

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B08003266	
Building Address 17407 WHITE DOGWOOD CT. MT AIRY, MD. 21771			Property Owner's Name ROBERT PETITT		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 17407 WHITE DOGWOOD CT.		
Census Tract _____ Subdivision _____			City MT AIRY State MD Zip Code 21771		
Section _____ Area _____ Lot _____			Home Phone 301-829-6643 Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use SINGLE FAMILY			Contractor Company OWINGS Home Services		
Proposed Use U U			Contact Person JOE SMITH		
Estimated Construction Cost \$ _____			Address 1912 LIBERTY RD		
Description of Work CONSTRUCT LARGER BAY FOR MORE KITCHEN SPACE			City ELDERSBURG State MD Zip Code 21784		
Occupant or Tenant _____			License No. _____		
Contact Name _____			Phone 410-549-3800 Fax 410-549-9668		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd 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"/>	Basement: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____	Print Name _____
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	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	1/16/08	[Signature]	Side St.: _____	Add'l per. fee \$ _____
Health			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 NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Fed-line approval date _____	Validation # _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Accepted by _____	
T:\Forms\PERMIT.FRM			Yellow: DEF, DPZ	
			Pink: Health	
			Gold: SHA	

OTE:

PROPERTY LINE SURVEY IS  
RECOMMENDED TO DETERMINE  
THE EXACT LOCATION OF  
IMPROVEMENTS AND/OR  
ENCROACHMENTS, IF ANY.

APPROVED

WALK-THRU BUILDING PERMIT

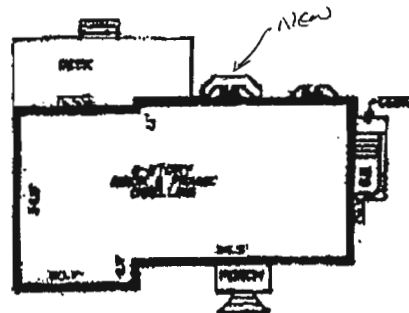
BP# \_\_\_\_\_ A# 40054  
APP. SAN SFO DATE: 11/6/08  
DESC. OF WORK: Enlarging  
Bay Window

NOTE: THIS PROPERTY LIES  
IN FLOOD ZONE C, AN AREA  
OF MINIMAL FLOODING, AS  
DELINEATED ON THE MAPS  
OF THE NATIONAL FLOOD  
INSURANCE PROGRAM

10,000 S.F. PRIVATE  
SEWAGE TREATMENT  
(SCALED FROM PLAT)

Septic  
area  
removed

WHITE DOGWOOD  
COURT



DETAIL SCALE: 1" = 30'



- Notes
- 1) This plot is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
  - 2) This plot is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
  - 3) This plot does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
  - 4) No site report furnished.

Certification This is to certify that the improvements indicated  
hereon are located as shown.

*Grady A. Rogers*  
GRADY A. ROGERS - Prof. L.S. MD. Lic. No. 119

LIBER	_____	FOLIO	_____
LOT	2	BLOCK	_____
PLAT ENTITLED	WHITE DOGWOOD ESTATES		
RECORDED IN	POTOMAC CO.		
PLAT BOOK	2244	FOLIO	_____

17407 WHITE DOGWOOD COURT	
SCALE	1" = 30'
DATE	8-18-10
CASE NO.	2008740
JOB NO.	724208

04/24/2003 THU 16:30 [TX/RX NO 7191] 001