

Building Address 15598 Union Chapel Rd
WOODBINE MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605601 Subdivision Milly's Delight

Section _____ Area _____ Lot 1

Tax Map 14 Parcel _____ Grid 14.13

Zoning RCDEO Map Coordinates _____ Lot Size 5 Ac

Property Owner's Name Scott C Loomis
 Address 15598 Union Chapel Rd
 City WOODBINE State MD Zip Code 21797
 Home Phone 410-489-5250 Work Phone 301-502-5733
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use _____
 Proposed Use FAMILY ROOM
 Estimated Construction Cost \$ 50,000
 Description of Work
26x23 FAMILY ROOM
WITH BASEMENT

Occupant or Tenant SCOTT C. LOOMIS

Contact Name SAME
 Address 15598 Union Chapel Rd
 City WOODBINE State MD Zip Code 21797
 Phone 301-502-5733 Fax _____

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

Engineer or Architect Company _____
 Contact Person SAME
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
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 checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of Bedrooms <u>0</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: <u>1</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: Dimensions: <u>26x23</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: Electric <input type="checkbox"/> Oil <input checked="" 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

Scott C Loomis
 Applicant's Signature

Scott C Loomis
 Print Name

Email Address _____

Title/Company _____

Date _____

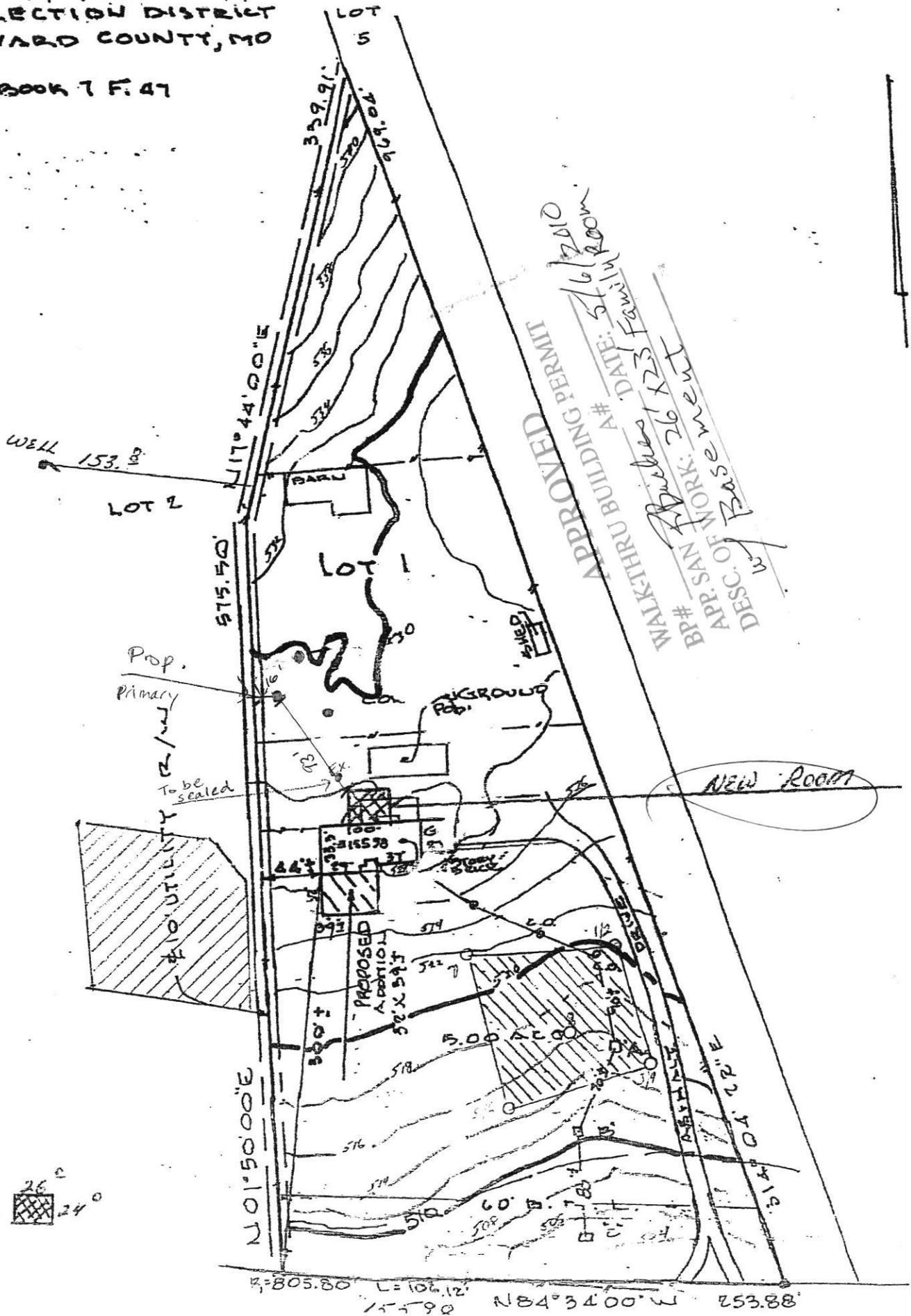
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ				Front: _____	\$ _____	
State Highways				Rear: _____	Permit fee \$ _____	
Building Officials				Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____	
Health <u>5/6/2010</u> <u>R Bricker</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 New Town Zone _____	Check # _____	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	Validation # _____	
					Accepted by _____	

PROPERTY KNOWN AS: Lot 1
 MAP OF MILLY'S DELIGHT
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MO

THIS PLAT CAN NOT BE USED TO ESTABLISH
 PROPERTY LINES OR CORNERS.

PLAT BOOK 7 F. 47



APPROVED
 WALKTHRU BUILDING PERMIT
 # 210
 DATE: 5/9/2010
 BR# 210
 APP SAN Family Room
 DESC OF WORK: 2nd Floor
 WALKTHRU BUILDING PERMIT



R=805.80 L=106.12
 155.90 N84°34'00\" W 253.88

TO: HOWARD COUNTY HEALTH DEPT. MAY 6 2010

FROM: SCOTT C. LOOMIS - OWNER/CONTRACTOR
LIVING AT 15598 UNION CHAPEL RD WOODBINE MD
21797

I (SCOTT C. LOOMIS) WILL PERFORM THE FOLLOWING
AT 15598 UNION CHAPEL RD. HOWARD COUNTY, WOODBINE
MARYLAND. THE EXISTING WELL WILL BE SEALED
AND CAPPED BY A CERTIFIED WELL DRILLER (FOGEL'S)
THE WELL DRILLER WILL PROVIDE A COPY THAT
THE EXISTING WELL IS SEALED TO THE SPECS OF
HOWARD COUNTY HEALTH DEPT. THE OWNER/CONTRACTOR
WILL ~~THEN~~ ^{HAVE SET} INSTALLED ^{A SET} A NEW PUMP INTO THE NEW
WELL AND MAKE ALL APPROPRIATE CONNECTIONS
TO BE INSPECTED BY SOMEONE FROM THE
HOWARD COUNTY HEALTH DEPT. ONCE APPROVED
THE WATER LINE AND ELECTRICAL LINE WILL
BE BACKFILLED. THE OWNER WILL THEN
SHOCK THE NEW WATER/WELL AND HAVE WATER
TESTS PERFORMED BY HOWARD COUNTY HEALTH
TO THEIR SPECS.

Received by: Robert Bricker, RS/REHS
1:15 pm 5/6/2010

Scott C. Loomis