

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B07002079

Building Address 1900 Daisy Road

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Karl & Lynn Scible

Address 1900 Daisy Road

City Lisbon State MD Zip Code _____

Home Phone 410-442-2862 Work Phone 410-707-0950

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 65,000

Description of Work remove a bathroom add a 12' x 24' addition for new bathroom

Contractor Company Gator's Home Improvement, INC

Contact Person Michael Wroten

Address ~~1900 Daisy Road~~ 1925 Gillis Falls Ave

City ~~Lisbon~~ Woodbine State MD Zip Code 21797

License No. 87884

Phone 301-418-1791 Fax 410-552-3936

Occupant or Tenant Karl & Lynn Scible

Contact Name Karl Scible

Address 1900 Daisy Road

City Lisbon State MD Zip Code _____

Phone 410-442-2862 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>8'</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>One</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>284</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry <input checked="" type="checkbox"/> _____ Wood Frame <input checked="" type="checkbox"/> _____ State Certified Modular	Heating System: _____ Electric <input checked="" type="checkbox"/> _____ Oil <input type="checkbox"/> _____ Natural Gas <input type="checkbox"/> _____ Propane Gas <input type="checkbox"/>
	Sprinkler system: _____ N/A <input checked="" type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" 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 checked="" 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: <u>3</u>	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
_____ State Certified Modular _____ 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.

Michael Wroten
 Applicant's Signature
Vice president
 Title/Company

Michael Wroten
 Print Name
5-23-07
 Date

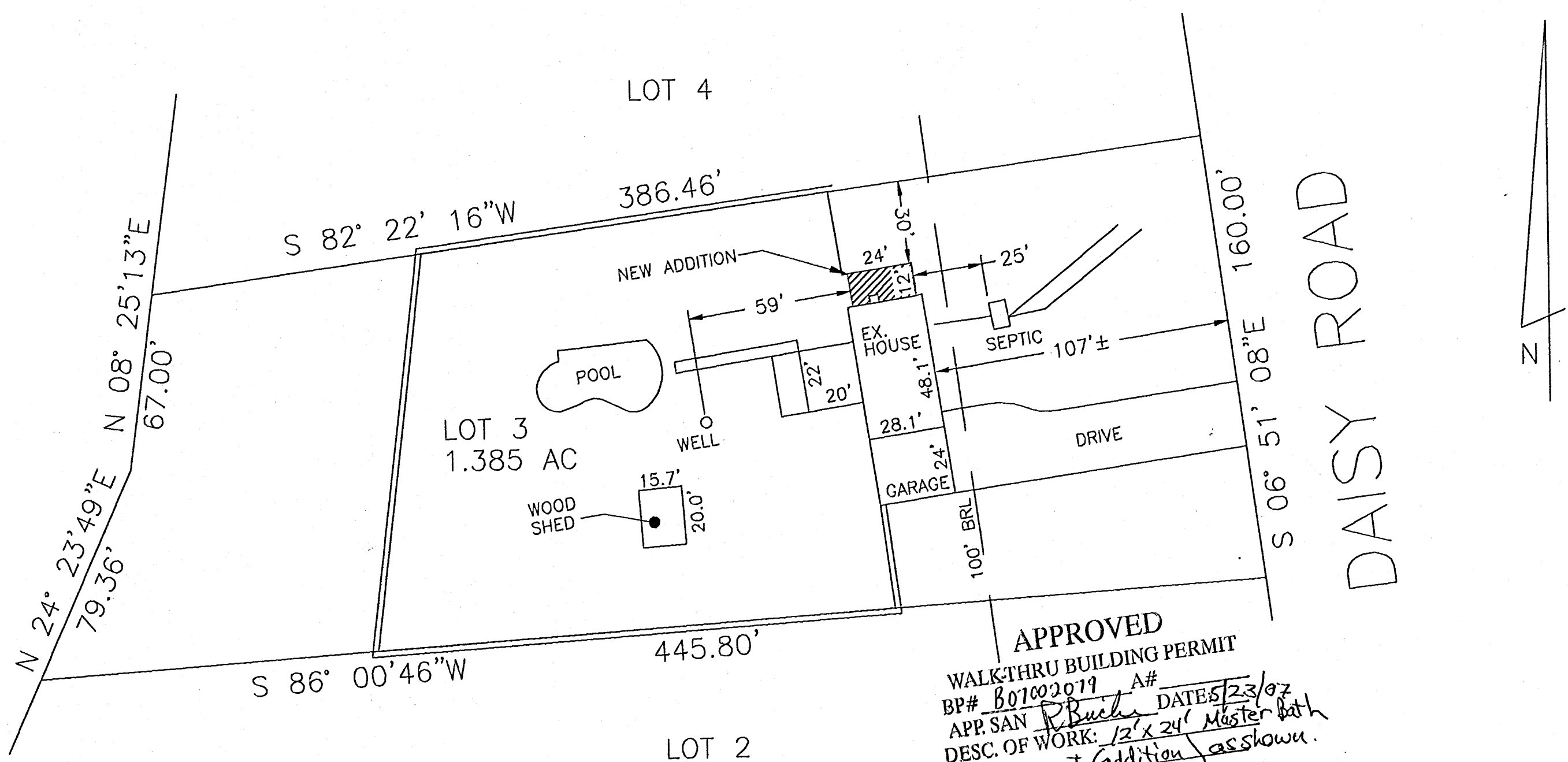
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>5/23/07</u>	<u>R. Biechen</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

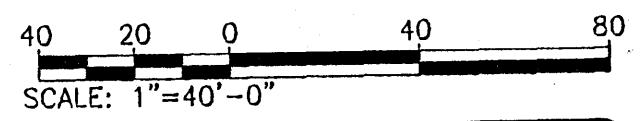
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? 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 # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07002079 A#
 APP. SAN R. Bucher DATE 5/23/07
 DESC. OF WORK: 12' x 24' Master bath
replacement addition as shown.



SCIBLE BATHROOM ADDITION

SITE PLAN

Drawn LCW	Sheet S1
Date 5/01/07	
Scale 1"=40'-0"	