

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
**B08003248**

Building Address 13762 Barberray way  
Sykesville MD 21784  
Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Westcliffe Manor  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 28  
Tax Map 9 Parcel #307 54255 Grid 7  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 132,457.248

Property Owner's Name Howard Buckheitz  
Address 13762 Barberray way  
City Sykesville State MD Zip Code 21784  
Phone 301 674-4694 Phone 410 442 1534  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use New Deck  
Estimated Construction Cost \$ 2500.00  
Description of Work New Deck - 6'x12'x30"  
1 set of stairs.

Contractor Company H. Burke and Sons, Inc  
Contact Person Ed Burke  
Address 4125 Springview Dr  
City Jefferson State MD Zip Code 21755  
License No. \_\_\_\_\_  
Phone (301) 651-5581 Fax (301) 834-6470

Occupant or Tenant \_\_\_\_\_  
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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: 35' 54' 2nd floor: 35' 54' Basement: 35' 30' Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Howard E Burke  
Applicant's Signature  
H. Burke and Sons, Inc  
Title/Company

Howard E Burke  
Print Name  
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#:
Land Development DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health			All minimum setbacks met? TOTAL FEES \$ _____	
Fire Protection			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"/> Is Entrance Permit required? Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> Check # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? Validation # _____	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____	
Distribution of Copies - Write Building Official			SDP/Red-line approval date _____ Accepted by _____	
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 13762 Barberrly Way  
Sykesville MD 21784  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision West Hill State Manor  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 9 Parcel 307 Grid 7  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Howard Buckholtz  
 Address 13762 Barberrly Way  
 City Sykesville State MD Zip Code 21784  
 Phone 301 674-4694 Phone 410 442 1534  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Screen porch & Kitchen  
 Proposed Use Close in porch Remodel Kitchen  
 Estimated Construction Cost \$ 28,000.00  
 Description of Work Close In Screen porch  
Remodel Kitchen. Replace 2 Windows  
and 1 Door.

Contractor Company H. Burke and Sons Inc  
 Contact Person Ed Burke  
 Address 4125 Springview Dr  
 City Jefferson State MD Zip Code 21755  
 License No. \_\_\_\_\_  
 Phone (301) 651-5581 Fax (301) 834-6470

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

Engineer or Architect Company Friel Lunka Co  
 Contact Person Marilyn Bergen  
 Address 100 Fried Place P.O. Box 10  
 City Queenstown State MD Zip Code 21658  
 Phone 410 827-8811 ext 233 Fax 410 827 4326

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: 35' 54' 2nd floor: 35' 54' Basement: 35' 30'	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group:	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #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.

Applicant's Signature Howard E. Burke Print Name Howard E. Burke  
 Title/Company H. Burke and Sons, Inc 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#:
Land Development, DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health	<u>11/5/07</u>	<u>[Signature]</u>	All minimum setbacks met? TOTAL FEES: \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/> Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> Check # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? Validation # _____	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	
T.Vorme/PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

