

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00153830</u>
--	---	--

Building Address <u>751 Weller Dr</u> <u>MT Airy MD 21771</u>	Property Owner's Name <u>Joseph Spurrier</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>751 Weller Dr</u>
Census Tract <u>604001</u> Subdivision <u>Parapels Overlook</u>	City <u>MT Airy</u> State <u>MD</u> Zip Code <u>21771</u>
Section <u>3</u> Area _____ Lot <u>421</u>	Home Phone <u>410 954 5486</u> Work Phone _____
Tax Map <u>2</u> Parcel <u>227</u> Grid <u>124</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RC-Deg</u> Map Coordinates <u>3FL</u> Lot size <u>4,411 sq ft</u>	Phone _____ Fax _____
Existing Use <u>Deck</u>	Contractor Company <u>Tim Worthy Construction Co. Inc</u>
Proposed Use <u>Deck</u>	Contact Person <u>Tim Worthy</u>
Estimated Construction Cost \$ <u>20,000</u>	Address <u>970 McKimstry's Mill Rd</u>
Description of Work <u>845 sq Deck</u> <u>26x12 w/Steps</u>	City <u>Union Bridge</u> State <u>MD</u> Zip Code <u>21791</u>
Occupant or Tenant _____	License No. <u>81617</u>
Contact Name _____	Phone <u>410 957 0669</u> Fax <u>410 957 1922</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐	2nd floor: _____	Electric Yes ☐ No ☐
Use group: _____	Gas Yes ☐ No ☐	Basement: _____	Gas Yes ☐ No ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A ☐ 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.

<u>Timothy E. Worthy</u> Applicant's Signature	<u>Timothy E. Worthy</u> Print Name
<u>Timothy E. Worthy</u> Title/Company	<u>12/15</u> Date

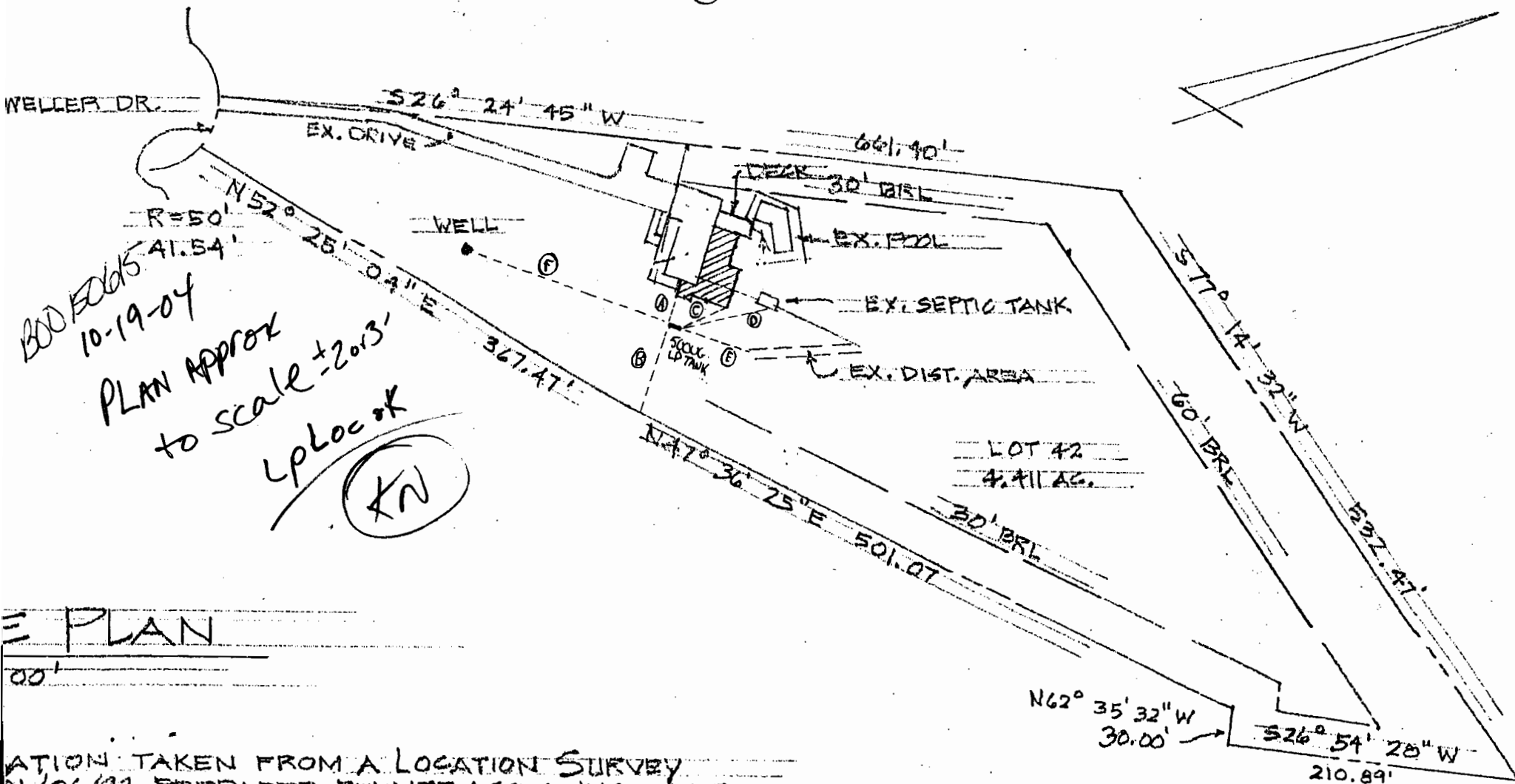
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY		PROPERTY ID: <u>41350</u>
DPZ SETBACK INFORMATION	PROPERTY ID: <u>41350</u>	Building fee \$ _____
Front: <u>30'</u>	Permit fee \$ <u>11</u>	Excise tax \$ _____
Rear: <u>30'</u>	Add'l per fee \$ _____	TOTAL FEES \$ _____
Side: <u>30'</u>	Sub-total paid \$ _____	Balance due \$ _____
Side Setback: <u>N/A</u>	Check # <u>1131</u>	Validation # <u>12331</u>
All minimum setbacks met? YES ☒ NO ☐	Accepted by _____	
Is Entrance Permit required? YES ☒ NO ☐		
Historic District? YES ☐ NO ☒		
Lot Coverage for New Town Zone <u>N/A</u>		
SDP/Red-line approval date _____		
COPIES: _____		
White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ
Pink: Health	Gold: SHA	

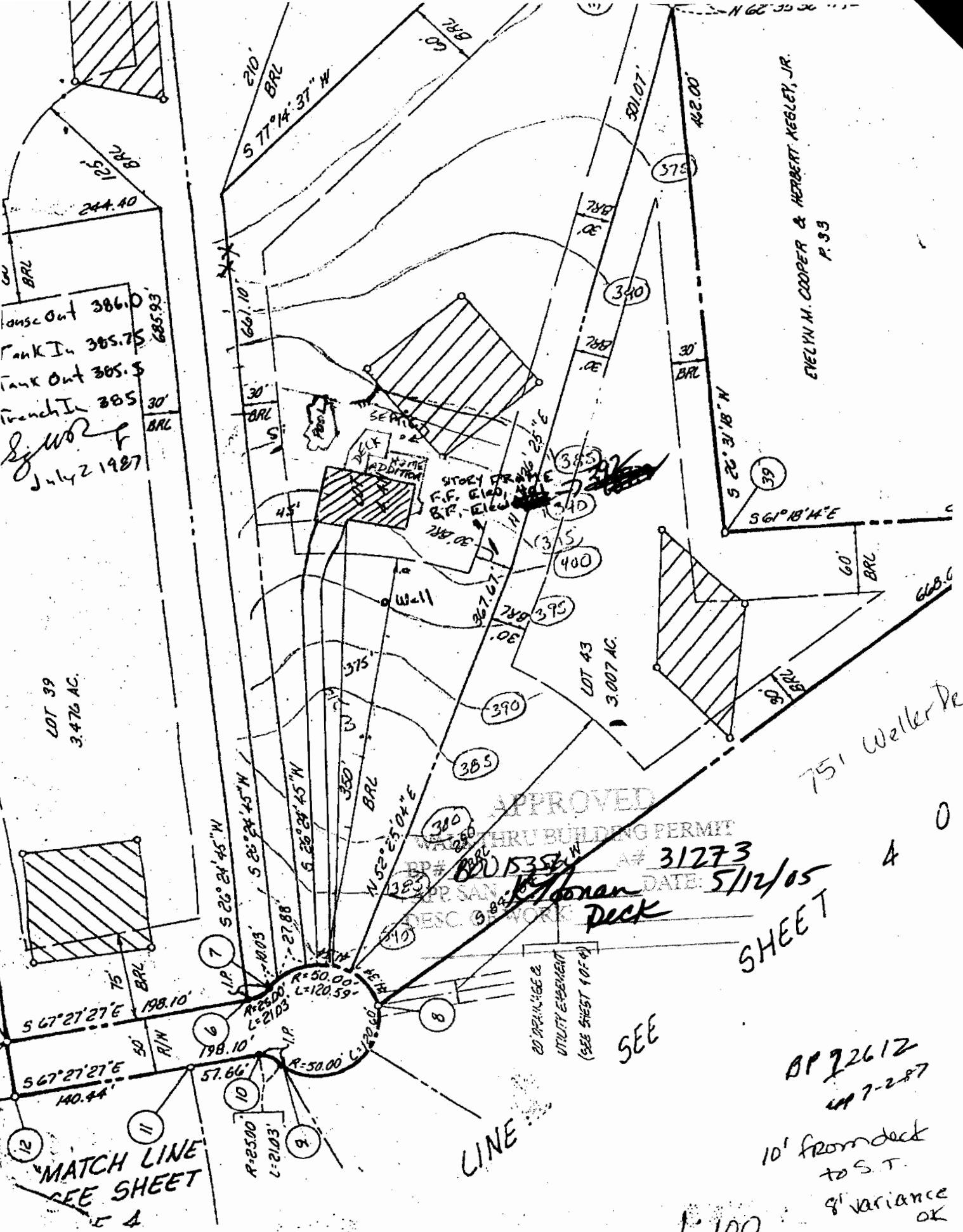
BP B00150615

Will Dr?

- | | | |
|-----|-----------------------|------|
| (A) | FRONT CORNER OF HOUSE | 18' |
| (B) | NEAREST PROPERTY LINE | 62' |
| (C) | REAR CORNER OF HOUSE | 31' |
| (D) | SEPTIC TANK | 60' |
| (E) | SEPTIC AREA | 50' |
| (F) | WELL | 150' |



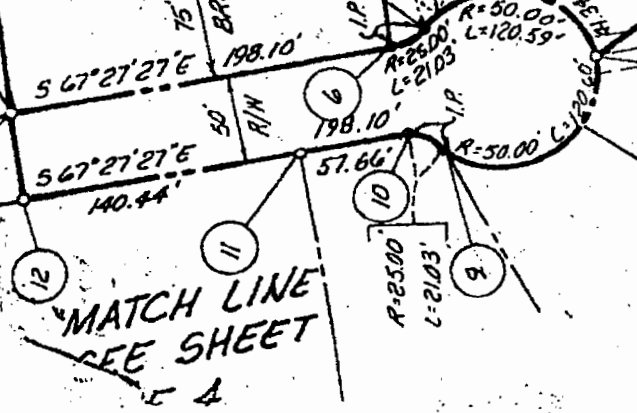
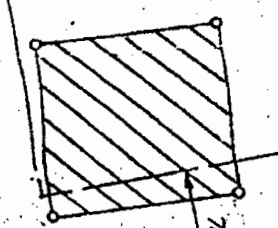
ATION TAKEN FROM A LOCATION SURVEY
01/06/92 PREPARED BY NTT ASSOC., INC., 16205



onsc Out 386.0
 Tank In 385.75
 Tank Out 385.5
 Trench In 385
 July 2 1987

EVELYN M. COOPER & HERBERT KEGLEY, JR.
 P. 33

LOT 39
 3.476 AC.



LINE

SEE

SHEET

BP 22612
 7-2-87

10' from deck
 to S.T.
 variance
 OK

1:100