DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 9430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-3468 IMPSECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B07001506

Building Address 15900 Willis Way		Property Owner's Name John	4 Susan McFalls
woodbine MD 21797		Address 15900 Willis Way	
Suite/Apt. #: SDP/WP/Petition #:		City Woodbine State MD Zip Code 21797	
Census Tract Subdivision Waterford Farms			
SectionAreaLot_34		Applicant's Name & Mailing Address, (if other than stated hereon):	
Tax Map 20 Parcel 139 Grid 12		2220 Makusod Di	
Zoning C Map Coordinates Lot size		New windsor, mp 21776	
Existing Use Sep -		Phone(301) 725 3433 Fax (443) 638 0389 Contractor Company Leffler Construction For	
Proposed Use See St)		Contact Person Greg Leffler	
Estimated Construction Cost \$		9	
Description of Work Construct a 575 sq. Sundeck		Address 3320 Oakwood Dr.	
on back of house w/ stairs + platform		City New Windsor State MD Zip Code 21776 License No. 67455	
IRRYMAN Thopae 22 x 42 w/Stops		Phone (31) 725 3433 Fax (443) 638-0389	
Occupant or Tenant		Engineer or Architect Company Leffler Constructure	
Contact Name		Contact Person Gregory heffer	
Address		Address	
City State Zip Code		City State Zip Code	
Phone Fax		Phone 240.676.8375 Fax 443.638.0389	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	<u>Utilities</u>
Height:	Water Supply:	SF Dwelling SF Townhouse Depth Width	Water Supply: Public
No. of stories:	Public Private	1st floor:	Private Sewage Disposal:
•	Sewage Disposal: Public	2nd floor: Basement:	Public Private
Gross area, sq. ft. per floor:	Private	Finished Basement ☐ Unfinished Basement☐ Crawl space ☐ Slab on Grade ☐	Electric Yes No 🗆
Use group:	Electric Yes □ No □ Gas Yes □ No □	No. of Bedrooms	Gas Yes No 🗆
	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System: Electric □ Oil □
Construction type: Reinforced Concrete	Electric Oil Natural Gas	No. of 1 BR units: No. of 2 BR units:	Natural Gas Propane Gas
Structural Steel	Propane Gas	No. of 3 BR units:	i '
Masonry Wood Frame	Sprinkler system: N/A	Other Structure: Dimensions:	NFPA #13D
§	Full Partial	Footings:	NFPA #13R Other:
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) T WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO	THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION	ON; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE W	VILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNT GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO
THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.			
Applicant's Signature Orecory herter Print Name			effer
OWNER - Leffler Constructor Inc		Print Name 4 / 24 / 07	
Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. **			
AGENCY DATE		E USE ONLY - DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ		Front:	Filing fee \$
State Highways Building Official		Rear: Side:	Permit fee \$Excise tax \$
Dev. Engineering, DPZ		Side St.:	Add'l per. fee \$
Health 4/26/07 RBush A		All minimum setbacks met? YES□ NO□	TOTAL FEES \$Sub-total paid \$
		Is Entrance Permit required?	Balance due \$
YES□ NO□		YES□ NO□	Check #_58/2_
		Historic District? YES □ NO □	Validation #
		Lot Coverage for NewTown Zone SDP/Red-line approval date	_
		ODE / WOS-TIMO OPPROVAL GARE	Aucition
Distribution of Copies- White: Building Office	cial Green: LDD, DPZ Ye	llow: DED, DPZ Pink: Health	Gold: SHA

