

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
BO9002904

Building Address 2791 WYNFIELD RD
WEST FRIENDSHIP, MD 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision SOBUS FARMS
 Section _____ Area 1 Lot 33
 Tax Map 15 Parcel 26 Grid 24
 Zoning _____ Map Coordinates _____ Lot size 1.35 AC

Property Owner's Name JULIUS BOATENG
 Address 2791 WYNFIELD RD
 City W. FRIENDSHIP State MD Zip Code 21794
 Phone 410 241 2983 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use NA
 Proposed Use DECK
 Estimated Construction Cost \$ 25K
 Description of Work CONSTRUCT OPEN WOOD & COMPOSITE DECK & STAIRS w/COMPOSITE RAIL ON REAR OF SFD
30x12
10x13.5
4x10

Contractor Company FRONTIER DECK BLDGS
 Contact Person ANDY MERTZ
 Address 4511 SUN BEARY DR
 City FINKSBURG State MD Zip Code 21048
 License No. 51331
 Phone 410 781 7500 Fax _____

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
 Height: 3'
 No. of stories: _____
 Gross area, sq. ft. per floor: 535 sq ft
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature
LABONER, F.D.B.
 Title/Company

Signature
ANDY MERTZ
 Print Name
10/22/09
 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>10/29/09</u>	<u>Wendy Scott</u>	All minimum setbacks met? _____	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Supplemental 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 _____			Historic District? _____	Validation _____
ONE STOP SHOP _____			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD/DPZ				Yellow: DED/DPZ
Pink: Health				Gold: SHA
Forms/PERMIT.FRM				

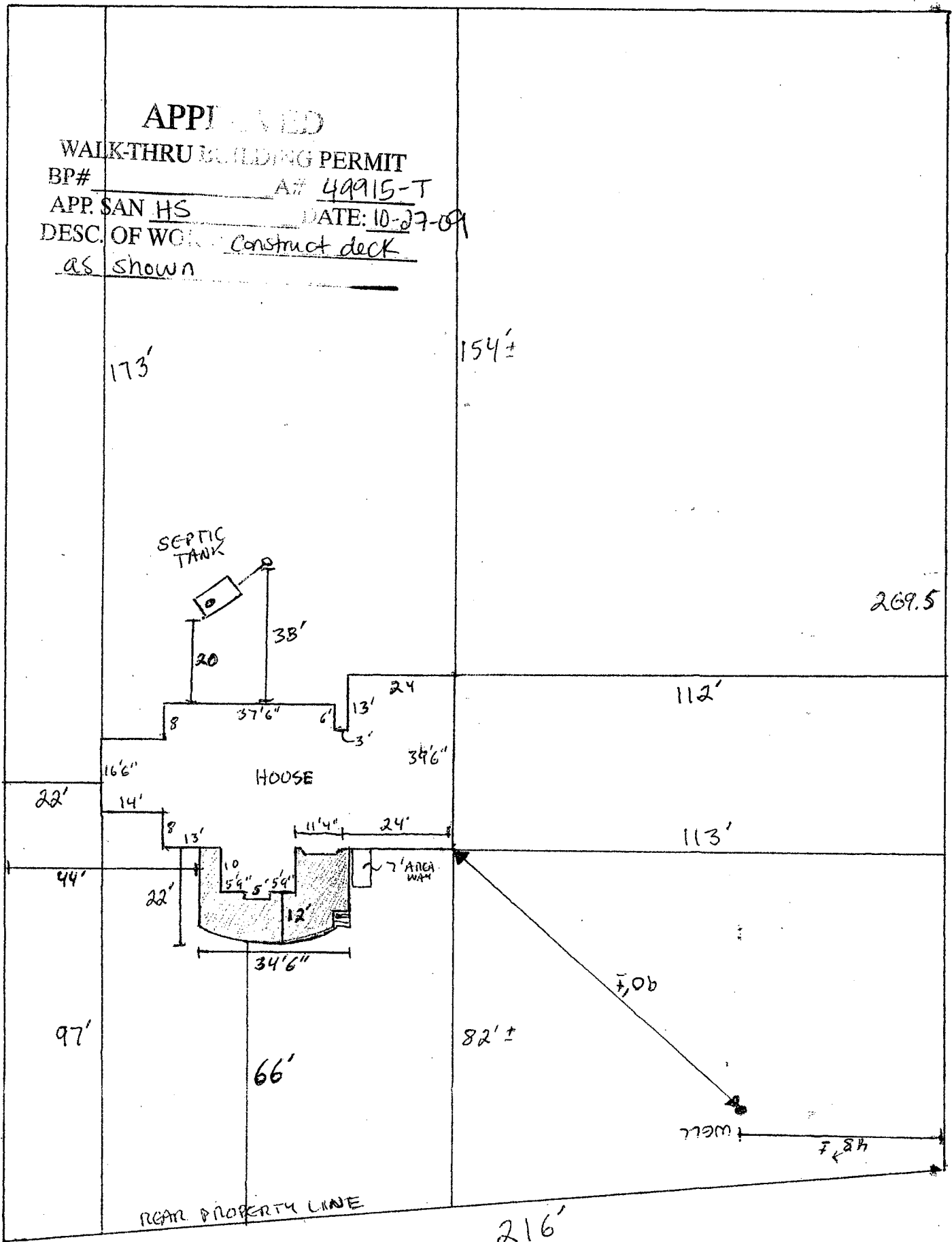
30 SCALE

WYNFIELD RD

214'

APPLIED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 49915-T
 APP. SAN HS _____ DATE: 10-27-09
 DESC. OF WORK: Construct deck
as shown

288.5



269.5

REAR PROPERTY LINE

216'