

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 307004236	
Building Address <u>1020 Sunset Valley Dr</u> <u>Sykesville, MD 21784</u>			Property Owner's Name <u>Mark & Jill Herboldt</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>1020 Sunset Valley Dr</u>		
Census Tract _____ Subdivision <u>Sunset Valley</u>			City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>		
Section <u>2</u> Area <u>3.35</u> Lot <u>11</u>			Home Phone <u>410-489-4107</u> Work Phone <u>410-300-5332</u>		
Tax Map <u>9</u> Parcel <u>305</u> Grid <u>3</u>			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company <u>Country View Builders</u>		
Proposed Use _____			Contact Person <u>Mark Herboldt</u>		
Estimated Construction Cost \$ _____			Address <u>1020 Sunset Valley Dr</u>		
Description of Work <u>Build a detached</u> <u>3 car garage 900 Sq Ft main</u> <u>Floor with storage above</u> <u>675 Sq Ft.</u>			City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>		
Occupant or Tenant _____			License No. <u>124082</u>		
Contact Name <u>Mark Herboldt</u>			Phone <u>410-300-5332</u> Fax <u>866-232-5010</u>		
Address <u>1020 Sunset Valley Dr</u>			Engineer or Architect Company _____		
City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>			Contact Person <u>N/A</u>		
Phone <u>410-489-9107</u> Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

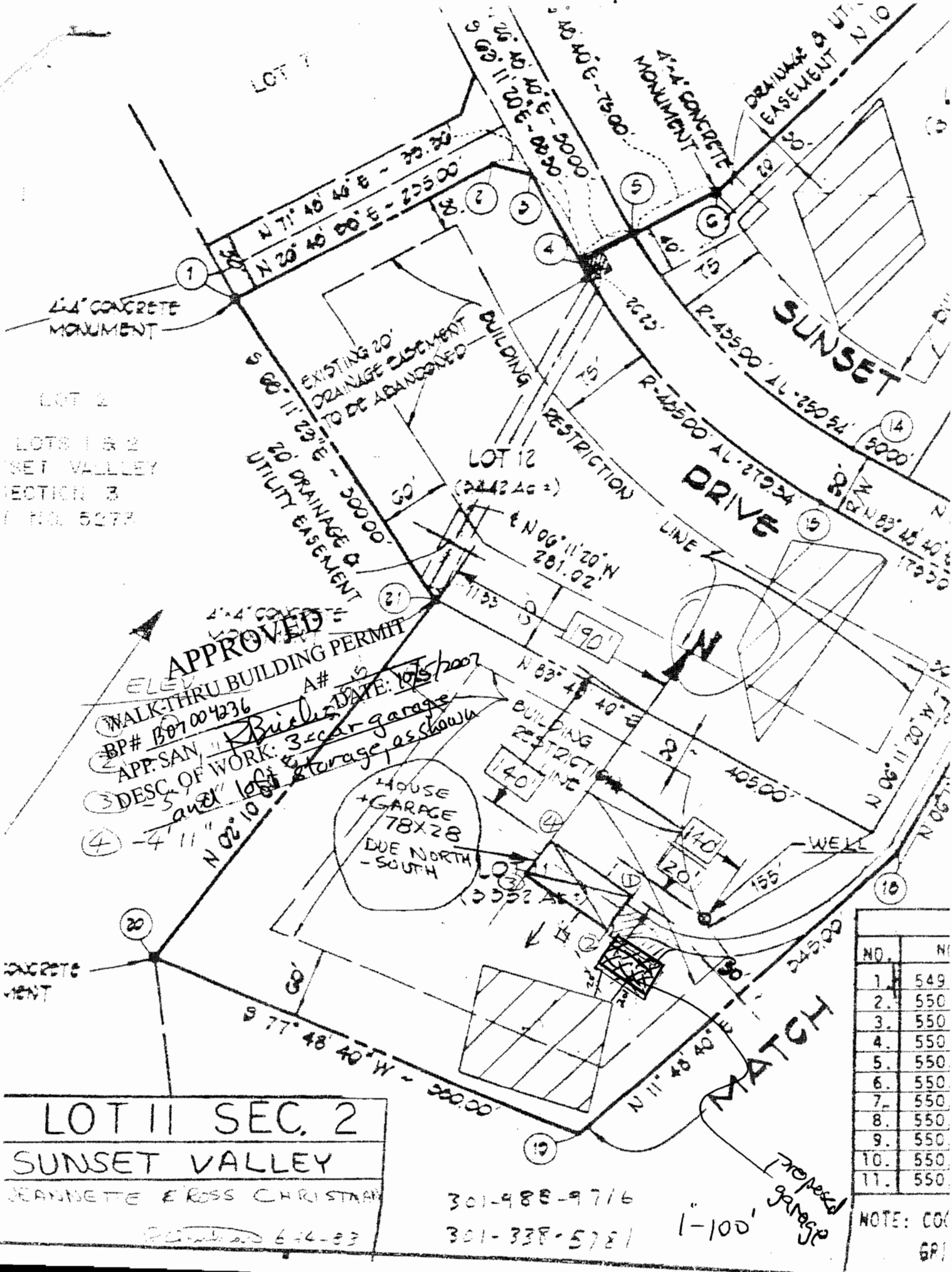
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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 Mark Herboldt Print Name Mark Herboldt
Title/Company _____ Date 10-5-07

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 ID#
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>10/5/2007</u>	<u>R. Buich</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T: Forms/PERMIT.FRM				Gold: SHA



LOT 2
 LOTS 1 & 2
 SET VALLEY
 SECTION 2
 T1 NOL 5273

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07004236 A# 15
 APP. SAN. *Bridges* DATE: 10/5/2007
 3 DESC. OF WORK: 3-car garage
 and 1st floor storage as shown
 ④ - 4' 11" N 02° 10' 00" E - 300.00'

HOUSE
 + GARAGE
 78x28
 DUE NORTH
 - SOUTH

LOT 12 SEC. 2
SUNSET VALLEY
 JEANNETTE E. ROSS CHRISTIAN
 6-4-83

301-488-9716
 301-338-5781

1"-100'
 Proposed Garage

NO.	NO.
1.	549
2.	550
3.	550
4.	550
5.	550
6.	550
7.	550
8.	550
9.	550
10.	550
11.	550

NOTE: COG
 GP/