

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004521

Building Address 935 DAY ROAD  
SYKESVILLE, MD. 21784

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

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name JAMES + DENISE HAPPER

Address 935 DAY ROAD

City SYKESVILLE State MD Zip Code 21784

Home Phone 410-570-1764 Work Phone 410-302-7932

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

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

Existing Use Residence (SFD)

Proposed Use Residence w/ addition

Estimated Construction Cost \$ 10,000

Description of Work Two-story addition, first level to be a foyer, second level to be an enlargement to existing bathroom 8 1/2' x 13 1/2'

Contractor Company OWNER

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

Address \_\_\_\_\_

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

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

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

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: _____
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft. per floor: <u>1151A2</u>	<input checked="" type="checkbox"/> Private
Use group: _____	Sewage Disposal: _____
Construction type: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Heating System: _____
<input type="checkbox"/> State Certified Modular	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	<input type="checkbox"/> Public
1st floor: _____	<input checked="" type="checkbox"/> Private
2nd floor: _____	Sewage Disposal: _____
Basement: _____	<input type="checkbox"/> Public
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Private
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: _____	Heating System: _____
Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Other Structure: <u>BARN</u>	<input type="checkbox"/> NFPA #13D
Dimensions: _____	<input type="checkbox"/> NFPA #13R
Footings: _____	<input type="checkbox"/> Other: _____
Roof Height: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 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

James L. Happer  
Print Name

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

11/6/07  
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	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>11/29/2007</u>		<u>[Signature]</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

