

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B03000997

Building Address 12137 TWO PENNY CT
ELICOTT CITY MD 21042
Suite/Apt. #: N/A SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 2
Tax Map 22 Parcel 359 Grid 12
Zoning _____ Map Coordinates _____ Lot size 3.98 AC

Property Owner's Name JOSEPH + CATHY DYALIK
Address 12137 TWO PENNY COURT
City ELICOTT CITY State MD Zip Code 21042
Home Phone 410-531-1557 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD WITH EXPANDED LAUNDRY ROOM
Estimated Construction Cost \$ 43,000
Description of Work EXPAND EXISTING LAUNDRY RM FROM
12' x 8' TO 12' x 13' INSTALL NEW
ROOF AND 1/2" WALL

Contractor Company BGM BUILDERS, INC.
Contact Person DANA BORG
Address 13713 LAKEVIEW DR
City CLARKSVILLE State MD Zip Code 21029
License No. 76004
Phone 410-224-2426 Fax 410-224-7601

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company ASH SIGNATURE DESIGN
Contact Person MIKE HANDEL
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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.

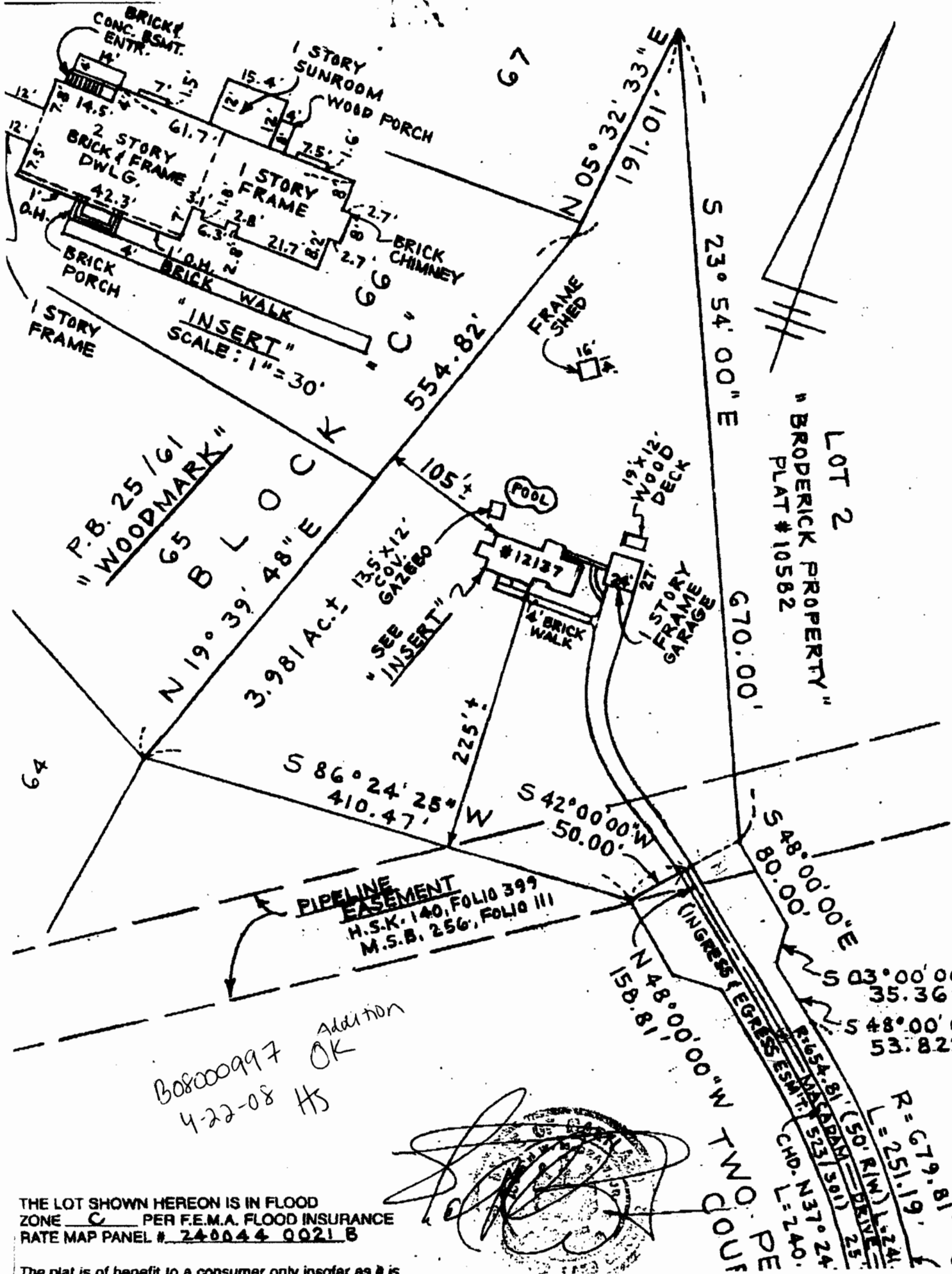
Dana D. Borg
Applicant's Signature
Dana D. Borg
Title/Company

DANA D BORG
Print Name
4-2-08
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/ APPROVAL	DEPT. SETBACK INFORMATION	PROPERTY ID#
Land Development DEZ			Front _____	\$ _____
State Highway			Rear _____	\$ _____
Building Official			Side _____	\$ _____
Dev. Engineering DEZ			Side St _____	\$ _____
Health	<u>4/22/08</u>	<u>[Signature]</u>	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>1334</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Valuation \$ _____
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Codes	White Building Official	Green LDO, DEZ	Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
T: Home PERMIT FRM			SOI/Permit approval date _____	Yellow: DEZ, DEZ
				Pink: Health
				Gold: SHA



P.B. 25/61
 "WOODMARK"
 65 B LOCK
 N 19° 39' 48" E
 3.98 AC. ±

LOT 2
 "BRODERICK PROPERTY"
 PLAT # 10582

PIPELINE EASEMENT
 H.S.K. 140, FOLIO 399
 M.S.B. 256, FOLIO III

808000997 Addition
 4-22-08 HS OK



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044 0021 B

The plat is of benefit to a consumer only insofar as it is