



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: _____

Permit No.: Lee Kah Tho

Building Address: 2911 Winter Hazel CT
 City: Woodbine State: MD Zip Code: 20797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Belle Haven Estates
 Section: _____ Area: _____ Lot: 33
 Tax Map: 14 Parcel: 66 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 25,000
 Description of Work: Deck on Rear of The House 58x16 w/steps To grade
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<u>Construction type:</u>	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Huy nh Hong You
 Address: 2911 Winter Hazel CT
 City: Woodbine State: MD Zip Code: 21717
 Phone: 240-491-2378 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Steven Mapes
 Address: 412 Barber'sville Rd
 City: Laurel State: MD Zip Code: 20724
 Phone: 240-508-2744 Fax: _____
 Email: _____

Contractor Company: Mapes Constructive
 Contact Person: Steve
 Address: 412 Barber'sville Rd
 City: Laurel State: MD Zip Code: 20724
 License No.: MHIC 129735
 Phone: 240-508-2744 Fax: _____
 Email: SMCONSTRUCT@aol.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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 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 Mapes Print Name: Steven Mapes
 Email Address: smapesconstruct@aol.com Date: 5/18/17
 Title/Company: owner Mapes Con.

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

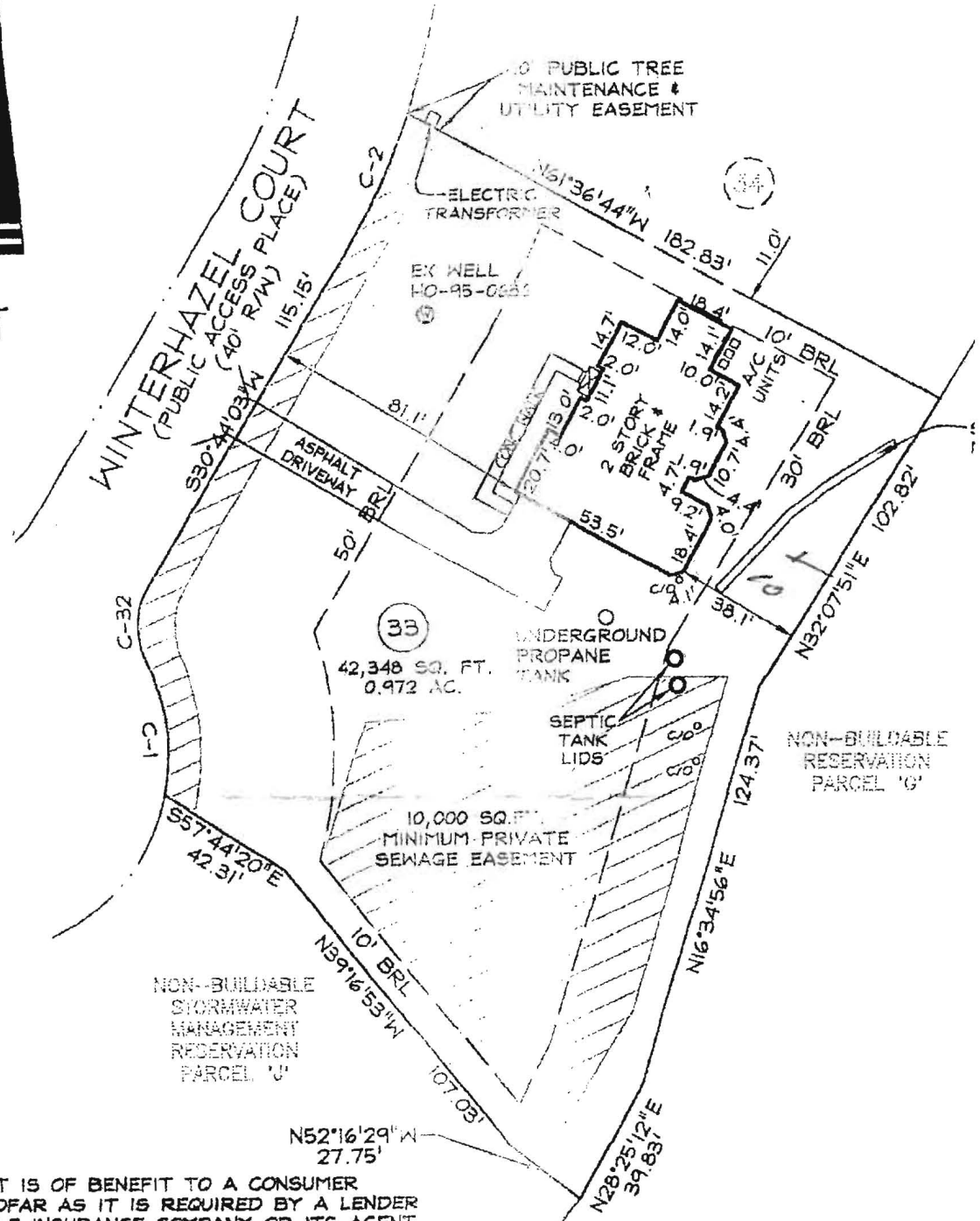
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>5/18/17 Bernard</u>

Is Sediment Control approval required for issuance? Yes No

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$

CURVE TABLE					
CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.
C-32	25.00'	25.32'	58°02'03"	13.87'	N01°43'01"E
C-1	60.00'	40.62'	38°47'34"	21.13'	N07°54'13"E
C-2	220.00'	47.49'	12°22'09"	23.84'	N24°32'58"E

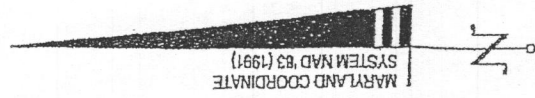


NOTES:

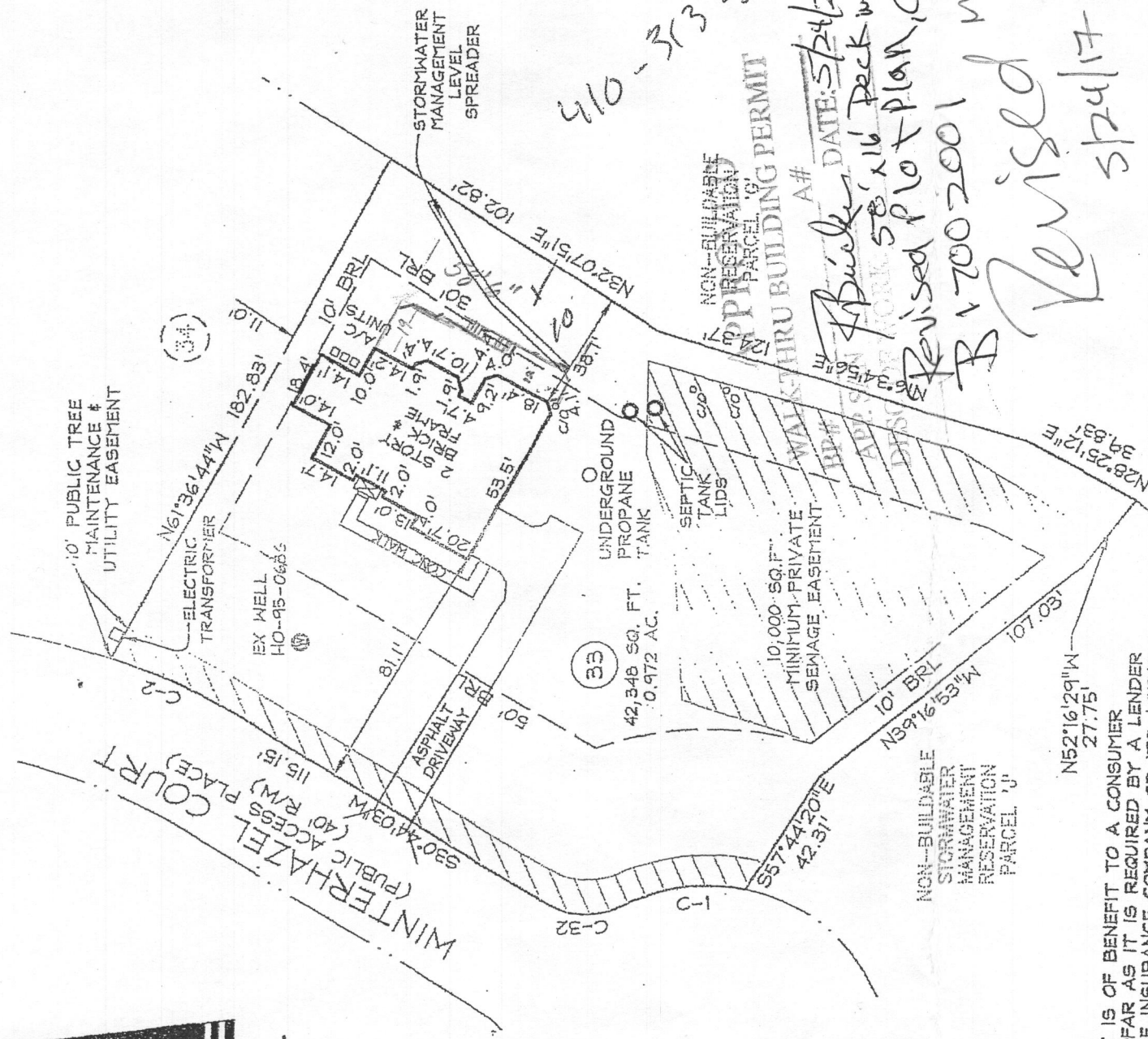
1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT THIS IDENTIFICATION

SURVEYOR'S CERTIFIC

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OF THE PREPARATION OF THIS DRAWING AND THE WORK REFLECTED IN IT, AND THAT IT IS IN ACCORDANCE WITH REQUIREMENTS SET FORTH IN REGULATION CHAPTER 06, MINIMUM STANDARDS OF PRACTICE FOR A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND. EXPIRATION DATE 7/1/16



CURVE TABLE						
CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.	CHD. DIST.
C-32	25.00'	25.32'	58°02'03"	13.87'	N01°43'01"E	24.25'
C-1	60.00'	40.62'	38°47'34"	21.13'	N07°54'13"E	39.85'
C-2	220.00'	47.49'	12°22'09"	23.84'	N24°32'58"E	47.40'



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE, I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/6/16.



Robert B. Southard 9-2-14

- NOTES:
1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
 3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT THIS IDENTIFICATION MAY NOT BE REQUIRED, FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
 4. THE ACCURACY OF THE APPARENT SETBACK DIMENSIONS FROM THE PROPERTY LINES TO THE IMPROVEMENTS IS WITHIN 1 FOOT OF BEING GREATER THAN OR LESS THAN THE DIMENSIONS SHOWN.
 5. THE BEARINGS SHOWN HEREON ARE BASED ON THE MARYLAND COORDINATE SYSTEM NAD 83 (1991).
 6. THE SUBJECT PROPERTY LIES WITHIN FLOOD ZONE "C" (AREAS OF MINIMAL FLOODING) AS SHOWN ON FLOOD INSURANCE RATE MAP NO.240044 00145, DATED 12-4-86.

DDC JOB#:	06116.5
DATE:	08-26-2014
SCALE:	1"=50'

LOCATION SURVEY
 #2911 WINTERHAZEL COURT
 LOT 33
BELLE HAVEN ESTATES
 PLAT NO. 10082