

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B03000329

Building Address 13715 Fossilline Rd
Silver Spring, MD 21784
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 403000 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 9 Parcel 84 Grid 2
 Zoning RC Map Coordinates _____ Lot size 1.02A

Property Owner's Name Robert Sanders
 Address 13715 Fossilline Rd
 City Silver Spring State MD Zip Code 21784
 Home Phone 443-463-377 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Garage
 Proposed Use Garage
 Estimated Construction Cost \$ 50,000
 Description of Work 2 car garage with
attached to existing house.
Garage is 30' x 40' (1200 sq ft).
1.5' high (144) sq ft.

Contractor Company Winters Home Improvements
 Contact Person Walter Winters
 Address 11797-A T. W. Dr.
 City Silver Spring State MD Zip Code 21784
 License No. 91527
 Phone 410-531-9979 Fax _____

Occupant or Tenant Robert Sanders
 Contact Name Robert Sanders
 Address 13715 Fossilline Rd
 City Silver Spring State MD Zip Code 21784
 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: _____ <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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____ Roofing: _____ Roof Height: _____
Other Structure: _____ Dimensions: _____ Roofing: _____ 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 HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (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.

Applicant's Signature _____
 Title/Company _____

Print Name Walter Winters
 Date 2/12/08

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

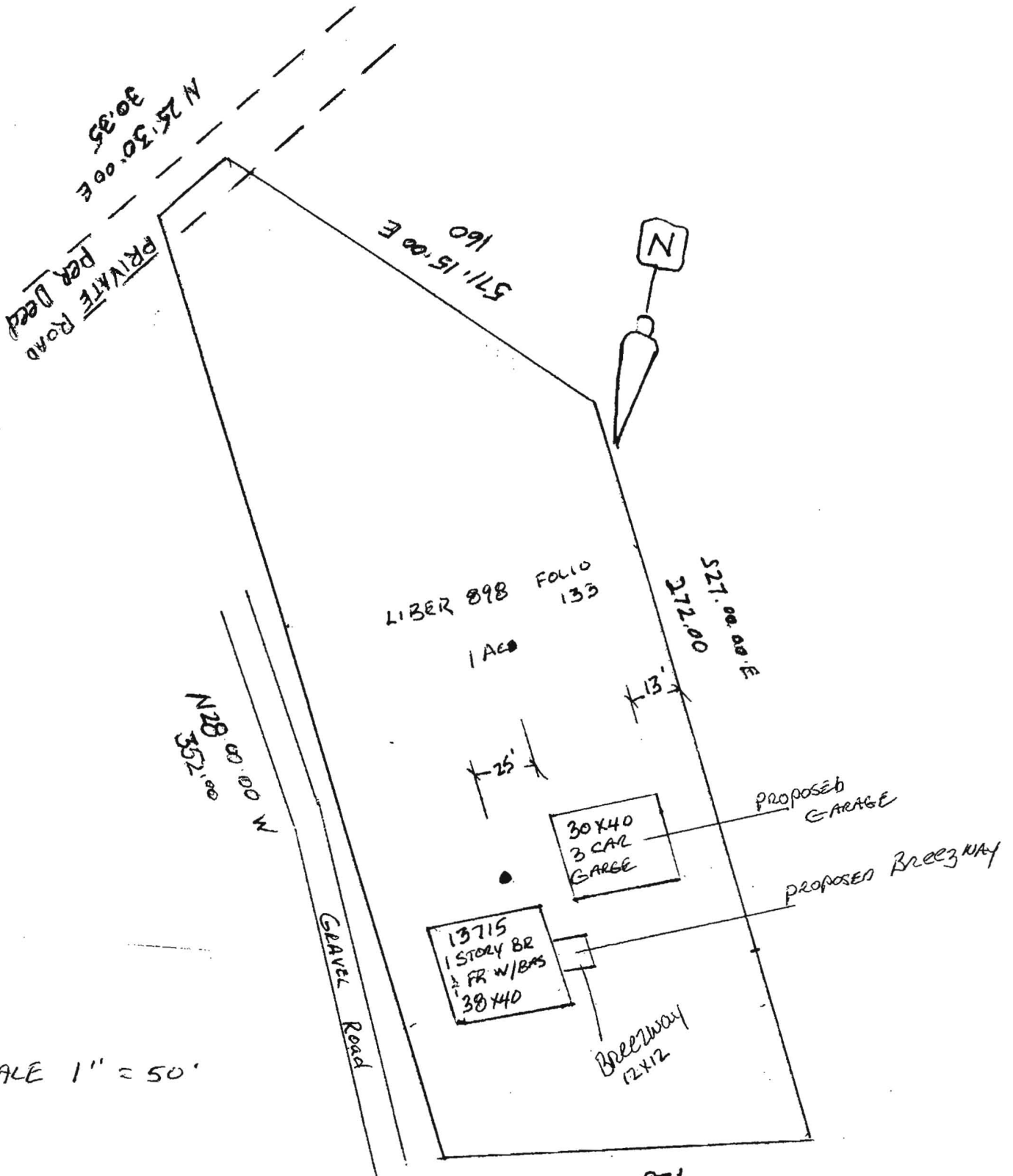
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>3/6/08</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2422</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

LOCATION OF SURVEY

13715 FORSYTHE ROAD

SYKESVILLE, MA 21784



SCALE 1" = 50'

FORSYTHE ROAD
S 73° 00' 00" W
128.00

Howard County Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046
Attention: Mr. Mike Davis

March 5, 2008

Dear Mr. Davis;

Please find this letter in reference to Building Permit # B08000329
Located at 13715 Forsythe Road Sykesville, MD 21784. I would like to ask
Your department to wave the Perculation certification process due to the
Drilling results obtained from your office.

I am satisfied with the future repair location on this property located
At the above address. If you have any questions, Please feel free to contact
Me.

Thank You;

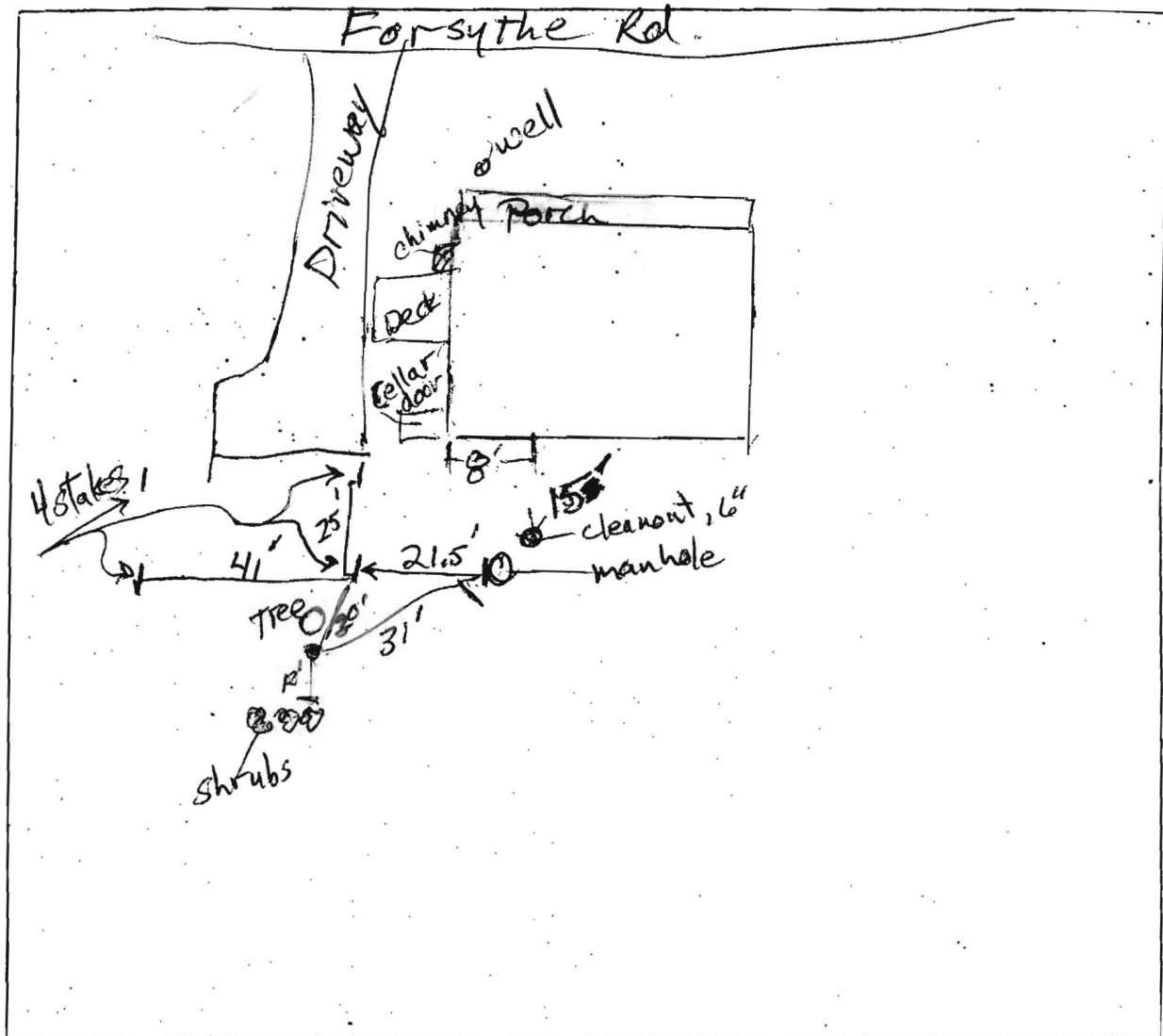


Robert Gordon

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 13715 Forsythe Road CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ WELL TAG #: _____
PROPOSAL: _____ COUNTY #: _____

LOCATION DIAGRAM



COMMENTS: Homeowner stated that garage is to extend 5' toward Forsythe Rd. (opposite of septic drain field) from stakes near driveway.
Robert Buckler 3/3/2008