

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21103 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00144972 KN
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Building Address <u>813 Sykesville Rd</u> <u>Sykesville MD 21784</u>	Property Owner's Name <u>James Frithingham</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>999 Sykesville Rd</u>
Census Tract <u>6-3000</u> Subdivision _____	City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>
Section _____ Area _____ Lot _____	Home Phone <u>410-412-2260</u> Work Phone _____
Tax Map <u>4</u> Parcel <u>20</u> Grid <u>22</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>PD-D</u> Map Coordinates <u>5A8</u> Lot size _____	Phone _____ Fax _____

Existing Use _____	Contractor Company <u>Tervis Oil</u>
Proposed Use _____	Contact Person <u>Dave Honeycutt</u>
Estimated Construction Cost \$ <u>1675.00</u>	Address <u>82 John St.</u>
Description of Work <u>Installation of 500lb propane tank</u>	City <u>Westminster</u> State <u>MD</u> Zip Code <u>21158</u>
	License No <u>#65862</u>
	Phone <u>410-848-4433</u> Fax <u>410-848-5739</u>

Occupant or Tenant _____	Engineer or Architect Company <u>SANDY</u>
Contact Name <u>Nicholas Musgrave (BKI)</u>	Contact Person _____
Address <u>1680 Pine Knob Rd</u>	Address _____
City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>	City _____ State _____ Zip Code _____
Phone <u>410-795-7670</u> Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> 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"/>	2nd 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"/>	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 _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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: _____	
		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 <u>Carol Hoffman</u>	Print Name <u>Carol Hoffman / Tervis Oil Inc</u>
Title/Company <u>Tervis Oil Inc</u>	Date <u>11/6/03</u>

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: _____	56427
State Highways			Rear: _____	Filing fee \$
Building Official			Side: _____	Permit fee \$ <u>100.00</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ <u>10.00</u>
Health	<u>12/1/03</u>	<u>Karen Morrian</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
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 \$
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>Cash</u>
				Validation # <u>34950</u>
				Accepted by <u>[Signature]</u>