

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

009000839

Building Address 2941 SUMMER HILL DR.

WEST FRIENDSHIP, MD. 21794

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 603000 Subdivision SOBUS FARM

Section \_\_\_\_\_ Area 1.195 AC. Lot 35

Tax Map 15 Parcel \_\_\_\_\_ Grid 15-18

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 30,000.00

Description of Work ADD 5'x10' PORCH TO

BREAKFAST 9' HIGH

ADD DECK

Occupant or Tenant CAROL & MICHAEL SPICKLER

Contact Name MICHAEL SPICKLER

Address 2941 SUMMER HILL RD

City W. FRIENDSHIP State MD Zip Code 21794

Phone 410-489-0156 Fax \_\_\_\_\_

Property Owner's Name CAROL & MICHAEL SPICKLER

Address 2941 SUMMER HILL RD.

City W. FRIENDSHIP State MD Zip Code 21794

Home Phone 410-489-0156 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company MYERS HANDYMAN CO.

Contact Person WAYNE MYERS

Address 2375 DUNVALL ROAD

City WOODBINE State MD Zip Code 21797

License No 08010087860

Phone 410-489-4446 Fax 410-489-6662

Engineer or Architect Company GRI CUSTOM HOME

DESIGN

Contact Person \_\_\_\_\_

Address P.O. B 237

City FINKSBURG State MD Zip Code 21048

Phone 410-833-8320 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type: \_\_\_\_\_

\_\_\_\_\_ Reinforced Concrete

\_\_\_\_\_ Structural Steel

\_\_\_\_\_ Masonry

\_\_\_\_\_ Wood Frame

\_\_\_\_\_ State Certified Modular

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 Characteristics

Utilities

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

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.

Applicant's Signature

Wayne Myers

Title/Company

Print Name

Wayne Myers

Date

APRIL 29, 2009

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 4-29-09 John Smith

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

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # \_\_\_\_\_

Validation # \_\_\_\_\_

Accepted by \_\_\_\_\_

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

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LOT 7  
HEBB PROPERTY  
PLAT 17918

PIN/CAP No. 283  
FOUND (HELD)

N 75°50'26" W  
315.33' (PROPOSED)

TAX MAP 15 PARCEL 226  
n/f LLOYD, EDWARD  
LIBER 714 FOLIO 739

317.33

PIN/CAP No. 283  
FOUND (HELD)

N 05°23'25" W 305.33'

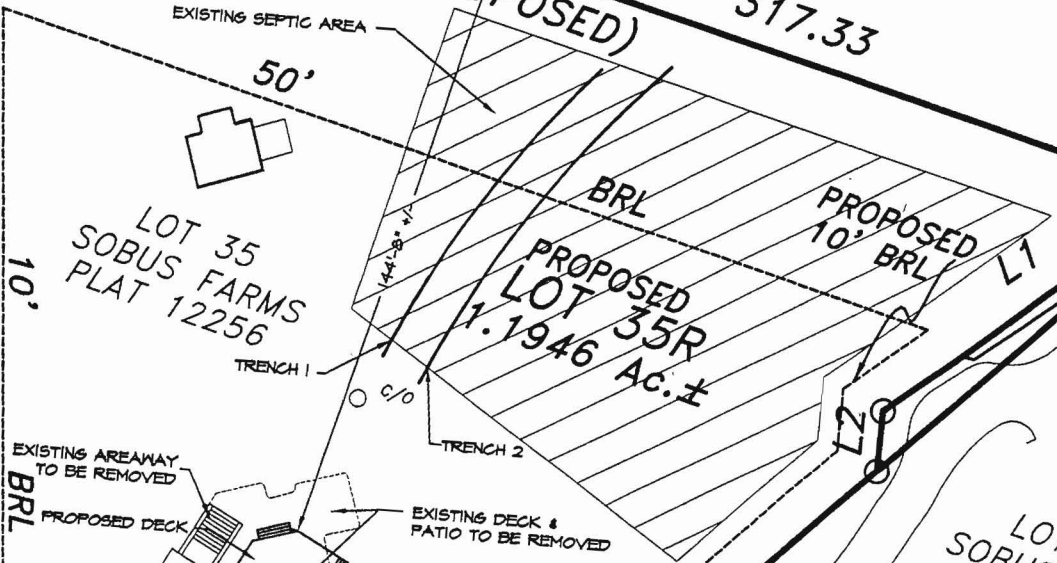
LOT 36  
SOBUS FARMS  
PLAT 12256

LOT 35  
SOBUS FARMS  
PLAT 12256

PROPOSED  
LOT 35R  
1.1946 Ac.±

LOT 34R

LOT 34  
SOBUS FARMS  
PLAT 12256



APPROVED

WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# 49915-E  
APP. SAN HS \_\_\_\_\_ DATE: 4-29-09  
DESC. OF WORK: 5' x 10' bump out  
for breakfast nook as shown  
& deck

SYK

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLE CITY CITY, MD 21043 PERMITS (410) 313-3855 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>BO9002669</u>	
Building Address <u>2941 SUMNER HILL DR.</u> <u>W. FRIENDSHIP, MD 21794</u>			Property Owner's Name <u>MICHAEL SPICKER</u>		
Suite/Apt. #: _____ SDP/WFP/Petition #: _____			Address <u>2941 SUMNER HILL DR</u>		
Census Tract <u>603000</u> Subdivision <u>SOBUS FARM</u>			City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u>		
Section _____ Area _____ Lot <u>35</u>			Home Phone <u>410-489-0156</u> Work Phone _____		
Tax Map <u>15</u> Parcel _____ Grid <u>15-18</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>SINGLE FAMILY</u>			Contractor Company <u>MYERS HANDYMAN CO.</u>		
Proposed Use <u>SAME</u>			Contact Person <u>WAYNE MYERS</u>		
Estimated Construction Cost \$ <u>17,100</u>			Address <u>2375 DUVALL ROAD</u>		
Description of Work <u>ADD 4'x16'</u> <u>RAY WINDOW TO RIGHT</u> <u>END HOUSE</u>			City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u>		
Occupant or Tenant <u>MICHAEL SPICKER</u>			License No. <u>04050122507</u>		
Contact Name <u>MR SPICKER</u>			Phone <u>410-489-4446</u> Fax <u>410-489-6662</u>		
Address <u>2941 SUMNER HILL DR</u>			Engineer or Architect Company _____		
City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u>			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> 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	<b>Utilities</b> 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>32'</u> <u>50'</u> 2nd floor: <u>32'</u> <u>50'</u> Basement: Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input 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: <u>N/A</u> <input checked="" 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>Wayne K. Myers</u> Applicant's Signature <u>RESIDENT/OWNER</u> Title/Company	<u>Wayne K. Myers</u> Print Name <u>OCT. 8, 2009</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	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY INFO
Land Development DPZ			Front _____	Filing fee \$ _____
State Highways			Rear _____	Permit fee \$ _____
Building Official			Side _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St. _____	Add'l per. fee \$ _____
Health	<u>10-8-09</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies: White: Building Official    Green: LDD, DPZ    Yellow: DED, DPZ    Pink: Health    Gold: SHA

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Rev. 11/4/04

