

DEPARTMENT 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		PERMIT NUMBER B01003123	
Building Address <u>1000 SUNSET Valley</u> <u>3110 Sunset Valley Rd 31714</u>			Property Owner's Name <u>George Dorsey</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address _____		
Census Tract _____ Subdivision _____			City _____ State _____ Zip Code _____		
Section _____ Area _____ Lot <u>2</u>			Home Phone _____ Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>Single Family Detached</u>			Contractor Company _____		
Proposed Use <u>2 car garage 992117</u>			Contact Person <u>George Dorsey</u>		
Estimated Construction Cost \$ _____			Address _____		
Description of Work <u>per Dorsey builders</u> <u>detached 2-car garage with</u> <u>covered entry to house, storage above</u> <u>31' x 32'</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant <u>S</u>			License No. _____		
Contact Name _____			Phone <u>410-489-7636</u> Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 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: _____ 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 checked="" type="checkbox"/> Manufactured Home	<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: N/A <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.

Applicant's Signature _____	Print Name _____
Title/Company _____	Date <u>7/27/07</u>

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY		DEPT.		SIGNATURE/ APPROVAL		DEPT. RETRACK INFORMATION		PROPERTY ID#	
Land Development DEZ						Front	Filing fee	\$ <u>35</u>	
State Highway						Rear	Permit fee	\$ _____	
Building Official						Side	Excise tax	\$ _____	
Per. Engineering DEZ						Side St	Add'l per. fee	\$ _____	
Health						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 testimony?						Is Entrance Permit required?	Balance due	\$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>						YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ <u>4397</u>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>						Historic District?	Validation	\$ _____	
ONE STOP SHOP: <input type="checkbox"/>						YES <input type="checkbox"/> NO <input type="checkbox"/>			
Distribution of Copies: White: Building Official Green: LOD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA						Let Coverage for New Town Zone			
Tel: 410-313-2455						SDP/Red-line approval date			
						Accepted by			



EXISTING SEPTIC FIELD

10/29/03

800.144614

Proposed garage and 2-bedroom  
addition O.K. Will still have 4  
bedrooms total after addition - per plans.

(BB)

