

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE BELLKNOTT CITY, MD 21040 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <span style="font-size: 1.5em;">B09002981</span>	
Building Address <u>1020 Taylor Park Rd</u> <u>Sykesville, MD 21784</u>		Property Owner's Name <u>W. STEPHEN DULLEA</u> Address <u>1020 TAYLOR PARK RD</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> Home Phone <u>410 489 5815</u> Work Phone <u>410 674 2260</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>(same)</u>			
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>RIVER PARK</u> Section _____ Area _____ Lot <u>44</u> Tax Map _____ Parcel _____ Grid _____		Phone <u>410-489-5815</u> Fax _____ Contractor Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____			
Zoning _____ Map Coordinates _____ Lot Size _____ Existing Use <u>STORAGE SHED</u> Proposed Use <u>STORAGE SHED</u> Estimated Construction Cost \$ <u>1500</u>		Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			
Description of Work <u>INSTALL STORAGE SHED,</u> <u>REMOVE EXISTING SHED</u>		Occupant or Tenant <u>W. S. DULLEA</u> Contact Name <u>SAME</u> Address <u>1020 TAYLOR PARK RD</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> Phone <u>410-489-5815</u> (same)			
<b>BUILDING DESCRIPTION - COMMERCIAL</b>		<b>BUILDING DESCRIPTION - RESIDENTIAL</b>			
<b>Building Characteristics</b> 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		<b>Utilities</b> 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 _____			
<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home		<b>Utilities</b> 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.

Applicant's Signature WALTER STEPHEN DULLEA Print Name  
NOV 3, 2009 Date  
 Title/Company \_\_\_\_\_

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

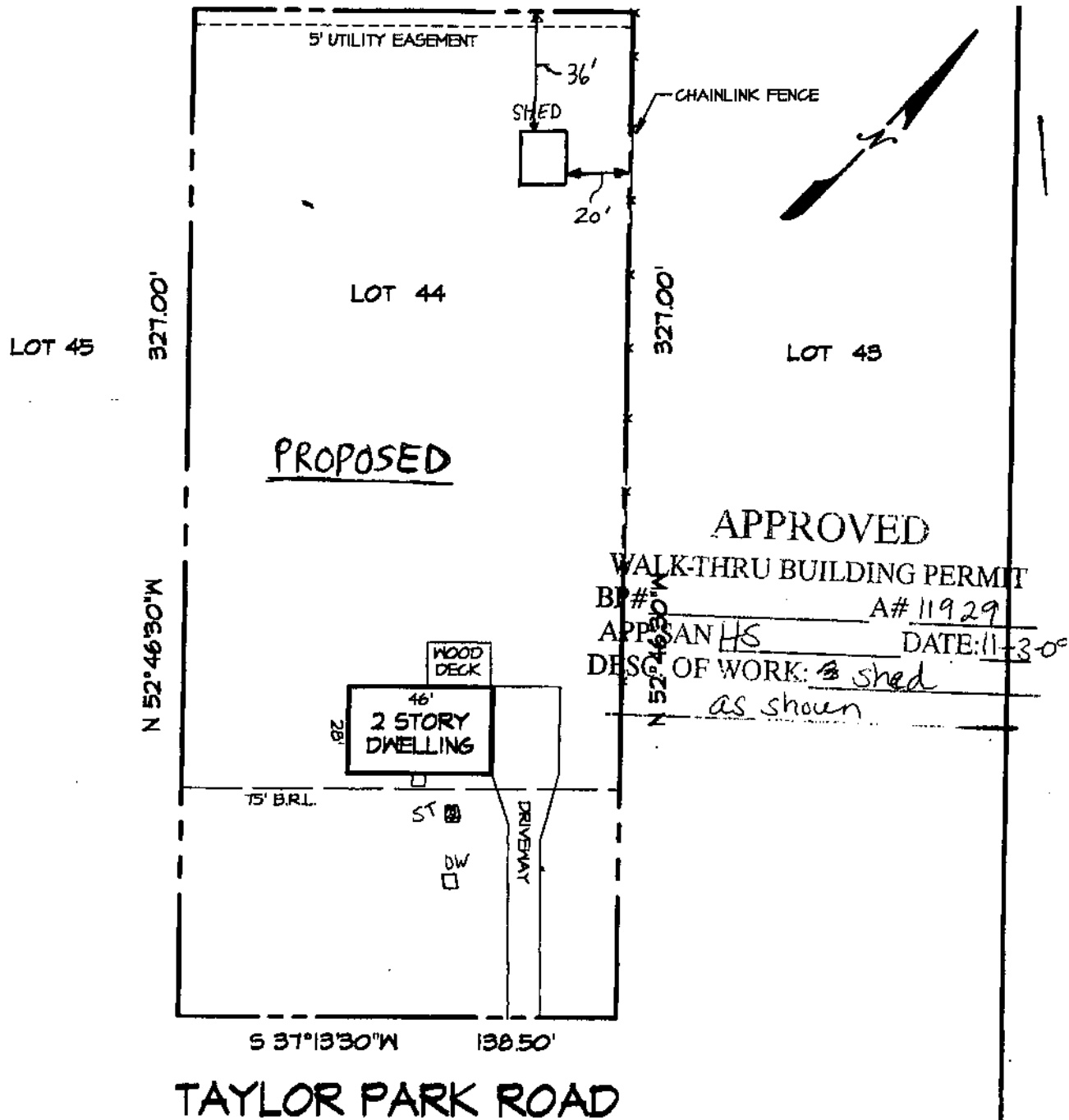
\*\*PLEASE WRITE NEATLY AND LEGIBLY\*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permits fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per fee \$ _____
Health	<u>11-3-09</u>	<u>Walter Dullea</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"/>	
			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: Operations/Updated forms

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### SURVEYORS CERTIFICATE

THIS LOCATION DRAWING HAS BEEN PREPARED IN ACCORDANCE WITH THE "MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS" AS ADOPTED BY THE STATE OF MARYLAND.

*Brian R. Dietz*

BRIAN R. DIETZ

PROFESSIONAL LAND SURVEYOR NO. 21080

1. LOT 44  
PLAT OF RIVER PARK ESTATES  
PLAT BOOK 10, FOLIO 99

2. THIS PARCEL IS LOCATED IN FLOOD HAZARD ZONE C, (AREAS OF MINIMAL FLOODING) PER THE F.I.R.M. MAPS.

ONLY PLATS WITH THE SURVEYOR'S EMBOSSED SEAL ARE GENUINE TRUE AND CORRECT COPIES.

8-17-02

BRIAN R. DIETZ  
PROFESSIONAL LAND SURVEYOR #21080

7867 OAKDALE AVENUE  
BALTIMORE MD. 21237  
Ph 410-686-1198  
Fax 410-682-6021

LOCATION DRAWING  
of  
1020 TAYLOR PARK ROAD  
HOWARD COUNTY, MD.

DRAWN: BRD

FIELD: BRD

DATE: 08-17-02

JOB NO. 02110

SCALE: 1"=50'

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		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b> <u>Walk-Shed</u>		<b>PERMIT NUMBER</b> <u>B10002646</u>	
Building Address <u>1020 TAYLOR PARK RD</u>		Property Owner's Name <u>SELF</u>			
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: _____		Address _____			
Census Tract _____ Subdivision <u>RIVER PARK ESTATES</u>		City _____ State _____ Zip Code _____			
Section _____ Area _____ Lot <u>44</u>		Home Phone _____ Work Phone _____			
Tax Map _____ Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated herein): _____			
Zoning _____ Map Coordinates _____ Lot Size _____		Phone _____ Fax _____			
Existing Use _____		Contractor Company _____			
Proposed Use _____		Contact Person _____			
Estimated Construction Cost \$ _____		Address _____			
Description of Work <u>RELOCATE 1 SHED, DEMOLISH 1 SHED, INSTALL 1 12x32 SHED</u>		City _____ State _____ Zip Code _____			
Occupant or Tenant <u>WALTER STEPHEN DULLEX</u>		License No. _____			
Contact Name <u>SAME</u>		Phone _____ Fax _____			
Address <u>1020 TAYLOR PARK RD</u>		Engineer or Architect Company _____			
City <u>SYKEVILLE</u> State <u>MD</u> Zip Code <u>21784</u>		Contact Person _____			
Phone <u>443-904-3384</u> Fax <u>410-489-5815</u>		Address _____			
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____			
Phone _____ Fax _____		Phone _____ Fax _____			

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> 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	<b>Utilities</b> 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: <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	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> 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: <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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Walter Stephen Dullex  
 Applicant's Signature

WALTER STEPHEN DULLEX  
 Print Name

yesimwask@gmail.com  
 Email Address

Title/Company \_\_\_\_\_ Date August 25, 2010

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>8-25-10</u> <u>Dana Bernard</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"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START: ☐  
 ONE STOP SHOP: ☐

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

LOT 43

327.00'

LOT 44

327.00'

LOT 43

PROPOSED

N 52°46'30"W

N 52°46'30"W

75' B.R.L.

DRIVEWAY

S 37°13'30"W

138.50'

TAYLOR PARK ROAD

SURVEYORS CERTIFICATE

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*Brian R. Dietz*

BRIAN R. DIETZ

PROFESSIONAL LAND SURVEYOR NO. 21080

ONLY PLATS WITH THE SURVEYOR'S EMBOSSED SEAL ARE GENUINE TRUE AND CORRECT COPIES.

1. LOT 44  
PLAT OF RIVER PARK ESTATES  
PLAT BOOK 10, FOLIO 99

2. THIS PARCEL IS LOCATED IN FLOOD HAZARD  
ZONE C, (AREAS OF MINIMAL FLOODING)  
PER THE F.I.R.M. MAPS.

8-17-02

BRIAN R. DIETZ  
PROFESSIONAL LAND SURVEYOR #21080

7867 OAKDALE AVENUE  
BALTIMORE MD. 21237  
Ph 410-686-1198  
Fax 410-682-6021

LOCATION DRAWING

of

1020 TAYLOR PARK ROAD  
HOWARD COUNTY, MD.

DRAWN: BRD

FIELD: BRD

DATE: 08-17-02

JOB NO. 02110

SCALE: 1"=50'

5' UTILITY EASEMENT

30'

SHED

17'

CHAINLINK FENCE

SHED

12'x32'

WOOD  
DECK

46'  
28'  
2 STORY  
DWELLING

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN D Bernard DATE: 8-25-02

DESC. OF WORK: ~~SHED~~

Shed 12 x 32

Approved as shown