

Building Permit Application Howard County Maryland Department of Inspections, Licenses and Permits 3430 Court House Drive Permits: 410-313-2455 www.boundeauverdeauverdeau www.howardcountymd.gov

Date Received:

Permit No.: _

Building Address: 1032 Saint Michae	el's Rd	a.	Property Owner's Name:	Gary & Connie	e Kelsey	
City: <u>Mt. Airy</u> State: MD Zip Code: 21771			Address: 1032 Saint Micha	ael's Rd		
			City: Mt. Airy Phone: <u>301-787-2391</u>			
Suite/Apt. #SD			Email: N/A		Fax:	
Census Tract:						
Section: Are	a:Lot:_	E	Applicant's Name & Mailin	g Address, (If	other than stated herein)	
Tax Map: 0007 Parcel:	0024 Grid:	0002	Applicant's Name:			
Zoning: Map Coordina		Address:	Chata	Zip Code:		
Zohnig Wap cool una	testot 5	. <u></u>	Phone:			
Existing Use: Rresidential			Email:			
Proposed Use: Residential			Contractor Company: Dive	rsified Applica	itions, Corp.	
				Contact Person: Eric G. Hinerman		
Estimated Construction Cost: \$ 10,00		Address: 14818 N. Franklinville Rd.				
Description of Work: Installation of e	existing	City: Thurmont State: MD Zip Code: 21788				
kitchen and enclose deck w/windows & patio door.			License No. : MHIC #: 124933			
			Phone: 301-271-7808	Fax:	301-271-2250	
			Email: info@diversifiedap	plications.com	1	
Occupant/Tenant Name:						
Was tenant space previously occupied	? 🗆 Yes	□No	Engineer/Architect Company	y: <u>Structura</u>	Engineering Resources, LLC	
Contact Name:			Responsible Design Prof.:	eff Fertich		
Address:			Address: 26 N Fourth Stree	t		
					7:0 Cade: 17375	
City: State: Zip Code: Phone:Fax:			City: Gettysburg State: PA Zip Code: 17325			
Phone:	_Fax:		Phone: 717-337-1335	Fax:	/1/-33/-1851	
Email:			Email: jeff@serilc.us			
A			riativat		Letter and a start of the	
Commercial Building Characteristics Height:	Residential Building C		<u>Utilities</u>			
No. of stories:	Depth	Width		□ No □ No		
Gross area, sq. ft./floor:	1 st floor: 30	40	Gas: Qas: Ves Water Supply	- 84AD	a and a second and a second a	
	2 nd floor: 30	40				
Area of construction (sq. ft.):	Basement:		Public		Start I Strate () a start of the start	
D Finished Basement			Private		and an allow the second	
Use group:	Unfinished Basemer	nt	Sewage Dispos			
Construction type:						
Reinforced Concrete No. of Bedrooms: 2			C Private			
Structural Steel	Multi-family D	welling	Heating System	<u>n</u>	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
Masonry	No. of efficiency units:	_	Electric Oil			
U Wood Frame	No. of 1 BR units:		🗋 Natural Gas 🗌 Propane Gas			
State Certified Modular	No. of 2 BR units: No. of 3 BR units:		Other:			
	Other Structure:		<u>Sprinkler System:</u>			
	Dimensions:		Yes 🖾 No			
> Roadside Tree Project Permit	Footings:			6 Bl		
⊡Yes □No	Roof:		Grading Permi	it Number:	Constant of the second s	
Roadside Tree Project Permit #	State Certified Modu				- WERREIE TRUMP IN	
- 18	Manufactured Home	e	Building Shell Per	mit Number:		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARO COUNTY W THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY Applicant's Signature info@diversifiedapplications.com Email Address	HICH ARE APPLICABLE THERETO	0; (4) THAT HE/SHE WI NTER ONTO THIS PROPE E Pri	ILL PERFORM NO WORK ON THE ABOVE ERTY FOR THE PURPOSE OF INSPECTING T iric G. Hinerman nt Name 12/29/2016	REFERENCED PRO	PERTY NOT SPECIFICALLY DESCRIBED	
President / Diversified Applications, Co Title/Company	orp.	_		- • 5		
	Checks Payable	to: DIRECTOR OF FI	NANCE OF HOWARD COUNTY			
		PLEASE WRITE NEA	TLY & LEGIBLY**		alar eta Maria	
	Same and the	-FOR OFFICE	USE ONLY-	2 24 PC 2	State Bridge and	
AGENCY DATE SIG	SNATURE OF APPROVAL			Filing Fee	\$	
State Highways		Front:		Permit Fee		
Building Officials	Rear: Side:		Tech Fee Excise Tax		\$	
Side St.:			PSFS		\$	
PSZA (Zoning)		All minimum se		Guaranty F		
PSZA (Engineering)			mit Required? Yes No	Add'I per F	ee \$ \$	
unality in no. In	Den an al	Historic District	t? 🛛 Yes 🖾 No	Total Fees	3	

Distribution of Copies: White: Building Officials Green: PSZA,Zoning

Health 12 20 Daward

CONTINGENCY CONSTRUCTION START

Health

i

Lot Coverage for New Town Zone:

SDP/Red-line approval date:

Pink: Health

Sub-Total Paid

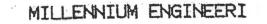
Balance Due

Check

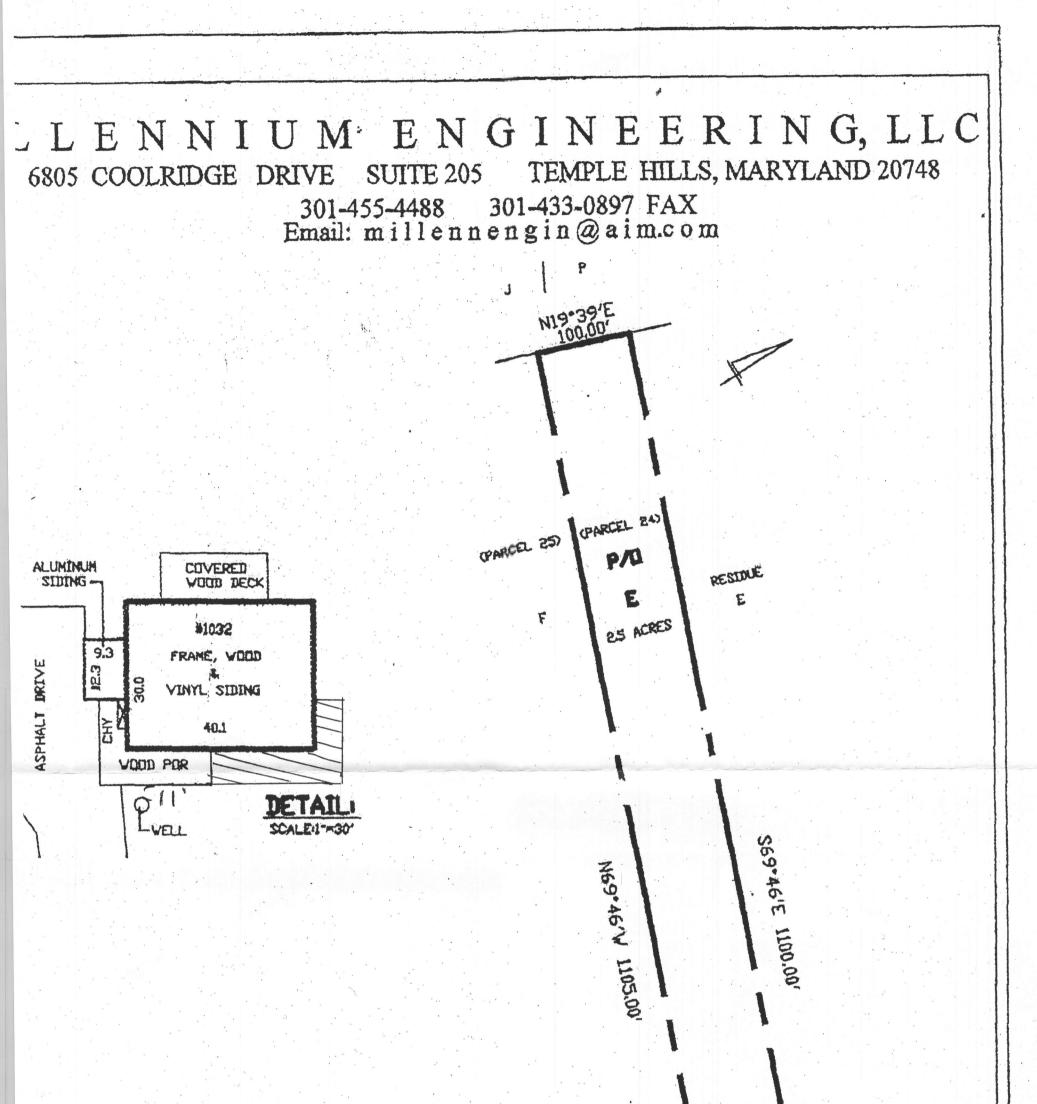
\$ \$

#

Gold: SHA



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APPROVED · WALK-THR DING PERMIT BP# APP. SAN DATE: 12 th DES Sle. nould as

SURVEYOR'S CERTIFICATE

ify that this drawing is based on a field survey made on 4/24/08 actly under my supervision and to the best of my knowledge

