DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER 4

ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313- AUTOMATED INFORMATION (410) 313-3800	PERMIT AP	PLICATION (100	
Building Address 587 W	The state of the s	Property Owner's Name The Pio	rkowski
MH Airy MD 21771		Address S87 W Waters	.10 Rd.
Suite/Apt. #: SDP/WP/Petition #:		City M. Airy Stat	e MD Zip Code 21771
Census Tract COLO Subdivision		Home Phone 410-547-0746Work Phone 443 778-6372	
		Applicant's Name & Mailing Address	s, (if other than stated hereon):
ection Area			
ax Map 2 Parcel 219			Env
Zoning RC Map Coordinates 255 Lot size		Contractor Company SAME AS OWN CR Hardin	
Existing Use Read 1 5. Agl. Family			Conste
Proposed Use Resident Same with Addition Estimated Construction Cost \$ 110,000		Contact Person	
Description of Work Addition of 1700 sp. ft Living space (1story on unfished formed Relocating Kitchen, MBR, & MBalli formed Room		Address	
		City State Zip Code	
Rational K. t. han MBR	& MBally Fristing MEK	License No Phone	Fax
Occupant or Tenant SAME AS GWNER		Engineer or Architect Company Rija Schmidt Archite	
		Contact Person Aira Schmidt	
Contact Name		Address	
		City City City State	MD Zip Code
City State Zip Code		Phone 410 461 3462 Fax	
Phone Fax		BUILDING DESCRIPTION - RESIDENTIAL	
BUILDING DESCRIPTION -		Building Characteristics	Utilities
Building Characteristics	<u>Utilities</u> Water Supply:	SF Dwelling ⊠, SF Townhouse □	Water Supply:
Height:	Public Private	Depth Width 1st floor:	Public Private
No. of stories:	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement ☑ Unfinished Basement□	Private
	Electric Yes \(\simeq \) No \(\simeq \)	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes No Company No Solution
Use group:	Gas Yes No No	Multi-family dwellings: No. of efficiency units:	Heating System:
Construction type:	Heating System: Electric □ Oil □	No. of 1 BR units: No. of 2 BR units:	Natural Gas □
Reinforced Concrete Structural Steel	Natural Gas □ Propane Gas □	No. of 3 BR units:	Propane Gas □ Sprinkler system: N/A □
Masonry Wood Frame	Sprinkler system: N/A □	Other Structure: Dimensions:	NFPA #13D
Wood Frame	Full Partial	Footings:	NFPA #13R Other:
State Certified Modular	Other Suppression	State Certified Modular Manufactured Home	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE'SHE WIL	# of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (2) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (3) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (4) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (5) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (6) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (7) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (8) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (9) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (10) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (11) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (12) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (13) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (14) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (15) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (16) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (17) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIA (18) THAT HE/SH		SHE WILL COMPLY WITH ALL REGULATIONS OF HOW THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIG
OUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WIL NTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING TH			
1 1 1 1 Statement		Print Name	
Applicant's Signature		20101	
Title/Company	Checks payable to: DIRECTOR O	Date F FINANCE OF HOWARD COUNTY	
	** PLEASE WRITE N	EATLY AND LEGIBLY. ** CE USE ONLY-	5,175
AGENCY DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION Front:	PROPERTY ID#:
and Development, DPZ			Permit fee \$
Building Official	1 1-0-	Rear:Side:Side St.:	Excise tax \$Add'l per fee \$
Dev. Engineering, DPZ	Mark Rilking	All minimum setbacks met?	TOTAL FEES \$
ire Protection	issuance?	YES □ NO □ Is Entrance Permit required?	Sub-total paid \$
is Sediment Control approval required prior to YES \(\Boxed{\sigma} \) NO \(\Boxed{\sigma} \)	155dillioci	YES 🗆 NO 🗆	Check # 1977
光彩是是操作的类型。	N START.	Historic District? YES □ NO □	Validation #
CONTINGENCY CONSTRUCTION ONE STOP SHOP:	NOTAKI, L	Lot Coverage for NewTown Zone	
	在一种一个一种	SDP/Red-line approval date	Accepted by !
Distribution of Copies- White Building	Official Green: LDD, DPZ	Yellow: DED, DPZ Pink; Health	Gold: SHA
"本"中,或在60多类。1500年,1500年			Rev. 5/17/00
T:\forms\PERMIT.FRM	A STATE OF THE STA		

IMPROVEME	NT. LOCATION	NOTE: The lot shown hereon does not lie
PIORK	OWSKI PROP	plain as shown on FIRM Panel No. Z
LIBER 22.	54 FOLI	Flood Zone: 'U'
	COUNTY,	MD. Richard Kinlein prev. ownel
IPF.	1 (04	Ex. system sized for 3BR Ex. house = 4BR
S 48°/6'40"E	7/6/01	Ex. house = 4 BR
MAC.		trop. Addn = 1 BR
m\		385.55 5BR total
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IPE OO
728		\$25 repair fee paid as discussed w/owner
100		is as discussed was man
M 3/	GARAGE	o was a superior
5 702	STONE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7 0	MAC.	
> m	WAL THE	WELL FENCE
A	#587 #587	ORY 66'+
E	3,3	22.5' SO'
RS 16	1000	13'
RSWILL		B /
	PARCEL 215	ADD 171 00 101
TT 263	1.840 Ac.	2 OF MA OF
3.00		S SCHAEL JOHN OF P
. 5		HEO SE
\s \frac{1}{2}		CO PEO 10958
A Now in the second		TO THE LAND SHITTER
. 00		SURVEYOR'S CERTIFICATE
	21	I hereby certify that the position of all existing improvements on the above
	1, 4°, 14°, 18°, 18°, 18°, 18°, 18°, 18°, 18°, 18	described property has been carefully established by a transit-tape survey; and
	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	that, unless otherwise shown, there are no encroachments. Unless otherwise shown,
	8. 12	corners have not been set with this survey. This survey is not to be used to determine
		property lines.
THIS SURVEY IS FOR	TITLE PURPOSES ONLY	Michael J. Bazis RPLS #10956
# 92.3064-H	DATE 7-24-92	R. C. KELLY
D J.B.B.	DRAFT CB	LAND SURVEYORS
	P.B. P#	10111 COLESVILLE ROAD, SUITE 123 SILVER SPRING, MD 20901 301-593-8005
	SCALE: 1" = 60	& ASSOC., INC.