

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B06003626

Building Address 3681 HOLLY QUARTERS RD
ELLCOTT CITY, MD 21042
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 6
Tax Map 23 Parcel 67 Grid 9
Zoning RE-10 Map Coordinates _____ Lot size 0.62 AC

Property Owner's Name LARRY & LOIS HYMAN
Address 3681 HOLLY QUARTERS RD
City ELLCOTT CITY State MD Zip Code 21042
Home Phone 410 531-2638 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
(SEE ARCHITECT)
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 40,000
Description of Work EXPAND EXISTING MASTER
BEDROOM (10 x 20.34) REPLACE C.T. TIE
RETAINING WALL & FENCE @ POOL W/BRICK
& CMU RETAINING & GARDEN WALL

Contractor Company OWNER
Contact Person LARRY HYMAN
Address 3681 HOLLY AVE RD
City E.C. State MD Zip Code 21042
License No. _____
Phone 410 531-2638 Fax _____

Occupant or Tenant OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company DEAN & MCKEADY
ARCHITECTS
Contact Person TICO MCKEADY
Address 1339 MAIN ST.
City ELLCOTT CITY State MD Zip Code 21043
Phone 410 465-1687 Fax 410 465-7737

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>9'4"</u> <u>11'2"</u> 2nd floor: <u>8'2"</u> <u>8'4"</u> Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Height: <u>7'2"</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 V.F. STEWART/MCKEADY ARCH.
Title/Company _____

Print Name TICO MCKEADY
Date 12.11.06

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

AGENCY	DATE	SIGNATURE/INITIALS	DEZ SETBACK INFORMATION	PROPERTY ID#
Planning Dept			Front _____	
Public Works			Rear _____	
Public Safety			Side _____	
Env. Engineering Dept			Side 2/4 _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sidewalk Control required (required prior to installation)?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

