

DEPARTMENT OF INSPECTING, LICENSING AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-3455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER	
Building Address <u>12120 Carroll Mill Rd</u> <u>ELLICOTT CITY MD 21042</u>			Property Owner's Name <u>Kevin Becraft</u> Address <u>12120 Carroll Mill Rd</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			City <u>ELLICOTT</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410-531-9564</u> Work Phone <u>443-370-2888</u> Applicant's Name & Mailing Address, (If other than stated hereon): _____ Phone _____ Fax _____		
Existing Use _____ Proposed Use <u>Shed</u> Estimated Construction Cost \$ <u>3,500</u> Description of Work <u>Pour down slab with</u> <u>CONVENTIONAL Frame 12'x16'</u>			Contractor Company <u>Owner</u> 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 <u>NA</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: 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"/> <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 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.

<u>Kevin Becraft</u> Applicant's Signature	<u>Kevin Becraft</u> Print Name <u>3/24/07</u> Date
---	--

Title/Company _____

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

FOR OFFICE USE ONLY																																																															
<table style="width:100%;"> <tr> <th>AGENCY</th> <th>DATE</th> <th>SIGNATURE/INITIALS</th> </tr> <tr> <td>Land Development DPZ</td> <td></td> <td></td> </tr> <tr> <td>State Highway</td> <td></td> <td></td> </tr> <tr> <td>Building Official</td> <td></td> <td></td> </tr> <tr> <td>Dev. Engineering DPZ</td> <td></td> <td></td> </tr> <tr> <td>Health</td> <td><u>3/30/07</u></td> <td><u>R. Bruch</u></td> </tr> <tr> <td>Fire Protection</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Is Sediment Control approval required prior to issuance?</td> </tr> <tr> <td colspan="3">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td colspan="3">CONTINGENCY CONSTRUCTION START: <input type="checkbox"/></td> </tr> <tr> <td colspan="3">ONE STOP SHOP: <input type="checkbox"/></td> </tr> <tr> <td colspan="3">Distribution of Copies: _____</td> </tr> </table>	AGENCY	DATE	SIGNATURE/INITIALS	Land Development DPZ			State Highway			Building Official			Dev. Engineering DPZ			Health	<u>3/30/07</u>	<u>R. Bruch</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"/>			Distribution of Copies: _____			<table style="width:100%;"> <tr> <th colspan="2" style="text-align: center;">DPZ SETBACK INFORMATION</th> </tr> <tr> <td>Front: _____</td> <td>Filing fee: \$ _____</td> </tr> <tr> <td>Rear: _____</td> <td>Permit fee: \$ _____</td> </tr> <tr> <td>Side: _____</td> <td>Excess fee: \$ _____</td> </tr> <tr> <td>Side St: _____</td> <td>Add'l per. fee: \$ _____</td> </tr> <tr> <td>All minimum setbacks met?</td> <td>TOTAL FEES: \$ _____</td> </tr> <tr> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>Sub-fee paid: \$ _____</td> </tr> <tr> <td>Is Entrance Permit required?</td> <td>Balance due: \$ _____</td> </tr> <tr> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>Check: \$ _____</td> </tr> <tr> <td>Historic District?</td> <td>Validation: \$ _____</td> </tr> <tr> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Lot Coverage for New Town Zone: _____</td> <td></td> </tr> <tr> <td>SDP/WP/DPZ approval date: _____</td> <td>Accepted by: _____</td> </tr> </table>	DPZ SETBACK INFORMATION		Front: _____	Filing fee: \$ _____	Rear: _____	Permit fee: \$ _____	Side: _____	Excess fee: \$ _____	Side St: _____	Add'l per. fee: \$ _____	All minimum setbacks met?	TOTAL FEES: \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-fee paid: \$ _____	Is Entrance Permit required?	Balance due: \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	Check: \$ _____	Historic District?	Validation: \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		Lot Coverage for New Town Zone: _____		SDP/WP/DPZ approval date: _____	Accepted by: _____
AGENCY	DATE	SIGNATURE/INITIALS																																																													
Land Development DPZ																																																															
State Highway																																																															
Building Official																																																															
Dev. Engineering DPZ																																																															
Health	<u>3/30/07</u>	<u>R. Bruch</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"/>																																																															
Distribution of Copies: _____																																																															
DPZ SETBACK INFORMATION																																																															
Front: _____	Filing fee: \$ _____																																																														
Rear: _____	Permit fee: \$ _____																																																														
Side: _____	Excess fee: \$ _____																																																														
Side St: _____	Add'l per. fee: \$ _____																																																														
All minimum setbacks met?	TOTAL FEES: \$ _____																																																														
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-fee paid: \$ _____																																																														
Is Entrance Permit required?	Balance due: \$ _____																																																														
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check: \$ _____																																																														
Historic District?	Validation: \$ _____																																																														
YES <input type="checkbox"/> NO <input type="checkbox"/>																																																															
Lot Coverage for New Town Zone: _____																																																															
SDP/WP/DPZ approval date: _____	Accepted by: _____																																																														

Rev. 11/14/04

