

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07001197

Building Address: 7506 Greenwood Dr
Highland, MD 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name: Norman Oehlke
Address: 7506 Greenwood Dr
City: Highland State: MD Zip Code: 20777
Home Phone: 301-854-3977 Work Phone: _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Norman Oehlke 7506 Greenwood Dr
Highland, MD 20777
Phone: 301-854-3977 Fax: NA

Existing Use: greenspace
Proposed Use: deck
Estimated Construction Cost: \$ 5000.00
Description of Work: Covered deck

Contractor Company: N/A Homeowner
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____

Occupant or Tenant: Norman Oehlke
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>28'</u> Width <u>48'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms: <u>3</u>	
Height: <u>14'</u>	
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 Height: _____	
State Certified Modular _____	
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.

Norman Oehlke
Applicant's Signature
Title/Company _____

Norman Oehlke
Print Name
4/4/07
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 IDS:
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>4/11/07</u>	<u>Oehlke</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/Rad-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

SITE INSPECTION SHEET

OWNER: Oehlke PHONE #: _____

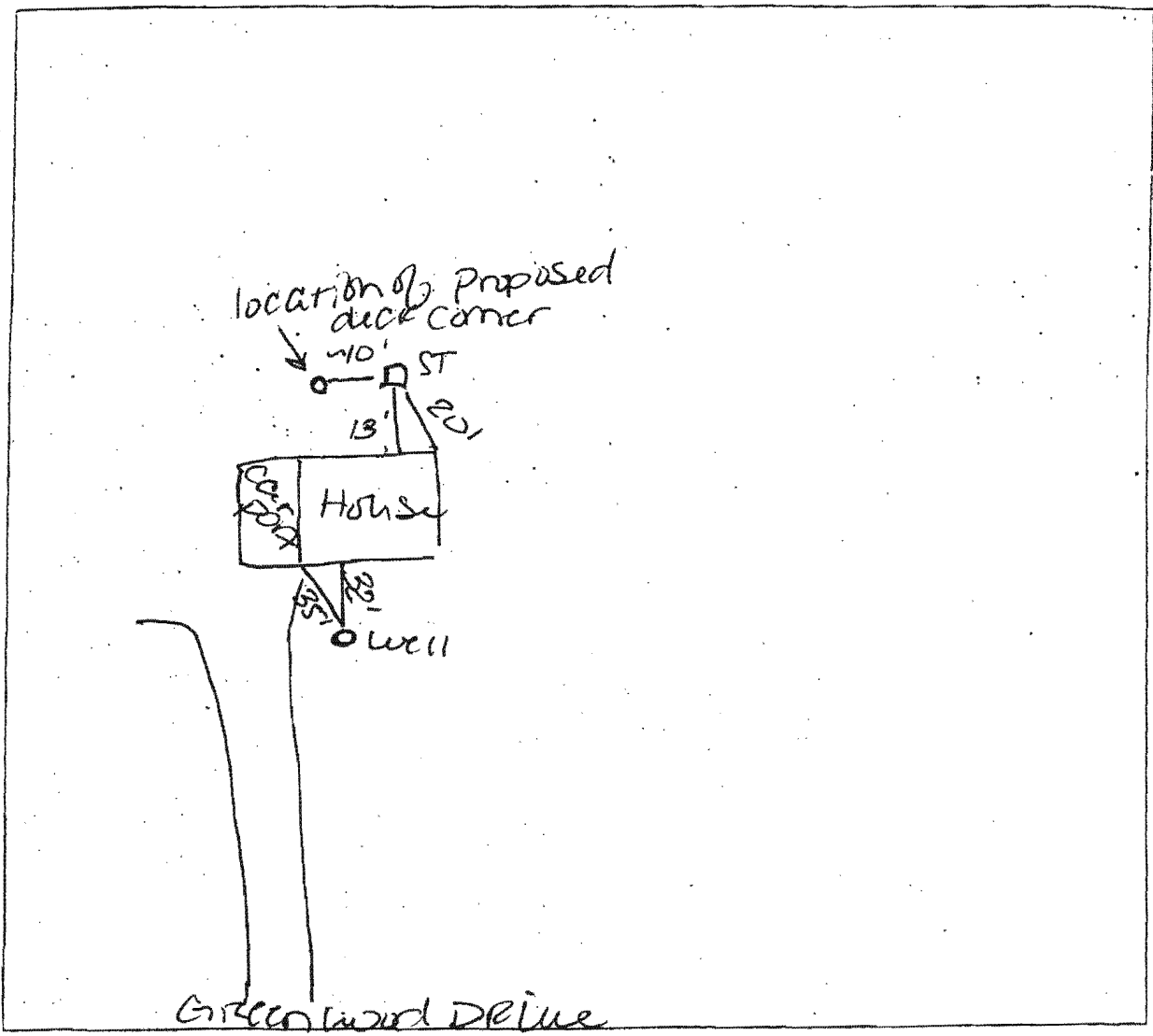
ADDRESS: 7506 Greenwood ~~RD~~ CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Install a 10'x14' deck

LOCATION DIAGRAM



COMMENTS: Proposed deck ok. Well above grade