

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B080002305

Building Address 920 HUNTER ROAD
WHEELERSVILLE MD 21157
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 2
 Tax Map 10 Parcel 505 Grid 2
 Zoning _____ Map Coordinates _____ Lot size 5,400 AC

Property Owner's Name Walter & Shirley COLLIER
 Address _____
 City WHEELERSVILLE State MD Zip Code 21157
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SEE
 Proposed Use SEWER TANK
 Estimated Construction Cost \$ 1,200.00
 Description of Work INSTALL NEW SEWER TANK
7' DIA. x 12' LONG TANK.

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 468
 Phone _____ 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 | Utilities |
|--|---|
| Height: _____ | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" 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 <input type="checkbox"/> State Certified Modular | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <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 _____ | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 1st floor: _____ | 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 type="checkbox"/> |
| Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <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.

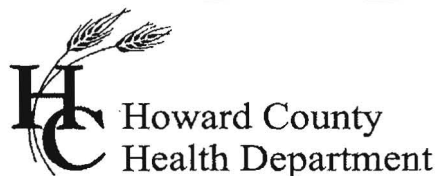
Applicant's Signature _____
 Title/Company _____

Print Name _____
 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 \$ <u>100.00</u> |
| Building Official | | | Side: _____ | Excise tax \$ <u>10.00</u> |
| Dev. Engineering DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health <u>8/13/2008</u> | | <u>R. Buckles</u> | All minimum setbacks met? | TOTAL FEES \$ <u>110.00</u> |
| 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 # <u>1008</u> |
| 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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | Lot Coverage for NewTown Zone _____ | Accepted by <u>[Signature]</u> |
| T:\forms\PERMIT.FRM | | | SDP/Red-line approval date _____ | |



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 10, 2008

Walter & Sirley Collier
930 Henryton Rd.
Marriottsville, MD 21104

RE: **Variance Approval**
930 Henryton Rd.
Marriottsville, MD 21104

Dear Sir or Madam:

The Department of Health has received your variance request dated November 5, 2008 for the above referenced property. This agency will grant **approval** of the variance based on the fact that the propane tank is seventy-two feet down grade from the existing well. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.
Assistant Director
Bureau of Environmental Health

cc: Rachel Shaffer

12/11/08 Faxed

November 5, 2008

Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
Attention: Mike Davis

RE: Walter & Shirley Collier
930 Henreyton Rd.
Marriottsville, Md. 21104

Dear Mr. Davis:

This letter is being submitted in regard to the above-mentioned property. We would like to request a variance for the underground propane tank. The distance from existing well to the tank cannot meet the County requirements of 100'. Due to the wooded lot and lay out of the property a distance of 72' is all that can be obtained for the location.

We would greatly appreciate your help with this matter. If you have any questions pertaining to the installation or location of the underground tank please contact our Tank Contractor, Tevis Oil & Propane.

Thank you,

Walter Collier

Walter & Shirley Collier

Shirley Collier

HP Color LaserJet 2840



HP LASERJET FAX

Dec-11-2008 9:12AM

Fax Call Report

| Job | Date | Time | Type | Identification | Duration | Pages | Result |
|------|------------|-----------|------|----------------|----------|-------|--------|
| 3675 | 12/11/2008 | 9:12:02AM | Send | 914103742425 | 0:29 | 1 | OK |



Fax

| | |
|----------------------------|-----------------------------|
| To: Mike Davis | From: Rachel Shaffer |
| Fax: 410-313-2648 | Pages: 02 |
| Phone: 410-313-1771 | Date: 11/06/08 |
| Re: Collier | CC: |

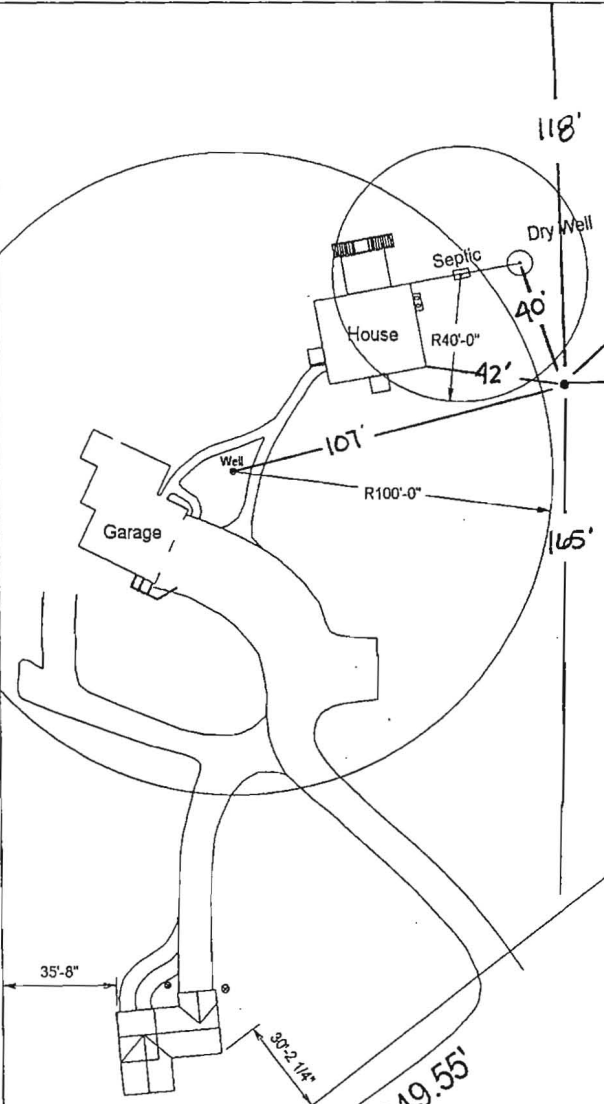
Thank you,

Rachel Shaffer
Tevis Oil & Propane, Inc.
Phone: 410-239-9515
Fax: 410-374-2425
Rshaffer@tevisoil.com

We Deliver • We Service • We Care

N 72°16'15" W 523.16'

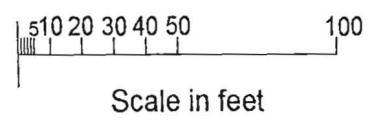
W



Approved Septic System Plan
 Howard County Health Department
 500-gal underground
 LP Tank P 266 8/13/2008
R. Buehler
 Signature Date

Location Drawing
 Shirley D. & Walter T. Coll
 930 Henryton Road
 Marriottsville, MD 21104

LIBER 1447 FOLIO 361
 PARCEL 265
 Howard County, Maryland



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08001238

| | |
|---|--|
| Building Address <u>930 Henryton Rd. MD</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____ | Property Owner's Name <u>Tracy + Walter Collins</u> Address _____ City <u>Millersville</u> State <u>MD</u> Zip Code <u>21104</u> Home Phone <u>410-411-7475</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ |
| Existing Use <u>SDP</u> Proposed Use _____ Estimated Construction Cost \$ <u>130,902</u> Description of Work <u>Relocation of driveway</u> <u>24.36 sq. ft. driveway</u> | Contractor Company <u>McDonnell Construction</u> Contact Person _____ Address _____ City <u>Millersville</u> State <u>MD</u> Zip Code <u>21104</u> License No. _____ Phone _____ 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 - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|---|---|--|--|
| 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd 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 _____ Height: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | 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"/> 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.

Applicant's Signature _____
 Title/Company _____
 Print Name Edward P. Bush
 Date 4/22/08

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#: |
|--|------|--------------------|---|-------------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ | | | Front: _____ Filing fee \$ <u>25</u> | |
| <input type="checkbox"/> State Highways | | | Rear: _____ Permit fee \$ _____ | |
| <input checked="" type="checkbox"/> Building Official | | | Side: _____ Excise tax \$ _____ | |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | | Side St.: _____ Add'l per. fee \$ _____ | |
| <input checked="" type="checkbox"/> Health <u>5/23/08</u> <u>R. Bush</u> | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| <input type="checkbox"/> Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | Check # <u>11453</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | Accepted by <u>7</u> | |
| Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | | |

REVISED PLANS
PER INSPECTION

FAILER.

PLEASE CALL WITH
QUESTIONS. THANKS.

410 365-9477 Scott

Location Drawing
Shirley D. & Walter T. Coll
930 Henryton Road
Marriottsville, MD 21104

LIBER 1447 FOLIO 361
PARCEL 265
Howard County, Maryland

*Tevie's Oil
& Propane
Tank already installed
various permit
required.
10/4/08*

*Revised 10/16/08
Bob 002305*

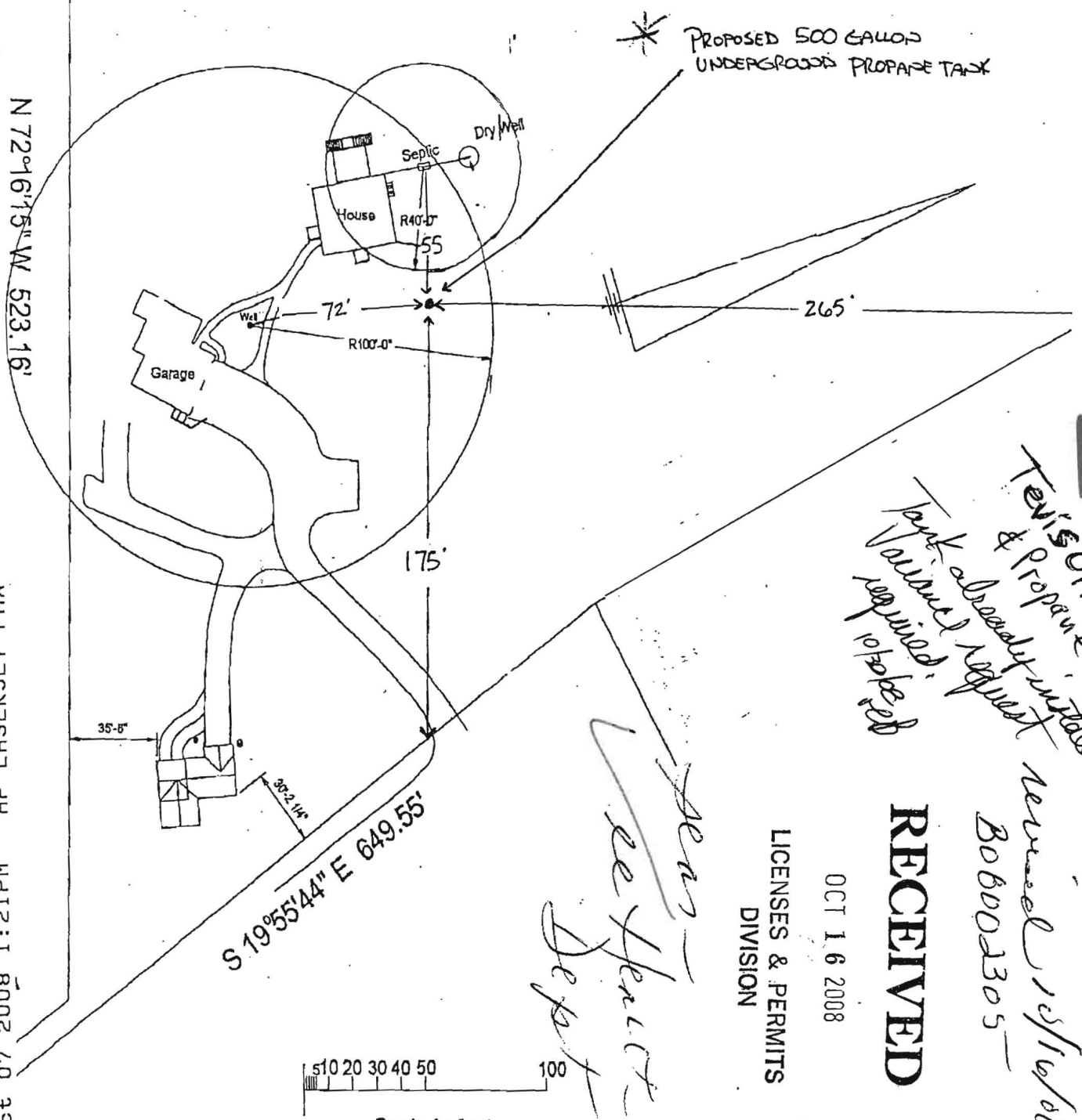
RECEIVED

OCT 16 2008

LICENSES & PERMITS
DIVISION

*See Permit
Dept*

PROPOSED 500 GALLON
UNDERGROUND PROPANE TANK



Scale in feet
0 10 20 30 40 50 100

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B080000436

Building Address 930 Henryton Rd
Marriottsville, MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel 265 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tom Collier
 Address 930 Henryton Rd
 City Marriottsville State MD Zip Code 21104
 Home Phone 410-942-5669 Work Phone 410-942-3773
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use parking - fuel storage
 Estimated Construction Cost \$ 10,000.00
 Description of Work Build new pole barn
Build tool shed on
existing slab 12x16

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name Tom Collier
 Address SAME
 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 | 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 Characteristics | Utilities |
|---|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 1st floor: _____ | Sewage Disposal: _____ Public _____ Private _____ |
| 2nd floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Stab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| Other Structure: <u>pole barn</u> Dimensions: <u>12x24 + 12x22</u> Footings: <u>none - exist slab</u> Roof Height: <u>12' max</u> | |
| 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

Tom Collier
 Applicant's Signature
 Title/Company _____

Tom Collier
 Print Name
2/6/08
 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 Official | <u>2/20/08</u> | <u>[Signature]</u> |
| Dev. Engineering, DPZ | | |
| Health | <u>2/20/08</u> | <u>[Signature]</u> |
| Fire Protection | | |
| Is 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"/> | | |

| DPZ SETBACK INFORMATION | PROPERTY ID# |
|---|--------------------------------|
| Front: _____ | Filing fee \$ <u>25</u> |
| Rear: _____ | Permit fee \$ <u>133.92</u> |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Add'l per. fee \$ <u>13.39</u> |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for New/Town Zone _____ | Check # <u>685810224</u> |
| SDP/Red-line approval date _____ | Validation # _____ |

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 C. COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21103
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 930 Henryton Rd
Marietta, MD 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel 265 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tom Collier
Address 930 Henryton Rd
City Marietta State MD Zip Code 21104
Home Phone 410-942-5669 Work Phone 410-942-3773
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use _____
Proposed Use parking - tool storage
Estimated Construction Cost \$ 10,000.00
Description of Work Build new pole barn
build tool shed on
existing slab 12x16

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name Tom Collier
Address SAME
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 | Utilities |
|---|---|
| Height: _____ | Water Supply: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ |
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| 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

| Building Characteristics | Utilities |
|---|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 1st floor: _____ | Sewage Disposal: _____ Public _____ Private _____ |
| 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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Natural Gas <input type="checkbox"/> |
| No. of Bedrooms _____ | Propane Gas <input type="checkbox"/> |
| Height: _____ | Sprinkler system: N/A <input checked="" type="checkbox"/> |
| Multi-family dwellings: _____ | NFPA #13D _____ |
| No. of efficiency units: _____ | NFPA #13R _____ |
| No. of 1 BR units: _____ | Other: _____ |
| No. of 2 BR units: _____ | |
| No. of 3 BR units: _____ | |
| Other Structure: <u>pole barn</u> | |
| Dimensions: <u>12x24 + 12x32</u> | |
| Footings: <u>none - exist slab</u> | |
| Roof Height: <u>12' max</u> | |
| 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.

Tom Collier
Applicant's Signature
Title/Company _____

Tom Collier
Print Name
2/6/08
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 Official | | |
| Dev. Engineering, DPZ | | |
| Health | | |
| Fire Protection | | |

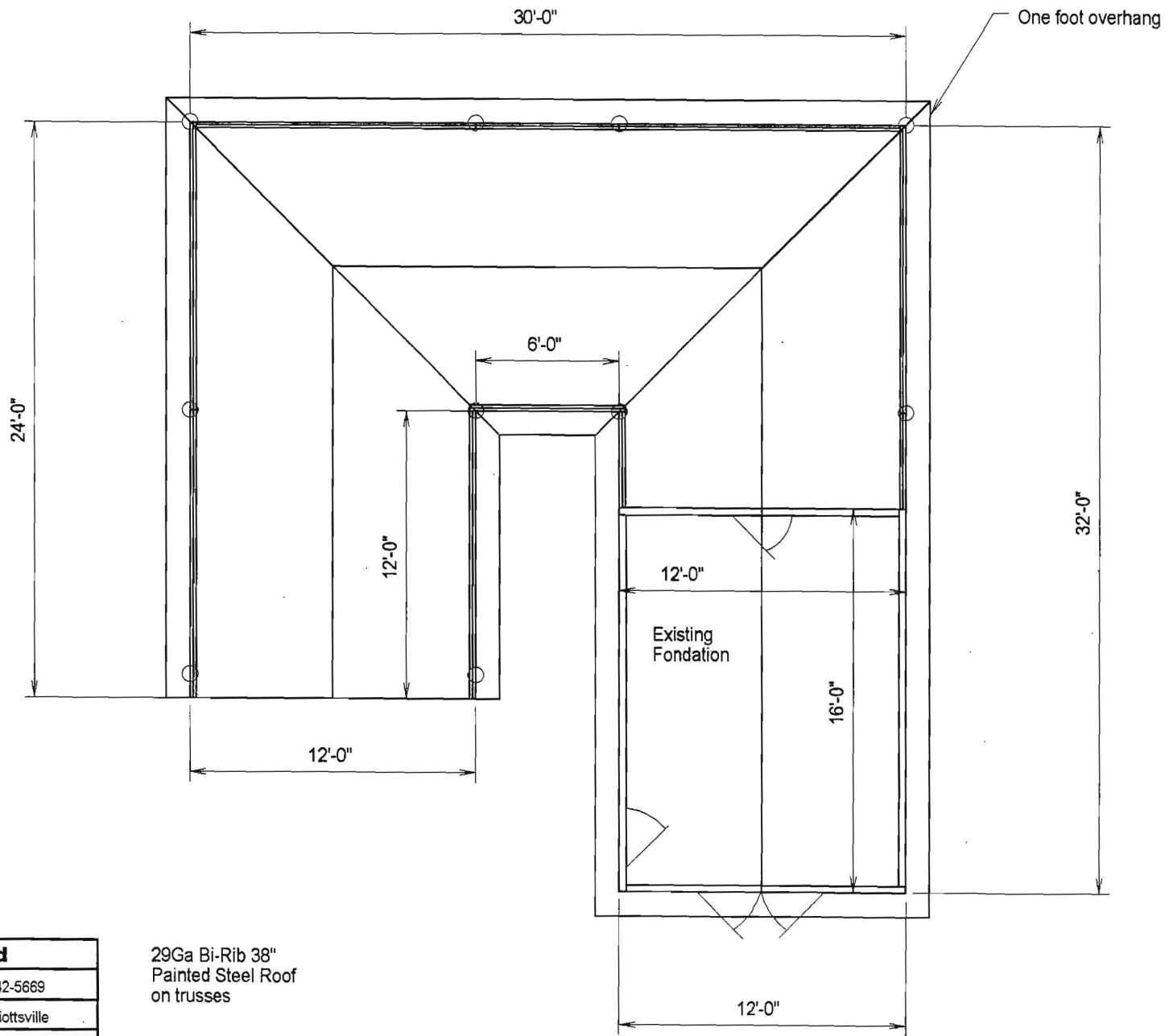
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

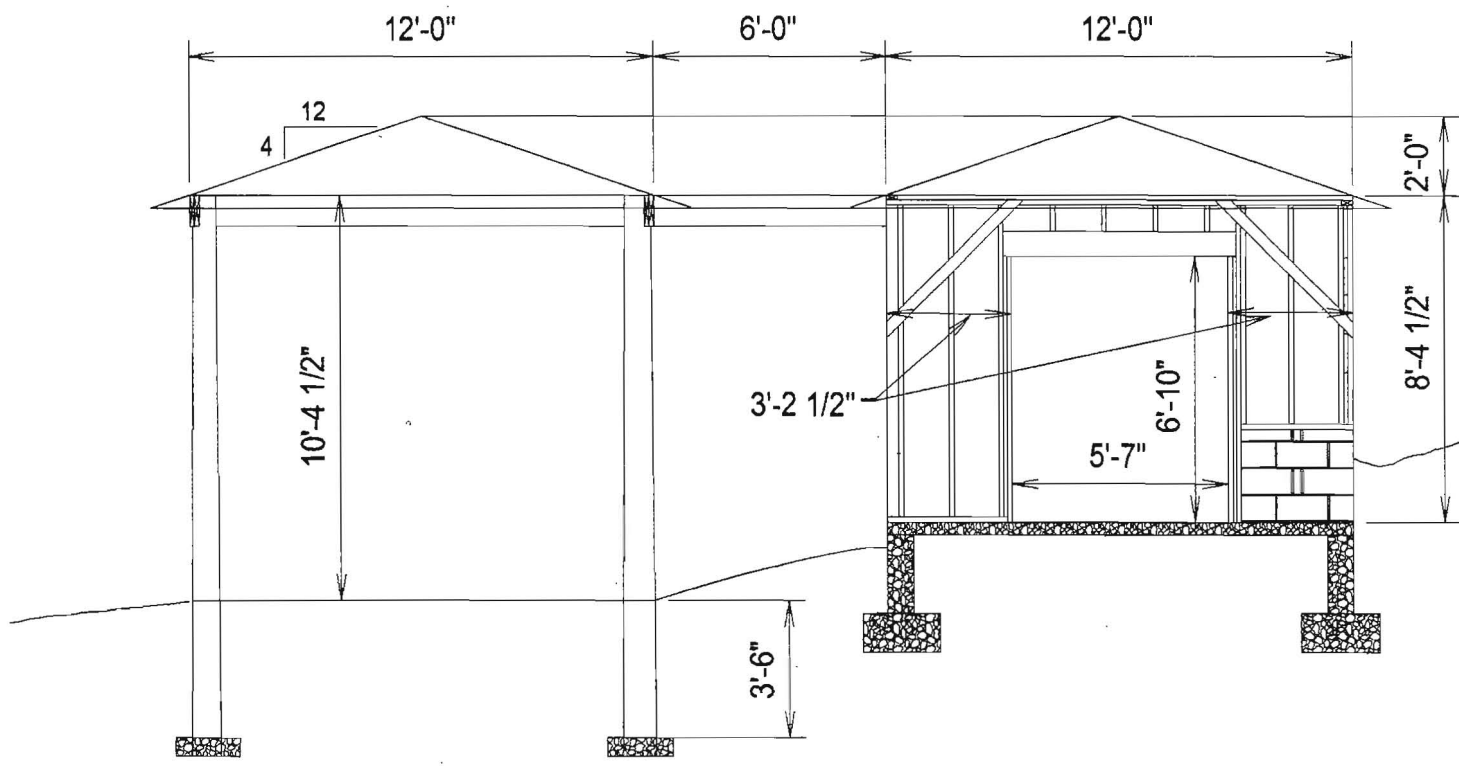
| DPZ SETBACK INFORMATION | PROPERTY ID# |
|---|-------------------------|
| Front: _____ | Filing fee \$ _____ |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Add'l per. fee \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input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

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Accepted by _____



| | |
|-----------------------------------|----------------|
| Pole Shed | |
| Tom Collier | (410) 442-5669 |
| 930 Henryton Road, Marriottsville | |
| View: Plan View | |

29Ga Bi-Rib 38"
Painted Steel Roof
on trusses



| |
|-----------------------------------|
| Pole Shed |
| Tom Collier (410) 442-5669 |
| 930 Henryton Road, Marriottsville |
| View: Front Elevation |