

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 B07003772
Building Address <u>1005 Pinecroft</u> <u>Sykesville, MD 21784</u>		Property Owner's Name <u>Carol Judy P. King</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>1005 Pinecroft</u>	
Census Tract _____ Subdivision <u>unincorporated</u>		City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>	
Section _____ Area _____ Lot <u>14</u>		Home Phone <u>410-459-2523</u> Work Phone <u>410-675-5855</u>	
Tax Map <u>9</u> Parcel <u>103</u> Grid <u>5</u>		Applicant's Name & Mailing Address, (if other than stated hereon): <u>OWNER</u>	
Zoning _____ Map Coordinates _____ Lot size <u>1.2 ACES</u>		Phone _____ Fax _____	
Existing Use <u>RESIDENCE SFID</u>		Contractor Company <u>SELF (owner-builder)</u>	
Proposed Use <u>RESIDENCE</u>		Contact Person <u>IS ABOVE</u>	
Estimated Construction Cost \$ <u>90,000</u>		Address _____	
Description of Work <u>DEMOLISH EXISTING STRUCTURE</u> <u>BUILD 2 STORY STRUCTURE</u> <u>3 Bedrooms, 2 1/2 Bath, 2 Car Garage</u>		City _____ State _____ Zip Code _____	
Occupant or Tenant <u>OWNER</u>		License No. _____	
Contact Name _____		Phone _____ Fax _____	
Address _____		Engineer or Architect Company <u>American Steel Erection Co.</u>	
City _____ State _____ Zip Code _____		Contact Person <u>Mike Kuznic</u>	
Phone _____ Fax _____		Address <u>117 Taylors Road</u>	
		City <u>Baltimore</u> State <u>MD</u> Zip Code <u>411208</u>	
		Phone <u>330-357-2490</u> Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>32</u> 2nd floor: <u>32</u> Basement: <u>35</u>	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	Finished Basement ☐ Unfinished Basement ☒ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>3</u> Height: <u>32</u>	Electric Yes ☒ No ☐ Gas Yes ☐ No ☒
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	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.

Applicant's Signature <u>Carol Judy P. King</u>	Print Name <u>Carol Judy P. King</u>
Title/Company <u>Owner/Builder</u>	Date <u>9/11/07</u>

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#
Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>11/1/07</u>	<u>R. Bunker</u>	All minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES ☐ NO ☐	Balance due \$ <u>500</u>
YES ☐ NO ☐			Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: ☐			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: ☐				Accepted by _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T: Home/PERMIT.FRM				Gold: SHA

SECTION 4
RIVER PARK ESTATES LOT 43
PLAT BOOK 10 FOLIO 99

5' UTILITY EASEMENT

LOT 2

RIVER DOWNS
SECTION 1, LOTS 1-6
PLAT M.D.R. NO. 9706

BGE 450655
CP 15

WELL
ZONE

EXISTING STREAM

LOT 14

MIB2

WOODS

SHED

POOL

LOT 13

BGE 450656

EX. WELL

PROPOSED 2 STORY FRAME DWELLING

REPLACEMENT SDA 3130 SQ. FT.

APPROX. EX.
DRY WELL
TO BE ABANDONED

75' B.R.L.

EXISTING 1 STORY
DWELLING TO BE
REMOVED

LOD=3224 SQ. FT.

APPROX.
WELL
LOCATION
TO BE ABANDONED

MACADAM DRIVE

GIB2

FENCE

MIC2

EXISTING PAVING

APPROX. LOCATION
EXISTING 2' TRENCH 50' LONG

RIVER ROAD
50' RIGHT OF WAY

EXIST SDA 3512 SQUARE FEET
ADEQUATE FOR PROPSD IMPROVEMENTS