

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B06003977	
Building Address 11127 Willow Green Way Marriottsville, MD 21104			Property Owner's Name Michael A. Orlando		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 11127 Willow Green Way		
Census Tract _____ Subdivision _____			City Marriottsville State MD Zip Code 21104		
Section _____ Area _____ Lot _____			Home Phone 410 442 2592 Work Phone 410 340 6504		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use SFD			Contractor Company owner		
Proposed Use w/ deck			Contact Person _____		
Estimated Construction Cost \$ 4000			Address _____		
Description of Work 32 x 21 deck w/ steps			City _____ State _____ Zip Code _____		
Occupant or Tenant _____			License No. _____		
Contact Name _____			Phone _____ Fax _____		
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		
Building Characteristics			Utilities		
Height: _____			Water Supply: _____		
No. of stories: _____			Public _____ Private _____		
Gross area, sq. ft. per floor: _____			Sewage Disposal: _____		
Use group: _____			Public _____ Private _____		
Construction type: _____			Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reinforced Concrete _____			Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		
Structural Steel _____			Heating System: _____		
Masonry _____			Electric <input type="checkbox"/> Oil <input type="checkbox"/>		
Wood Frame _____			Natural Gas <input type="checkbox"/>		
State Certified Modular _____			Propane Gas <input type="checkbox"/>		
			Sprinkler system: N/A <input type="checkbox"/>		
			Full _____		
			Partial _____		
			Other Suppression _____		
			# of Heads _____		
			SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		
			Depth _____ Width _____		
			1st floor: _____		
			2nd floor: _____		
			Basement: _____		
			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: _____		
			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 _____		
			Water Supply: _____		
			Public <input checked="" type="checkbox"/> Private _____		
			Sewage Disposal: _____		
			Public _____ Private <input checked="" type="checkbox"/>		
			Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			Heating System: _____		
			Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/>		
			Natural Gas <input type="checkbox"/>		
			Propane Gas <input checked="" type="checkbox"/>		
			Sprinkler system: N/A <input checked="" type="checkbox"/>		
			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.					
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		8/25/06	[Signature]	Side St.: _____	Add'l per. fee \$ _____
X Health				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 NewTown Zone _____	
White: Building Official				SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				Yellow: DED, DPZ	
Pink: Health					
Gold: SHA					
T:\home\PERMIT.FRM					

SRA

110' 7"

APPROVED

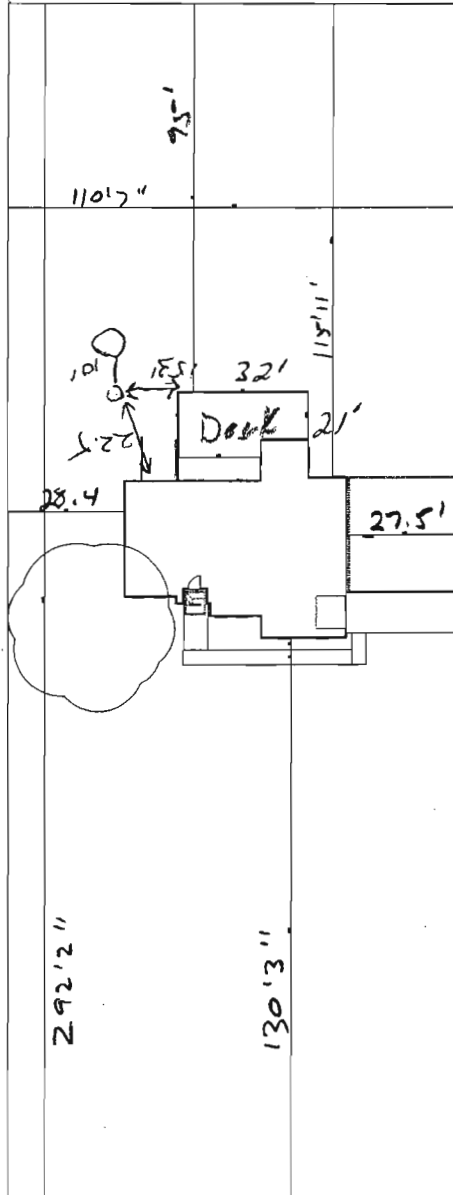
WALK-THRU BUILDING PERMIT

BP# B06003977 A# 59584-B

APP. SAN SFO DATE: 8/25/06

DESC. OF WORK: 32' X 21'

Deck



Public Water

1127 Willow Green Way