

0-9593 Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLSWORTH CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300158527

1111 3/15/06

Building Address 1097 Underwood Rd.  
Sykesville, MD 21784

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

Census Tract 603000 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot ~~11410121~~

Tax Map 9 Parcel 26 Grid 2

Zoning RC-DEP Map Coordinates 4H9 Lot size 1.614 acre

Property Owner's Name David + Kimberly Edson

Address 1097 Underwood Rd.

City Sykesville State MD Zip Code 21784

Home Phone 410-750-1889 Work Phone 443-745-6709

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

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

Existing Use LOT

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 150,000.

Contractor Company Homeowner

Contact Person DAVID EDSON

Description of Work To construct one new SFD  
consisting of 4 BR'S + 3 1/2 BA'S AND  
A FULL UNFINISHED BSMT, 2 CAR garage  
and front porch

Address 1097 Underwood Rd.

City Sykesville State MD Zip Code 21784

License No. \_\_\_\_\_ Phone 410-750-1889 Fax \_\_\_\_\_

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

Contact Name DAVID EDSON

Address 1097 Underwood Rd.

City Sykesville State MD Zip Code 21784

Phone 410-750-1889 Fax 443-745-6709

Engineer or Architect Company FRANK BETZ ASSOCS.

Contact Person DAVE EDSON

Address \_\_\_\_\_

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

Phone 770-431-0888 Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input type="checkbox"/>
1st floor: <u>57'</u>	Private <input checked="" type="checkbox"/>
2nd floor: <u>28'4"</u>	Sewage Disposal: _____
Basement: <u>44'6"</u>	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Height: <u>32'</u>	Heating System: _____
Multi-family dwellings: _____	Electric <input checked="" 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 <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.

David Edson  
Applicant's Signature  
Owner  
Title/Company

DAVID EDSON  
Print Name  
3/15/06  
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>4-19-06</u>	<u>Kac...</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>358</u>
SDP/Red-line approval date _____	Validation # <u>109125</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

call home #

Building Address 1097 UNDERWOOD RD  
SYKESVILLE MO 21784

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

Census Tract 0030 Subdivision N/A

Section N/A Area N/A Lot N/A

Tax Map 9 Parcel 26 Grid 1

Zoning RC-170 Map Coordinates 4119 Lot size \_\_\_\_\_

Property Owner's Name JOHN WILLIAMS

Address 1097 UNDERWOOD RD

City SYKESVILLE State MO Zip Code 21784

Home Phone 410 481 7610 Work Phone 410 925 5205

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

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

Existing Use SINGLE FAMILY DWELLING

Proposed Use 2 CAR DETACHED GARAGE (POE BLDG)

Estimated Construction Cost \$ 15,000.00

Description of Work BUILD A 48' X 32' DETACHED GARAGE

Contractor Company JOHN WILLIAMS

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

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

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

Occupant or Tenant JOHN WILLIAMS

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

Address \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

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

<b>BUILDING DESCRIPTION - COMMERCIAL</b>	<b>BUILDING DESCRIPTION - RESIDENTIAL</b>
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Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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.

[Signature]  
 Applicant's Signature

JOHN WILLIAMS  
 Print Name

\_\_\_\_\_  
 Title/Company

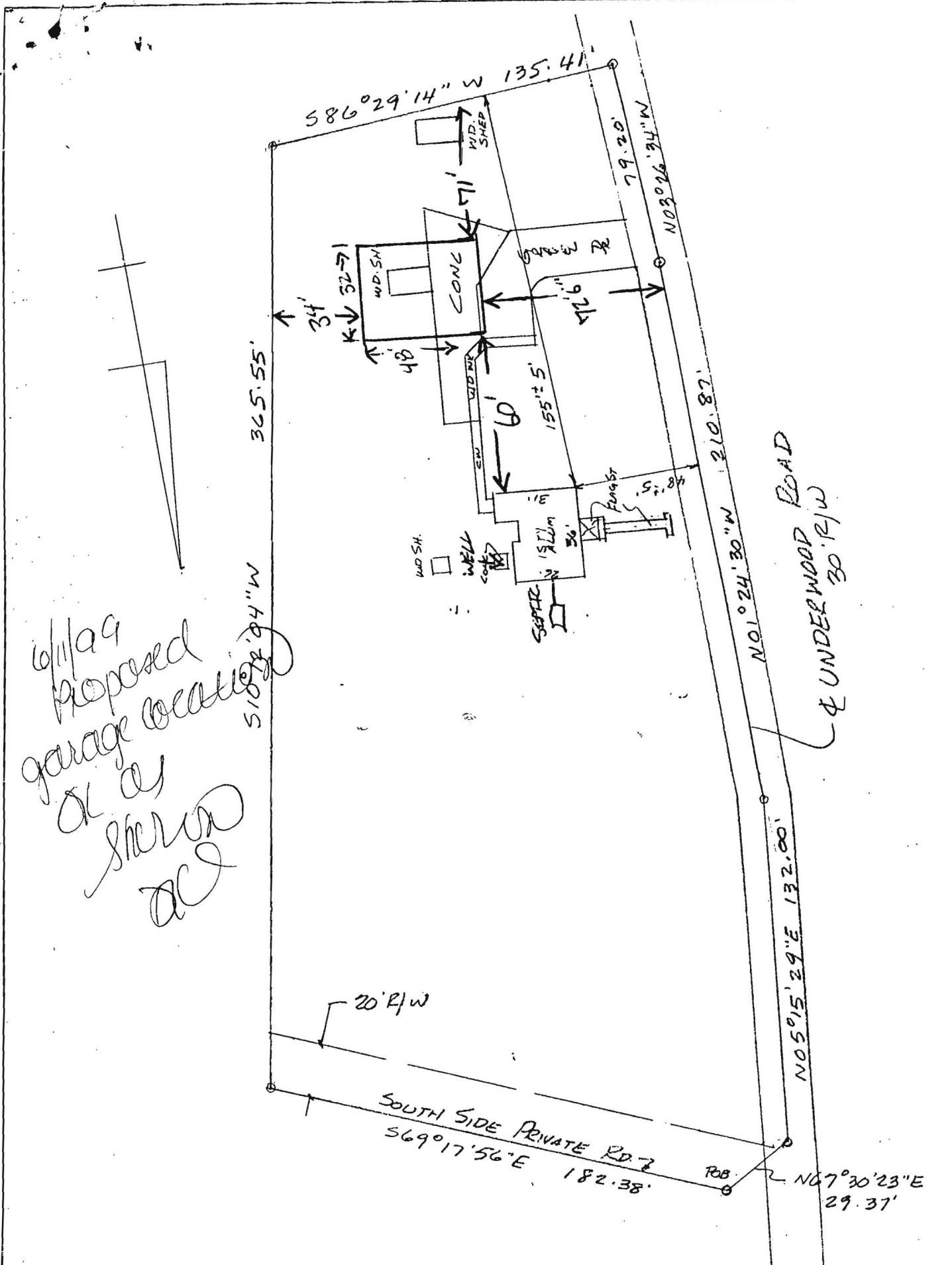
\_\_\_\_\_  
 Date

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
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Health			Lot Coverage for NewTown Zone _____
Fire Protection			SDP/Red-line approval date _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

PROPERTY ID#: 41316

Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>686</u>
Validation	# _____



6/1/99  
 proposed  
 garage location  
 as  
 shown  
 all

#1097 UNDERWOOD ROAD  
 TITLE DEED 2780-47  
 HOWARD CO. MD.

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 2400448009B

<b>SCALE</b> 1" = 50'	<b>LOCATION CERTIFICATION</b>		
<b>DATE</b> 6-26-98	<b>WITZ &amp; ASSOCIATES          GENERAL SURVEYING CO.</b>		
<b>JOB No.</b>	7222 KENNEBUNK ROAD BALTIMORE, MD 21244 (410) 597-9995	4131 KAHLSTON ROAD BALTIMORE, MD 21236 (410) 256-8428	