

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

808001298

Building Address 2410 WOOD STREAM CT
ELICOTT CITY, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use FRONT PORCH & GABLE

Proposed Use FRONT PORCH & GABLE

Estimated Construction Cost \$ 10,500.00

Description of Work ADD GABLE TO

EXISTING STRUCTURE, ADD 4'

TO EXISTING PORCH

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name STEVEN M. RYDER

Address 2410 WOOD STREAM CT

City ELICOTT CITY State MD Zip Code 21042

Home Phone 410-988-8002 Work Phone _____

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

JOHN WISEMAN 2434 WOOD STREAM CT

ELICOTT CITY MD 21042

Phone 410-279-0739 Fax 301-953-7444

Contractor Company PROPERTY OWNER

Contact Person SAME AS ABOVE

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	Public _____
Gross area, sq. ft. per floor: _____	Private _____
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public _____
Reinforced Concrete _____	Private _____
Structural Steel _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Heating System: _____
State Certified Modular _____	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 _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public _____
1st floor: _____	Private <input checked="" type="checkbox"/>
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: _____	Heating System: _____
Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 3 BR units: _____	NFPA #13D _____
Other Structure: _____	NFPA #13R _____
Dimensions: _____	Other: _____
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 THEREON; (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.

John Wiseman

Applicant's Signature

CONSULTANT

Title/Company

JOHN WISEMAN

Print Name

Date

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 Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per fee \$ _____
Health	<u>5/1/08</u>	<u>John Wiseman</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"/>	
Distribution of Copies: _____			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	

