

G 9051

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
9430 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

BCO 155640 *KS*

Building Address 12098 LINDSEY LANE  
LITCHFIELD CITY MD, 21043

Suite/Apt. #: N/A SDP/WP/Petition #: SOP-03-30

Census Tract 6030 Subdivision HOMEWOOD

Section N/A Area N/A Lot 127

Tax Map 16 Parcel 204 Grid 16

Zoning AR60 Map Coordinates 11A2 Lot size

Property Owner's Name MWR INC 1/6 FARM HOUSE

Address 625 MARSHFIELD DR SUITE #10

City LITCHFIELD State MD Zip Code 21095

Home Phone \_\_\_\_\_ Work Phone 410 796-0920

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

Phone \_\_\_\_\_ Fax 410 796-0920

Existing Use VACANT LOT

Proposed Use SFD - POND

Estimated Construction Cost \$ 200,000

Description of Work CONSTRUCT SFD POND, "DECK" 4'x8'x11' M, 2 STAIRS, FULL ESSENT, 10R, GARAGE DECK, 2 BEDROOM, FULLY FIN, TRUSSES LOWER LEVEL, 3 1/2 BATHS,

Contractor Company MWR INC 1/6 FARM HOUSE

Contact Person ERIKAN PETERSON

Address 625 MARSHFIELD DR SUITE #10

City LITCHFIELD State MD Zip Code 21095

License No. HAUER #56

Phone 410 796-0920 Fax 410 796-7001

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: <u>65'</u> Depth, <u>40'</u> Width	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>25'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>65'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>TWO</u>	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>16'4"</u>	
Roof Height: <u>AS/FLAT</u>	
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 THERE TO; (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 [Signature]

Title/Company ERIKAN PETERSON

Print Name ERIKAN PETERSON

Date 8.22.05

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> State Highway			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>9/1/05</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> 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 NewTown Zone _____	Check \$ <u>254722</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ <u>97149</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	