

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00143936 MWR

Building Address 4393 OLD ROXBURY ROAD (Route 97)
BROOKVILLE MD 20833

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

Census Tract 604002 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 21 Parcel 17 Grid 79

Zoning RCD10 Map Coordinates 3112 Lot size _____

Property Owner's Name JOHN OWEN

Address _____

City BROOKVILLE State MD Zip Code 20833

Home Phone 410-621-2445 Work Phone 410-519-2500

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

Phone _____ Fax _____

Existing Use _____

Proposed Use SFD
SAME w/ADD'N

Estimated Construction Cost \$ _____

Description of Work ADDITION 1 STORY ON CRAWL SPACE
BR, BATH & LR

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name JOHN OWEN

Address 193 Old Roxbury Rd.

City BROOKVILLE State MD Zip Code 20833

Phone 410-519-2500 Fax 410-519-2195

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____
 2nd floor: _____
 Basement: _____

Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: _____

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 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.

Applicant's Signature

Print Name

Title/Company

Date

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

OK MWR 10/14/03

*JOHN OWEN
 9-3-03*