

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

006001704

Building Address 1764 Willow Springs Dr.
Skysville, MD 21784

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use Single family home
Proposed Use Build a small addition with Deck
Estimated Construction Cost \$ 40,000

Description of Work Add a small room on
back of house with deck (4'x20')

Occupant or Tenant Mildred Batte, Ezerf Batte

Contact Name Ezerf Batte

Address 1764 Willow Springs Dr.

City Skysville State MD Zip Code 21784

Phone _____ Fax _____

Property Owner's Name Mildred, Ezerf Batte

Address 1764 Willow Springs Dr.

City Skysville State MD Zip Code 21784

Home Phone 410-442-9698 Work Phone _____

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

Phone _____ Fax _____

Contractor Company Renovations & Remodeling

Contact Person Rocky Mills or Paul Huff

Address 1108 Hoods Mill Rd.

City Woodbine State MD Zip Code 21797

License No. _____ Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____
2nd floor: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Height: _____	Natural Gas <input type="checkbox"/>
Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 1 BR units: _____	NFPA #13D <input type="checkbox"/>
No. of 2 BR units: _____	NFPA #13R <input type="checkbox"/>
No. of 3 BR units: _____	Other: _____
Other Structure: _____	
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 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 _____
Title/Company _____

Print Name _____
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>7/19/06</u>	<u>[Signature]</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 # <u>6235</u>
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 New/Town Zone _____	
White: Building Official			SOP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				