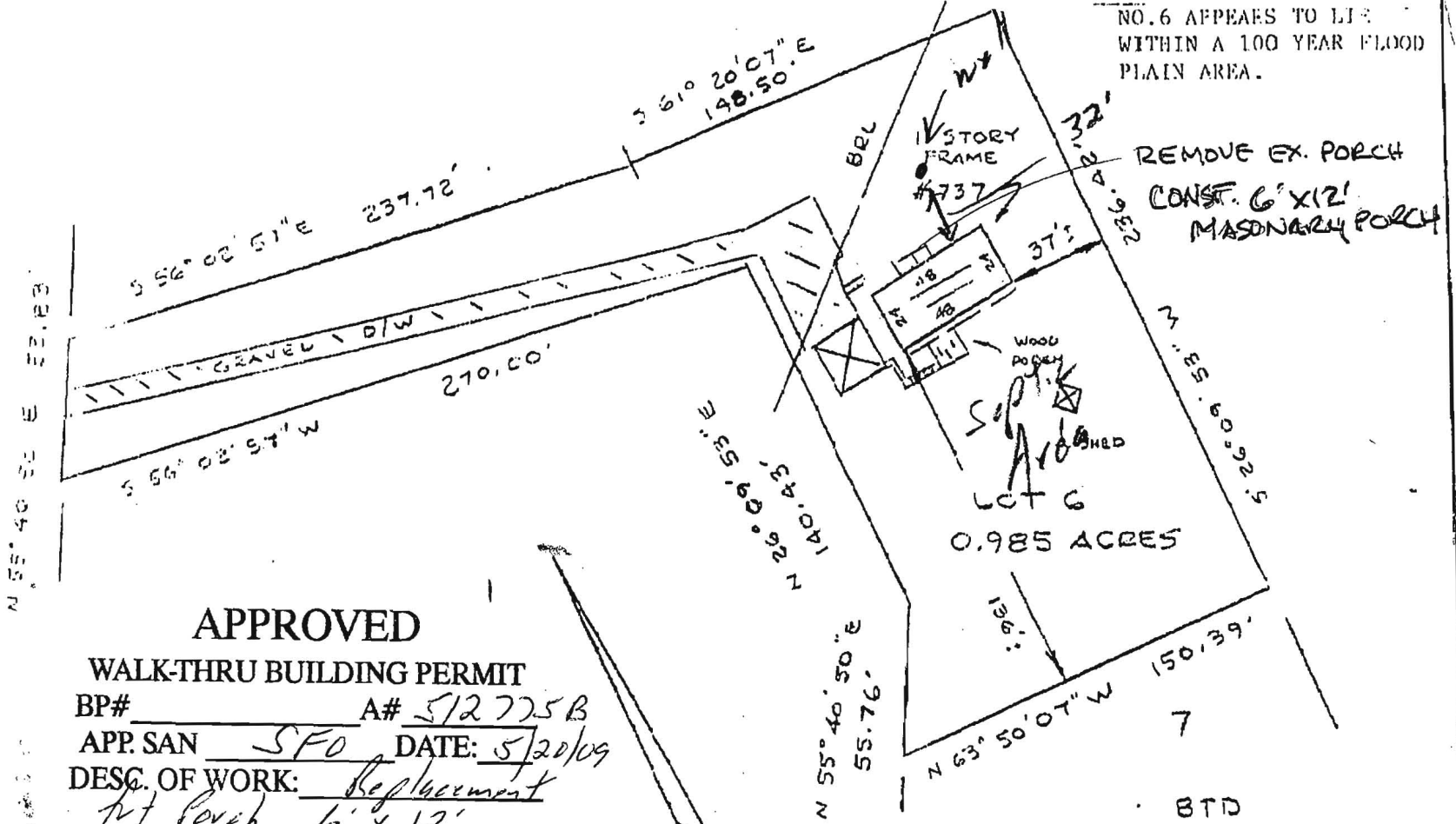
Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by _____

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

NOTE: NO PORTION OF LOT NO. 6 APPEARS TO LIE WITHIN A 100 YEAR FLOOD PLAIN AREA.

W. WATERSVILLE ROAD
(80' R/W)



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 512725B
 APP. SAN SFO DATE: 5/20/09
 DESC. OF WORK: Replacement
of Porch 6' x 12'

LOCATION SURVEY

737 W. WATERSVILLE ROAD

4th ELECTION DISTRICT
 HOWARD COUNTY, MD

This is to certify that I have surveyed the property known as Lot No. 6, (737 W. WATERSVILLE ROAD), as shown on a Plat entitled, "Section One, "NURSERY VIEW", 4th election district, Howard County, Maryland, recorded plat 22/93 among the Land and Records of Howard County, Maryland for the purpose of locating the improvements thereon.



J. Carl Hudgins

J. Carl Hudgins PLS #96

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.

NTT ASSOCIATES INC. 16205 OLD FREDERICK ROAD
 MT. AIRY, MARYLAND PHONE 646-5521 or 442-2031

SCALE 1" = 60'
 DATE 10/10/86

FIELD BY JLM
 DRAWN BY JLM

DRAWING NUMBER
 X5322