

H Smith Dept.

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	Bo 8000232 PERMIT NUMBER
Building Address <u>18200 Penn Shop Road</u> <u>Mt. Airy, MD 21771</u>		Property Owner's Name <u>Lesley + Megan Kirkegaard</u> Address <u>18200 Penn Shop Road</u> City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u> Phone <u>301.831.7051</u> Phone <u>301.948.7755 ext. 126 (office)</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>David P. Mogensen</u> <u>McInturff Architects</u> <u>4220 Leeward Place</u> <u>Bethesda, MD 20816</u> Phone <u>301.229.3705</u> Fax <u>301.229.6380</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>06</u> Parcel <u>177</u> Grid <u>04</u> Zoning <u>RC-DEO</u> Map Coordinates _____ Lot Size <u>7.22 ac.</u>		Contractor Company <u>Wood Visions Construction</u> Contact Person <u>Steve Glazier</u> Address <u>P.O. Box 417</u> City <u>Damascus</u> State <u>MD</u> Zip Code <u>20872-1066</u> License No. <u>2007 4539 4539</u> Phone <u>301.253.4903</u> Fax <u>301.253.4903</u> <u>or 866.505.5522</u>	
Existing Use <u>single-family residential</u> Proposed Use <u>same</u> Estimated Construction Cost \$ <u>550,000</u> Description of Work <u>new single family home to</u> <u>replace existing one on site</u> <u>(to be demolished upon completion)</u>		Engineer or Architect Company <u>McInturff Architects</u> Contact Person <u>David P. Mogensen</u> Address <u>4220 Leeward Place</u> City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20816</u> Phone <u>(301)229.3705</u> Fax <u>(301)229.6380</u>	
Occupant or Tenant <u>same as owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20816</u> Phone <u>(301)229.3705</u> Fax <u>(301)229.6380</u>	

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Private <input type="checkbox"/>	1 st floor: <u>52'-5" x 20'-0" GROSS</u>	<input checked="" type="checkbox"/> Private
Use group: _____	Sewage Disposal: _____	2 nd floor: <u>75'-5" x 21'-7" GROSS</u>	Sewage Disposal: _____
Construction type: _____	Public <input type="checkbox"/>	Basement: <u>N/A</u>	Public <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Private <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement _____	<input checked="" type="checkbox"/> Private
Structural Steel <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Masonry <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms <u>2</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Wood Frame <input type="checkbox"/>	Heating System: _____	Multi-family dwellings: _____	Heating System: _____
State Certified Modular <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full <input type="checkbox"/>	Other Structure: _____	NFPA #13D _____
	Partial <input type="checkbox"/>	Dimensions: _____	NFPA #13R _____
	Other Suppression <input type="checkbox"/>	Footings: _____	Other: _____
	# of Heads _____	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.

David P. Mogensen
 Applicant's Signature
McInturff Architects
 Title/Company

David P. Mogensen
 Print Name
02.01.2008
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
			Front: _____	Filing fee \$
			Rear: _____	Permit fee \$
			Side: _____	Excise tax \$
			Side St: _____	Add'l per fee \$
			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$
			Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$
			Lot Coverage for New Town Zone _____	Check # <u>6884</u>
			SDP/Red-line approval date _____	Validation # _____
CONTINGENCY CONSTRUCTION START: _____ ONE STOP SHOP: <input type="checkbox"/>			Accepted by <u>[Signature]</u>	
Distribution of Copies: White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T-forms/buildingpermitapplication REV 10/28/04				

