

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 <u>B00139684</u>	
Building Address <u>8231 Reservoir Rd</u>			Property Owner's Name <u>James Perry</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>8231 Reservoir Rd</u>		
Census Tract <u>110502</u> Subdivision <u>NM Contrivance</u>			City <u>Fulton</u> State <u>MD</u> Zip Code <u>20717</u>		
Section <u>1</u> Area _____ Lot <u>6</u>			Home Phone <u>301-780-3344</u> Work Phone _____		
Tax Map <u>45</u> Parcel <u>47</u> Grid <u>6</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>Gerard Anderson</u> <u>7034 Golden Ring Rd</u> <u>Baltimore, MD 21237</u>		
Zoning <u>RD20</u> Map Coordinates _____ Lot size _____			Phone <u>410-780-0062</u> Fax <u>410-780-2648</u>		
Existing Use <u>SFD</u>			Contractor Company <u>Champion</u>		
Proposed Use <u>SFD</u>			Contact Person <u>Gerard Anderson</u>		
Estimated Construction Cost \$ <u>20,015.00</u>			Address <u>7034 Golden Ring Rd</u>		
Description of Work <u>Rebuild Ext deck</u> <u>into 12 windows & doors under</u> <u>ext. Road 12x16 Patio Room</u>			City <u>BH</u> State <u>MD</u> Zip Code <u>21237</u>		
Occupant or Tenant <u>James Perry</u>			License No. <u>51945</u>		
Contact Name <u>Gerard Anderson</u>			Phone <u>410-780-0062</u> Fax <u>410-780-2648</u>		
Address <u>7034 Golden Ring Rd</u>			Engineer or Architect Company _____		
City <u>Baltimore</u> State <u>MD</u> Zip Code <u>21237</u>			Contact Person _____		
Phone <u>410-780-0062</u> Fax <u>410-780-2648</u>			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ 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: _____ 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	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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Gerard Anderson
 Applicant's Signature

Gerard Anderson
 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# <u>32223</u>
Land and Development DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highways			Rear: _____	Permit fee \$ <u>35</u>
Building Official <u>Steven R. King</u>			Side: _____	Excise tax \$ <u>15.4</u>
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>12/12/02</u>			All minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ <u>214</u>
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Balance due \$ <u>7126</u>
CONTINGENCY CONSTRUCTION START ☐			Lot Coverage for New Town Zone _____	Check # <u>7126</u>
ONE STOP SHOP ☐			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

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

Job No. H0 3207

