

Building Address: 13400 FORSYTHE RD
SYKESVILLE MD 21784

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ 69,000

Description of Work: 40x45 PAVILION OPEN -
NO WALLS WITH HIP ROOF -
SET ON 8 COLUMNS - PAVERS ON CR6 UNDERNEATH

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: DAWN COOKE

Address: 13400 FORSYTHE RD

City: SYKESVILLE State: MD Zip Code: 21784

Home Phone: 410-442-1695 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
STEVEN H COOLEY
105 MARGRET DR

Phone: 301-252-0179 Fax: _____

Email: Cooley_ooly@yahoo.com

Contractor Company: Cooley Construction

Contact Person: STEVE COOLEY

Address: 105 MARGRET DRIVE

City: STEVENSVILLE State: MD Zip Code: 21666

License No.: 05-130050

Phone: 301-252-0179 Fax: _____

Email: Cooley_ooly@yahoo.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input checked="" type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Applicant's Signature: [Signature]
 Print Name: STEVEN H COOLEY
 Email Address: SCooley@towncreeklandscaping.com
Cooley_ooly@yahoo.com

Print Name: STEPHEN CLAWCY
 Date: 7/1/2016

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

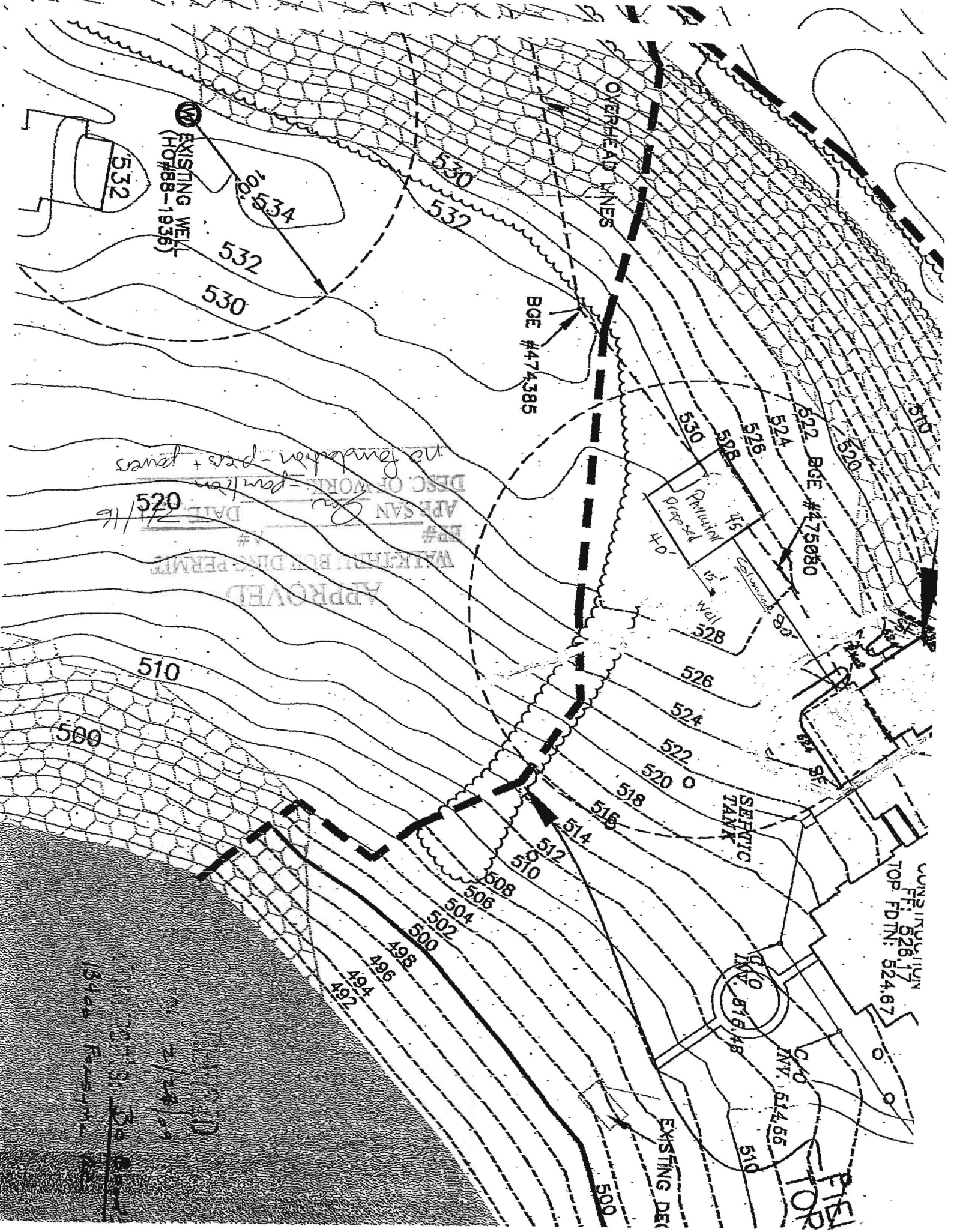
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/1/16</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



APPROVED
 WALKER BUILDING PERMIT
 APR 24 2016
 DATE
 APR 24 2016
 DESC OF WORK - partition - pers + towers
 no foundation - pers + towers

COMPUTED BY
 F.F. 526.17
 TOP FDTN: 524.67

PIER TOP

EXISTING DECK

C/O INV. 519.48
 C/O INV. 514.55

SEPTIC TANK

BGE #474385

OVERHEAD LINES

EXISTING WELL
 (HO#88-1936)

18400
 2/28/16