

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

306007059

Building Address 11706 TERI LYNN CT DR.  
FULTON MD 20759  
Suite/Apt. #: \_\_\_\_\_ SDP/MWP/Petition #: \_\_\_\_\_  
Census Tract 605102 Subdivision Woodesfield  
Section 4 Area \_\_\_\_\_ Lot 7  
Tax Map 41 Parcel 318 Grid 14  
Zoning RR Map Coordinates \_\_\_\_\_ Lot size 0.924

Property Owner's Name EDWARD SURRETTE  
Address 11706 TERI LYNN CT  
City FULTON State MD Zip Code 20759  
Home Phone 301-604-2829 Work Phone 240-375-6430  
Applicant's Name & Mailing Address, (if other than stated hereon):  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD  
Estimated Construction Cost \$ 25,000  
Description of Work EXPAND EXISTING MASTER  
BEDROOM, MASTER BATH & WALL  
IN CLOSET w/ UNFINISHED BASEMENT  
FOUNDATION.

Contractor Company SUNSET BUILDERS INC  
Contact Person DENNIS BOYLE  
Address 5615 WALLACE CT  
City ELDENSBURG State MD Zip Code 21784  
License No. 29484  
Phone 410-598-2473 Fax \_\_\_\_\_

Occupant or Tenant EDWARD SURRETTE  
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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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 _____ Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____ 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.

Dennis M. Boyle  
Applicant's Signature  
PRES. SUNSET BUILDERS  
Title/Company

DENNIS M. BOYLE  
Print Name  
11-2-06  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

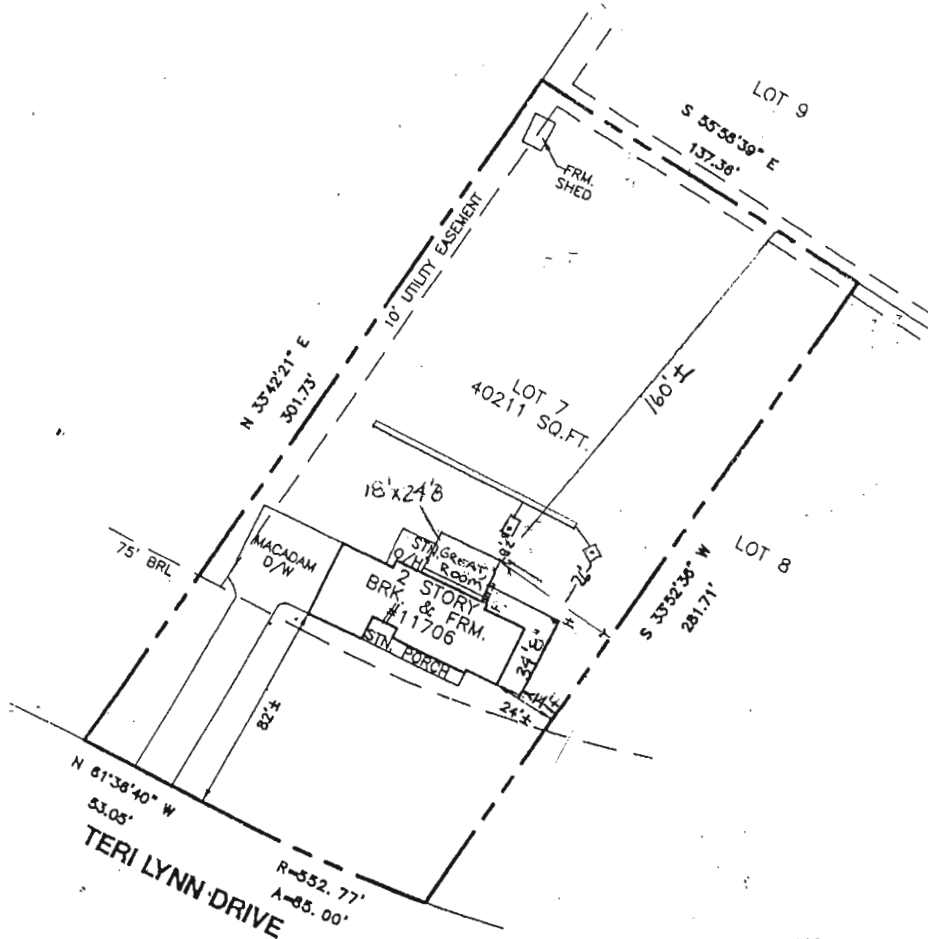
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ	11-2-06	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	11/2/06	<u>[Signature]</u>
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"/>		
Distribution of Copies: _____ White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>50</u> <u>N/A</u>	Filing fee \$ _____
Rear: <u>30</u> <u>160</u>	Permit fee \$ _____
Side: <u>10</u> <u>14</u>	Excise tax \$ _____
Side St.: <u>N/A</u> <u>N/A</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>1839</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by <u>[Signature]</u>	

LOCATION DRAWING  
SECTION 4  
MOORESFIELD  
LOT 7  
HOWARD COUNTY, MARYLAND



**REVISED**  
Date: 11-2-06  
Comments: made plot plan  
to call



NO REPRODUCTION WITHOUT EXPRESSED

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL

**APPROVED**

WALK-THRU BUILDING PERMIT

BP# B06007059 A# P#40129

APP. SAN SP DATE: 11/2/06

DESC. OF WORK:

34'8" x 10' extension to  
Master bedroom.