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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00158265	
Building Address 13060 TWIGG LANE HILLS RD. CUMMERSVILLE, MD 21029 Suite/Apt. #: 05-440645 SDP/WP/Petition #:			Property Owner's Name Glenn C. Bowman		
Census Tract 6051.01 Subdivision Twelve H. Hs			Address 6503 AMOKY HOUSE CT.		
Section Area Lot 52			City COLUMBIA State MD Zip Code 21045		
Tax Map 28 Parcel 381 Grid 10			Home Phone 410-581-2575 Work Phone 410-336-2944		
Zoning R-1 Map Coordinates Lot size			Applicant's Name & Mailing Address, (if other than stated hereon):		
Existing Use VACANT LOT			Phone Fax		
Proposed Use NEW SINGLE FAMILY HOME			Contractor Company OWNER		
Estimated Construction Cost \$ 30,000			Contact Person		
Description of Work NEW FOUNDATION FOR MOUND HOUSE FROM PERMIT # B0057788			Address		
Remove/Replace New Front Porch w/ Stone			City Brian State Zip Code		
Occupant or Tenant			License No. Phone Fax		
Contact Name Glenn C. Bowman			Engineer or Architect Company BASS DESIGN, LLC		
Address 6503 AMOKY HOUSE CT			Contact Person KEVIN P. BASS		
City COLUMBIA State MD Zip Code 21045			Address 600 CHALMERS CROSS RD.		
Phone 410-581-2574 Fax 410-581-2576			City ELCTIMORE State MD Zip Code 21229		
			Phone 410-747-6782 Fax 443-310-5002		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply: ☐ Public ☐ Private	SF Dwelling ☒ SF Townhouse ☐ Depth Width	Water Supply: ☐ Public ☒ Private
No. of stories:	Sewage Disposal: ☐ Public ☐ Private	1st floor:	Sewage Disposal: ☐ Public ☒ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	2nd floor:	Electric Yes ☒ No ☐ Gas Yes ☒ No ☐
Use group:	Heating System: ☐ Electric ☐ Oil ☐ ☐ Natural Gas ☐ Propane Gas ☐	Basement:	Heating System: ☐ Electric ☐ Oil ☐ ☒ Natural Gas ☐ Propane Gas ☐
Construction type:	Sprinkler system: N/A ☐ ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads	Finished Basement ☐ Unfinished Basement ☒ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms 3 Height:	Sprinkler system: N/A ☐ ☐ NFPA #13D ☐ NFPA #13R ☐ Other:
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular		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 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.

Applicant's Signature: Glenn C. Bowman Print Name: Glenn C. Bowman
Title/Company: Owner Date: 8/27/06

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	3/27/06	<u>Aravind</u>	All minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES ☐ NO ☐	Balance due \$ _____
YES ☐ NO ☐			Lot Coverage for New/Town Zone _____	Check \$ _____
CONTINGENCY CONSTRUCTION START: ☐			SDP/Red-line approval date _____	Validation \$ _____
ONE STOP SHOP: ☐			Accepted by _____	
Distribution of Copies: _____	Writer: Building Official	Green: LOD, DPZ	Yellow: DED, DPZ	Pink: Health
Normal PERMIT.FRM				Gold: SHA

Rev. 11/4/04