

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3000 COUNTY HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-2660		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 307004529	
Building Address <u>13787 Rover Mill Rd.</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Woods@Rover Mill</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>15</u> Parcel <u>181</u> Grid <u>13</u> Zoning _____ Map Coordinates _____ Lot size _____ Existing Use <u>Single Family Home</u> Proposed Use _____ Estimated Construction Cost \$ <u>6,000</u> Description of Work <u>addition of deck</u> <u>L-shaped 7 x 19 x 34 no steps</u>		Property Owner's Name <u>Michael Mercer</u> Address <u>13787 Rover Mill Rd.</u> City <u>W. Friendship</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>410-489-6632</u> Work Phone <u>443-745-4661</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ Contractor Company <u>None</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		Occupant or Tenant _____ Contact Name <u>Mike Mercer</u> Address <u>13787 Rover Mill Rd.</u> City <u>W. Friendship</u> State <u>MD</u> Zip Code <u>21794</u> Phone <u>410-489-6632</u> Fax _____ Engineer or Architect Company <u>None</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 _____ 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>deck</u> Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>Michael Mercer</u> Applicant's Signature <u>Michael Mercer</u> Property Owner Title/Company	<u>Michael Mercer</u> Print Name <u>10/31/07</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY <u>Land Development, DPZ</u> DATE <u>10/31/07</u> SIGNATURE APPROVAL <u>[Signature]</u> Health <u>10/31/07</u> 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"/>	DPZ SETBACK INFORMATION 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 New Town Zone _____ SDP/Rod-line approval date _____	PROPERTY ID#: Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____
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Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

