

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	B09000529 PERMIT NUMBER
Building Address <u>13271 STYER CT</u> <u>HIGHLAND MD 20777</u>		Property Owner's Name <u>WELSH, WILLIAM & KAREN</u> Address <u>13271 STYER CT</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>301 854-3454</u> Phone Applicant's Name & Mailing Address, (if other than stated herein): Phone _____ Fax _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Contractor Company <u>Patio Enclosures Inc.</u> Contact Person <u>Greg Falter</u> Address <u>224 8th AVE NW</u> City <u>Ben Buene</u> State <u>MD</u> Zip Code <u>21061</u> License No. <u>18744</u> Phone <u>410 760 1919</u> Fax _____	
Census Tract _____ Subdivision <u>ANNUT FARMS EST.</u>		Engineer or Architect Company _____	
Section <u>3</u> Area _____ Lot <u>5</u>		Contact Person _____	
Tax Map <u>34</u> Parcel <u>374</u> Grid <u>15</u>		Address _____	
Zoning _____ Map Coordinates _____ Lot Size <u>40,946</u>		City _____ State _____ Zip Code _____	
Existing Use <u>SFD</u>		Phone _____ Fax _____	
Proposed Use <u>SFD & HEATED SUN PORCH</u>		Address _____	
Estimated Construction Cost \$ <u>30,000</u>		City _____ State _____ Zip Code _____	
Description of Work <u>CONSTRUCT 15'x13'</u> <u>HEATED SUN ROOM ON NEW</u> <u>WOOD FOUNDATION ON REAR</u>		Phone _____ Fax _____	
Occupant or Tenant <u>OWNER</u>		Address _____	
Contact Name _____		City _____ State _____ Zip Code _____	
Address _____		Phone _____ Fax _____	
City _____ State _____ Zip Code _____		Address _____	
Phone _____ Fax _____		City _____ State _____ Zip Code _____	
Phone _____ Fax _____		Phone _____ Fax _____	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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		Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>15' x 13'</u> 2 nd floor: _____ Basement: <u>(195 SF)</u> 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: _____ Dimensions: _____ Footings: _____ Roof Height: <u>SHED.</u> ____ State Certified Modular ____ Manufactured Home <u>195 SF</u>	
Utilities Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ 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"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads		Utilities Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ 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.			
<u>Gregory A. Falter (agent)</u> Applicant's Signature		<u>GREGORY A. FALTER</u> Print Name	
_____ Title/Company		_____ Date	
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -			
AGENCY Land Development, DPZ State Highways Building Officials Dev. Engineering, DPZ <u>3-25-09 Dana Bennett</u> Health 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/Red-line approval date _____ Accepted by _____	
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 Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T:forms/buildingpermitapplication REV 10/28/04			

