

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER J-14838 KJB
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Building Address <u>Sunny Rd</u> <u>Glenwood MD27</u>	Property Owner's Name <u>PATIENT Bldg Inc</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>2435 Duval Rd</u>
Census Tract _____ Subdivision <u>Holly Hills</u>	City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>
Section <u>II</u> Area _____ Lot <u>17</u>	Home Phone <u>443-829-2132</u> Work Phone <u>410-083-3410</u>
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>MHBR # 363</u>
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax <u>410-083-9410</u>
Existing Use <u>VACANT LOT</u>	Contractor Company <u>OWNER</u>
Proposed Use <u>SFD</u>	Contact Person _____
Estimated Construction Cost \$ <u>300,000.00</u>	Address _____
Description of Work <u>Erect and frame SFD, 2 story w/ attached 3 car garage. Full basement on Holly Hills Rd</u>	City _____ State _____ Zip Code _____
Occupant or Tenant <u>N/A</u>	License No. _____ Phone _____ Fax _____
Contact Name _____	Engineer or Architect Company <u>OWNER</u>
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: <u>25'</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>	1st floor: <u>78'</u> <u>58'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>1300 2nd fl 1963</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>78'</u> <u>58'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: <u>2nd 1963</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>78'</u> <u>58'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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.

<u>Jerry Rushing</u> Applicant's Signature	<u>Jerry Rushing</u> Print Name
<u>Patient Bldg Inc</u> Title/Company	<u>5/21/04</u> Date

Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -	<u>DPZ SETBACK INFORMATION</u> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	<u>PROPERTY ID#</u> : <u>602167</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>117</u> Validation # <u>117</u>
<u>AGENCY</u> _____ <u>DATE</u> _____ <u>SIGNATURE APPROVAL</u> _____ <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> 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"/>	<u>Accepted by</u> <u>[Signature]</u>	

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00156726

Building Address 3318 S Sang Rd
Glenwood MD 21738
Suite/Apt. # 04-359720 SDPA/WP/Petition # PLAT 13722
Census Tract 614002 Subdivision HOLLYHILLS II
Section 250A+D Area 17 Lot 17
Tax Map 14 Parcel 92 Grid 24
Zoning AR-15 Map Coordinates 926 Lot size 1.00 AC

Existing Use SFD
Proposed Use SFD + tank
Estimated Construction Cost \$ 2725.00
Description of Work Install 1-1000 gallon
underground propane tank

Occupant or Tenant Owner - Robert + Melissa Newsome
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name Robert + Melissa Newsome
Address 14270 Buirwoods Rd
City Glenwood State MD Zip Code 21738
Home Phone 410-849-1133 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Contractor Company Tenax O.I. / Modern Comfort
Contact Person David Honeycutt / Carol Hoffman
Address 82 John St.
City Westminster State MD Zip Code 21157
License No. CTR09952
Phone 410-845-4432 Fax 410-845-8580

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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"/>
Use group: _____	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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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 THERE TO; (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 Carol Hoffman
Title/Company _____

Print Name Carol Hoffman
Date 10-27-05

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
" PLEASE WRITE NEATLY AND LEGIBLY "

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	Filing fee \$ _____
Public Utilities			Rear _____	Permit fee \$ <u>1000.00</u>
Building Official			Side _____	Examiner \$ <u>20.00</u>
Dev. Professional DPZ			Setback _____	Adj. per. fee \$ _____
Fire Department			Is minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1020.00</u>
Is Departmental approval required other than as indicated?			Is Easement Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ <u>16.33</u>
ONE STOP SHOP: <input type="checkbox"/>			ACP/Reserve approval date _____	Valuation \$ <u>1005.67</u>
Distribution of Copies: _____	Water Working Official _____	Gravel LDO, DPZ _____	Yellow DED, DPZ _____	Accepted by _____
_____	_____	_____	_____	_____

