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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>B00142066</u>
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Building Address <u>625 River Rd</u> <u>Sykesville, MD 21784</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>1C100</u> Subdivision <u>Janet L. Miller</u> Section _____ Area _____ Lot <u>2</u> Tax Map <u>04</u> Parcel <u>98</u> Grid <u>23</u> Zoning _____ Map Coordinates <u>507</u> Lot size <u>1.50</u> Existing Use <u>Residential S/F Home</u> Proposed Use <u>Residential</u> Estimated Construction Cost \$ <u>204,000</u> Description of Work <u>2 1/2 bath 2 car garage & deck</u> <u>EXISTING HOUSE TO BE</u> <u>DEMOLISHED. NEW HOUSE TO BE</u> <u>CONSTRUCTED/NEW CUSTOM S/F</u> Occupant or Tenant <u>Mark Miller</u> Contact Name <u>Mark Miller</u> Address <u>7433 Village Rd #22</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u> Phone <u>(410)442-0253</u> Fax <u>(410)489-0651</u>	Property Owner's Name <u>Mark Miller</u> Address <u>625 River Rd</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u> Home Phone <u>410 442-0253</u> Work Phone <u>410 489-0655</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax <u>410 489-0651</u> Contractor Company <u>Thomas Fiore Contracting</u> Contact Person <u>Tom Fiore</u> Address <u>327 South Drive</u> City <u>Severna Park</u> State <u>MD</u> Zip Code <u>21146</u> License No. <u>2739</u> Phone <u>(410)431-7057</u> Fax _____ Engineer or Architect Company <u>FSH Associates</u> Contact Person <u>Paul S. H</u> Address <u>8318 Forrest Street</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>(410)750-2251</u> Fax <u>(410)750-7350</u>
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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: ☐ 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: <u>N/A</u> ☐ ☐ Full ☐ Partial ☐ Other Suppression # of Heads _____	Building Characteristics SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: <u>44'</u> <u>60'</u> 2nd floor: <u>33'</u> <u>38'</u> Basement: <u>33'</u> <u>38'</u> Finished Basement ☐ Unfinished Basement ☒ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>4</u> 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: <u>N/A</u> ☒ ☐ 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.

Applicant's Signature _____ Title/Company _____ Date <u>6/6/03</u>	Print Name <u>Thomas Fiore</u> Date <u>5/15/03</u> Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY
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