

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

30700476

Building Address 2574 WELLWORTH WAY
WEST FRIENDSHIP MD 21794
 Suite/Apt. #: _____ SDP/MWP/Petition #: _____
 Census Tract _____ Subdivision Friendship Manor
 Section 2 Area _____ Lot 35
 Tax Map 15 Parcel 235 Grid 17
 Zoning _____ Map Coordinates _____ Lot size 251

Property Owner's Name JUTZ, THOMAS F PAULA
 Address 2574 Wellworth Way
 City West Friendship State MD Zip Code 21794
 Home Phone 410 442-1837 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD & ENCLOSED PORCH
 Estimated Construction Cost \$ 14,870
 Description of Work Enclose ex brick porch
15'x10' w/ glass for an enclosed
porch.

Contractor Company _____
 Contact Person **PATIO ENCLOSURES, INC.**
 224 8th AVENUE, N.W.
 GLEN BURNIE, MD 21061
 Address 443-797-0351
 MHI # 12744
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant OWNER
 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 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"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <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 | 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"/> |
| | 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"/> | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 1st floor: <u>10'</u> <u>15'</u> | Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Basement: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Heating System: <u>N/A</u> <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"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| 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: _____ | |
| State Certified Modular <u>(150 A)</u> | |
| 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 THEREON; (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.

Gregory A. Frazier
 Applicant's Signature
 Title/Company _____

Gregory A. Frazier
 Print Name
11/1/07
 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 | <u>11/1/07</u> | <u>[Signature]</u> |
| Health | | |
| 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"/> | | |

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

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| Building Characteristics | Utilities |
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| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>10'</u> Width <u>15'</u> 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 checked="" type="checkbox"/> Manufactured Home (<u>150 #</u>) | 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 type="checkbox"/> Heating System: <u>N/A</u> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |

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Gregory A. Falter (agent)
Applicant's Signature

GREGORY A. FALTER
Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
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|--|--|--------------------|
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| State Highways | _____ | _____ |
| Building Official | _____ | _____ |
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| Health | _____ | _____ |
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| YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Entrance Permit required? | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____ |
| Historic District? | Validation # _____ |
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| Lot Coverage for NewTown Zone _____ | |
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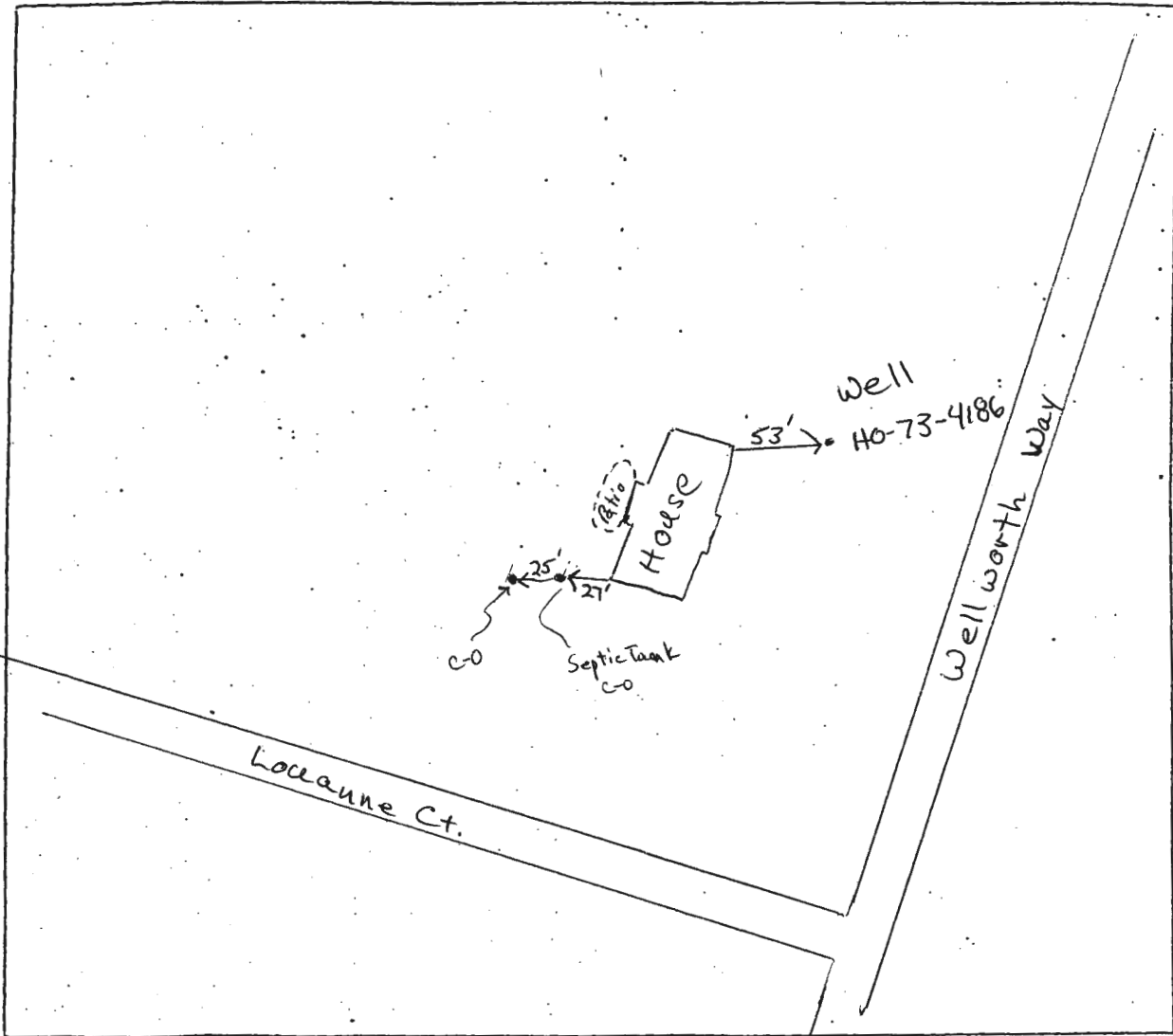
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

SITE INSPECTION SHEET

OWNER: Thomas & Paula Lutz PHONE #: _____
ADDRESS: 2574 Wellworth Way CONTRACTOR: _____
_____ WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Well and septic referenced to existing house corners.
10/26/2007 neB

8431 Wellworth Way

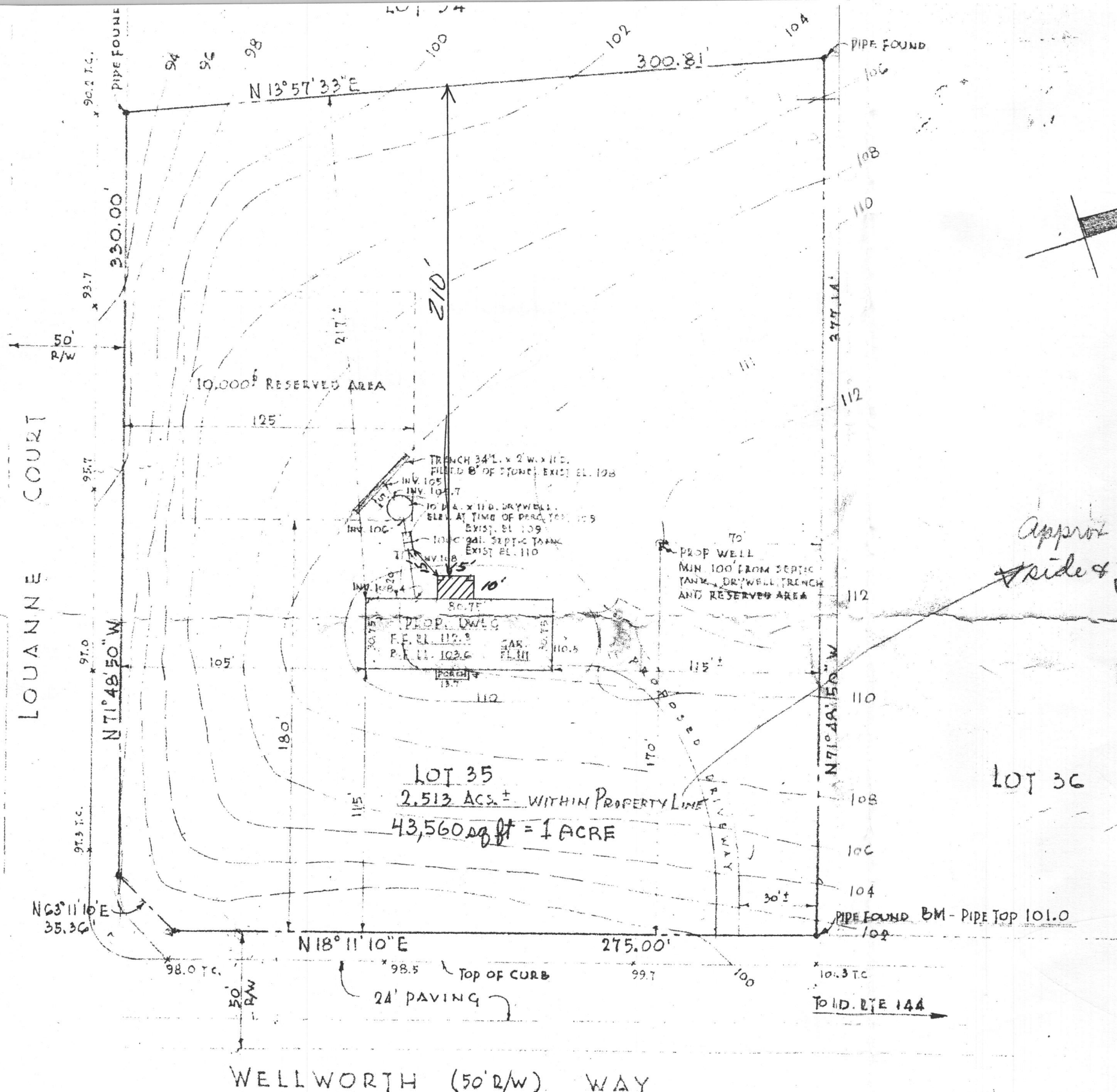
P. 32120 26049
DATE 8/24/82

LOCATION Friendship Manor
2574 Wellworth Way
LOT 35

APPLICATION
HOLD
APPROVED (4)
REJECTED

APPLICANT
OWNER Thomas W. Lutz
PERMITTEE Dr. Carroll Backhol

INSTALLATION
HOLD
APPROVED (1)
APPROVED DATE 10/11/82



House outline incl porches = 2666.66 #
 Driveway = 3325.00 #
 3,991.66 ÷ 43,560 = 0.1375 ac

Approx 2.635 acres including
 side & front 12'-0" property to curbing

Total 2.4975 acres for grass
 less any sidewalk, garden
 etc not shown

LOT 35
 2.513 ACS. ± WITHIN PROPERTY LINE
 43,560 sq ft = 1 ACRE

LOT 36

PLOT PLAN
 SCALE: 1" = 50'

WELLWORTH (50' R/W) WAY

PROPERTY OF
 MR. T.W. LUTZ & M^{rs} P. KELLEY
 FRIENDSHIP MANOR
 SECT. 2, LOT 35

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND
 CORRECT FOR THIS PROPERTY.
 SIGNED: *Robert L. Vishino*

