

Building Address 2091 St James Rd
Mannotsville, MD 21104

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 15

Tax Map _____ Parcel 40 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 60,000

Description of Work SHED STYLE 12X14 ROOM ADDITION
on Post & Beam Foundation 14X12 4 SEASON
Enclosure on Monolithic Poured Concrete Footed
RAD

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name JAMES & SUSAN BROWN

Address 2091 St. James Rd

City Mannotsville State MD Zip Code 21104

Home Phone 410-442-2881 Work Phone 443-257-9726

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Contractor Company Creative Deck Designs

Contact Person STEVEN WALDEN

Address 9223 Harford Rd.

City Balto. State MD Zip Code 21234

License No. 27346

Phone 410-661-4002 Fax 410-661-4740

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame

☐ State Certified Modular

Utilities

Water Supply:
☐ Public
☒ Private

Sewage Disposal:
☐ Public
☒ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: ☐ N/A ☐
☐ Full
☐ Partial
☐ Other Suppression
of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐
Depth Width

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____
Height: _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____

☐ State Certified Modular
☐ Manufactured Home

Utilities

Water Supply:
☐ Public
☐ Private

Sewage Disposal:
☐ Public
☐ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

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.

Steven Walden
Applicant's Signature
Gm Creative Deck Designs
Title/Company

Steven Walden
Print Name
6/22/06
Date

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

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID#

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Distribution of Copies:

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T: Forms/PERMIT/FRM

Accepted by _____
Rev. 11/4/04

