

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08001911

Building Address 12281 HYDEAWAY CT
HIGHLAND, MD 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot H14
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name James Park
Address 12281 Hydeaway Ct
City HIGHLAND State MD Zip Code 20777
Phone 410-670-1818 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
JAMES PARK
2508 HUDSON ST, ELLICOTT CITY, MD 21044
Phone _____ Fax _____
302-473-9800

Existing Use SEF
Proposed Use _____
Estimated Construction Cost \$ 11,000
Description of Work EXPAND FACEDMENT, 1ST & 2ND FLOOR (34' X 10') AS PER PLAN. ADD A WOOD DECK (10' X 12')
34x12

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant John Lee
Contact Name _____
Address 12281 Hydeaway Ct
City HIGHLAND State MD Zip Code 20777
Phone 410-670-1818 Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
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: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

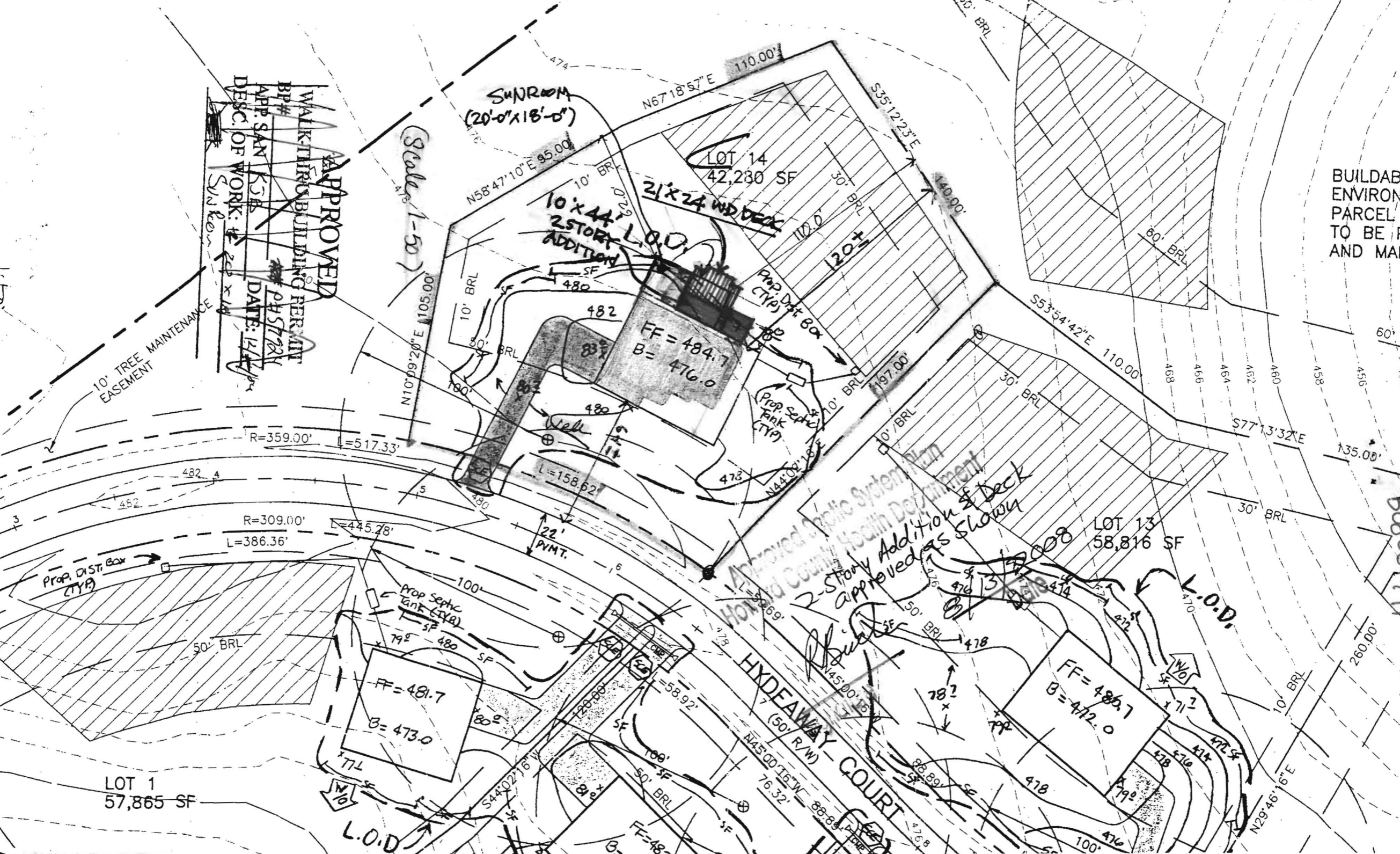
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Applicant's Signature James Park Print Name _____
Title/Company _____ Date 08/13/08

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 Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>08/13/2008</u>		<u>R. Buch</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 # <u>3107</u>
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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____



APPROVED
 WALKTHRU BUILDING PERMIT
 BP# _____
 APP. SAN 15.5.18
 DATE: 12/1/18
 DESC. OF WORK: 20' x 18' Sunroom

(Scale 1=50)

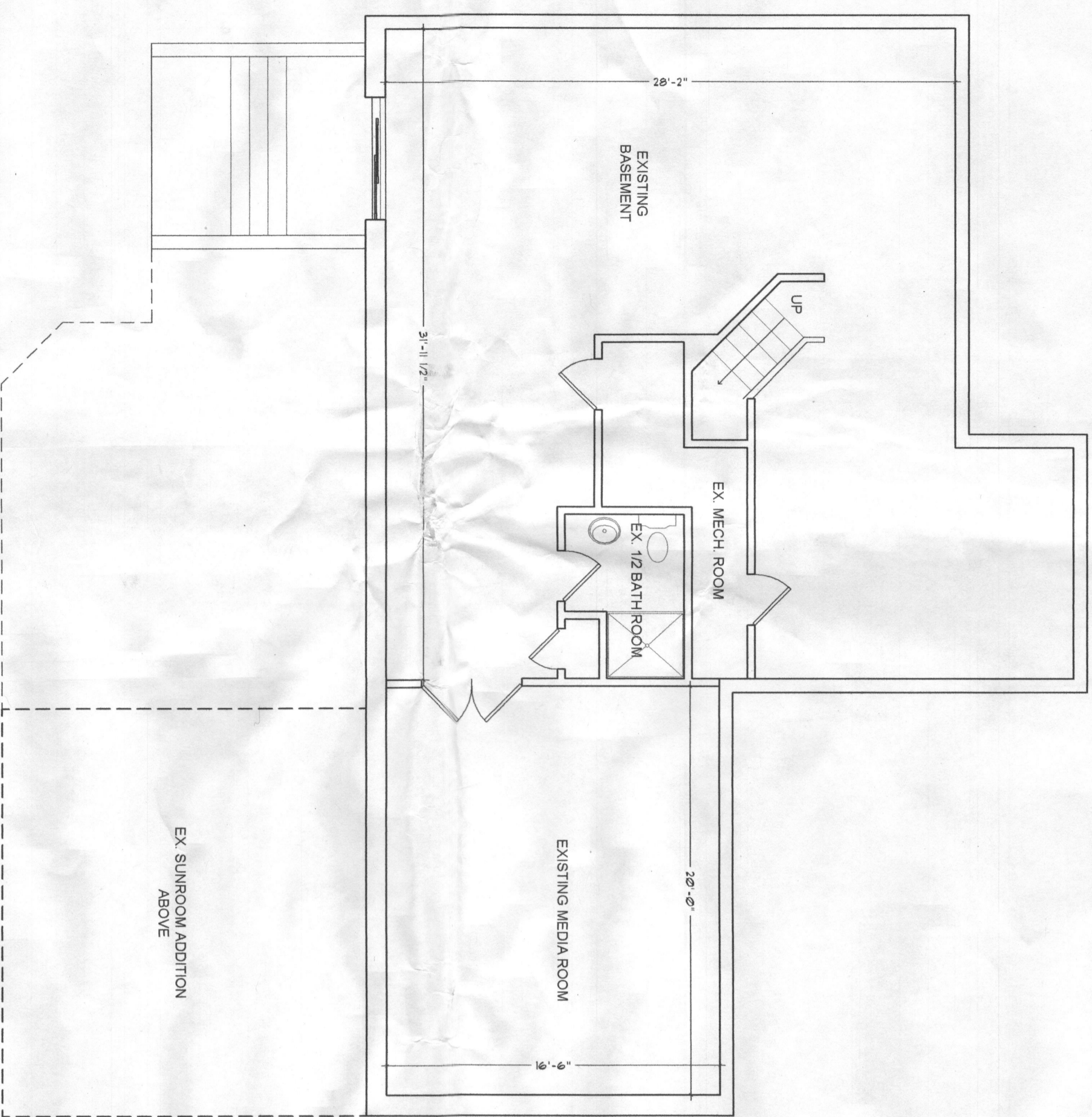
BUILDABLE ENVIRONMENTAL PARCEL TO BE PLANNED AND MAINTAINED

Approved Septic System Plan
 Howard County Health Department
 2-Story Addition of Deck approved as shown

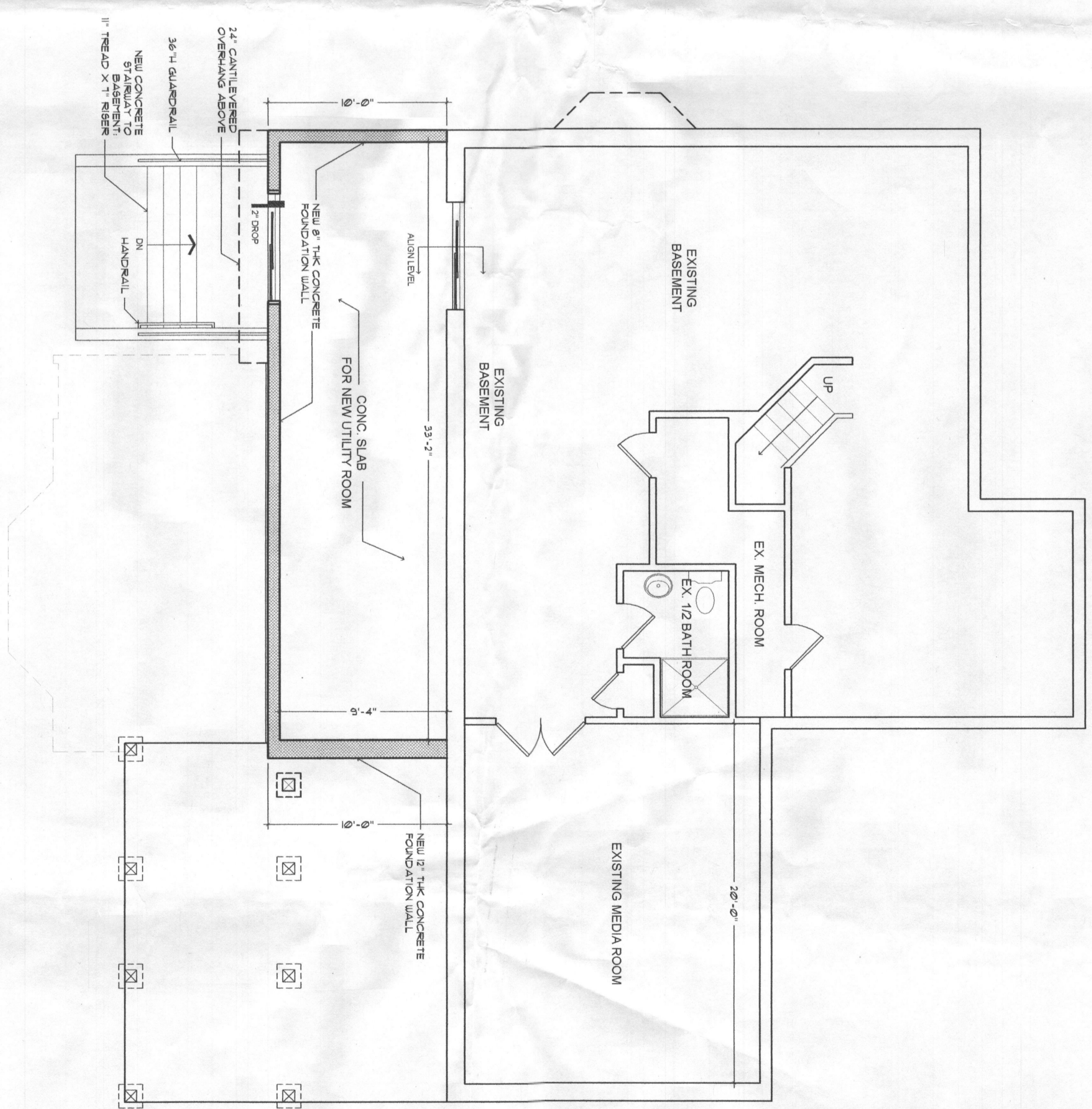
Bob 001911

DATE	6-24-08
SCALE	AS SPECIFIED
FILE	Johnlee_0609
DRAWN BY	James Park
SHEET TITLE:	

EXISTING & PROPOSED BASEMENT PLANS
-FOR HEALTH DEPT. REVIEW



1 EXISTING BASEMENT PLAN
Scale: 3/16" = 1'-0"



2 PROPOSED BASEMENT PLAN
Scale: 3/16" = 1'-0"

JOHN LEE's Addition

12281 HYDEWAY CT. HIGHLAND, MD 20777

DESIGN:
SPACE ON PAPER

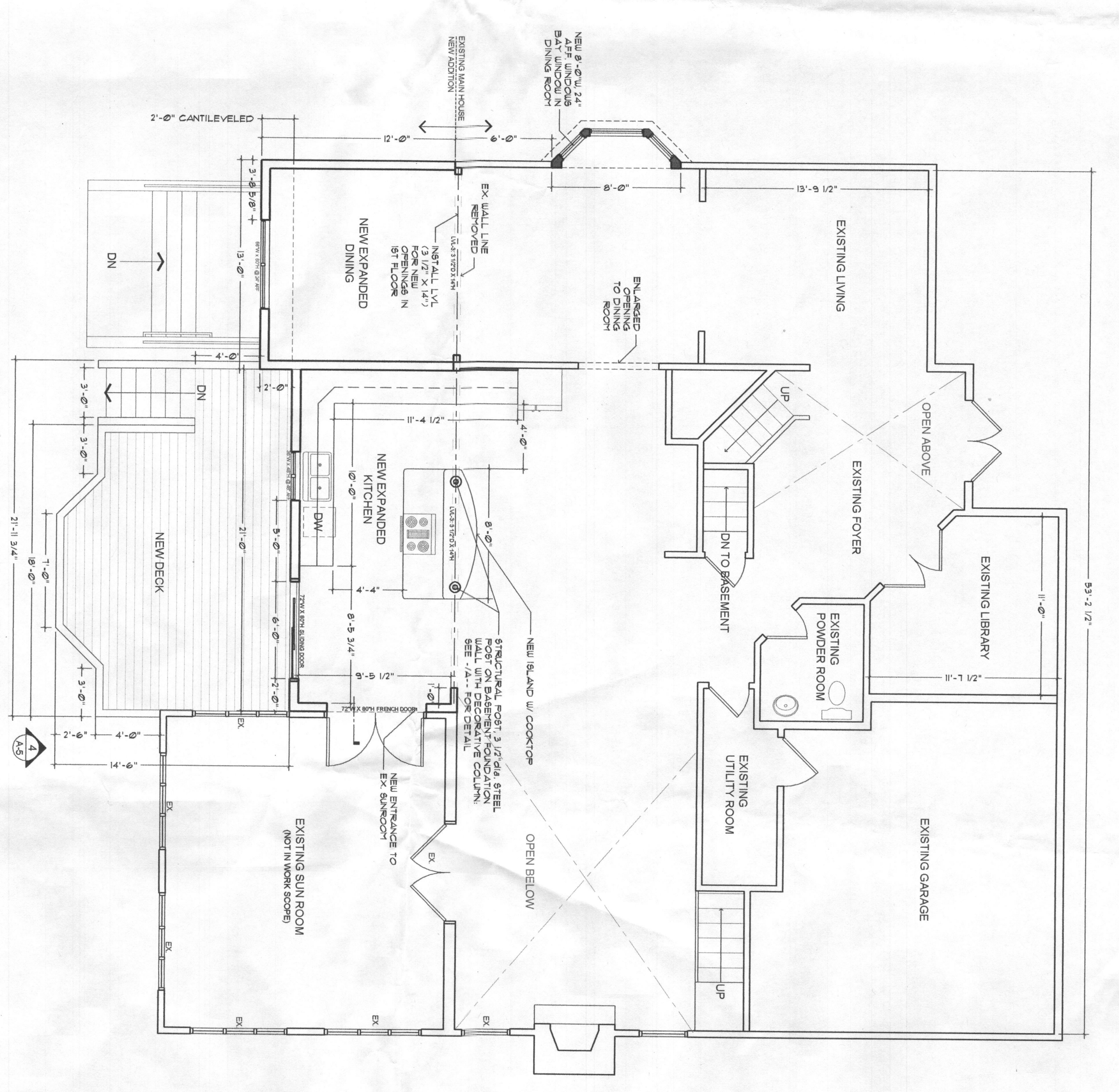
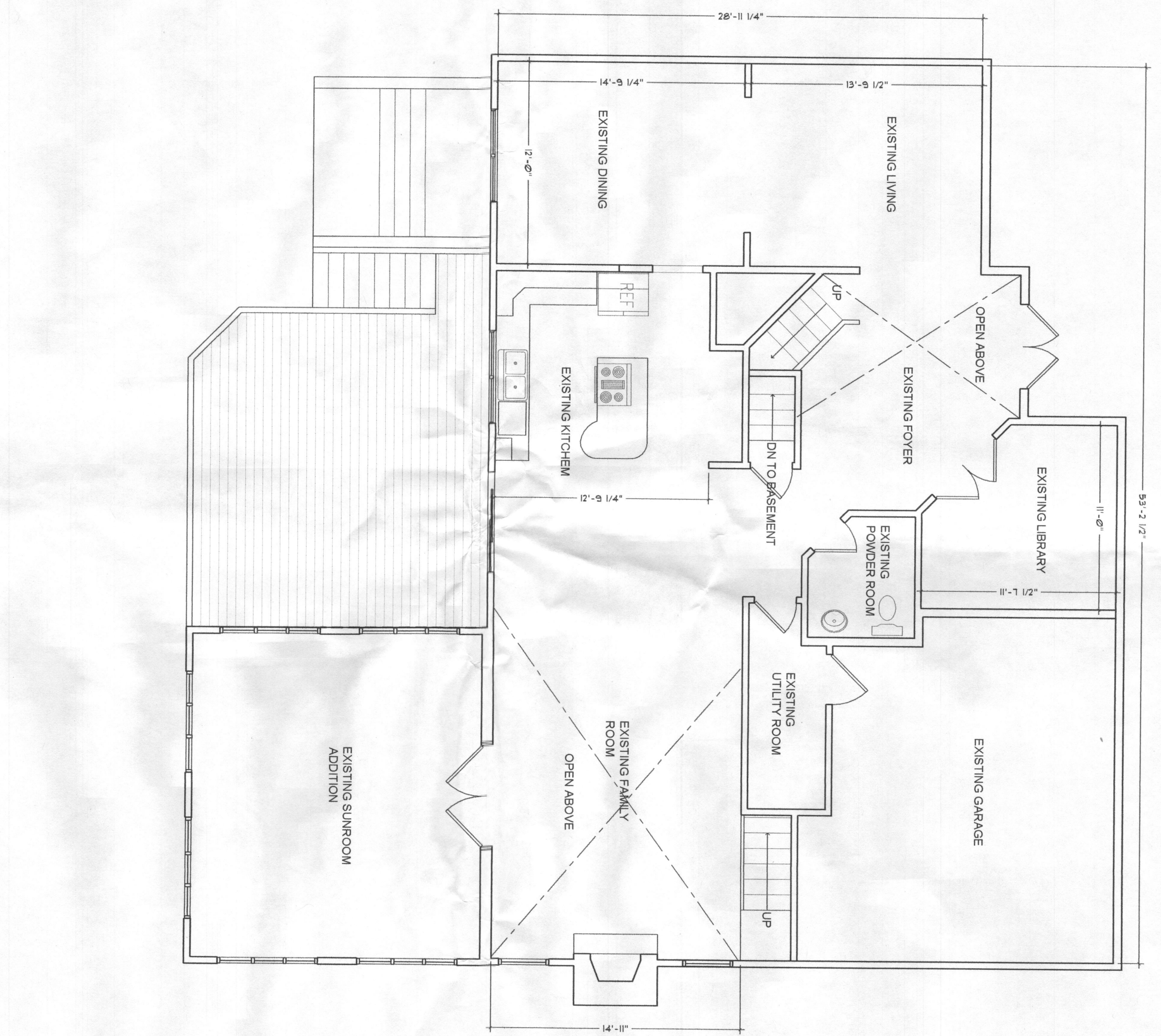
Architectural Design & Planning
2808 Hudson St.
Bethesda, MD 21224

DATE	6-24-08
SCALE	AS SPECIFIED
FILE	JohnLee_0609
DRAWN BY	James Park
SHEET TITLE:	

EXISTING & PROPOSED 1ST FLOOR PLANS
-FOR HEALTH DEPT. REVIEW

REVISIONS:

NO.	ISSUED FOR:	DATE

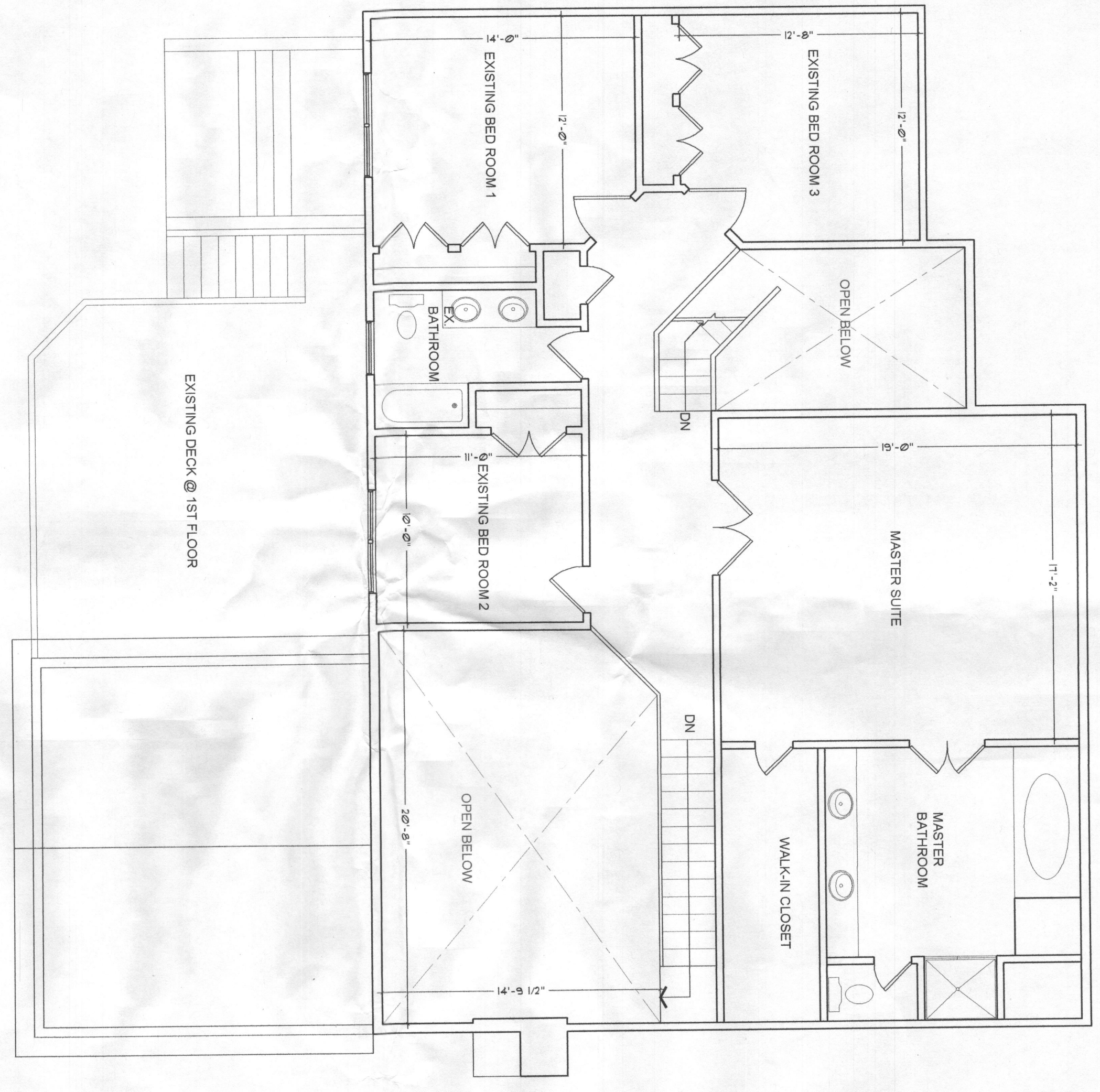


DATE	6-24-08
SCALE	AS SHOWN
FILE	Johnlee_0609
DRAWN BY	James Park
SHEET TITLE:	

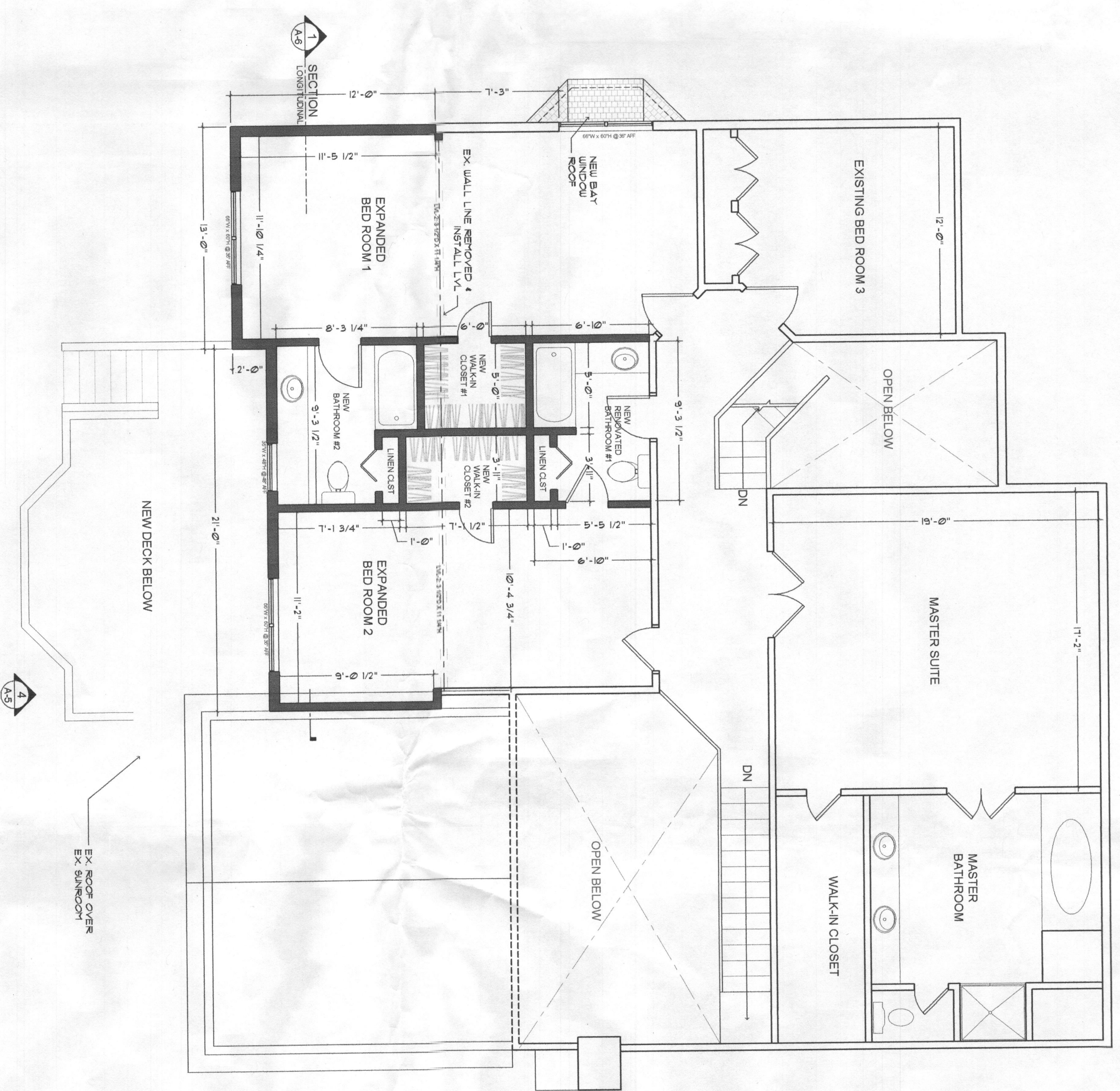
EXISTING & PROPOSED 2ND FLOOR PLANS
-FOR HEALTH DEPT. REVIEW

REVISIONS:

NO.	ISSUED FOR:	DATE



1 EXISTING 2ND FLOOR PLAN
Scale: 3/16" = 1'-0"



2 PROPOSED 2ND FLOOR PLAN
Scale: 3/16" = 1'-0"

JOHN LEE'S Addition

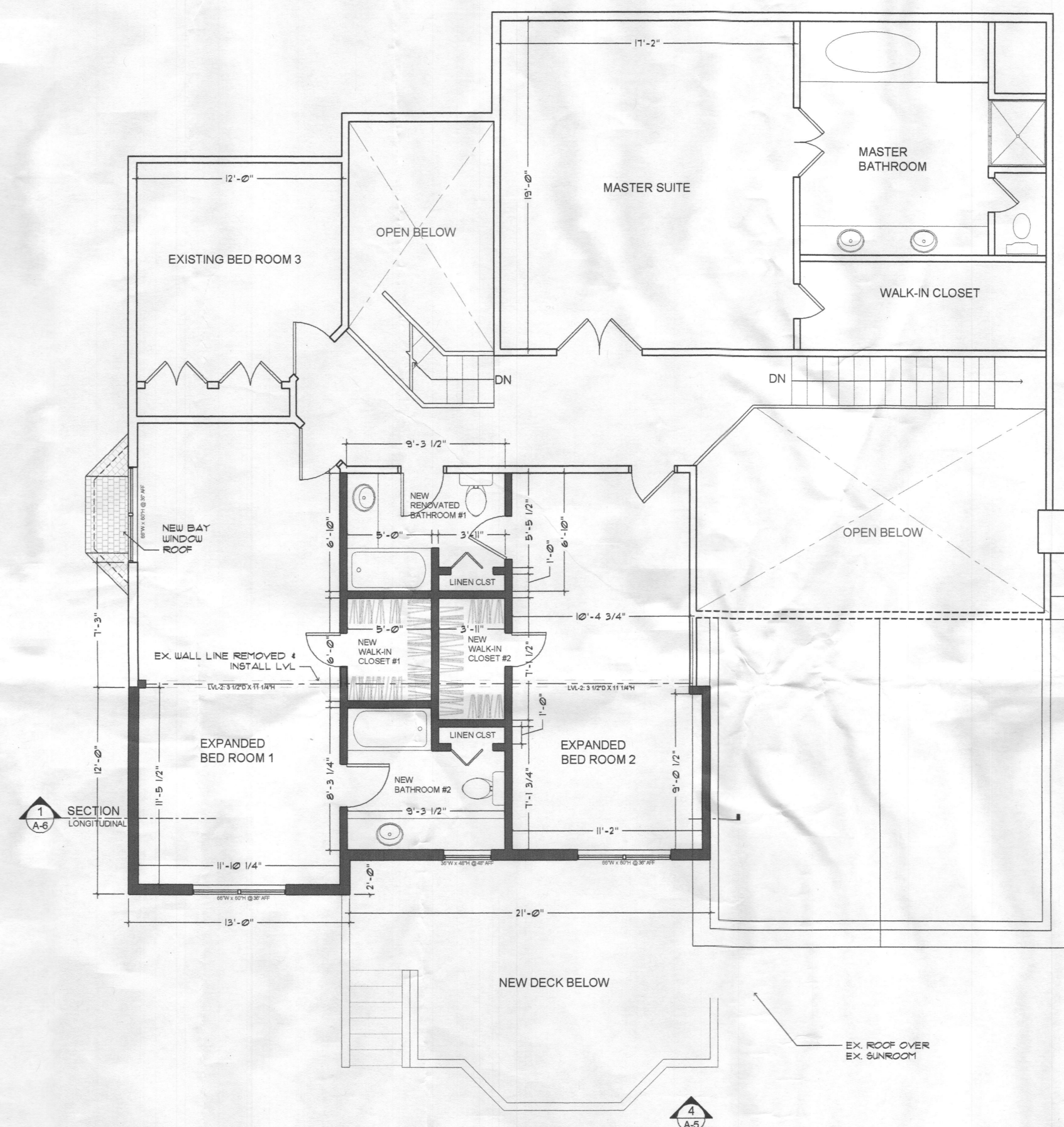
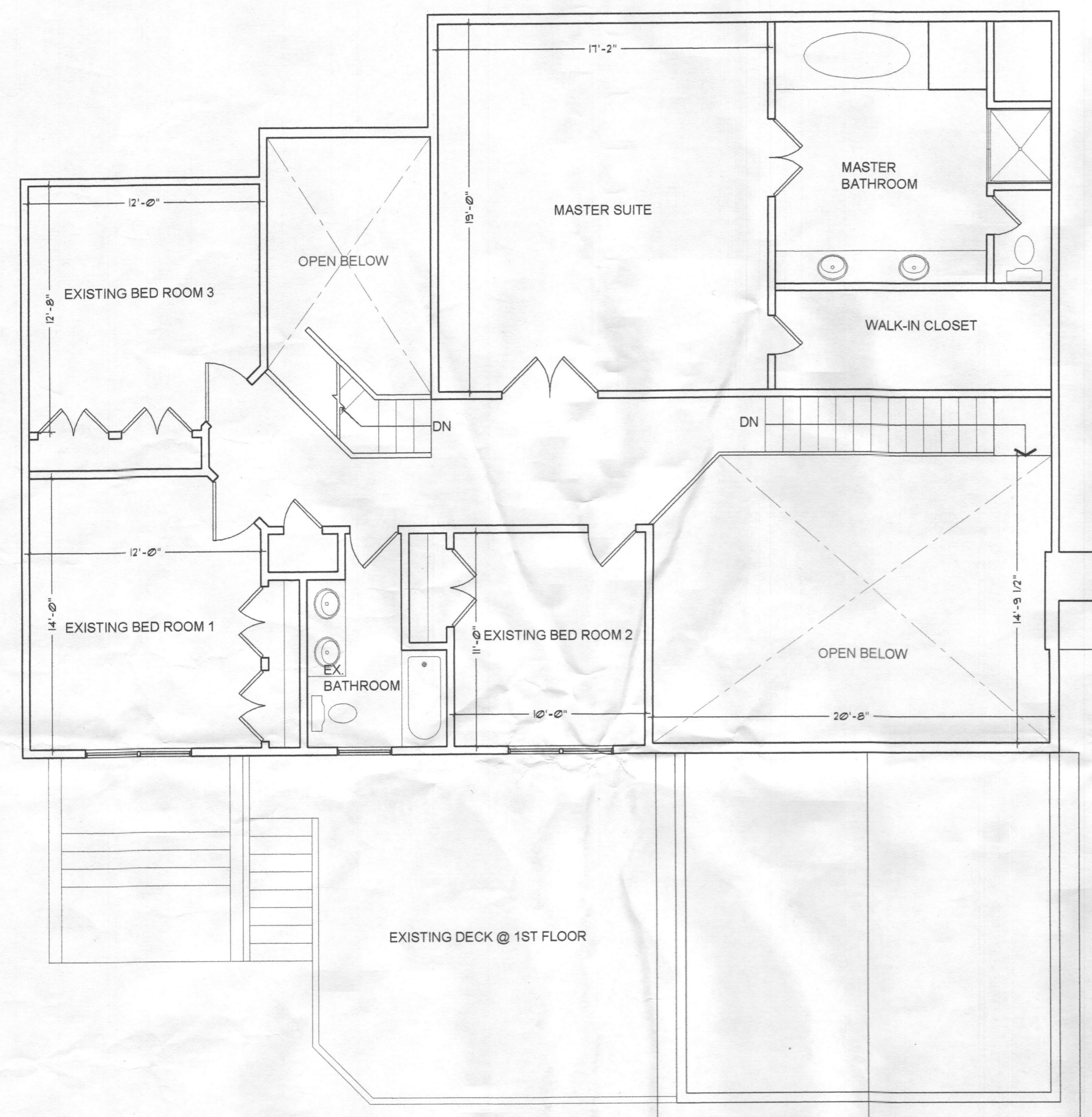
12281 HYDEWAY CT. HIGHLAND, MD 20777

SPACE ON PAPER

Architectural Design & Planning
2508 Hudson St.
Baltimore, MD 21224

EXISTING & PROPOSED 2ND FLOOR PLANS

-FOR HEALTH DEPT. REVIEW



1 EXISTING 2ND FLOOR PLAN
Scale: 3/16" = 1'-0"

2 PROPOSED 2ND FLOOR PLAN
Scale: 3/16" = 1'-0"