

Health

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

300/58616

Building Address 1660 Woodbine Road
Woodbine MD 21797

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

Census Tract 604001 Subdivision Woodbin

Section _____ Area _____ Lot _____

Tax Map 7 Parcel 301 Grid 17

Zoning _____ Map Coordinates 3D11 Lot size _____

Property Owner's Name Wendy Gray
Scott Campaghari

Address 1660 Woodbine Road

City Woodbine State MD Zip Code 21797

Home Phone 410.549.8818 Work Phone 410.303.5790

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Same w/ Addition

Estimated Construction Cost \$ 100,000

Description of Work 1062 sq ft Addition
1 Story Addition w/ full basement
Wet Bar, Office, Den Unfinished

Contractor Company Self

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Michael Boyer

Contact Person Michael Boyer

Address 862 Don's Drive

City Arnold State MD Zip Code 21012

Phone 410.349.1876 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

Wendy Gray
Applicant's Signature

Title/Company

Wendy Gray
Print Name

3/20/06
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Highways			
Building Official			
Div. Engineering DPZ			
Health	<u>4/5/06</u>	<u>Shaffer</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ \$ _____
Historic District?	Validation \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	

CONTINGENCY CONSTRUCTION START:

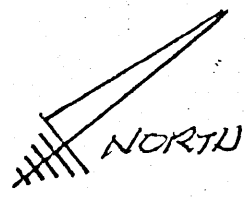
ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Accepted by [Signature]

100.565
A512857
P522030

ZONE: R.C. RURAL CONSERVATION
 135 FRONT YARD SETBACK
 10' RIGHT SIDE YARD SETBACK
 10' LEFT SIDE YARD SETBACK
 10' REAR YARD SETBACK
 35% MAXIMUM AVERAGE BUILDING AGT.
 LOT SIZE DRED ± 70,458 sq ft
 EXIST HOUSE: ± 2050 G.S.F.
 DECK: ± 960 G.S.F.
 DRNEWBY/CONC: ± 1014 G.S.F.
 NEW ADDITION: ± 1062 G.S.F.
 TOTAL: ± 4686 G.S.F.
 LOT/SITE COVERAGE: ± 6.5%



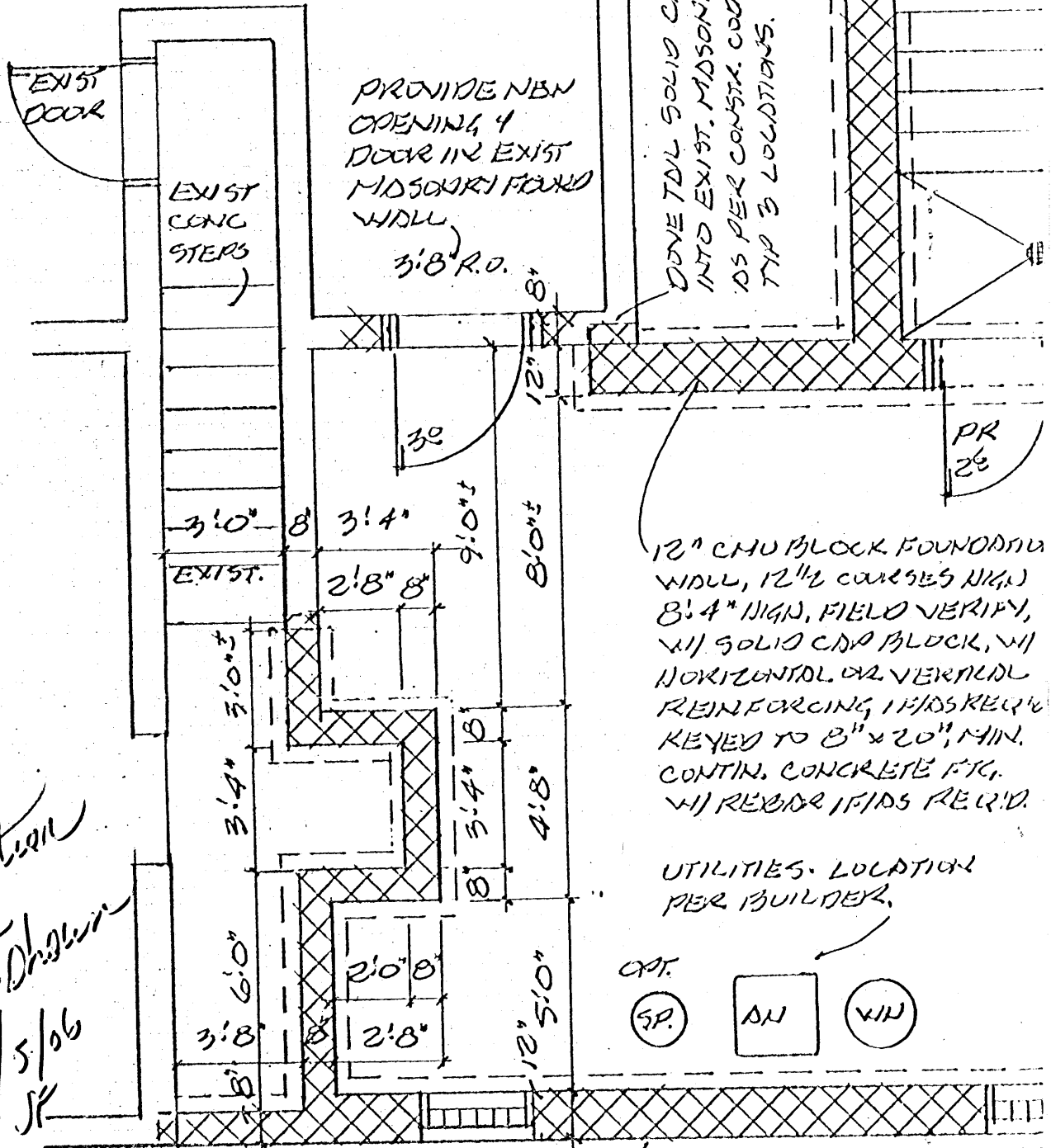
PARCEL #301
 ± 1.6175 ACRES
 ± 70,458 sq ft

SEPTIC
 CLEAN-
 OUT.

ONE
 STOREY
 42.22' x 19.80'
 30.6' x 19.80'
 20.66' x 19.80'

WELL

*rejection
 all changes
 4/5/06
 JK*

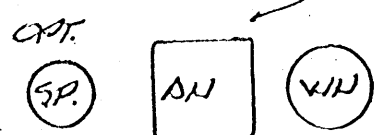


PROVIDE NEW
 OPENING &
 DOOR IN EXIST
 MASONRY FOUND
 WALL
 3'8" R.O.

DONE TOIL SOLID CMU BLOCK
 INTO EXIST. MASONRY FOUND.
 AS PER CONST. CODES.
 TYP 3 LOCATIONS.

12" CMU BLOCK FOUNDATION
 WALL, 12 1/2 COURSES HIGH
 8'4" HIGH, FIELD VERIFY,
 W/ SOLID CMU BLOCK, W/
 HORIZONTAL OR VERTICAL
 REINFORCING, 1/4" DIA. REBAR
 KEYED TO 8" x 20" MIN.
 CONTIN. CONCRETE FTG.
 W/ REBAR 1/4" DIA. REBAR.

UTILITIES. LOCATION
 PER BUILDER.



CEMENT PAVING
 W/ DIMP PROOFING,
 BELOW GRADE
 11'4"

PLAT LOCATION:
 PARCEL #301
 1660 WOODBINE ROAD
 HOWARD COUNTY
 WOODBINE, MARYLAND 21797

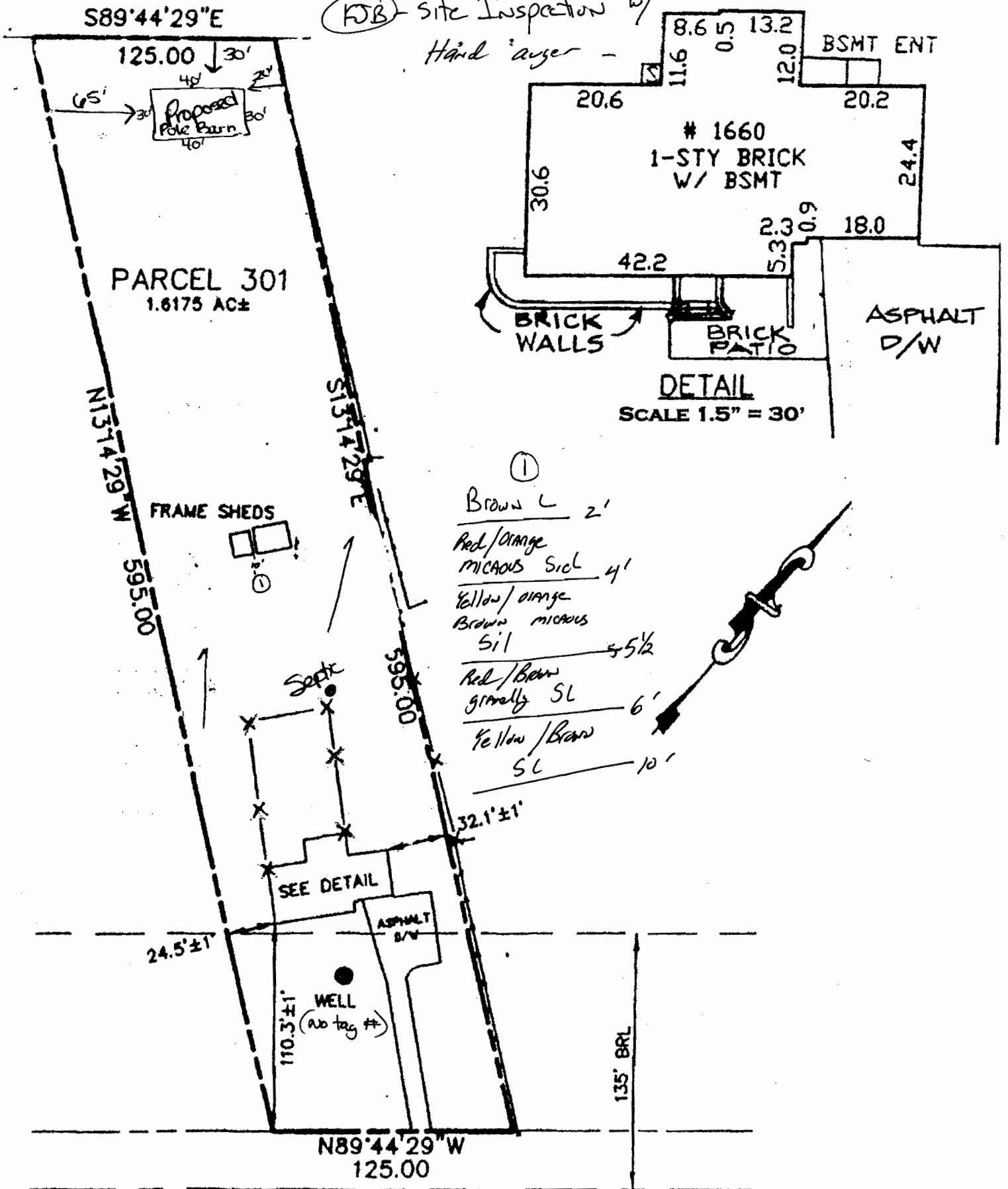
FOLINDASTIC

SITE/PLAT PLAN 1" = 40'

WOODBINE ROAD, MARYLAND ROUTE #94

2/16/05

(KJB) site inspection w/
Hand auger -



WOODBINE ROAD, MD ROUTE 94

SCALE 1.5" = 100'

FILE INQUIRY FORM

Property Address: 1660 (A.74) Woodbine Rd.

I did a site inspection on 2/16/05 to verify
area for future repairs. I was able to hand Auger
down 10' showing soils capable for septic. The well
is shown correctly on the plan but was unable to locate
any septic c/o.

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B30152234KTB

Building Address 1660 Woodbine Road
Woodbine MD 21797
TAPID 04327306
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604001 Subdivision Woodbine
 Section _____ Area _____ Lot _____
 Tax Map 7 Parcel 301 Grid 17
 Zoning LE 29 Map Coordinates 3D11 Lot size _____

Property Owner's Name Wendy Gray + Scott
 Address 1660 Woodbine Road
 City Woodbine State MD Zip Code 21797
 Home Phone 410.541.0110 Work Phone 410.508.7110
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 410.481.0185

Existing Use SFD
 Proposed Use SFD w/ new Pole Barn
 Estimated Construction Cost \$ 10,000.00
 Description of Work 2 x 4 Pole Barn Detached

Contractor Company _____
 Contact Person _____
 Address Self
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person See Attached Plans
 Address _____
 City _____ State _____ Zip Code _____
 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"/> 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"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Pole Barn</u> Dimensions: <u>24 x 48</u> Footings: <u>Concrete</u> Roof: <u>Steel</u>	
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.

Wendy Gray
 Applicant's Signature
 Title/Company _____

Wendy Gray + Scott Campari
 Print Name
3/11/05
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>3/14/05</u>	<u>[Signature]</u>
Fire Protection		

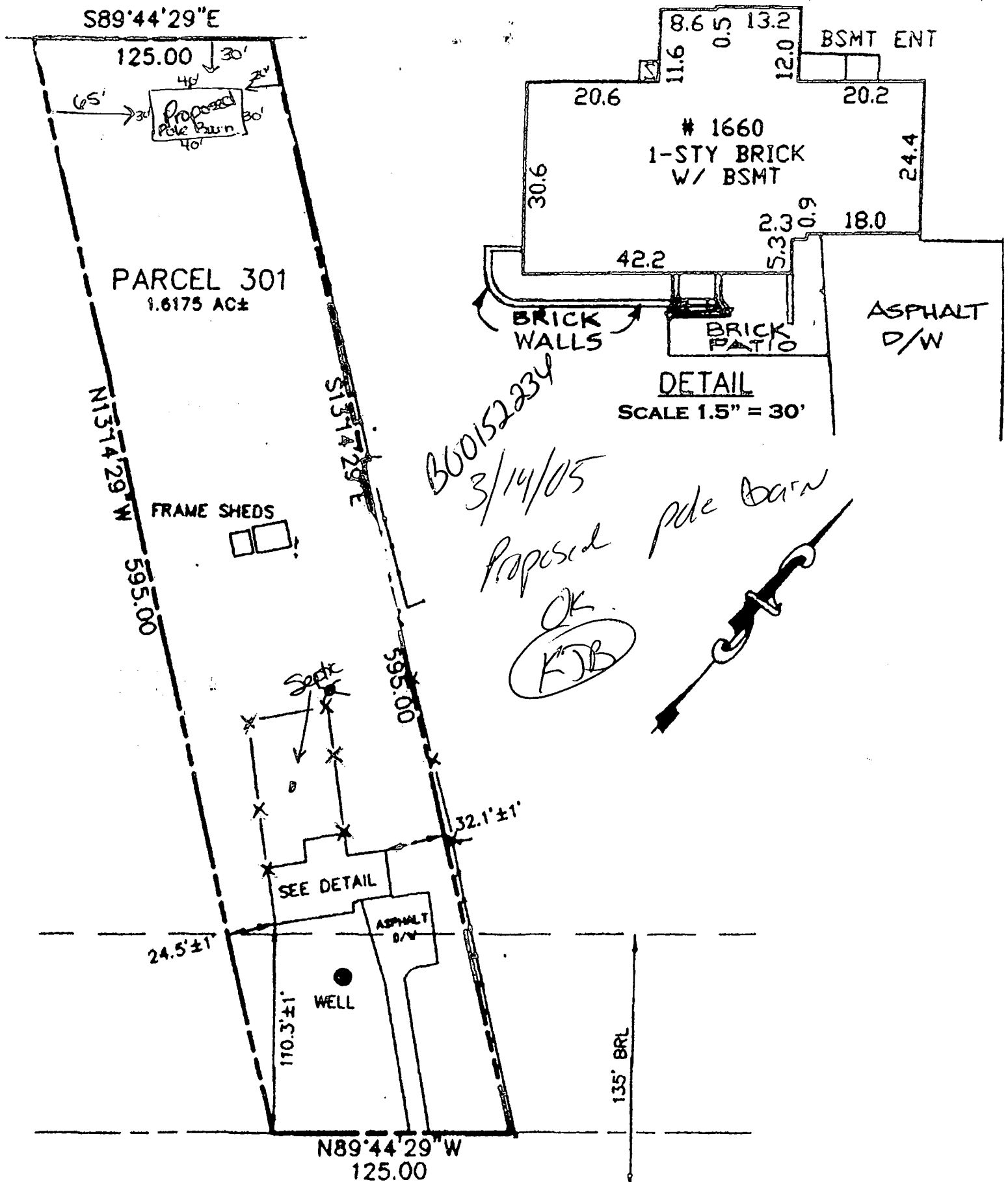
DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New/Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 22353
 Piling fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 331
 Validation # 321-3

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



WOODBINE ROAD, MD ROUTE 94

SCALE 1.5" = 100'