

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
E-100047E

Building Address 1802 WOODBINE RD
WOODBINE MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name DENISE G. LARKINS
Address 1802 WOODBINE RD
City WOODBINE State MD Zip Code 21797
Phone 410-439-7073 Phone 301-696-0274
Applicant's Name & Mailing Address, (if other than stated hereon):
PO BOX 35
LT-2013 MD 21705
Phone 410-439-7073 Fax 301-696-0274

Existing Use PERMANENT RESIDENCE
Proposed Use PERMANENT RESIDENCE
Estimated Construction Cost \$ 3500.00
Description of Work DECK 14' X 24' ON
BANK OF HOUSE - W/2
SET OF STEPS

Contractor Company LOUIS / GOLF
Contact Person LAILE LARKINS
Address FREDERICK
City FREDERICK State MD Zip Code 21703
License No. _____
Phone 410-439-7073 Fax 301-696-0274

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:	
No. of stories:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Heating System:	
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Propane Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		Sprinkler system: N/A <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"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
1st floor:		Sewage Disposal:	
2nd floor:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Basement:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Heating System:	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of Bedrooms _____		Natural Gas <input type="checkbox"/>	
Height: _____		Propane Gas <input type="checkbox"/>	
Multi-family dwellings:		Sprinkler system: N/A <input type="checkbox"/>	
No. of efficiency units: _____		NFPA #13D <input type="checkbox"/>	
No. of 1 BR units: _____		NFPA #13R <input type="checkbox"/>	
No. of 2 BR units: _____		Other: _____	
No. of 3 BR units: _____			
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 LAILE LARKINS
Title/Company _____

Print Name LAILE LARKINS
Date 3/20/09

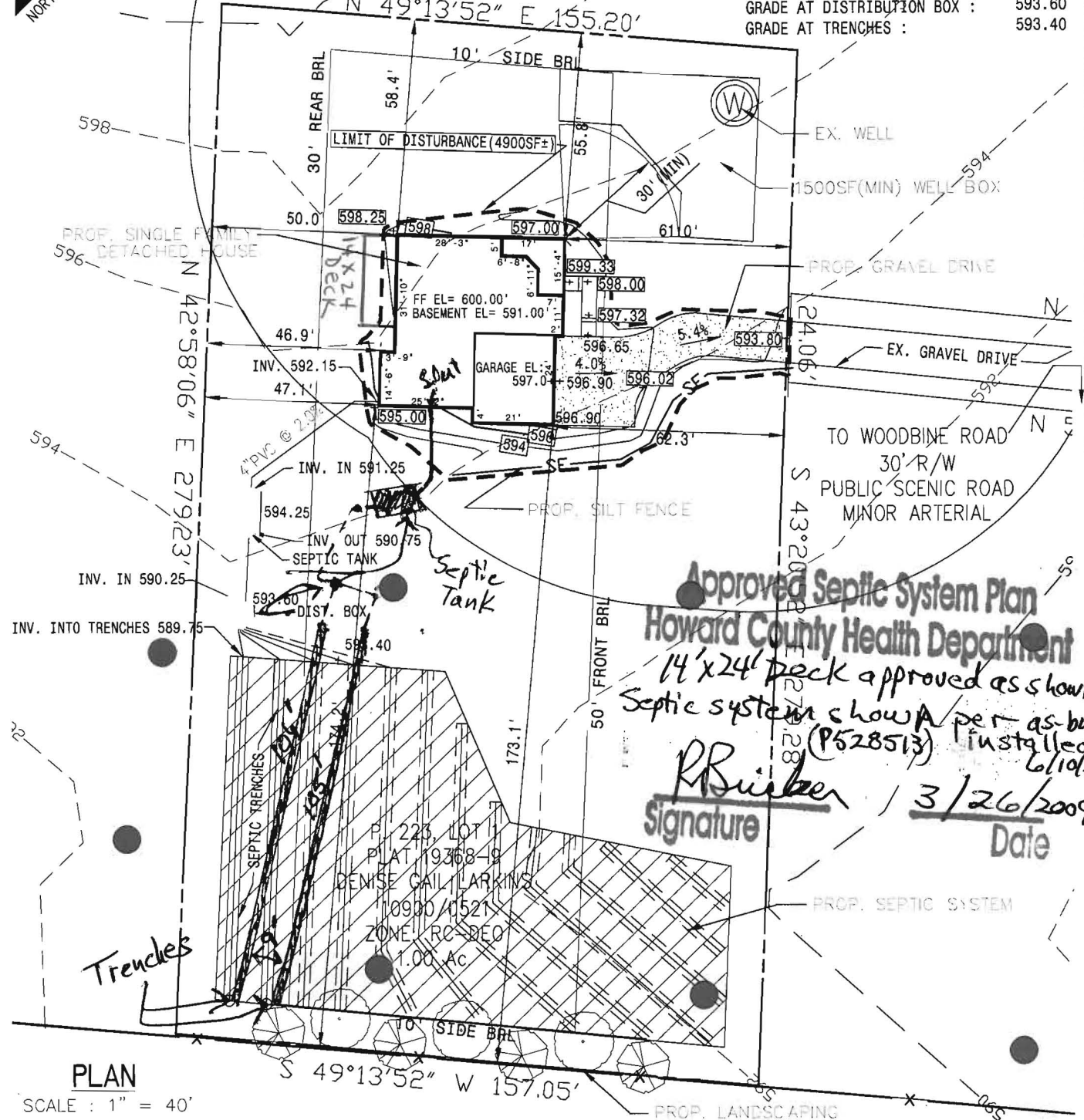
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

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>3/26/2009</u>		<u>R. Bricker</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 -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA



P. 223
 ROBERT S. & DORIS E. BELL
 1242/664
 ZONE: RC-DEO; USE: AG
 93.36 Ac.
 HELD IN EASEMENT BY
 HOWARD CO. AGRICULTURAL LAND
 PRESERVATION PROGRAM #10-94-02-E

INVERT OUT OF HOUSE :	592.15'
INVERT IN TO TANK :	591.25
INVERT OUT OF TANK :	590.75
INVERT INTO DISTRIBUTION BOX :	590.25
INVERT IN TO TRENCHES :	589.75
GRADE AT SEPTIC TANK :	594.25
GRADE AT DISTRIBUTION BOX :	593.60
GRADE AT TRENCHES :	593.40

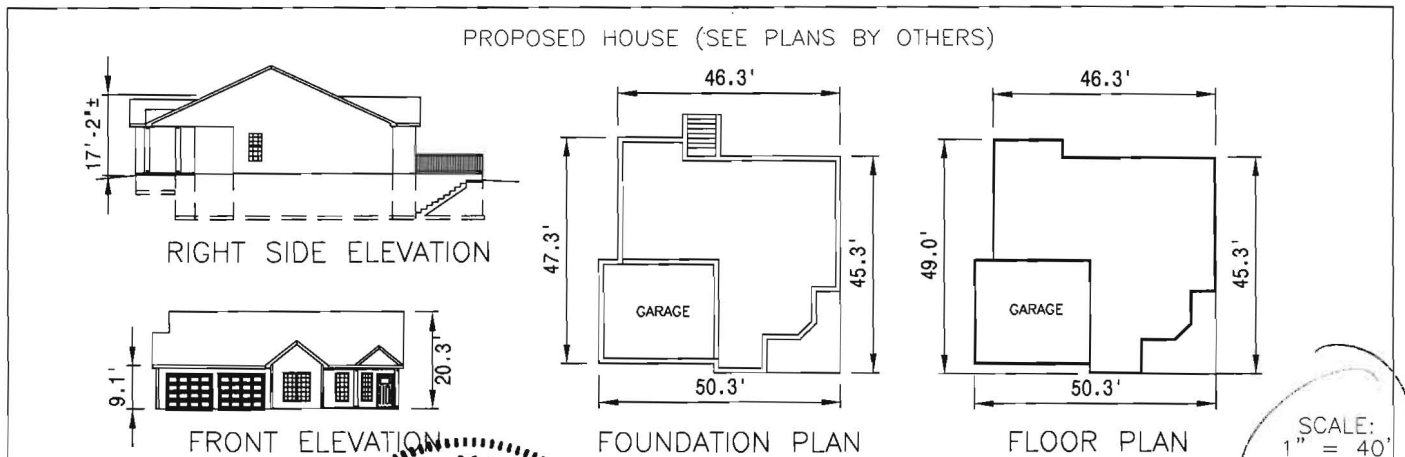


PLAN

SCALE : 1" = 40'

● PERC HOLES

NO TREE REMOVAL PROPOSED
 ALL TOPOGRAPHY FIELD RUN BY JOHN C. MELLEMA, SR., INC., MAY 2006.



OWNER/DEVELOPER/BUILDER:

DENISE GAIL LARKINS
 P.O. BOX 85
 LISBON, MD 21765
 (301) 865-4911
 (301) 931-2324



PROJECT NAME :

BELL FARM PROPERTY, LOT 1
 SINGLE FAMILY DETACHED RESIDENCE

1802 WOODBINE ROAD, LISBON, HOWARD CO., MD 21765
 TAX MAP 7, GRID 16, PARCEL 223, LOT 1, PLAT 19368-9
 ZONE: RC-DEO; ELECTION DISTRICT: 4TH

DATE: 11/29/2007; REVISED 12/18/07

PREPARED BY :

CHESAPEAKE ENGINEERING, LLC

3050 Roop Road, Mount Airy, MD 21771
 Tel: (+10) 812-4911 Fax: (+13) 303-1687
 jill@chesapeakeeng.com

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004762

Building Address 1802 WOODBINE ROAD
LIDBOW MD 21765
Suite/Apt. #: N/A SDP/WP/Petition #: _____
Census Tract _____ Subdivision N/A
Section _____ Area _____ Lot 1
Tax Map 7 Parcel P10 223 Grid _____
Zoning RC Map Coordinates _____ Lot size 1 AC

Property Owner's Name DENISE GAIL LARKINS
Address PO BOX 95
City LIDBOW State MD Zip Code 21765
Home Phone 301 865 4911 Work Phone 301 696 0274
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use AG/VACANT
Proposed Use PRIMARY RESIDENCE
Estimated Construction Cost \$ 2,000,000.00
Description of Work BUILD 1 STORY
FRAME HOUSE

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

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

Engineer or Architect Company CHESAPEAKE EDGE
Contact Person JILL LEHMAN
Address 5050 ROOP ROAD
City MT AIRY State MD Zip Code 21771
Phone 410-812-4911 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"/> Depth <u>47'</u> Width <u>53'</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> 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: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ 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.

Denise Gail Larkins
Applicant's Signature
Title/Company _____

DENISE GAIL LARKINS
Print Name
11/30/07
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>12/20/07</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 checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1473</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	Lot Coverage for NewTown Zone _____	SDP/Red-line approval date _____
T:\format\PERMIT.FRM			Yellow: DED, DPZ	Accepted by <u>[Signature]</u>
			Pink: Health	
			Gold: SHA	