

HOW COUNTY
PERMIT APPLICATION

PERMIT NUMBER

207004160

Building Address 16425 Cumato Drive
Mt Airy Rd 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 114000 Subdivision 1A
Section _____ Area _____ Lot _____
Tax Map 2 Parcel 184 Grid 17
Zoning IC Map Coordinates _____ Lot size 21,100 sq ft

Property Owner's Name Ronald E Hoover
Address 16425 Cumato Drive
City Mt Airy State MD Zip Code 21771
Home Phone 410 763 0044 Work Phone 443 277 9734
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Farm
Proposed Use SFD
Estimated Construction Cost \$ 250,000
Description of Work 2 story Single Family
2 car Garage
Slab on Front Porch
Modular

Contractor Company DYNARC
Contact Person Foremost Industries INC.
Donis Everts
Address 2375 Buchanan Park West
City Frederick State PA Zip Code 17225
License No. 06029495 - MHS# 312
Phone 717 597 7166 Fax _____

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

Engineer or Architect Company _____
Contact Person _____
State _____ Zip Code _____
Fax _____

BUILDING DESCRIPTION - COMMERCIAL

G DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|---|
| Height: _____ | Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/> | Heating System: _____ 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 <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: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| 1st floor: <u>26'</u> Depth <u>48'</u> Width <u>48'</u> | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| 2nd floor: <u>12'</u> | Electric Yes <input checked="" 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 checked="" 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: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| No. of Bedrooms <u>3</u> | |
| Height: <u>25'</u> <u>4.11'</u> | |
| 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: _____ | |
| <input checked="" type="checkbox"/> State Certified Modular | |
| <input type="checkbox"/> 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.

Ronald E Hoover
Applicant's Signature

Ronald Hoover
Print Name

Title/Company

Date 10-9-07

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 \$ <u>200.00</u> |
| State Highway | | | Rear _____ | Permit fee \$ _____ |
| Building Official | | | Side _____ | Excise tax \$ _____ |
| Dev. Economics DPZ | | | Side St _____ | Add'l per. fee \$ _____ |
| Health <u>10/2/07</u> <u>Joh P. J. Ellis</u> | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Check <u>1000</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP Red line approval date _____ | Validation _____ |
| Distribution of Copies: _____ | White: Building Official | Green: LDD, DPZ | Accepted by _____ | |
| Yellow: OED - DPZ | Print: Health | Gold: SHA | | |

ATTN: Stephanie
410-313-2648



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2350

Marsha S. McLaughlin, Director

www.co.ho.md.us
FAX 410-313-3467
TDD 410-313-2323

December 19, 2005

Ronald G. Hoover
16360 Newport Road
Mt. Airy, Maryland 21771

Re: 16360 Newport Road
Tax Map 2, Grid 17 Parcel 184

The Howard County Zoning Regulations permit only one single-family detached dwelling unit use per lot. However, this letter temporarily authorizes the construction of a new dwelling on the property located at 16360 Newport Road prior to removal of the existing dwelling ("Original Dwelling Unit"), on the condition that you comply with all provisions declared herein. This temporary authorization is only valid for six months from the date of this letter or until the issuance of the final use and occupancy permit for the new dwelling, whichever occurs first. If an extension is necessary due to delays, you must contact this Department in writing prior to the six month deadline in order to request an extension of this authorization.

Upon the issuance of either a temporary or final use and occupancy permit for the new dwelling, the Original Dwelling Unit must cease being used, and must be removed within 30 days. Failure to remove the Original Dwelling Unit as required is hereby declared to be a violation of the Zoning Regulations which will induce an enforcement action as delineated in Section 102.B of the Zoning Regulations. Such an enforcement action may include, but is not limited to, Civil Fines or the removal of the Original Dwelling Unit by the County at the owner's expense.

The Department of Planning and Zoning will provide its endorsement on a building permit application for the construction of the new dwelling on the subject property only upon the receipt of a copy of this letter signed by all owners of the property. This signed copy must be submitted with your building permit application for the construction of the new dwelling unit. This authorization does not relieve any of the standard requirements for building permit approval. Please notify this Division when you have received temporary or final use and occupancy permit for the new dwelling, and also when the Original Dwelling Unit has been removed. This authorization is not transferable. If you have questions regarding this matter, please contact Bob Lalush at 410-313-4344.

Sincerely,

George L. Beisser, Chief
Division of Public Service
and Zoning Administration

By signing below, I hereby affirm that I have read, understand, and will comply with the authorization granted above:

Ronald G Hoover 12-5-05 Ronald Gene Hoover
Signature Date Print Name

Signature Date Print Name

(If additional signatures are necessary, please provide on back of page)