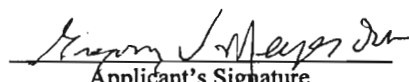


Building Address _____ Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____	Property Owner's Name <u>GREGORY V. MEYER</u> Address <u>13254 TRIADDELPHIA ROAD</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410 531-9272</u> Phone <u>301-384-1223</u> <u>WR</u> Applicant's Name & Mailing Address, (if other than stated herein): Phone _____ Fax _____
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Existing Use <u>YANNIE</u> Proposed Use <u>Bedroom</u> Estimated Construction Cost \$ <u>100,000</u> Description of Work <u>convert garage to master bedroom</u> Occupant or Tenant <u>GREGORY V. MEYER / AUSTON M. MEYER</u> Contact Name <u>GREGORY V. MEYER</u> Address <u>13254 TRIADDELPHIA RD</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410 531-9272</u> Fax <u>301 384-7584</u>	Contractor Company <u>MOZER WORKS</u> Contact Person <u>NEIL MOZER</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company <u>WENDY BRATZEL</u> Contact Person <u>WENDY BRATZEL</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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"/> Depth _____ Width _____ 1 st floor: _____ 2 nd 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 _____ 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 checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" 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 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

GREGORY V. MEYER DVM
 Print Name

April 2 2008
 Date

 Title/Company

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

Building Official's Signature _____ Date _____ Building Official's Name _____ Title _____ Distribution of Copies: White: Building Officials; Green: EDD, DPZ; Yellow: DED, DEZ; Pink: Health; Gold: SHA T-forms/buildingpermitapplication	Contingency Construction Start _____ DNI STOP SHOP _____ Distribution of Copies: White: Building Officials; Green: EDD, DPZ; Yellow: DED, DEZ; Pink: Health; Gold: SHA T-forms/buildingpermitapplication
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APPROVED

WALK-THRU BUILDING PERMIT

BP# B08 000 913 A# 528488

APP. SAN HS DATE: 4-3-08

DESC. OF WORK: convert existing garage to bedroom

