

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BOO47356mer

Building Address 9403 Syland Circle
Ellicott City MD 21042

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

Census Tract 602100 Subdivision Brinkley

Section _____ Area _____ Lot 33A

Tax Map 17 Parcel 378 Grid 16

Zoning R20 Map Coordinates 12A4 Lot size 1.34

Existing Use Vacant Lot

Proposed Use New SF Dwelling

Estimated Construction Cost \$ 135,000

Description of Work New home Lockhart Model
2 Story Colonial full basement 2 FB + 1 Half
+ garage & porch

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Winthorpe Inc

Address PO Box 279

City Highland State MD Zip Code 20777

Home Phone _____ Work Phone 301-854-1044

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

Phone _____ Fax 301-854-1091

Contractor Company Winthorpe Developer Inc

Contact Person Krag Siechelstiel

Address PO Box 279

City Highland State MD Zip Code 20777

License No. 904

Phone 301-854-1042 Fax 301-854-1091

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

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 _____

Construction type: _____

Reinforced Concrete _____

Structural Steel _____

Masonry _____

Wood Frame _____

State Certified Modular _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐

Depth Width

1st floor: 36 48

2nd floor: 29 48

Basement: 36 48

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 4

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 _____

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.

Krag Siechelstiel, Winthorpe Developer

Applicant's Signature

VP, Winthorpe Developers

Title/Company

MR 5/17/04

Krag Siechelstiel

Print Name

4/18/04

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#

61616

Land Development, DPZ

Front:

Filing fee \$ 100

SANITARY/ENVIRONMENTAL ENG., INC.
Consulting Engineers
1414 Washington Road
WESTMINSTER, MARYLAND 21157

(410) 876-7740
FAX (410) 840-9924

LETTER OF TRANSMITTAL

TO HOWARD Co. HEALTH DEPT.
BUREAU OF ENV. HEALTH
3525-H ELLICOTT MILLS DR.
ELLICOTT CITY, MD 21043

DATE	5/14/04	JOB NO.	
ATTENTION	MARK RIFICIN		
RE:	KEND PROPERTY PARCEL 378		

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
			HYDRAULIC PROFILE
			SPECIFICATIONS
			PUMP CURVE
			PUMP CHAMBER

THESE ARE TRANSMITTED as checked below:

- ☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS MARK - EFFECTS OF MOVING THE TANKS
AT PARCEL 378 ARE MINIMAL
THE PUMP CHAMBER FLOATS CAN STAY THE
SAME
TDH IS INCREASED TO 32', HOWEVER, THE
SPECIFIED PUMP IS ADEQUATE.
IN SHORT, THE PROPOSED RELOCATION OF
THE TANKS WILL PRESENT NO PROBLEMS
(WILL FAX AND MAIL)

COPY TO FILE

SIGNED: Jim Chase

If enclosures are not as noted, kindly notify us at once.