

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 300134536
Building Address <u>610 RIVER RD</u> <u>SYKESVILLE, MD 21784</u>		Property Owner's Name <u>PATRICK JOSEPH GOONAN</u> Address <u>610 RIVER RD</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> Home Phone <u>410-277-1784</u> Work Phone <u>410-418-9166</u> Applicant's Name & Mailing Address, (if other than stated hereon):
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>102001</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>4</u> Parcel <u>39</u> Grid <u>23</u> Zoning <u>R2010</u> Map Coordinates _____ Lot size _____		Phone _____ Fax _____
Existing Use <u>DWELLING</u> Proposed Use <u>DWELLING</u> Estimated Construction Cost \$ <u>1900.00</u> Description of Work <u>INSTALL 1000 GALLON</u> <u>UNDERGROUND PROPANE TANK AND LINE</u> <u>TO HOUSE STUB</u>		Contractor Company <u>POSITIVE MECHANICAL</u> Contact Person <u>CHRIS KOLB</u> Address <u>104 TENNYSON CT</u> City <u>SILVER SPRING</u> State <u>MD</u> Zip Code <u>21009</u> License No. <u>15627</u> Phone <u>410-677-3056</u> Fax _____
Occupant or Tenant <u>SAME AS OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature CHRIS KOLB
POSITIVE MECHANICAL
 Title/Company

Print Name CHRIS KOLB
2-21-02
 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	<u>2/5/02</u>	<u>Mark R. Rife</u>
Health		
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 \$ <u>100</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"/>	Check # <u>7459</u>
Historic District?	Validation # <u>16234</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____

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

26 2002
HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B0032916
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Building Address <u>610 River Rd</u> <u>Sykesville MD 21784</u>	Property Owner's Name <u>Patrick Goonan</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>8127 Crimson Ct</u>
Census Tract <u>110300</u> Subdivision _____	City <u>Pasadena</u> State <u>MD</u> Zip Code <u>21122</u>
Section _____ Area _____ Lot _____	Home Phone <u>410-360-7926</u> Work Phone <u>443-277-1784</u>
Tax Map <u>4</u> Parcel <u>39</u> Grid <u>23</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RR-10</u> Map/Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>Single Family home</u>	Contractor Company <u>SELF</u>
Proposed Use <u>Single Family home</u>	Contact Person <u>Patrick Goonan</u>
Estimated Construction Cost \$ <u>20,000 (VACANT)</u>	Address <u>8127 Crimson Ct</u>
Description of Work <u>Renovate existing</u>	City <u>Pasadena</u> State <u>MD</u> Zip Code <u>21122</u>
<u>House, add Laundry room, 2 Bath's</u>	License No. _____
<u>Kitchen 3 Bedrooms</u>	Phone <u>443-277-1784</u> Fax _____
<u>OVERSIZING Foundation ROOF Framing</u>	Engineer or Architect Company _____
Occupant or Tenant _____	Contact Person _____
Contact Name <u>OWNER</u>	Address _____
Address _____	City _____ State _____ Zip Code _____
City _____ State _____ Zip Code _____	Phone _____ Fax _____
Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____
____ Reinforced Concrete	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
____ Structural Steel	Natural Gas <input type="checkbox"/>	No. of Bedrooms _____	Natural Gas <input checked="" type="checkbox"/>
____ Masonry	Propane Gas <input checked="" type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
____ Wood Frame	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Heating System: _____
____ State Certified Modular	____ Full	No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	____ Partial	No. of 2 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
	____ Other Suppression	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
	____ # of Heads	Other Structure: _____	Sprinkler system: N/A <input type="checkbox"/>
		Dimensions: _____	____ NFPA #13D
		Footings: _____	____ NFPA #13R
		Roof: _____	____ Other:
		____ 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Patrick Goonan
Applicant's Signature

Patrick Goonan
Print Name

10/10/01
Date

Title/Company

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	52389
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>10/23/01</u>	<u>Mark Riffin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ <u>1122</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
Distribution of Copies: _____				Validation # _____
White: Building Official				Accepted by <u>AS</u>
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

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Rev. 5/17/00

#100 investment fee pd. 1024.01



REVIEWED FOR
CODE COMPLIANCE

DEPARTMENT OF INSPECTIONS,
LICENSES AND PERMITS
HOWARD COUNTY

DATE: 10/10/01

BY: [Signature]

☐ SUBJECT TO COMMENTS OF LETTER

☒ SUBJECT TO FIELD INSPECTION

☐ SUBJECT TO COMMENTS ON PLANS

☐ AMENDMENT ☒ FINAL