

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B 07004120

Building Address 1734 UNDERWOOD RD
SYKESVILLE MD 21784

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use Vacant Lot

Proposed Use SFD W/ TANK

Estimated Construction Cost \$ 2680.00

Description of Work INSTALL ONE (1) 500

GALLON UNDERGROUND PROPANE

TANK AND RUN LINE FROM TANK TO

PIPE STUB AT HOUSE

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name JBL CONSTRUCTION

Address 8048 HILLSBOURGH RD

City ELICOTT CITY State MD Zip Code 21043

Home Phone _____ Work Phone 443-796-1533

Applicant's Name & Mailing Address, (if other than stated hereon):

Same as Contractor

Phone _____ Fax _____

Contractor Company SUBURBAN PROPANE

Contact Person BRIAN

Address P.O. BOX 305

13944 OLD HANDLER ROAD

City REISTERSTOWN State MD Zip Code 21136

License No. _____

Phone _____ Fax _____

Engineer or Architect Company JBL CONSTRUCTION

Contact Person MATT

Address 8048 HILLSBOURGH ROAD

City ELICOTT CITY State MD Zip Code 21043

Phone 443-796-1533 Fax 410-696-2658

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

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.

Carole G. Henna

Applicant's Signature

Title/Company

Carole A. Glass

Print Name

Date

10/4/00

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/INITIALS	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ <u>100</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Water	<u>11/7/2001</u>	<u>R. Bush</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>110</u>
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ <u>600</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			BDP/Red-line approval date _____	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Gold: SHA
Transmit PERMIT FEE				

PERMIT NUMBER

Bm 700 2463

Building Address 1754 Underwood Ave
Chattanooga TN 37414

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 7 Parcel 541 Grid 4

Zoning RC Map Coordinates _____ Lot size 5,471 sq ft

Property Owner's Name Mr. & Mrs. John Doe
Address 547 West 1st St.
City San Francisco State CA Zip Code 94102
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Industrial
Proposed Use Industrial
Estimated Construction Cost \$ 1,000,000
Description of Work Build a new building

Contractor Company THE GARDEN
Contact Person John P. Gentry
Address 201 S. 1st St. N. Ft. Worth, TX 76102
City Fort Worth, TX State TX Zip Code 76102
License No. 00000000
Phone (817) 335-1234 Fax (817) 335-1234

Description of Work 1000 ft. long

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company ABC Co.
Contact Person John Doe
Address 123 Main St.
City Chicago State Ill. Zip Code 60601
Phone 312-555-1234 Fax 312-555-5678

BUILDING DESCRIPTION - COMMERCIAL**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐
Depth Width
1st floor: 60
2nd floor: 60
Basement: 60
Finished Basement ☒ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 2
Height: 7 1/2
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: Mobile Home
Dimensions: _____
Footings: _____
Roof Height: 7 1/2
_____ 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: _____

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Applicant's Signature _____

Title/Company _____

Print Name Walter T. Dwyer

Date 7/2/2007

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**** PLEASE WRITE NEATLY AND LEGIBLY. ****

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AGENCY		DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION		PROPERTY ID#
Land Development DPZ				Front: _____	Filing fee	\$ 100.00
State Highway				Rear: _____	Permit fee	\$
Building Official				Side: _____	Excise tax	\$
Dev. Engineering DPZ				Side St: _____	Add'l per. fee	\$
Health				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 checked="" type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ 1243
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: _____				Lot Coverage for NewTown Zone		
White: Building Official				SOP/Red-line approval date	Accepted by	
Green: LDD, DPZ				Yellow: DED, DPZ	Pink: Health	Gold: SHA
T: Name/PERMIT FIRM						