

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

Bob 001296

Building Address 1410 Dairy Rd
LOT 3 DAIRY RD. LISBON MO
Suite/Apt. #: 04-336844 SDF/WP/Petition #: _____
Census Tract 1090.01 Subdivision Freemont Prop
Section _____ Area _____ Lot 3
Tax Map 8 Parcel 352 Grid 7
Zoning R2 DED Map Coordinates _____ Lot size 0.991c

Property Owner's Name Freemont
Address Paradise Homes
13298 Forsythe Rd.
City Subsidiary State MO Zip Code 64701
Home Phone 417 412 2421 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use 2nd floor lot
Proposed Use new home
Estimated Construction Cost \$ _____
Description of Work CONSTRUCT SINGLE FAM.
2-CAR GARAGE UNFINISHED
BASEMENT

Contractor Company DHI
Contact Person D. Ricker
Address 13298
City _____ State MO Zip Code 64701
License No. 1293 Phone 417 412 2421 Fax 417 412 2421

Occupant or Tenant _____
Contact Name D. Ricker
Address 13298 Forsythe Rd
City Subsidiary State MO Zip Code 64701
Phone 417 412 2421 Fax _____

Engineer or Architect Company D.R.
Contact Person _____
Address 52 LINTERS ST.
City MO State MO Zip Code 64707
Phone 417 581 4460 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: 30
No. of stories: 2
Gross area, sq. ft. per floor: 1100
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
1st floor: 30 33
2nd floor: 30 33
Basement: 33
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 3 Bed PVR
Height: 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 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 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.

D. Ricker
Applicant's Signature
APPLICANT DHI
Title/Company

Dan Ricker
Print Name
2-1-16 7/11/16
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/31/16</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ
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DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>03077</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by [Signature]

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B0700 4432

Building Address: 1410 Daisy Rd
Woodbine MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name: Yusef Hemb
Address: 1410 Daisy Rd
City: Woodbine State: MD Zip Code: 21797
Home Phone: 443-994-6805 Work Phone: _____
Applicant's Name & Mailing Address, (if other than stated hereon):
- Same as Contractor -
Phone _____ Fax _____

Existing Use: Single Family dwelling
Proposed Use: same w/ propose tank
Estimated Construction Cost: \$ 200,00
Description of Work: Install one 1000 gallon
under ground tank.

Contractor Company: AmerGas
Contact Person: Gabe Raden
Address: 10097 Baltimore Natl Pike
City: Ellicott City State: MD Zip Code: 21042
License No.: 79808
Phone: 410-465-0800 Fax: 410-465-0803

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

Engineer or Architect Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

BUILDING DESCRIPTION - **COMMERCIAL**

BUILDING DESCRIPTION - **RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input 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 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 type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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Applicant's Signature

Print Name

Title/Company

Date

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health		<u>Meter Approval</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing Fee \$ _____
Rear: _____	Permit fee \$: <u>100</u>
Side: _____	Excise tax \$: _____
Side St: _____	Acid 1 per fee \$: <u>10</u>
All minimum setbacks met?	TOTAL FEES \$: <u>110</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$: <u>110</u>
Is Entrance Permit required?	Balance due \$: _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>8372</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval (date) _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies
T:\Forms\PERMIT.FRM

White: Building Official

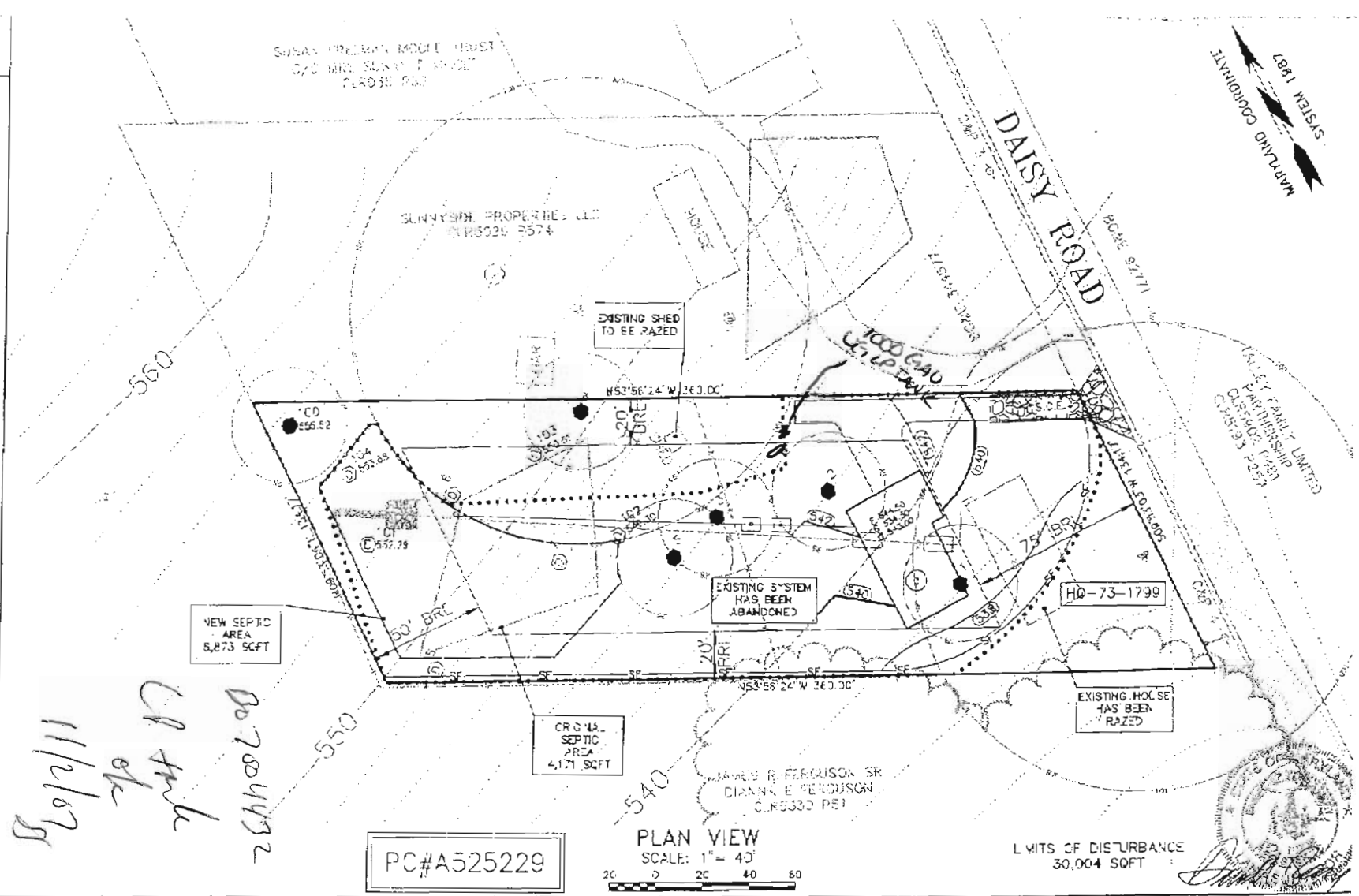
Green: LDD, DPZ

Yellow: DEP, DPZ

Pink: Health

Gold: SHA

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Reviewed for Howard County Soil Conservation District and meets
 technical requirements.

U.S.D.A. Natural Resources Conservation Service Date

This Development is approved for all uses and activities, provided that the applicant complies with the District's approved

DEVELOPER'S CERTIFICATION

I/We certify that all development and construction will be done
 according to this plan and that any responsible personnel involved
 in the construction project will have a certificate of attendance
 at a Department of the Environment approved training program for
 the control of sediment and erosion before beginning the project.
 I also certify to provide on-site habitat by the Howard Soil
 Conservation District.

ENGINEER'S CERTIFICATE

I hereby certify that this plan for erosion and sediment control
 represents a practical and workable plan based on my personal
 knowledge of the site conditions and that it was prepared in
 accordance with the requirements of the Howard Soil Conservation
 District.