

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

808000605

Building Address 12199 Woodford Dr.
Marriottsville Md. 21104

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

Census Tract _____ Subdivision Meadowood

Section _____ Area _____ Lot 76

Tax Map 10 Parcel _____ Grid 10-13

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mark Biegle

Address 12199 Woodford Dr.

City Marriottsville State Md Zip Code 21104

Phone 410 442 3715 Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 2500.00

Description of Work 2 sets of steps
off existing Deck to grade
5' x 7' and 4' x 10'

Contractor Company Town Creek Landscaping + Const.

Contact Person Robert Hancy (owner)

Address 5010 Shepard Ln

City Elliott City State Md Zip Code 21042

License No. 44986 Phone 410 531 6608 Fax 410 531 6574

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 _____	

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.

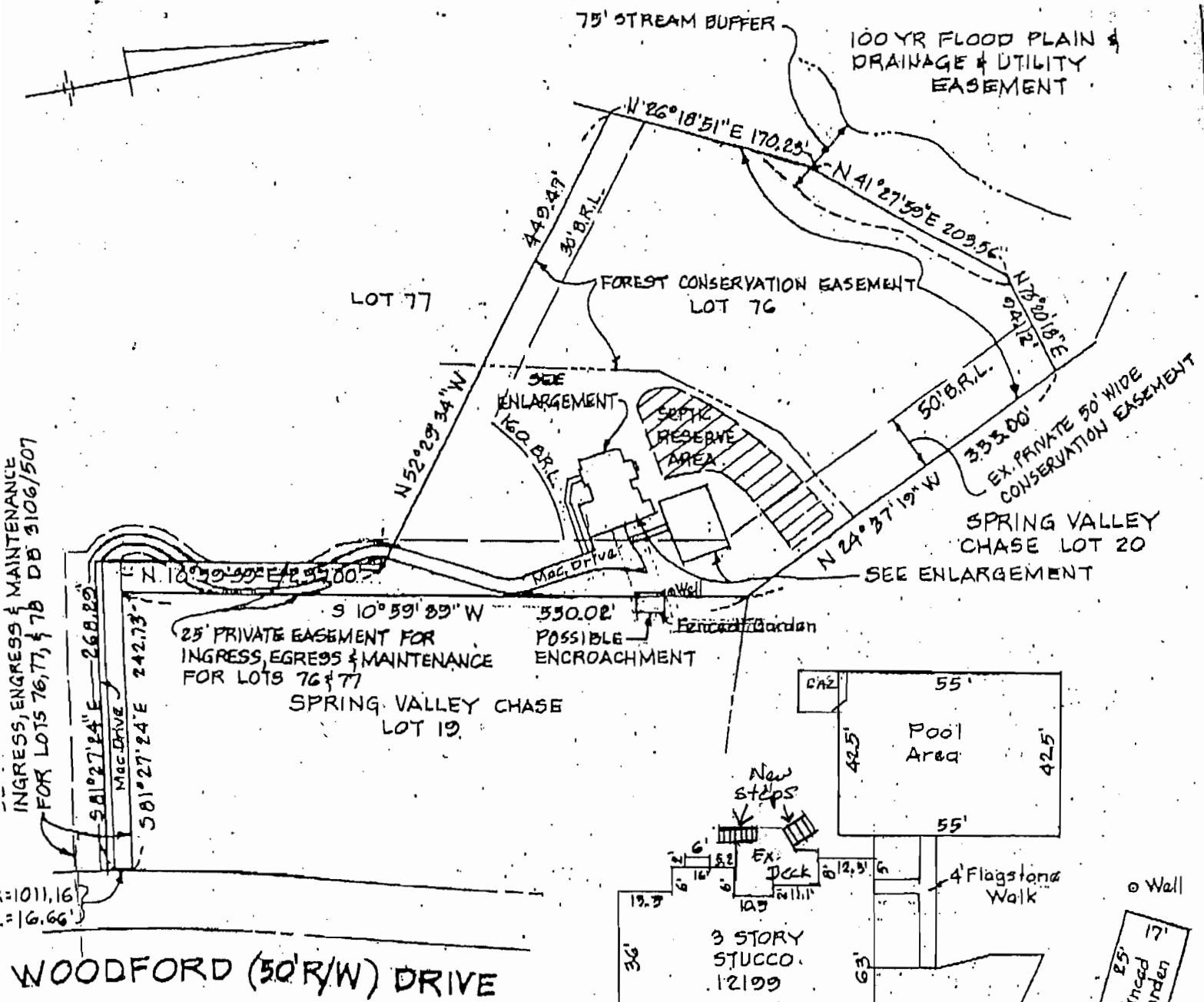
Steven H. Cooley
 Applicant's Signature

Steven H. Cooley
 Print Name

4-10-08
 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>4/10/08</u>		<u>R. Buck</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			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



APPROVED
WALK-THRU BUILDING PERMIT
BP# 80800605 A#
APP. SAN *R. Smith* DATE: 4/10/08
DESC. OF WORK: 2 sets steps -
To ex. deck (5' x 7' & 4' x 10') as shown.

ENLARGEMENT
SCALE: 1" = 30'

PLAT NO. 11506
PLAT REF: 2169/184
DEED REF: 5025/150
THE LOT SHOWN HEREON IS IN FLOOD
ONE C PER F.E.M.A. FLOOD INSURANCE
DATE MAP PANEL # 2400044 0002 B

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, grades, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.

HICKS ENGINEERING CO., INC.
ENGINEERS, SURVEYORS & PLANNERS
200 EAST JOPPA ROAD - SUITE 402
TOWSON, MARYLAND 21286
TELEPHONE: (410)484-0001



LOCATION: DRAWING OF
#12109 WOODFORD DRIVE LOT 76
RESUBDIVISION OF LOT 59, MEADOWOOD,
SECTION TWO, AREA FOUR, LOTS 76 THRU 79
SHEET 1 OF 1, A RESUBDIVISION OF LOT 59,
MEADOWOOD, SEC. 2, AREA 3
HOWARD COUNTY, MARYLAND
DATE: 5/3/08 SCALE: 1" = 100' FILE:

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B08000605

Building Address 12199 Woodford Drive
Marriontsville Md. 21044

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

Census Tract _____ Subdivision Meadowood

Section _____ Area _____ Lot 760

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mark Bickle

Address 12199 Woodford Dr
Marriontsville Md.

City Marriontsville State Md Zip Code 21044

Phone 410-442-3715 Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 20,000.00

Description of Work 16 x 16 Gazebo

Contractor Company Town Creek Landscaping

Contact Person Steve Cooley

Address 5010 Sheppard Lcc

City Elicott City State Md Zip Code _____

License No. 449861

Phone 301 257 2174 Fax 410 531 6574

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Some

Contact Person _____

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input 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 type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/>
Height: _____	NFPA #13D _____
Multi-family dwellings: _____	NFPA #13R _____
No. of efficiency units: _____	Other: _____
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>16 x 16 Gazebo</u>	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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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			Side St: _____	Add'l per. fee \$ _____
Health	<u>3/12/2008</u>	<u>[Signature]</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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

50' PRIVATE INGRESS & MAINTENANCE FOR LOTS 76, 77, & 78 DB 3106/1507

R=1011.16
L=16.66'

WOODFORD (50' R/W) DRIVE

APPROVED
WALK-THRU BUILDING PERMIT
 BP# B08000605 A# 43669
 APP. SAN GAC DATE: 3/12/08
 DESC. OF WORK: 16x16 Gazebo
NETR POOL

PLAT NO. 11906
 PLAT REF: 2169/184
 DEED REF: 5025/150

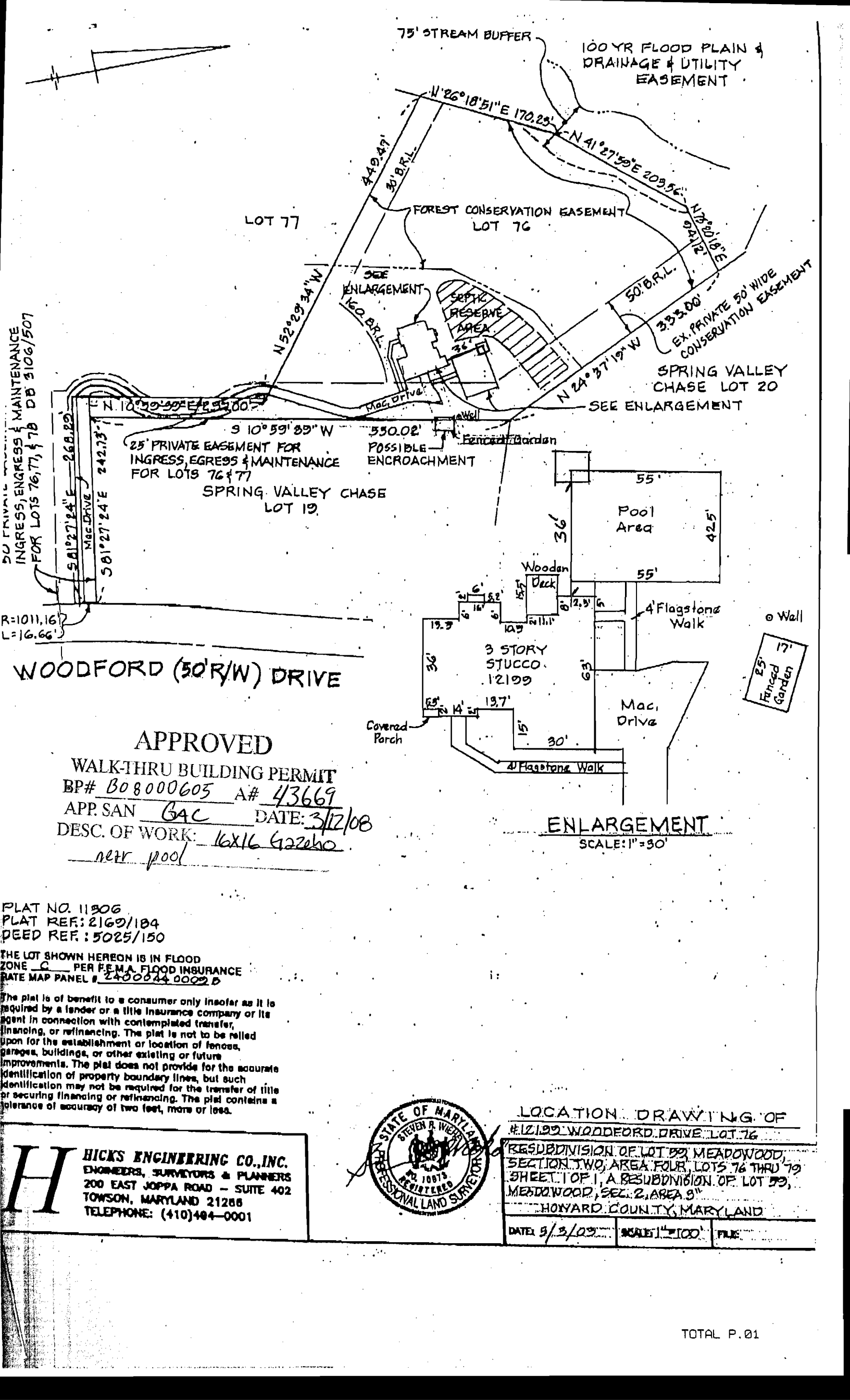
THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 2400044 0002 D

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.

H **HICKS ENGINEERING CO., INC.**
 ENGINEERS, SURVEYORS & PLANNERS
 200 EAST JOPPA ROAD - SUITE 402
 TOWSON, MARYLAND 21286
 TELEPHONE: (410)484-0001



LOCATION DRAWING OF
 #12199 WOODFORD DRIVE LOT 76
 RESUBDIVISION OF LOT 59, MEADOWOOD, SECTION TWO, AREA FOUR, LOTS 76 THRU 79 SHEET 1 OF 1, A RESUBDIVISION OF LOT 59, MEADOWOOD, SEC. 2, AREA 9
 HOWARD COUNTY, MARYLAND
 DATE: 9/3/09 SCALE: 1"=100' FILE:



HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

30800460

Building Address 12199 WOODFORD DR
MARTINSVILLE MD 21104

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MARK & LISA BLEGER

Address 12199 WOODFORD DR

City _____ State MD Zip Code 21104

Home Phone 442-3715 Work Phone _____

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

Phone _____ Fax _____

Existing Use Residential

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work (5) FIVE FOOTING
WITH SPAC COLUMN FOR FUTURE
GAZEBO/PERGOLA ROOF.

Contractor Company CUSTOM HOME POOLS

Contact Person MIKE BEANON

Address 3020 SOBOW DR

City WESTFRINGHAM State MD Zip Code 21784

License No. 124874

Phone 910 489 9850 Fax _____

Occupant or Tenant LISA + MARK BLEGER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/>
Multi-family dwellings: _____	NFPA #13R <input type="checkbox"/>
No. of efficiency units: _____	Other: _____
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"/>	

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[Signature]
Applicant's Signature

Title/Company

[Signature]
Print Name

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		
Dev. Engineering, DPZ		
Health	<u>2/27/2008</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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

75' STREAM BUFFER

APPROVED

100 YR FLOOD PLAIN & DRAINAGE & UTILITY EASEMENT

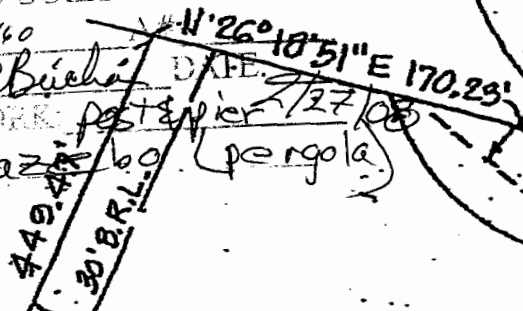
WALKTHRU BUILDING PERMIT

BP# BD8000460

APP. SAN R. Buchi D.F.E.

DESC. OF WORK: post & pier 7/27/08

for gazebo (pergola)



FOREST CONSERVATION EASEMENT

LOT 77

LOT 76

SEE ENLARGEMENT

160' B.R.L.

SEPTIC RESERVE AREA

50' B.R.L.

EX. PRIVATE 50' WIDE CONSERVATION EASEMENT

SPRING VALLEY CHASE LOT 20

SEE ENLARGEMENT

Mag. Drive

Well

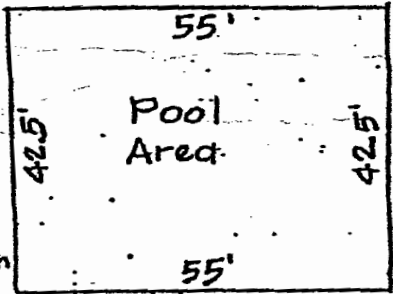
Fenced Garden

530.02'

POSSIBLE ENCROACHMENT

EMENT FOR MAINTENANCE

77 RING VALLEY CHASE LOT 19



Wooden Deck