

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B018 000 746

Building Address 14536 Colquhoun Way
Glendora, MD 21737

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 55

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tom Berman MD, Inc

Address 7162 Columbia Enterprise Dr #230

City Columbia State MD Zip Code 21046

Phone 410 872 9105 Phone _____

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

Phone 410 872 9105 Fax 410 489 2278

Existing Use _____

Proposed Use SID

Estimated Construction Cost \$ 500,000

Description of Work 4 BR 4 1/2 BATHS

Contractor Company Tom Berman MD, Inc

Contact Person Tom Nysieck

Address 14540 Colquhoun Way

City Glendora State MD Zip Code 21737

License No. SC440

Phone 410 489 2275 Fax _____

Occupant or Tenant Tom Berman

Contact Name Tom Nysieck

Address 14540 Colquhoun Way

City Glendora State MD Zip Code 21737

Phone 410 489 2275 Fax 410 489 2278

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public
Depth Width	<input checked="" type="checkbox"/> Private
1st floor: <u>38</u> <u>70</u>	Sewage Disposal: _____ Public
2nd floor: <u>36</u> <u>70</u>	<input checked="" type="checkbox"/> Private
Basement: <u>38</u> <u>70</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System:
No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Height: <u>38</u>	Natural Gas <input type="checkbox"/>
Multi-family dwellings:	Propane Gas <input type="checkbox"/>
No. of efficiency units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of 1 BR units: _____	_____ NFPA #13D
No. of 2 BR units: _____	_____ NFPA #13R
No. of 3 BR units: _____	_____ Other:
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.

Applicant's Signature _____

Print Name _____

Title/Company _____

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>6/24/08</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			Lot Coverage for NewTown Zone _____	Accepted by _____
Green: LDD, DPZ			SDP/Red-line approval date _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

