

B11003378

Building Address: 3578 CONCHITA DR.

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 6

Tax Map: 0022 Parcel: 0198 Grid: 0010

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 40,641SF

Existing Use: RESIDENCE

Proposed Use: NEW GARAGE, MASTER, EXT & SCREEN PORCH

Estimated Construction Cost: \$ 100,000.00

Description of Work: NEW GARAGE 26'x26', REAR ADDITION 23'5" x 10', SCREEN PORCH 14'x14' & FOYER 13'x12'

Occupant or Tenant: JAMES GUERTIN

Was tenant space previously occupied?  Yes  No

Contact Name: BRENT PAQUIN

Address: 116 CHESSIE CT.

City: CHESTER State: MD Zip Code: 21619

Phone: 443-496-0693 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: JAMES & MADELINE GUERTIN

Address: 3578 CONCHITA DR.

City: ELICOTT CITY State: MD Zip Code: 21042

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein):  
SAME

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: PAQUIN DESIGN/BUILD

Contact Person: BRENT PAQUIN

Address: 116 CHESSIE CT

City: CHESTER State: MD Zip Code: 21619

License No.: 90045 MHIC

Phone: 443-496-0693 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: SINEX

Responsible Design Prof.: \_\_\_\_\_

Address: 8000 FOUNDRY ST

City: SAVAGE State: MD Zip Code: 20763

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input checked="" type="checkbox"/> Private
Area of construction (sq. ft.): _____	<u>Sewage Disposal</u>
Use group: _____	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
	Electric: <input checked="" 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 checked="" type="checkbox"/> Electric <input checked="" 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 checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input checked="" 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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth _____ Width _____	<input type="checkbox"/> Public
1 <sup>st</sup> floor: _____	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" 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
<u>Multi-family Dwelling</u>	<input checked="" type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
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	Roadside Tree Project Permit # _____
<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: \_\_\_\_\_

Print Name: BRENT PAQUIN

Date: 11-8-11

Email Address: \_\_\_\_\_

Title/Company: CONTRACTOR

RECEIVED

NOV 11 2011

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>12-22-11</u>	<u>Kara Brunard</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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

LICENSES & PERMITS DIVISION	
Filing Fee	\$ 25.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CK# 4859