

Building Address 815 Windy Knoll
Sykesville, Md. 21784

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

Census Tract 6030 Subdivision Berndell Est.

Section Area Lot 22

Tax Map Parcel Grid

Zoning R-40 Map Coordinates 4C-4 Lot size 660' x 296'

Property Owner's Name GARY RINGER
 Address 815 Windy Knoll
 City Sykesville State Md Zip Code 21784

Home Phone 410-442-2865 Work Phone

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

Phone Fax

Existing Use SFD
 Proposed Use Storage shed / Pole Bldg.
 Estimated Construction Cost \$ 9,000.

Description of Work
16' x 32' shed

Contractor Company SYLVAN STOLTZ FUS Bldg.
 Contact Person SYLVAN STOLTZ FUS
 Address 25 N. BELMONT RD.
 City PARADISE State PA. Zip Code 17562
 License No.
 Phone 717-442-8408 Fax

Occupant or Tenant
 Contact Name
 Address
 City State Zip Code
 Phone Fax

Engineer or Architect Company
 Contact Person Same
 Address
 City State Zip Code
 Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
State Certified Modular <input type="checkbox"/>	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>shed / pole</u> Dimensions: <u>16' x 32'</u> Footings: <u> </u> Roof: <u>ASPHALT SHINGLES</u>	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Gary Ringer
 Applicant's Signature

GARY RINGER
 Print Name

_____ Title/Company

7-16-03 Date

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	<u>7/16/03</u>	<u>Kacie Norman</u>
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 NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID: 8900

Filing fee \$	<u>25</u>
Permit fee \$	<u>92</u>
Excise tax \$	<u> </u>
Add'l per. fee \$	<u>10</u>
TOTAL FEES \$	<u>127</u>
Sub-total paid \$	<u> </u>
Balance due \$	<u> </u>
Check #	<u>8943</u>
Validation #	<u> </u>

Accepted by _____

B10001093

Building Address 815 Windy Knoll
Sykesville MD 21784
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 22
 Tax Map 4 Parcel 810 Grid 23
 Zoning _____ Map Coordinates _____ Lot Size 5 AC.

Property Owner's Name GARY RINGER
 Address _____
 City SYKESVILLE State MD Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use SE.
 Proposed Use PERSONAL FILING AREA
 Estimated Construction Cost \$ 50,842.03
 Description of Work 8' x 8' CONCRETE COLUMNS 25'
W/ GROUND ANCHORS FROM EXISTING METAL EXTENSION
9' x 9' x 10' CONCRETE TIE BARS 24" x 4" T-9
WITH VICKI WALL, CANVAS TOP T.O.P.
 Occupant or Tenant _____
 Contact Name GARY RINGER
 Address 815 Windy Knoll
 City SYKESVILLE State MD Zip Code 21784
 Phone 410-772-1974 Fax 410-772-7267

Contractor Company SELF
 Contact Person G. RINGER
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____
 Engineer or Architect Company COL. A. J. ...
 Contact Person _____
 Address _____
 City APERTON State OHIO Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Section # of Heaters _____

Building Characteristics	Utilities
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Applicant's Signature GARY RINGER

Print Name GARY RINGER

Email Address _____

Date 4-21-2010

Title/Company _____

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Officials			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
Health <u>5-10-10</u>		<u>DBernard *Approved as shown</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? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____	
			Lot Coverage for New Town Zone _____	Validation # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____	
ONE STOP SHOP: <input type="checkbox"/>					