

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07002983

Building Address 11604 White Tail Lane
Ellicott City, Md 21042

Property Owner's Name James/Kathleen Dickey
Address 11604 White Tail Lane

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

Census Tract _____ Subdivision Quonk Creek

City Ellicott City State md Zip Code 21042

Section _____ Area _____ Lot 35

Home Phone 410-531-7787 Work Phone 954-319-

Tax Map 23 Parcel _____ Grid 23-15

Applicant's Name & Mailing Address, (if other than stated hereon): 4512

Zoning RC-DT0 Map Coordinates _____ Lot size 56,184

Phone _____ Fax _____

Existing Use Single Family Dwelling

Contractor Company Homeowner

Proposed Use Deck

Contact Person Travis Iker

Estimated Construction Cost \$ 13,000

Address 2501 BRADDOCK RD

Description of Work 16x20 - composite

City MT Airy State MD Zip Code 21771

License No. _____
Phone 410-984-0832

Occupant or Tenant SELF

Engineer or Architect Company _____

Contact Name Kathleen AE Dickey

Contact Person _____

Address 11604 White Tail Lane

Address _____

City Ellicott City State md Zip Code 21042

City _____ State _____ Zip Code _____

Phone 410-531-7787 Fax _____

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: <u>N/A</u> Basement: <u>N/A</u>	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>3/4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Multi-family dwellings: _____ 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.

Kathleen AE Dickey
Applicant's Signature

Kathleen AE Dickey
Print Name

Title/Company

July 18, 2007
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 Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>7/18/2007</u>		<u>[Signature]</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"/>	
Distribution of Copies: _____			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

1000
1000
1000

Septic Tank
Inv. In : 404.56
Inv. Out : 404.26

WHITE HILL LANE
(PUBLIC ROAD)

N56.25°57'11"W
10' BRL

LOT 35
56,144 SF
N15.46°47'11"E

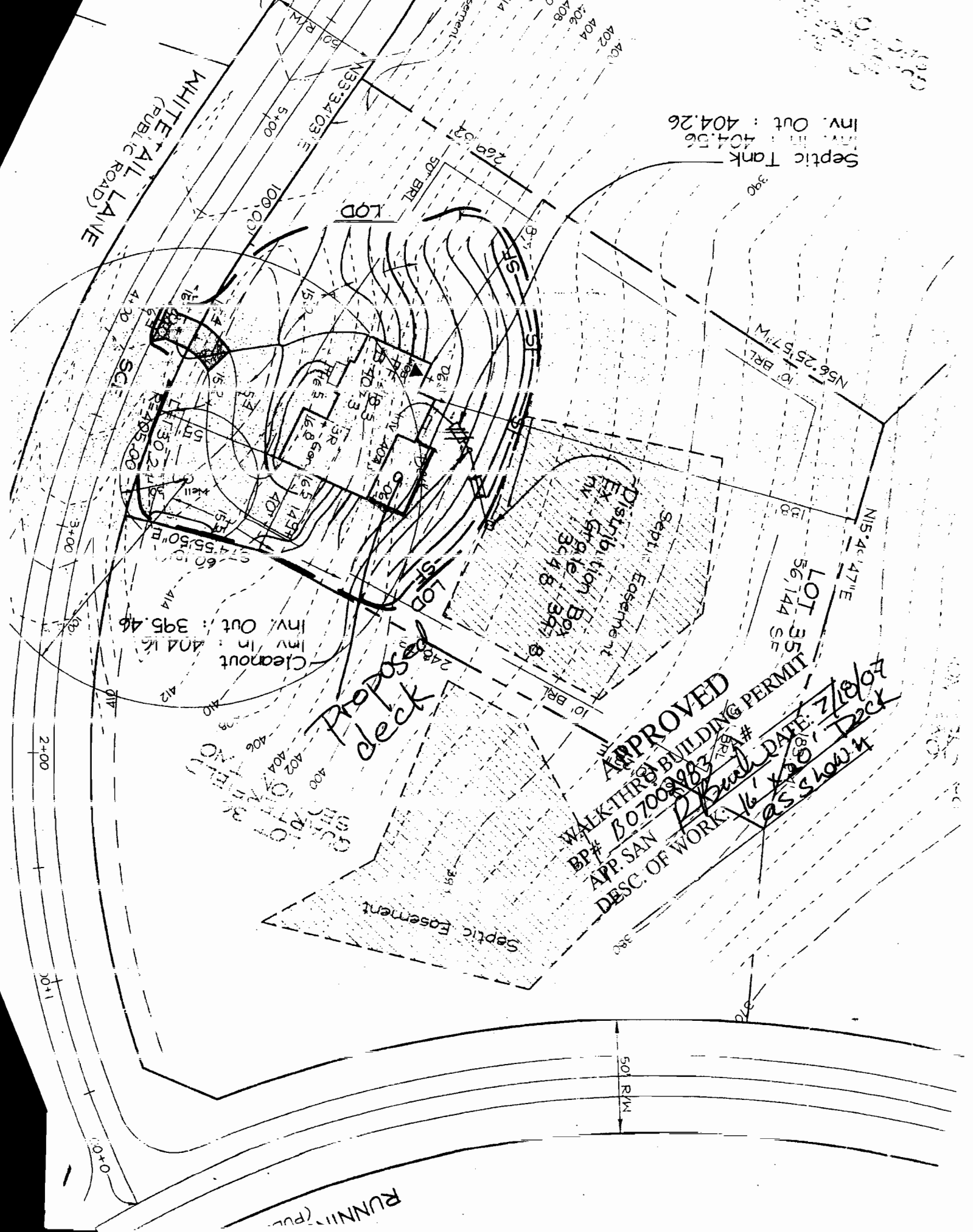
APPROVED
WALK-THRU BUILDING PERMIT
1270008803
APP. SAN 1270008803
DESC. OF WORK: Deck
DATE: 10/8/12
BY: ASSS
4 rows

Proposed deck

Cleanout
Inv. In : 404.16
Inv. Out : 395.46

Distribution Box
354.8
397.8

Septic Easement



B07002983 !!

TO: Permits: AVIS CORBIN

I plan to add an additional deck and stairs to my deck under construction. This is a change to the original plan submitted (deck plan ASOF July 19, 2007.) Attached is the copy of the Plat with all setbacks and size of the addition. All measurements are approximate ^{or} according to code.

Paulson

Paulson Deck

460-531-7787

954-319-4512

cc: zoning
health

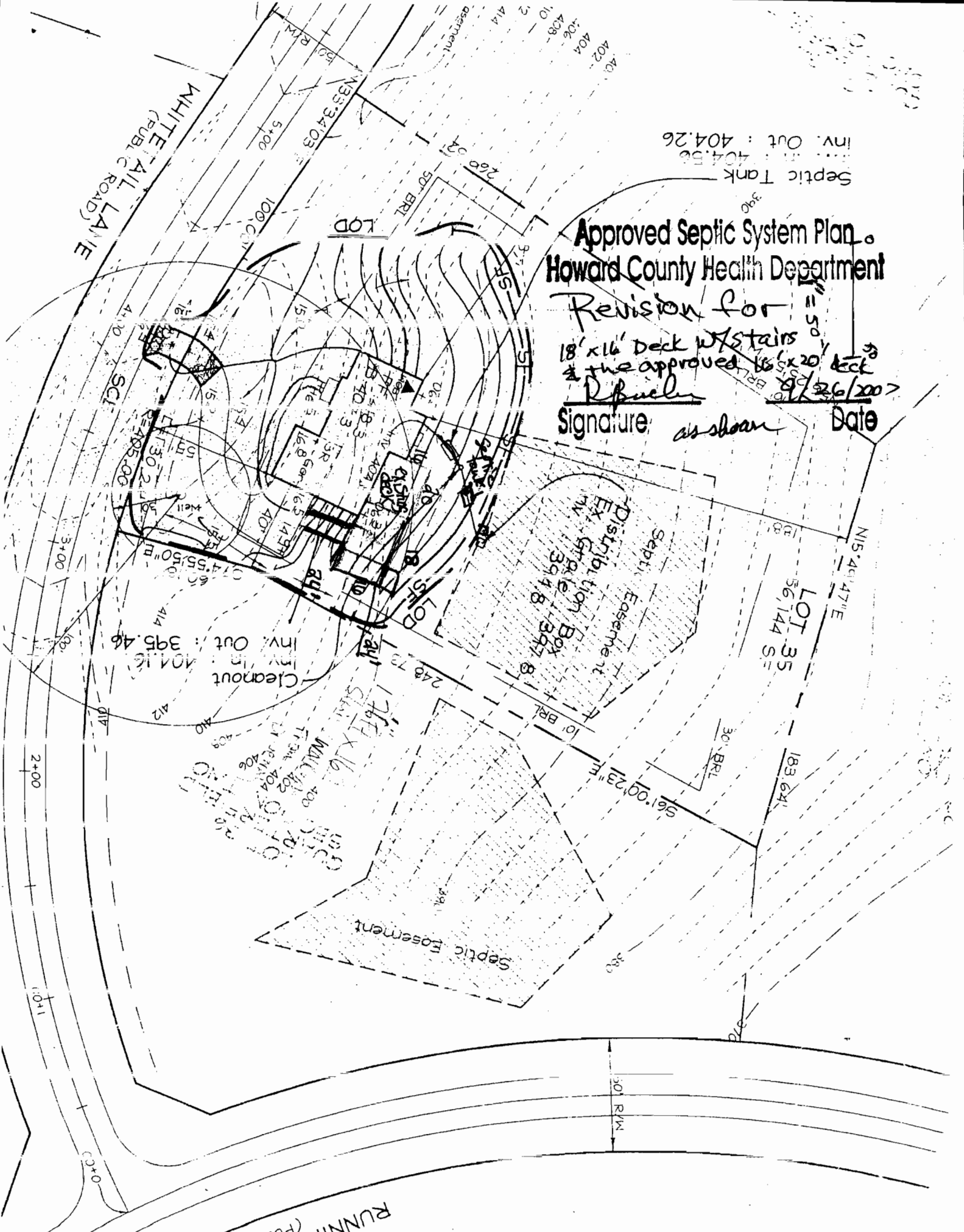
date?
permit #?
M

WHITE HILL LAKE
(PUBL. C. ROAD)

Septic Tank
Inv. Out : 404.56
Inv. Out : 404.26

Approved Septic System Plan Howard County Health Department

Revision for
18' x 16' Deck w/ stairs
& the approved 16' x 20' Deck
R. Puelin
Signature: *as shown* Date: 8/26/2007



Cleanout
Inv. Out : 395.46

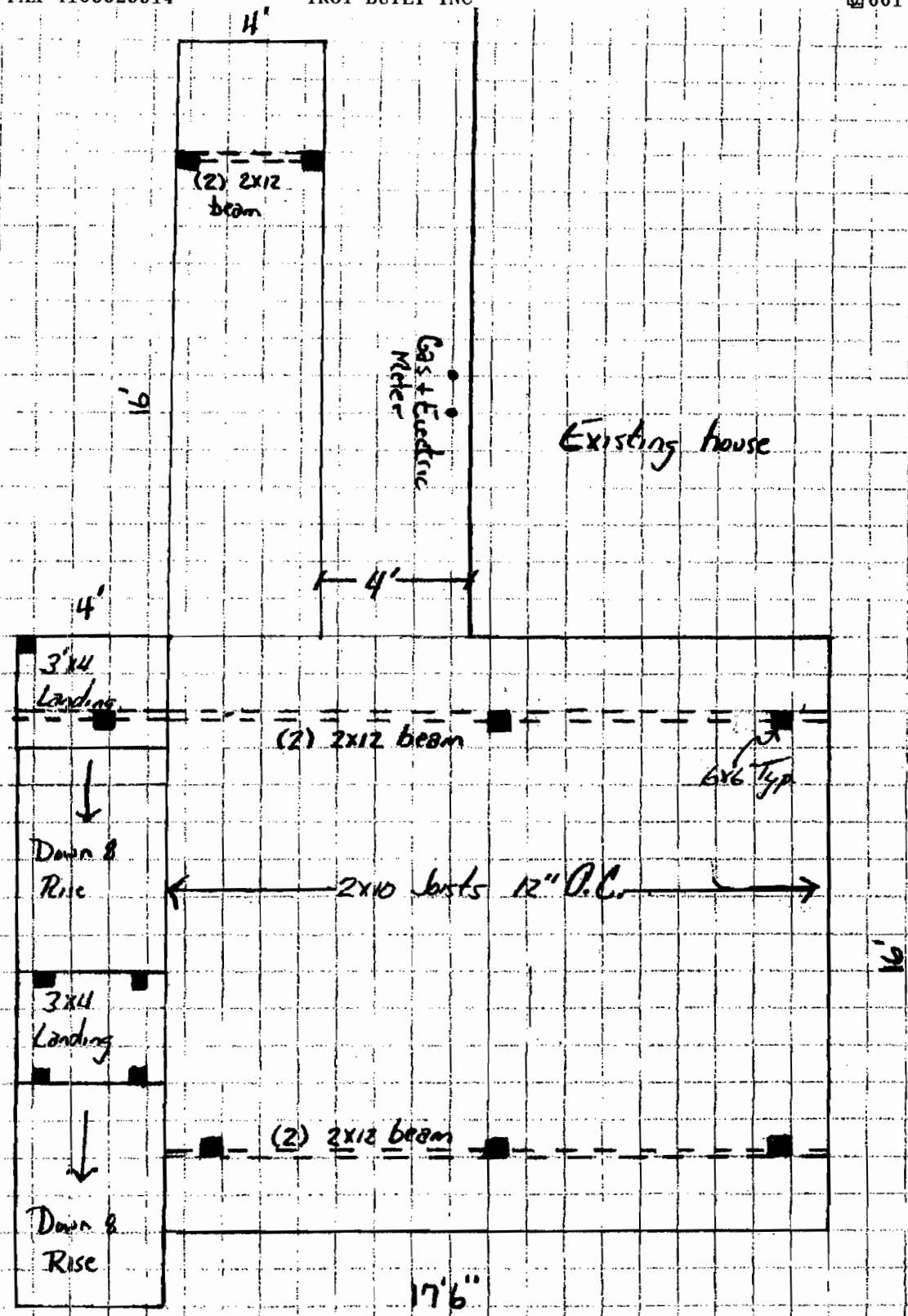
LOT 35
56,144 S.F.

Septic Easement

2+00

10+11

RUNNING (PUB. C. ROAD)



Job Address James + Kathleen Dickey
 11604 White Oak Ln.
 Eucott City Md. 21042

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06006145

Building Address 11604 White Tail Lane
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name James Dickey
Address 11604 White Tail Lane
City Elliott City State Md Zip Code 21042
Home Phone 410-531-7787 Work Phone 954-319-4512
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-531-7787 Fax N/A

Existing Use Residence
Proposed Use Residence
Estimated Construction Cost \$ 20,000
Description of Work FINISH ROUGH IN
Basement - w/ 2 Bathrooms / Bedroom
Media Room - entertainment Room / Storage

Contractor Company Homeowner
Contact Person James Dickey
Address 11604 White Tail Lane
City Elliott City State Md Zip Code 21042
License No. N/A
Phone 410-531-7787 Fax N/A

Occupant or Tenant James Dickey
Contact Name James Dickey
Address 11604 White Tail Lane
City Elliott City State Md Zip Code 21042
Phone 410-531-7787 Fax N/A

Engineer or Architect Company Homeowner
Contact Person James Dickey
Address 11604 White Tail Lane
City Elliott City State Md Zip Code 21042
Phone 410-531-7787 Fax N/A

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		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"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
No. of Bedrooms <u>4</u>		Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input checked="" type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input checked="" type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> Manufactured Home			

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Ruthleen Dickey
Applicant's Signature
Homeowner
Title/Company

Ruthleen Dickey
Print Name
16 October 2004
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			Side St.: _____	Add'l per. fee \$ _____
Health	<u>10/17/06</u>	<u>[Signature]</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 # <u>145</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				