

Building Address: 4293 Buckskin Woods Dr
Ellicott City, Md. 21042

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 17

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Sin. to Family

Proposed Use: Same

Estimated Construction Cost: \$ 16,000

Description of Work: Install 16x12 Gable Roof over Existing HOT TUB DECK and Install 16x8 Hip roof over existing basement STAIRS

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: SEAN PEGAN

Address: 4293 Buckskin Woods Dr

City: Ellicott City State: Md. Zip Code: 21042

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Peter Sorne III
5433 Woodbine Rd, Woodlawn Md 21752

Phone: 410-549-5050 Fax: 410-549-5449

Email: psorne3@earthlink.net

Contractor Company: CLASS-C DESIGN GROUP INC.

Contact Person: Peter Sorne III

Address: 5433 Woodbine Rd.

City: Woodlawn State: Md. Zip Code: 21752

License No.: 83116

Phone: 410-549-5050 Fax: 410-549-5449

Email: outdoorcompany.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input checked="" type="checkbox"/> Public
Gross area, sq. ft./floor:	<input checked="" type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
	<input checked="" type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
<u>Depth</u>	<u>Sewage Disposal</u>
1 st floor:	
2 nd floor:	
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
	<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Natural Gas
No. of efficiency units:	<input type="checkbox"/> Propane Gas
No. of 1 BR units:	
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature: _____

Email Address: psorne3@earthlink.net

Title/Company: _____

Print Name: Peter Sorne III

Date: 10/27/11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10-27-11</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

APPROVED

WALK-THRU BUILDING PERMIT

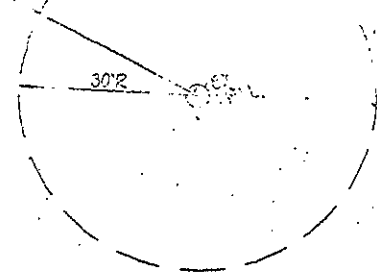
BP# _____ A# N/A

APP SAN H3 DATE: 10-27-11

DESC. OF WORK roof over ex.

Steps and deck

JASKIN WOOD ACCESS STR



LOT 18

N02°34'17"W 340.33'

DIST. BOY EX. INV. 55.50

1500 GAL. SEPTIC TANK EX. GRD. 637.80 INV. IN. 635.30 INV. OUT. 635.00

NOTE: BASEMENT SEWER BY WILL NOT GRAVITY

SHOW 34' FROM SDA MUST BE SHIFTED 2' ADD' FEET TOWARD 266.4' LINE

\$13618-R 3/13/08

PART OF NON-BUILDABLE PRESERVATION PARCEL A

40' BRL 30' BRL

LOT 17

