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DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-1550		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B11002702
Building Address <u>4098 Buckskin Wood Dr.</u> <u>Elicott City, Md. 21042</u>		Property Owner's Name <u>Lisa Larsson</u> Address <u>4098 Buckskin Wood Dr.</u> City <u>Elicott City</u> State <u>Md.</u> Zip Code <u>21042</u> Home Phone <u>410-531-5960</u> Work Phone _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Applicant's Name & Mailing Address, (if other than stated herein): <u>5433 Woodbine, Md.</u> <u>Woodbine, Md. 21797</u>	
Census Tract _____ Subdivision <u>BUCKSKN Rdys</u>		Phone <u>(410) 549-5050</u> Fax <u>(410) 549-5449</u>	
Section _____ Area _____ Lot <u>34</u>		Contractor Company <u>CLASSIC DESIGN GROUP</u> Contact Person <u>POTOR SARGO</u> Address <u>5433 Woodbine Rd.</u> City <u>Woodbine</u> State <u>Md.</u> Zip Code <u>21797</u> License No. <u>23116</u> Phone <u>410-549-5050</u> Fax <u>410-549-5449</u>	
Tax Map _____ Parcel _____ Grid _____		Engineer or Architect Company _____	
Zoning _____ Map Coordinates _____ Lot Size _____		Contact Person _____	
Existing Use <u>Single Family</u>		Address _____	
Proposed Use <u>2nd fl. finish</u>		City _____ State _____ Zip Code _____	
Estimated Construction Cost \$ <u>65K</u>		Phone _____ Fax _____	
Description of Work <u>24x18 seasonal porch</u> <u>large stone patio - with fireplace</u> <u>2 Landings with steps</u>			
Occupant or Tenant <u>Lisa Larsson</u>			
Contact Name <u>Lisa Larsson Wood Dr.</u>			
Address <u>4098 Buckskin Wood Dr.</u>			
City <u>Elicott City</u> State <u>Md.</u> Zip Code <u>21042</u>			
Phone <u>(410) 531-5960</u> Fax _____			

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

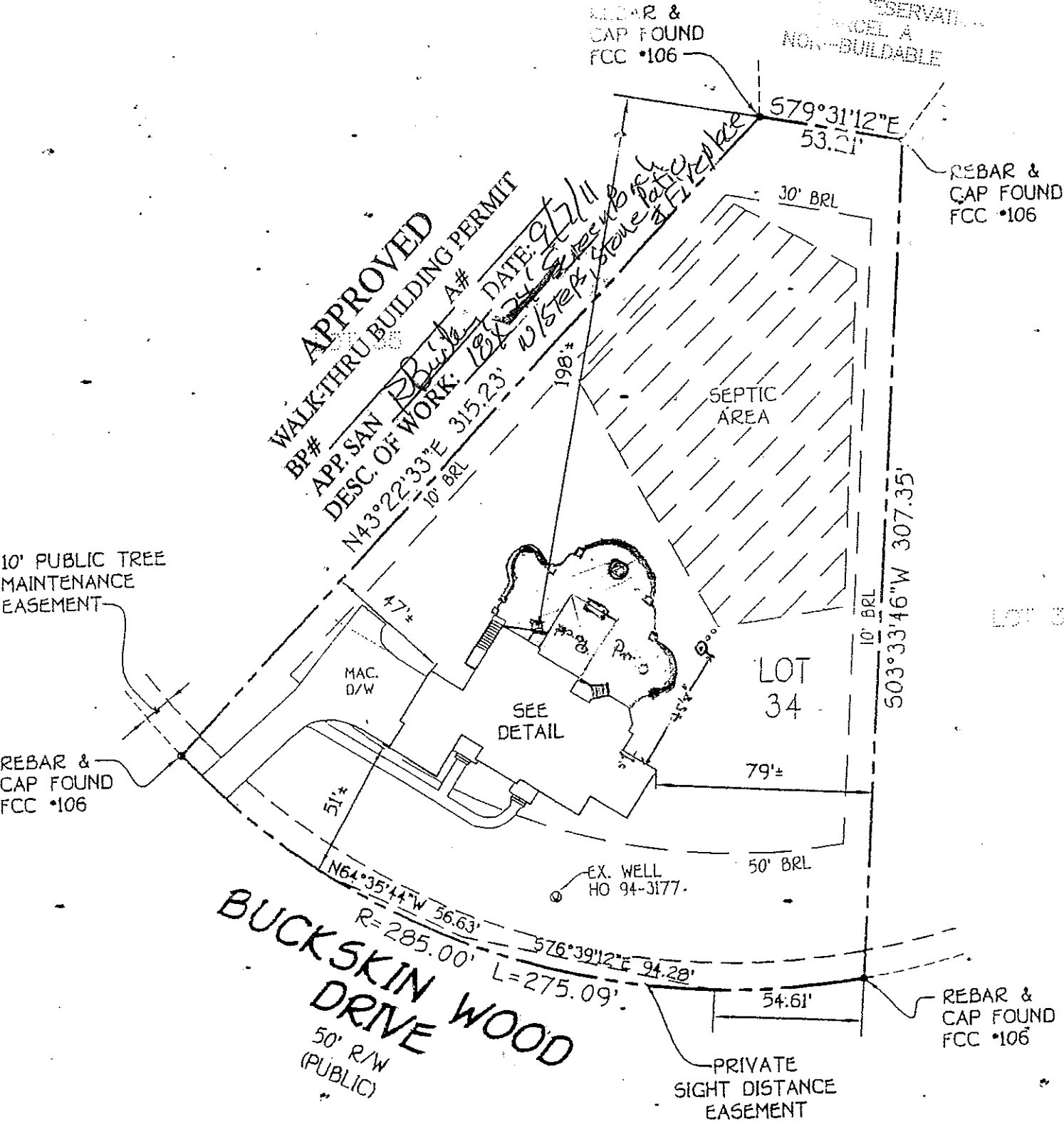
Applicant's Signature P. Sargo
 Print Name Potor Sargo
 Email Address P.sargo3@earthlink.net
 Title/Company V.P.

Date 9/7/11 (original 8/31/11)

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development, DPZ			DPZ SETBACK INFORMATION	
State Highways			Front: _____	Filing fee: \$ _____
Building Officials			Rear: _____	Permit fee: \$ _____
Dev. Engineering, DPZ			Side: _____	Excise tax: \$ _____
Health	<u>9/7/2011</u>	<u>P. Buckner</u>	Side St.: _____	Add'l per. fee: \$ _____
Fire Protection			All minimum setbacks met?	TOTAL FEES \$ _____
			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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	Accepted by _____
			SDP/R&I approval date: _____	

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



HOUSE LOCATION DRAWING

LOT 34
 REVISION PLAT
 BUCKSKIN DRIVE

FOUND N LOCATED 11/20/11
 FINISHED 08/21/11
 BOULEVARD EY: 03/20/11