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| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2486 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 | | HOWARD COUNTY PERMIT APPLICATION | | PERMIT NUMBER B09001125 | |
| Building Address 14535 WINDRIDGE CT. GLENWOOD MD 21738 | | | Property Owner's Name STEVE CAFFEY | | |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ | | | Address 14535 WINDRIDGE CT. | | |
| Census Tract _____ Subdivision _____ | | | City GLENWOOD State MD Zip Code 21738 | | |
| Section _____ Area _____ Lot _____ | | | Phone (410) 489 2725 Phone _____ | | |
| Tax Map _____ Parcel _____ Grid _____ | | | Applicant's Name & Mailing Address, (if other than stated hereon): | | |
| Zoning _____ Map Coordinates _____ Lot size _____ | | | Phone _____ Fax _____ | | |
| Existing Use SF.D. | | | Contractor Company OUTDOOR CARPENTRY & DESIGN | | |
| Proposed Use DECK & PORCH | | | Contact Person LUIS BALDERRAMA | | |
| Estimated Construction Cost \$ 34,000 | | | Address 5433 WOODBINE RD | | |
| Description of Work 26'x16' DECK & 20'x16' SCREENED PORCH WITH STEPS TO GROUND | | | City WOODBINE State MD Zip Code 21197 | | |
| Occupant or Tenant _____ | | | License No. 83116 | | |
| Contact Name _____ | | | Phone (410) 549 5050 Fax (410) 549 5449 | | |
| 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 <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 checked="" 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Luis Balderrama
Title/Company _____
Print Name _____
Date 5/21/09

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

| FOR OFFICE USE ONLY | | | DPZ SETBACK INFORMATION | | PROPERTY ID# |
|--|--------------------------|--------------------|--|----------------|--------------|
| AGENCY | DATE | SIGNATURE APPROVAL | Front: _____ | Filing fee | \$ _____ |
| Land Development DPZ | | | Rear: _____ | Permit fee | \$ _____ |
| State Highways | | | Side: _____ | Excise tax | \$ _____ |
| Building Official | | | Side St: _____ | Add'l per. fee | \$ _____ |
| Dev. Engineering DPZ | | | All minimum setbacks met? | TOTAL FEES | \$ _____ |
| Health 5/21/2009 | | Rbriel | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid | \$ _____ |
| Fire Protection | | | Is Entrance Permit required? | Balance due | \$ _____ |
| Is Sediment Control approval required prior to issuance? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? | Validation | \$ _____ |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone | | |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date | Accepted by | |
| Distribution of Copies | White: Building Official | Green: LDD DPZ | Yellow: DED DPZ | Pink: Health | Gold: SHA |
| T:\norma\PERMIT.FRM | | | | | |

SCALE: 1"=60'