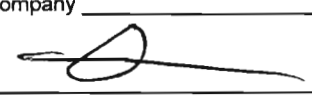


DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B06006459	
Building Address <u>3500 Winding Path CT</u> <u>GLENWOOD MD 21738</u>				Property Owner's Name <u>MICHAEL + KAYLIN MARSDAN</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____				Address <u>3500 Winding Path Ct.</u>	
Census Tract _____ Subdivision _____				City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u>	
Section _____ Area _____ Lot _____				Home Phone <u>410 465 3466</u> Work Phone <u>410 706 8292</u>	
Tax Map _____ Parcel _____ Grid _____				Applicant's Name & Mailing Address, (if other than stated hereon): <u>JAMES T. EDWARDS</u>	
Zoning _____ Map Coordinates _____ Lot size _____				Phone <u>443 610 9482</u> Fax <u>410 833 4602</u>	
Existing Use <u>SFH</u>				Contractor Company <u>Columbia Home Cont. INC</u>	
Proposed Use <u>SFH w/ Rear Porch w/ Roof w/ FP</u>				Contact Person <u>TIM EDWARDS</u>	
Estimated Construction Cost \$ <u>70,000</u>				Address <u>606 MAIN ST</u>	
Description of Work <u>14' OUT X 28' WIDE REAR -</u> <u>Porch w/ Brick + Block Foundation</u> <u>Treated Joist + Composite Decking</u> <u>OUT DOOR FIRE PLACE (Roof over)</u>				City <u>Reisterstown</u> State <u>MD</u> Zip Code <u>21136</u>	
Occupant or Tenant _____				License No. <u>45320</u>	
Contact Name <u>SAME AS OWNER</u>				Phone <u>410 833 5525</u> Fax <u>410 833 4602</u>	
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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 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 <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"/> NFA #13D _____ NFA #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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

James T. Edwards
Applicant's Signature
Paul MANAGER
Title/Company

JAMES T. EDWARDS
Print Name
11/1/06
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>11/1/06</u>	<u>James T. Edwards</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- White: Building Official Green: LDD, DPZ			Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ Pink: Health Gold: SHA	