

Scanned 05/02/07

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 807001546
Building Address <u>1676 Woodbine Rd.</u> <u>Woodbine MD 21797</u>		Property Owner's Name <u>Thomas P. Twigg</u> Address <u>1676 Woodbine Rd.</u> City <u>Woodbine</u> State <u>MD.</u> Zip Code <u>21797</u> Phone _____ Phone <u>240-876-1111</u> Applicant's Name & Mailing Address, (if other than stated herein): <p style="text-align: center;">OWNER</p>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>60401</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>7</u> Parcel <u>125</u> Grid <u>17</u> Zoning <u>RC</u> Map Coordinates _____ Lot Size <u>1.3</u>		Phone _____ Fax _____	
Existing Use _____ Proposed Use <u>GARAGE</u> Estimated Construction Cost \$ <u>21,000.00</u> Description of Work <u>30' x 40' GARAGE</u>		Contractor Company <u>NATIONAL BARN CO.</u> Contact Person <u>MS. SEBRING</u> Address <u>316 JUNIPER LN.</u> City <u>HANOVER</u> State <u>PA.</u> Zip Code <u>17331</u> License No. _____ Phone _____ Fax <u>-9201</u> <u>866-942-2276</u>	
Occupant or Tenant <u>THOMAS P. TWIGG</u> Contact Name <u>Tom Twigg</u> Address <u>1676 Woodbine Rd.</u> City <u>Woodbine</u> State <u>MD.</u> Zip Code <u>21797</u> Phone <u>240-876-1111</u> Fax <u>443-266-7195</u>		Engineer or Architect Company <u>SAME AS ABOVE</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>GARAGE</u> Dimensions: <u>30' x 40'</u> Footings: <u>30" x 8"</u> Roof Height: <u>15'</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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.

Thomas P. Twigg
 Applicant's Signature
Citi mortgage
 Title/Company

THOMAS P. TWIGG
 Print Name
MAY 1, 2007
 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>216.00</u>
Building Officials	<u>5/1/07</u>	<u>[Signature]</u>		Side: _____	Excise tax \$
Dev. Engineering DPZ				Side St. _____	Add'l per fee \$ <u>21.60</u>
Health				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"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:forms/buildingpermitapplication REV 10/28/04

IMPROVEMENT LEGEND

- Sh - Shed
- S - Sloop
- P - Patio
- D - Deck
- B/E - Basement Entrance
- D/W - Driveway
- C - Concrete
- St - Stone
- Br - Brick
- Fr - Frame
- ++ - Fence / F
- G - Gate
- O/H - Overhang
- Por - Porch
- Sty - Story
- Asph - Asphalt

OWNER: Tom Twigg
 Address: 1676 Woodbine Rd.
 Woodbine, MD. 21797

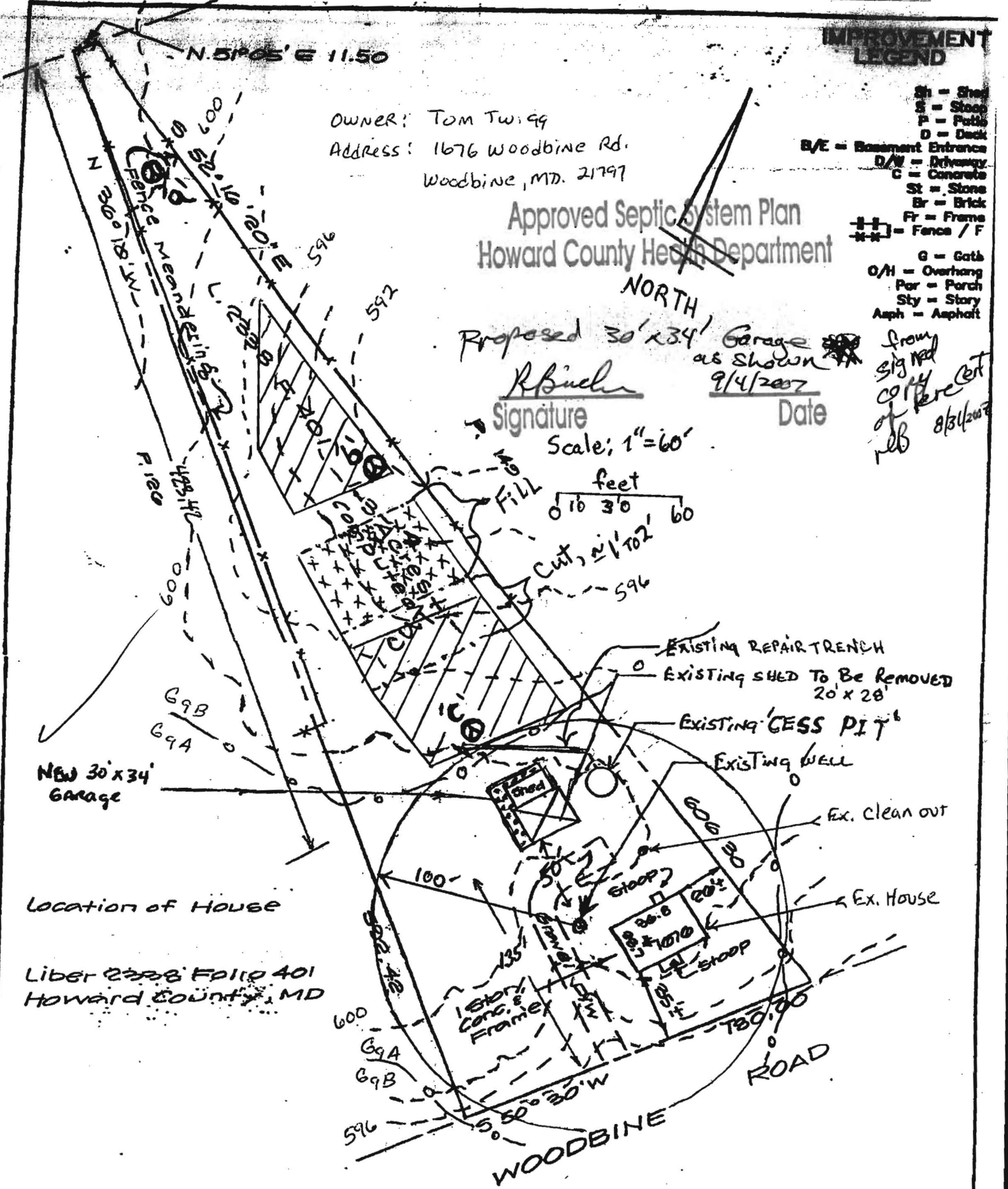
Approved Septic System Plan
Howard County Health Department

NORTH

Proposed 30' x 34' Garage
 as shown
 R. Bucher
 Signature
 9/4/2007
 Date

Scale: 1" = 60'
 feet
 0 15 30 60

from signed copy of permit
 reb 8/31/2007



CERTIFICATE
 I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION.

REFERENCES
 FLAT BK
 FLAT NO

HALLER-BLANCHARD & ASSOCIATES
 P.O. BOX 1774
 FREDERICK, MARYLAND 21702
 (301)228-2285 FAX (301)228-2248

Walk - Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	B09001926 PERMIT NUMBER
Building Address <u>1676 Woodbine Rd.</u> <u>Woodbine, MD. 21797</u>		Property Owner's Name <u>Tom Twigg</u> Address <u>1676 Woodbine Rd.</u> City <u>Woodbine</u> State <u>MD.</u> Zip Code <u>21797</u> Phone _____ Phone _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>7</u> Parcel <u>125</u> Grid <u>17</u> Zoning _____ Map Coordinates _____ Lot Size <u>1.33</u>		Applicant's Name & Mailing Address, (if other than stated herein): Phone <u>246-876-1111</u> Fax <u>410-489-6757</u>	
Existing Use <u>Residential</u> Proposed Use <u>Walkway To Connect House To Garage</u> Estimated Construction Cost \$ <u>1000.00</u>		Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____	
Description of Work <u>Instal a Covered Walkway from House to Detached Garage. (To make Garage Attached)</u> Occupant or Tenant <u>Tom Twigg</u> Contact Name _____ Address <u>1676 Woodbine Rd.</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>240-876-1111</u> Fax <u>410-489-6757</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd 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 _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure <u>Covered Walkway</u> Dimensions: <u>48' x 8' H</u> Footings: _____ Roof Height: <u>10'</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

Thomas P. Twigg
Applicant's Signature

Thomas P. Twigg
Print Name

Title/Company

Date

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

CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	DPZ SETBACK INFORMATION Front _____ Rear _____ Side _____ Side St. _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID # Filing fee \$ _____ Permit fee \$ _____ Excise fee \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____
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Distribution of Copies - White: Building Officials - Green: LDD, DPZ - Yellow: DED, DPZ - Pink: Health - Gold: SHA
 T:\forms\buildingpermitapplication REV 10/28/04



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.: B16000492

Building Address: 1676 woodbine rd. (RTAM)
City: Woodbine State: Md. Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: 604001 Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 7 Parcel: _____ Grid: 7-17
Zoning: RC-DEO Map Coordinates: _____ Lot Size: 1.52

Existing Use: WALKWAY COVERED
Proposed Use: SAME W/ GRAVEL WALKWAY
Estimated Construction Cost: \$ 2200.00
Description of Work: CONNECT TO EXISTING BREEZWAY AND EXTEND TO GARAGE.

Occupant or Tenant: _____
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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<u>30</u> Depth <u>36</u> Width
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: <u>NONE</u>
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>2</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	No. of 2 BR units: _____
	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: Thomas Twigg
Address: 1676 woodbine rd.
City: Woodbine State: Md. Zip Code: 21797
Phone: 240-876-1111 Fax: 410-589-6757
Email: Tom Twigg @ Yahoo. Com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

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

Utilities	RECEIVED
<u>Water Supply</u>	FEB 10 2016
<input type="checkbox"/> Public	LICENSES & PERMITS DIVISION
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" 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/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas P. Twigg
Applicant's Signature
Tom Twigg @ yahoo. com
Email Address

Thomas Twigg
Print Name
2/10/16
Date

Title/Company _____

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>2/26/16</u>	<u>H. Oswald</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>132</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

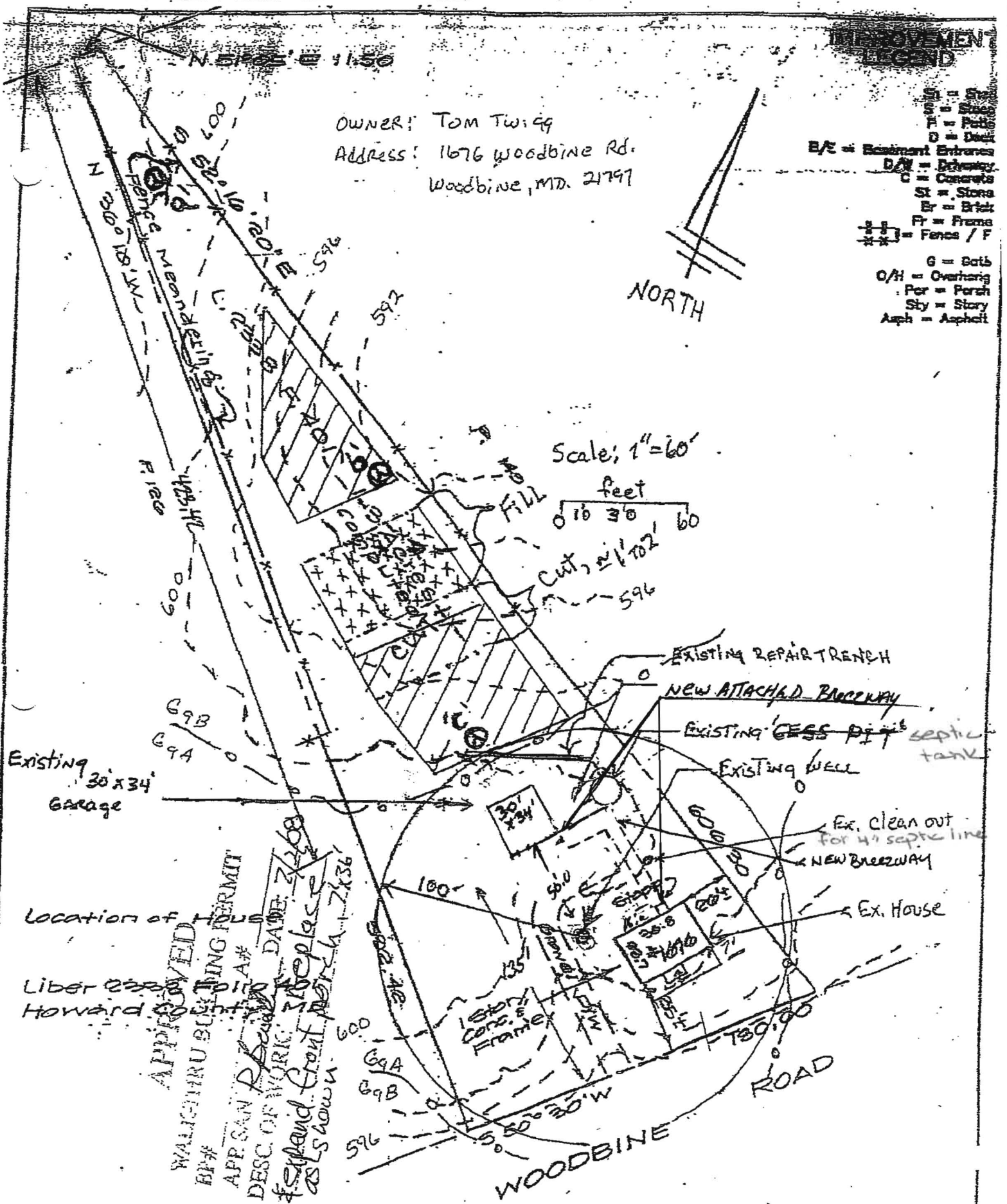
IMPROVEMENT LEGEND

- S = Sidewalk
- St = Stairs
- T = Terrace
- D = Deck
- E/E = Basement Entrance
- D/W = Driveway
- C = Concrete
- St = Stone
- Br = Brick
- Fr = Frame
- +--- = Fence / F
- G = Gable
- O/H = Overhang
- Per = Porch
- Sty = Story
- Asph = Asphalt

OWNER: Tom Twigg
 Address: 1676 Woodbine Rd.
 Woodbine, MD. 21797

NORTH

Scale: 1" = 60'
 feet



Location of House

Liber 2300
 Howard County

APPROVED
 WALCHRU BUILDING PERMIT
 APP# 2300
 DATE: 7-20-08
 DESC OF WORK: Replace
 front porch as shown

and snow covered

FLOOD ZONE C PER FEMA MAP

CERTIFICATE
 I HEREBY CERTIFY THAT THE PRESENCE OF ALL THE
 LISTED IMPROVEMENTS ON THE ABOVE DESCRIBED
 PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION

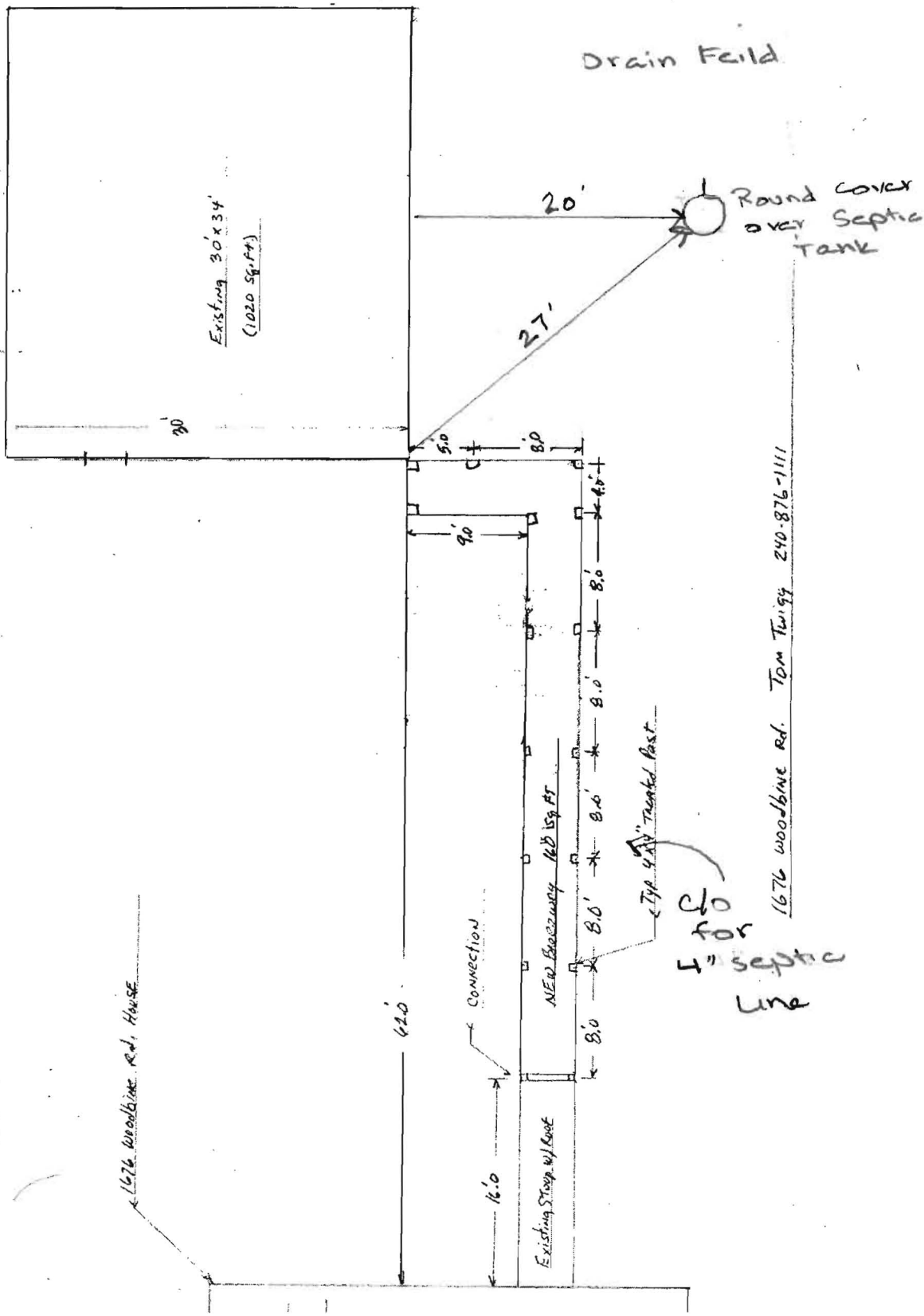
NO.	DESCRIPTION
1	FLAT #1
2	FLAT #2

RAVISH-BLANCHARD & ASSOCIATES
 P.O. BOX 1773
 PREGOON, MARYLAND 21782

2/26/16
Site visit conducted to
verify setbacks

Floor Plan

SCALE 1/8" = 1.0 FT.



60
for
4" septic
line

Oswald, Hank

From: Tom Twigg <ttwigg@energysystemsgroup.com>
Sent: Thursday, February 25, 2016 5:52 PM
To: Oswald, Hank
Subject: Re: 1676 woodbine road

Mr. Oswald

The section that is connected to the house is what is left from the 2007 breezeway. It is on footers 36inches depth sitting on a 8" footer then I filled around each post with concrete . Then I poured my back patio and incorporated the post.

My septic tank is approx 28feet from structure . The clean out is 10feet from any supporting post.

FYI

The breezeway was permitted in 2007
The remains section is in tacked.

Thank you

Sent from my iPhone

On Feb 25, 2016, at 3:40 PM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

It looks like there is a new breezeway section that extends from the porch stoop to the garage. Is this correct? Is the breezeway on footers or a concrete slab or both? On a plan, it shows an existing cleanout. Is that for a septic tank? Generally speaking the setback requirement is 10 feet to a septic tank and drywell or cesspit. Please confirm.

Thanks,
Hank

From: Tom Twigg [<mailto:ttwigg@energysystemsgroup.com>]
Sent: Thursday, February 25, 2016 10:19 AM
To: Oswald, Hank
Subject: 1676 woodbine road

Tom Twigg
Project Manager

<image001.png>

Energy Systems Group
C: 240-876-1111 | F: 410-684-3197

[Email](#) | [Website](#) | [News](#)

<image002.png><image003.png><image004.png><image005.png><image006.png>

Oswald, Hank

From: Tom Twigg <tomtwigg@yahoo.com>
Sent: Wednesday, February 24, 2016 2:52 PM
To: Oswald, Hank
Subject: Re: B16000492_Breezeway Project

Yes sir this is to replace the damaged breezeway

Sent from my iPhone

On Feb 23, 2016, at 8:59 AM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

Mr. Twigg:

This office is in receipt of a building permit application to construct a breezeway from the house to the garage but did not receive floor plans. Please forward a copy via email at your earliest convenience.

Question – There is a building permit for a breezeway in our records from 2009. Is this a replacement breezeway?

Should you have any concerns or questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)



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.: B15004746

Building Address: 1676 Woodbine Rd.
City: Woodbine State: MD. Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: 604001 Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 7 Parcel: _____ Grid: 7-17
Zoning: RC-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: Storage
Proposed Use: Storage Building
Estimated Construction Cost: \$ 4500.00
Description of Work: Addition to Existing garage
540 sq. ft. (1 story)

Occupant or Tenant: _____
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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>30'</u>	<u>18'</u>
Area of construction (sq. ft.):	2 nd floor: _____	
Use group:	Basement: <u>N/A</u>	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>N/A</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Thomas P. Twigg
Address: 1676 Woodbine Rd.
City: Woodbine State: md. Zip Code: 21797
Phone: 240-876-1111 Fax: 410-489-6757
Email: TomTwigg@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Homeowner
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

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

Utilities	
Water Supply	
<input type="checkbox"/> Public	RECEIVED
<input checked="" type="checkbox"/> Private	
Sewage Disposal	OCT 27 2015
<input type="checkbox"/> Public	LICENSES & PERMITS DIVISION
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas P. Twigg
Applicant's Signature

THOMAS P. TWIGG
Print Name

Tom Twigg@yahoo.com
Email Address

OCTOBER
Date

Title/Company _____

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>11/4/15</u>	<u>R. Buckner</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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:
SDP/Red-line approval date:

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>182</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Walk - Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B09001927 PERMIT NUMBER	
Building Address <u>1676 Woodbine Rd.</u> <u>Woodbine, MD. 21797</u>			Property Owner's Name <u>Tom Twigg</u> Address <u>1676 Woodbine Rd.</u> City <u>Woodbine</u> State <u>MD.</u> Zip Code <u>21797</u> Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): Phone <u>240-876-1111</u> Fax <u>410-489-6757</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>7</u> Parcel <u>125</u> Grid <u>17</u> Zoning _____ Map Coordinates _____ Lot Size <u>1.33</u>			Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
Existing Use <u>Residential</u> Proposed Use <u>Deck</u> Estimated Construction Cost \$ <u>750.00</u> Description of Work <u>Attached Deck To upper floor.</u>			Occupant or Tenant <u>Tom Twigg</u> Contact Name _____ Address <u>1676 woodbine rd.</u> City <u>Woodbine</u> State <u>MD.</u> Zip Code <u>21797</u> Phone <u>240-876-1111</u> Fax <u>410-489-6757</u>		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 _____ 1 st floor: _____ 2 nd 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 _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Deck</u> Dimensions: <u>8' x 16'</u> Footings: <u>18" x 18"</u> 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.

Thomas P. Twigg
 Applicant's Signature

Thomas P. Twigg
 Print Name

 Title/Company

 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 \$
Building Officials				Side _____	Excise tax \$
Dev. Engineering, DPZ				Side St. _____	Add'l per fee \$
Health	<u>7-29-09</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 #
				Historic District?	Validation #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP <input type="checkbox"/>				SDP/Red-line approval date	Accepted by
Distribution of Copies - White: Building Officials - Green: LDD, DPZ - Yellow: DED, DPZ - Pink: Health - Gold: SHA Form #/buildingpermitapplication				REV 10/28/04	

Health

Walk-Through

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B09001966 PERMIT NUMBER																																																																			
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Existing Use <u>Detached Accessory Building</u> Proposed Use <u>Accessory Building</u> Estimated Construction Cost \$ <u>11,000.00</u> Description of Work <u>Assembly of a</u> <u>30' x 40' Pole Barn.</u> Occupant or Tenant <u>Tom Twigg</u> Contact Name _____ Address <u>1676 Woodbine Rd.</u> City <u>Woodbine</u> State <u>MD.</u> Zip Code <u>21797</u> Phone <u>240-876-1111</u> Fax <u>410-489-6757</u>			Building Description - COMMERCIAL																																																																				
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HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 1676 Woodbine Rd.
Woodbine, Md, 21797
 Suite/Apt. #: N/A SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 7 Parcel 125 Grid 17
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name THOMAS TWIGG
 Address 1676 Woodbine Rd.
 City Woodbine State MD Zip Code 21797
 Phone 240-876-1111 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 410-489-6757

Existing Use FRONT PORCH
 Proposed Use FRONT PORCH W/ROOF
 Estimated Construction Cost \$ _____
 Description of Work Expand existing FRONT PORCH
WITH NEW CONCRETE SLAB ON GRADE AND
ROOF. 7' x 36' = 252 sq ft.

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

Occupant or Tenant THOMAS TWIGG
 Contact Name Tom Twigg
 Address 1676 Woodbine Rd.
 City Woodbine State MD. Zip Code 21797
 Phone 240-876-1111 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 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: <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"/>
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 <u>28.7</u> Width <u>36.6</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: _____	Heating System: <input checked="" 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"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" 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.

Thomas P. Twigg
 Applicant's Signature

THOMAS P. TWIGG
 Print Name

 Title/Company

7/2/08
 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 \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health <u>7/2/08</u>		<u>R. Buick</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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? 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 NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

IMPROVEMENT LEGEND

- S = Shed
- St = Stoop
- T = Terrace
- D = Deck
- B/E = Basement Entrances
- D/W = Driveway
- C = Concrete
- St = Stone
- Br = Brick
- Fr = Frame
- ## = Fence / F
- G = Gats
- O/H = Overhang
- Per = Porch
- Sty = Storey
- Appt = Appliance

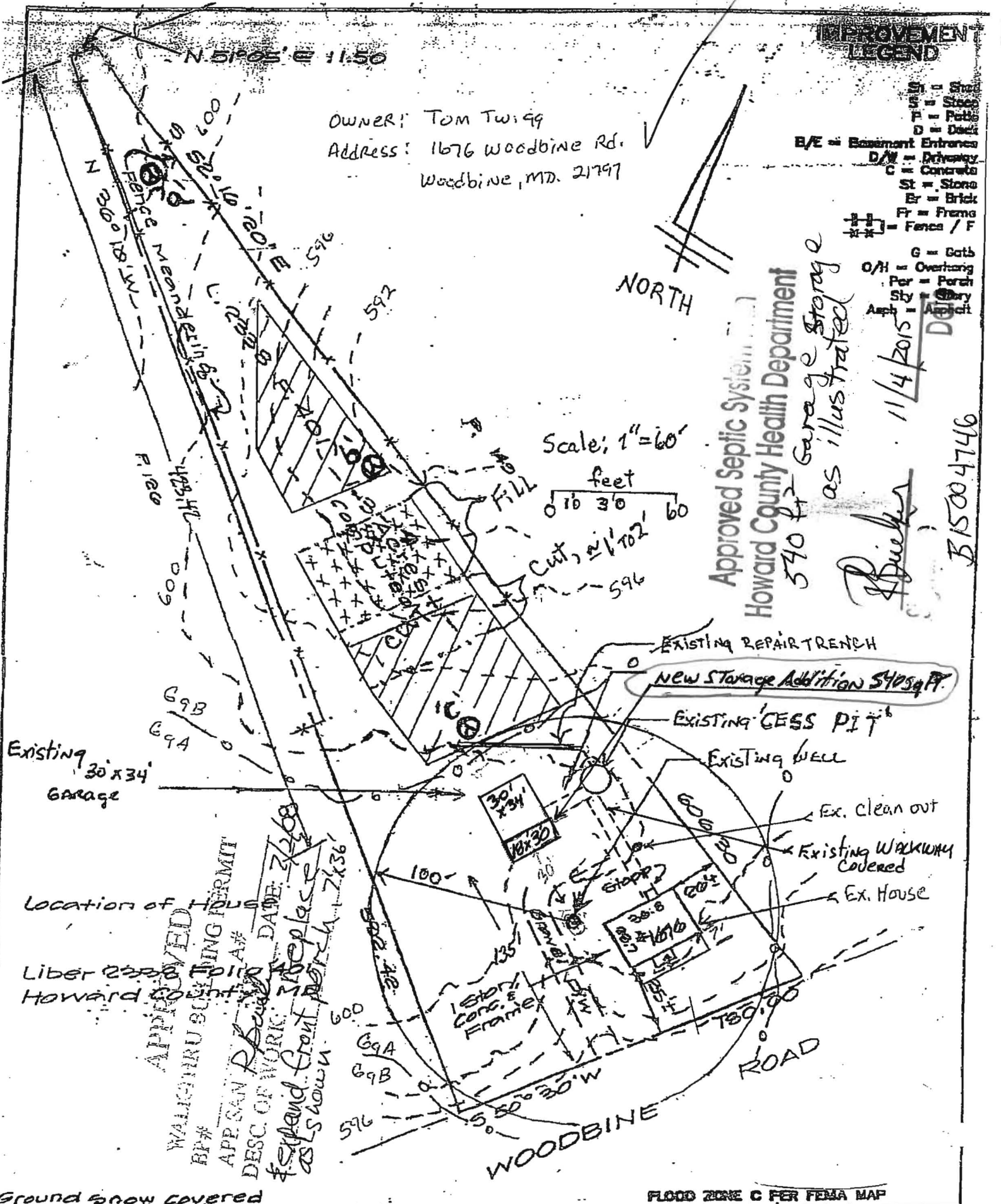
OWNER: Tom Twigg
 Address: 1676 Woodbine Rd.
 Woodbine, MD. 21797

NORTH

Scale: 1" = 60'
 feet
 0 15 30 60

Approved Septic System
 Howard County Health Department
 540 ft² Garage Storage
 as illustrated

Blucher
 11/4/2015
 15004746



APPROVED
 WALKER-BLANCHEARD & ASSOCIATES
 BP#
 APP. SAN. PERM. A#
 DESC. OF WORK: DATE: 7/20/08
 Expand front porch & replace as shown 7x36

Ground Snow Covered

FLOOD ZONE C PER FEMA MAP

CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOGBOOK.

REFERENCES	
PLAT #	
PLAT #	

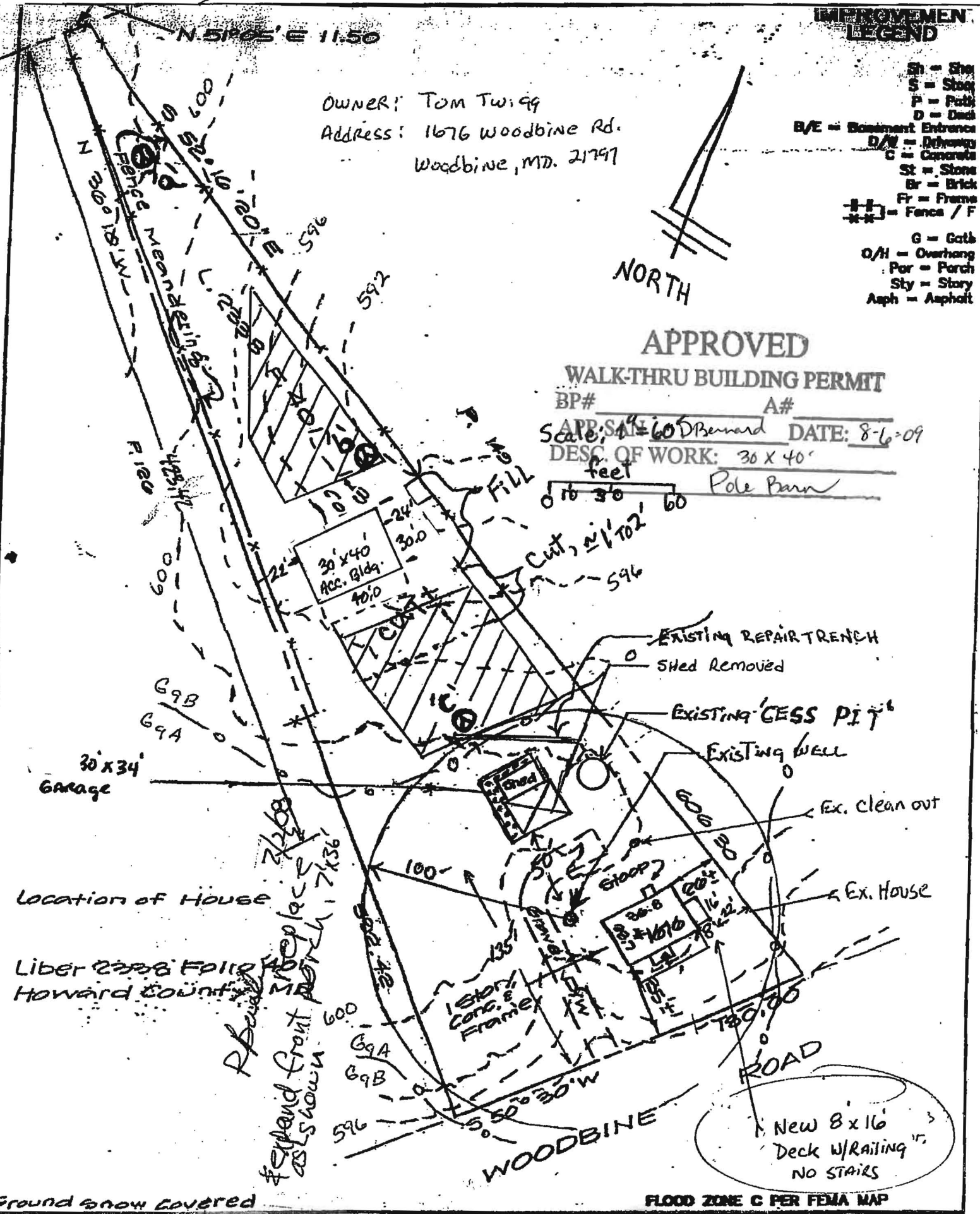
WALKER-BLANCHEARD & ASSOCIATES
 P.O. BOX 1774
 FREDERICK, MARYLAND 21702
 (301) 223-2222 FAX (301) 223-2240

This location drawing was prepared under the direct review and supervision of David L. Haller-MD Reg. No. 240

CASE NO. _____

NOTE: THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE ON THE PLAN.

NOTE: This location for title purposes only - not to be used for determining property lines. Property corner Markers Not guaranteed by this location



OWNER: Tom Twigg
 Address: 1676 Woodbine Rd.
 Woodbine, MD. 21797

NORTH

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SA# 60 DBernard DATE: 8-6-09

DESC. OF WORK: 30 X 40'

Scale: 0 10 30 60 feet

Pole Barn

Location of House

Liber 2338 Folio 401
 Howard County, MD

Revised
 Howard front porch as shown

CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION.

[Signature]

DAVID L. HALLER
 MARYLAND R P L S No. 240

REFERENCES

PLAT BK	
PLAT NO	
LIBER	2338
FOLIO	401



HALLER-BLANCHARD & ASSOCIATES

P.O. BOX 1774
 FREDERICK, MARYLAND 21703
 (301)228-2268 FAX: (301)228-2248

DATE OF PLANS	SCALE: 1" = 60'
WALL CHECK:	DRAWN BY: BB
HSE. LOC: 2-28-07	JOB NO.: 07-29348
BOUNDARY:	

THIS LOCATION FOR MORTGAGE PURPOSES FOR Settlement Only