

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00159477

Building Address 1029 DAY ROAD
SYKESTVILLE MD 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 603000 Subdivision _____
Section _____ Area _____ Lot 33
Tax Map 4 Parcel 257 Grid 3
Zoning RC Map Coordinates 4K9 Lot size 2.79 AC

Existing Use RESIDENCE 3 F Home
Proposed Use STUDIO / OFFICE
Estimated Construction Cost \$ 20,000.00
Description of Work FREE STANDING CHAIR
STUDIO / OFFICE

Occupant or Tenant SAME
Contact Name SHARON NAYLOR
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name SHARON NAYLOR
Address 1029 DAY ROAD
City SYKESTVILLE State MD Zip Code 21784
Home Phone 410-784-4053 Work Phone SAME
Applicant's Name & Mailing Address, (if other than stated hereon):
N/A
Phone _____ Fax _____

Contractor Company Don Pistorio Co DBA
DREAMMAKER
Contact Person Rob Smith
Address 3812 TEN OAKS RD
City GLENELL State MD Zip Code 21731
License No. 21987
Phone 410-469-5860 Fax 410-465-5862

Engineer or Architect Company _____
Contact Person N/A
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 ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
2nd floor: _____	Electric Yes ☒ No ☐ Gas Yes ☐ No ☒
Basement: _____	Heating System: _____ Electric ☐ Oil ☒ Natural Gas ☐ Propane Gas ☐
Finished Basement ☐ Unfinished Basement ☐ Crawl space ☒ Slab on Grade ☐ No. of Bedrooms _____ Height: _____	Sprinkler system: <u>N/A</u> ☒ NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>MUSIC STUDIO</u> Dimensions: <u>17' x 40'</u> Footings: <u>12" x 24" - 36" x 48"</u> Roof Height: <u>13'</u>	
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.

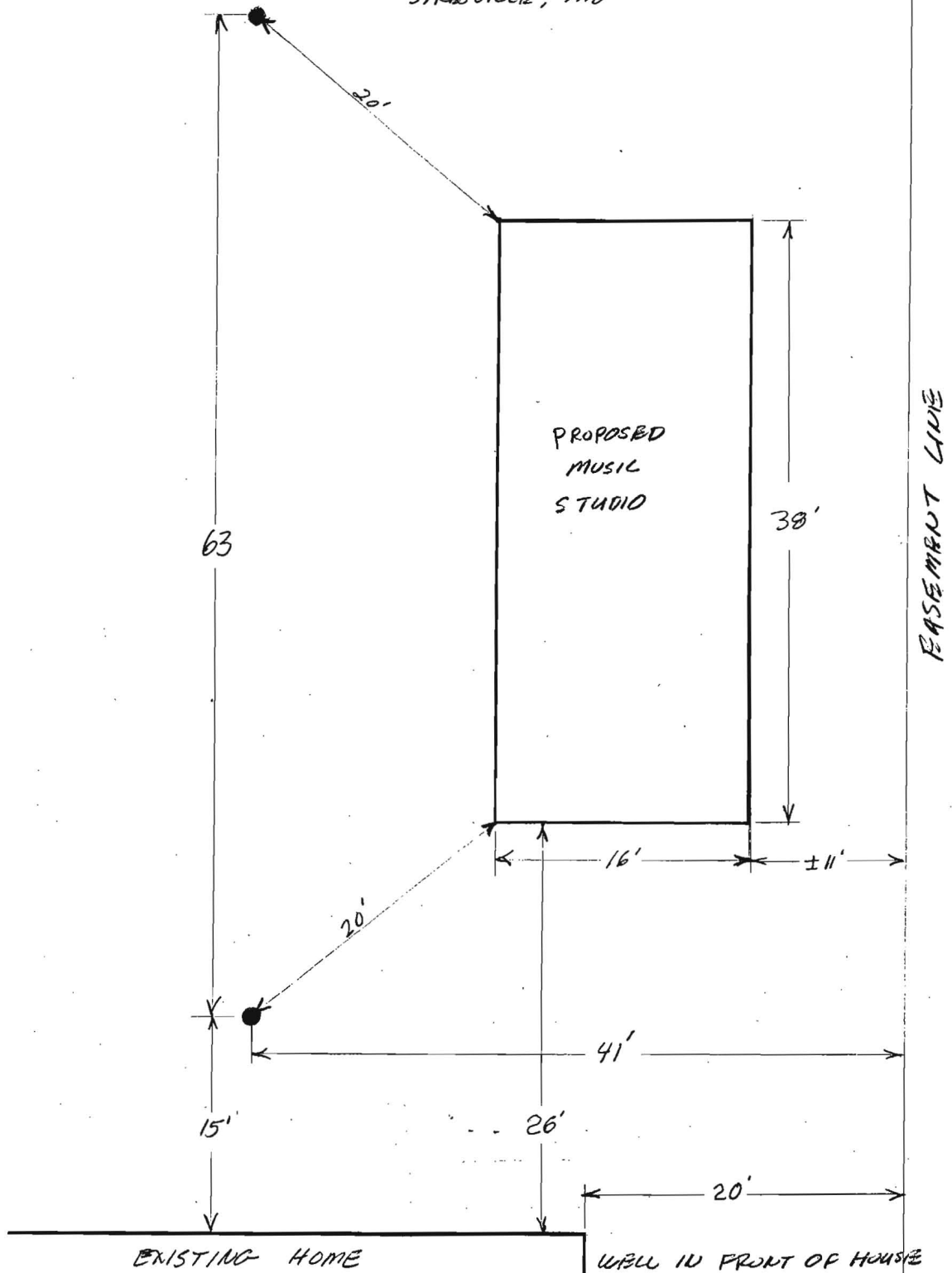
Applicant's Signature _____
Title/Company _____

Print Name Rob Smith
Date 5/16/06

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	5/10/06	[Signature]
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	8/10/06	[Signature]
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES ☐ NO ☐		
CONTINGENCY CONSTRUCTION START: ☐		
ONE STOP SHOP: ☐		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>50'</u>	Filing fee \$ <u>25</u>
Rear: <u>50'</u>	Permit fee \$ _____
Side: <u>10'</u>	Excise tax \$ _____
Side St.: <u>NA</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES ☒ NO ☐	TOTAL FEES \$ _____
Is Entrance Permit required? YES ☐ NO ☒	Sub-total paid \$ _____
Historic District? YES ☐ NO ☒	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>1531</u>
SDP/Red-line approval date _____	Validation # <u>11047</u>
Accepted by _____	
Yellow: DED, DPZ	Pink: Health
Gold: SHA	

$$\text{SCALE } 1'' = 80'$$


800159477

2477 1st-10¹

To scale: okay
location 9/10/06
JK

1029 - DAY ROAD

7/26/06

THE PROJECT FOR THE MAYLOR RESIDENCE
HAS CHANGED IN SIZE FROM THE ORIGINAL
PERMIT APPLICATION BECAUSE THE BUREAU
OF ENVIRONMENTAL HEALTH REQUIREMENTS
CALLED FOR THE CHANGE.

DAN SWINARD HAS THE APPLICATION AND
ALL NEW DRAWINGS REFLECTING THE CHANGES.
HE ASKED ME TO CHANGE THE LOCATION
SURVEY TO REFLECT NEW DIMENSIONS. I
WAS TOLD TO PRESENT THESE DRAWINGS
TO THE FRONT DESK.

THANK YOU

ROB SMITH

DREAMMAKER BATHS KITCHEN
SUMMIT DEN P. PETER CO

CC: Eng
Health

410-489-5860

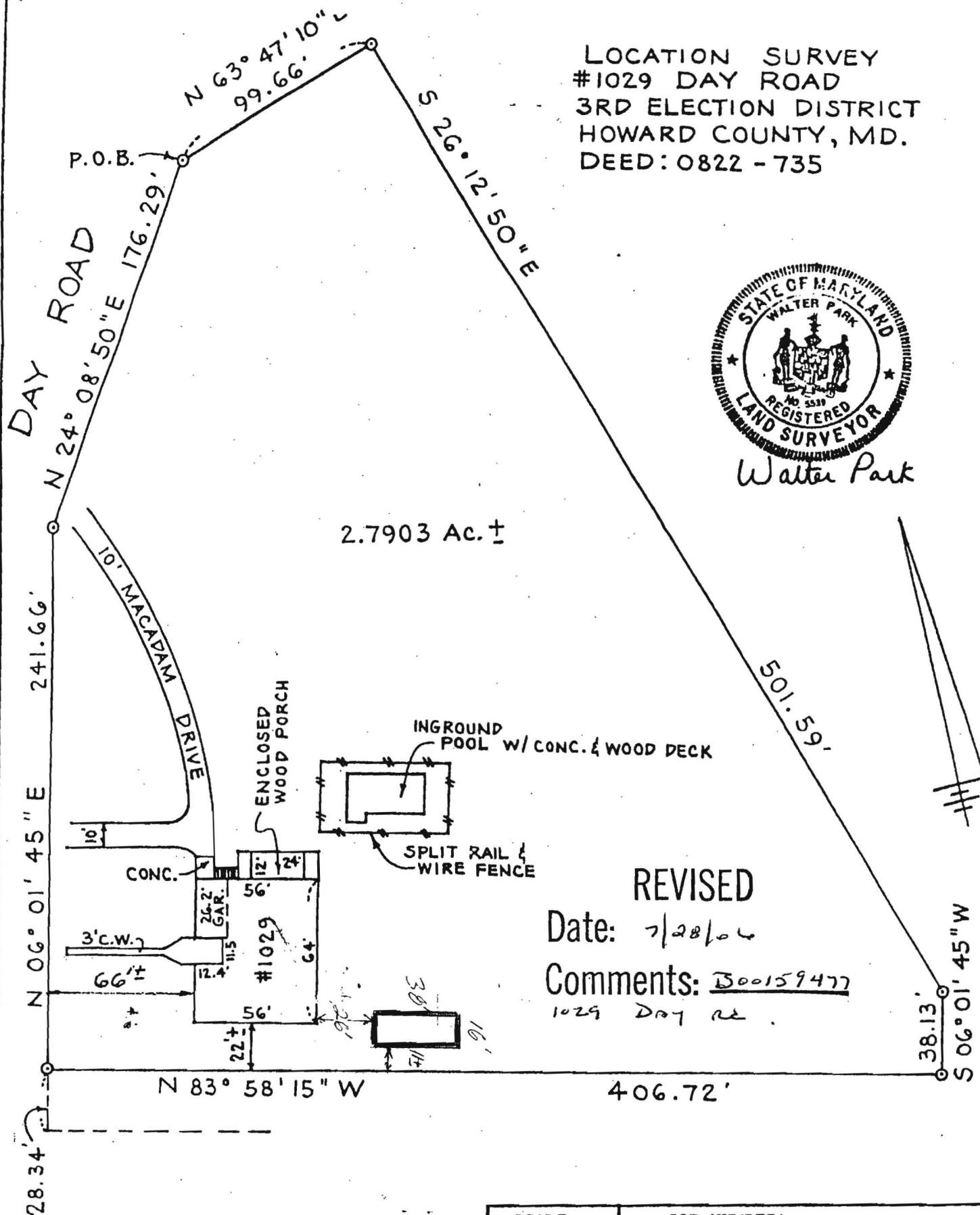
BOO 159477
1029 DAY RD.

THIS PROPERTY IS NOT FLOODED IN A FLOOD HAZARD ZONE.

LOCATION SURVEY
#1029 DAY ROAD
3RD ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED: 0822 - 735



Walter Park



REVISED

Date: 7/28/04

Comments: B00159477
1029 Day Rd.

I HEREBY CERTIFY THAT THE LOT HAS BEEN SURVEYED FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS AND SHOULD NOT BE USED FOR ESTABLISHMENT OF PROPERTY LINES.

SCALE

1" = 60'

DATE

4/28/97

JOB NUMBER:

D.T.W. CONSULTANTS
11 HAY PASTURE COURT
CATONSVILLE, MD. 21228