

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER	
Building Address <u>10924 Tompkins Way</u> <u>Woodstock, MD #21163</u>			Property Owner's Name <u>Richard Dohlen</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>10924 Tompkins Way</u>		
Census Tract _____ Subdivision _____			City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21163</u>		
Section _____ Area _____ Lot <u>6</u>			Phone <u>410-313-9990</u> Phone <u>443-977-3616</u>		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company <u>Owner</u>		
Proposed Use <u>Pavilion</u>			Contact Person _____		
Estimated Construction Cost \$ <u>3,500.00</u>			Address _____		
Description of Work <u>Construct pavilion rear of house</u> <u>Adjacent to existing pool area.</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant <u>SAME AS OWNER</u>			Engineer or Architect Company <u>Owner</u>		
Contact Name _____			Contact Person _____		
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: <u>1</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> <u>N/A</u>	<u>Depth</u> _____ <u>Width</u> _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> <u>N/A</u>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: <u>Pavilion</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> <u>N/A</u>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> <u>N/A</u>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>N/A</u>	Basement: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>N/A</u>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>N/A</u>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>N/A</u>
Structural Steel <input type="checkbox"/>	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/> <u>N/A</u>	No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/> <u>N/A</u>
<input checked="" type="checkbox"/> Wood Frame	Natural Gas <input type="checkbox"/> <u>N/A</u>	Height: _____	Natural Gas <input type="checkbox"/> <u>N/A</u>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/> <u>N/A</u>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/> <u>N/A</u>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of 1 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full <input type="checkbox"/>	No. of 2 BR units: _____	NFPA #13D <input type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 3 BR units: _____	NFPA #13R <input type="checkbox"/> <u>N/A</u>
	Other Suppression <input type="checkbox"/> <u>N/A</u>	Other Structure: <u>Pavilion</u>	Other: <input type="checkbox"/> <u>N/A</u>
	# of Heads _____	Dimensions: _____	
		Footings: _____	
		Roof Height: _____	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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 THERE TO; (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.

Richard Dohlen  
Applicant's Signature  
Dohlen  
Title/Company

Richard Dohlen  
Print Name  
5/7/08  
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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>5/7/08</u>		<u>R. Bucher</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:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

Rev. 11/4/04