

Building Address <u>15021 Frederick Rd</u> <u>Woodbine Md 21797</u>	Property Owner's Name <u>Margaret Schultz</u> Address <u>Same</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>8</u> Parcel <u>315</u> Grid <u>15</u> Zoning <u>RCDEA</u> Map Coordinates <u>4A11</u> Lot size _____	City _____ State _____ Zip Code _____ Home Phone <u>410-442-2644</u> Work Phone <u>None</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____

Existing Use <u>Single Family Dwelling</u> Proposed Use <u>SPB w/dach</u> Estimated Construction Cost \$ <u>6,600</u> Description of Work <u>12' X 14' Wood deck on west side w/ 1 set of steps</u>	Contractor Company <u>Davis Design + Construction</u> Contact Person <u>John Davis</u> Address <u>3748 Running Springs Rd</u> City <u>Ellicott City</u> State <u>Md.</u> Zip Code <u>21092</u> License No. <u>43456</u> Phone <u>410-551-3518</u> Fax <u>410-531-0854</u>
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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 _____
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<b>BUILDING DESCRIPTION - COMMERCIAL</b>	<b>BUILDING DESCRIPTION - RESIDENTIAL</b>
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<table style="width:100%;"> <tr> <th style="text-align: left;">Building Characteristics</th> <th style="text-align: left;">Utilities</th> </tr> <tr> <td style="vertical-align: top;">           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         </td> <td style="vertical-align: top;">           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:  <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>  <input type="checkbox"/> Natural Gas <input type="checkbox"/>  <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"/> # 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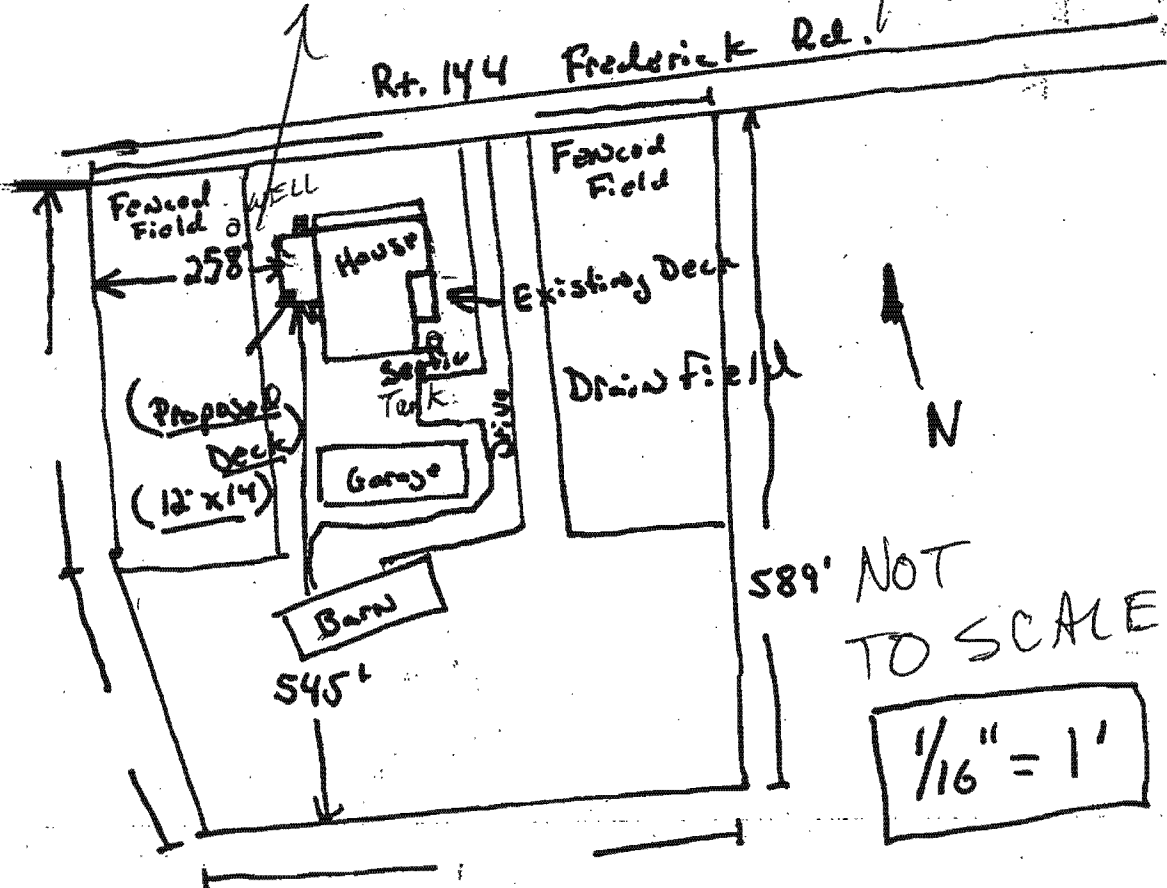
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS PROJECT; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE 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.

John R. Davis  
 Applicant's Signature  
Contractor  
 Title/Company  
 Print Name John R. Davis  
 Date 8-30-00

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# <u>35107</u>
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>8/30/00</u>	<u>Mark R. Pfen</u>	Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date: _____	Validation # _____
			Accepted by _____	

NO OBJ TO DECK  
30' ± TO WELL MR 8/30/00



15021 Frederick Rd.  
Woodbine, Md.

Margaret Ellen Shultz

Tex Map: 8

Parcel : 315

Grid : 15

Map coordinates: 4 A 11

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B040081645

Building Address 15021 Frederick Rd  
Woodbine MD 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 604001 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map S Parcel 315 Grid 15

Zoning R-200 Map Coordinates 4A11 Lot size 0.3174

Property Owner's Name Peggy Schultz

Address 15021 Frederick Rd

City Woodbine State MD Zip Code 21797

Home Phone 410 442 2104 Work Phone 410 313 6453

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family 2 BR 1.5 Bath

Proposed Use Single Family 2 BR 2.5 BATH/HANDICAP

Estimated Construction Cost \$ 25,000

Additions  
Description of Work 20x22 Garage with finished  
space to allow to include a ADA/handicap  
accessible bath

Contractor Company Tradition Home Builders

Contact Person Steven Leaf

Address 15084 Rusby Park Rd

City Woodbine State MD Zip Code 21797

License No. 885168

Phone 410 487 6145 Fax 410 489 6215

Occupant or Tenant Peggy Schultz

Contact Name Steven Leaf

Address 15084 Rusby Park Rd

City Woodbine State MD Zip Code 21797

Phone 410 489 6145 Fax 410 489 6215

Engineer or Architect Company NA

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: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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 type="checkbox"/> Wood Frame	Sprinkler system: N/A <input 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>20x22</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>20x22</u>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NEPA #13R <input type="checkbox"/> Other:
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: No. of efficiency units: <u>N/A</u> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>20x22</u>	
Footings: _____	
Roof Height: <u>9-11</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Applicant's Signature Steven Leaf

Title/Company Tradition Home Builders

Print Name Steven Leaf

Date 12- -06

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#
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State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>3/22/07</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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

FREDERICK ROAD

15021 FREDERICK ROAD  
TAX MAP #8 PARCEL 315 & 316  
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

NOVEMBER 16, 2006

SCALE: 1" = 60'



**MARKS AND ASSOCIATES**  
LAND PLANNING SURVEYING ENGINEERING

ERIK C. MARKS, R.P.L.S. 4531 COLLEGE AVENUE  
TEL (410) 747-8738 ELLICOTT CITY, MARYLAND 21043  
FAX (410) 747-8547

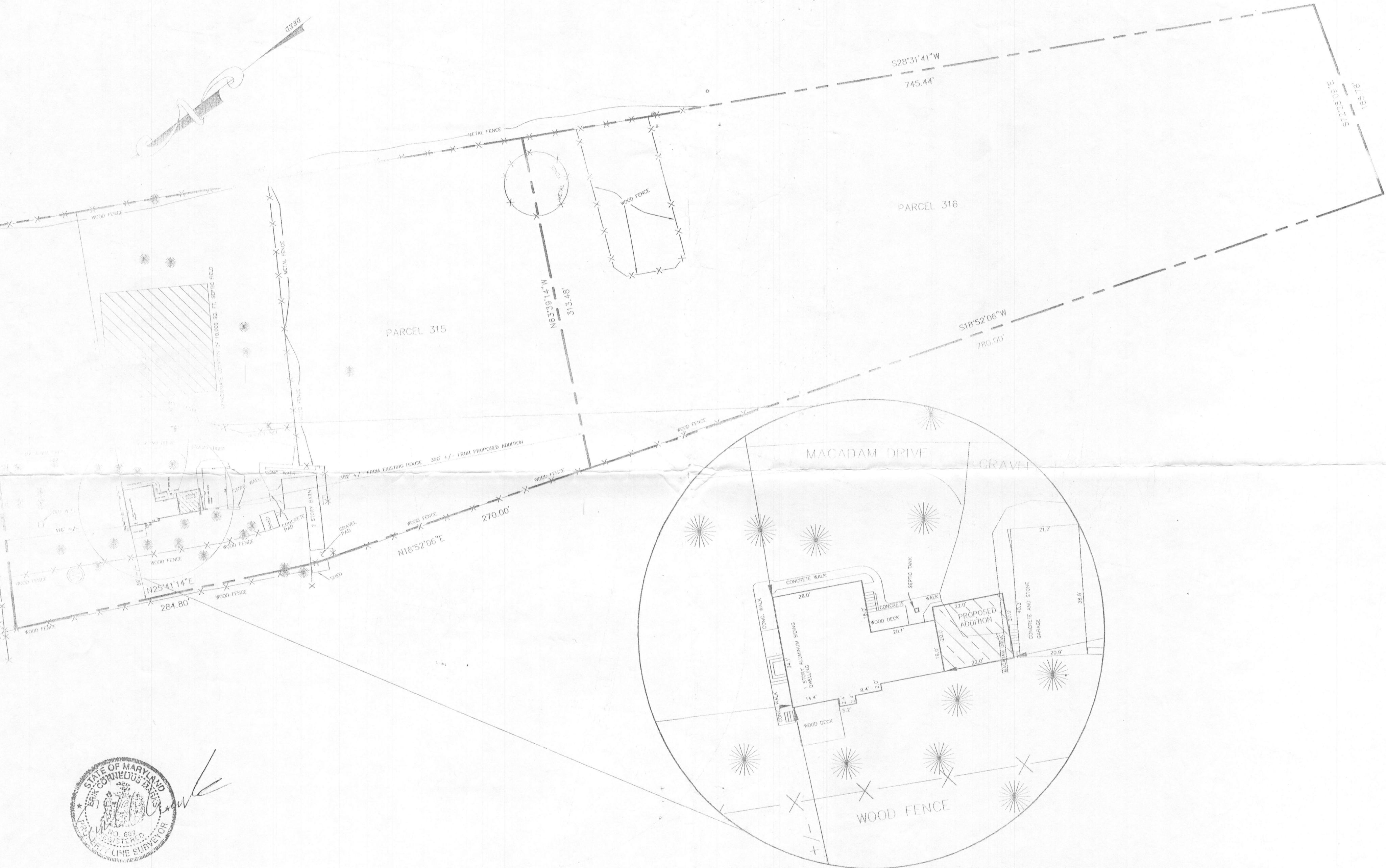
I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

ERIK C. MARKS R.P.L.S. NO. 607

**LEGEND**

- UTILITY POLE
- PROPERTY MONUMENTATION
- FIELD LOCATED WELL
- CLEAN OUT

FENCE LINE  
TREE LINE



S28°31'41"W  
745.44'

S18°52'06"W  
780.00'

E18°52'06"W  
185.78'

PARCEL 315

PARCEL 316

MACADAM DRIVE

GRAVEL

N25°41'14"E  
284.80'

N18°52'06"E  
270.00'

N63°39'14"W  
513.46'