

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300131384

Building Address 12600 Hall Shop Road
Fulton MD 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates 18D1 Lot size _____

Property Owner's Name William Wood
 Address 12600 Hall Shop Rd
 City Fulton State MD Zip Code 20759
 Home Phone 301 854 1434 Work Phone Sam
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use Same with Garage
 Estimated Construction Cost \$ 15,000 32450
 Description of Work 2 story 4 car Garage
2nd story Home Office Space
RI for Future 1/2 Bath 2nd floor

Contractor Company Owner
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

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

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 type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

William Wood
 Applicant's Signature
Owner
 Title/Company

William Wood
 Print Name
7-6-01
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/6/01</u>	<u>Mark Kiffin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION

Front:	_____
Rear:	_____
Side:	_____
Side St.:	_____
All minimum setbacks met?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone	_____
SDP/Red-line approval date	_____

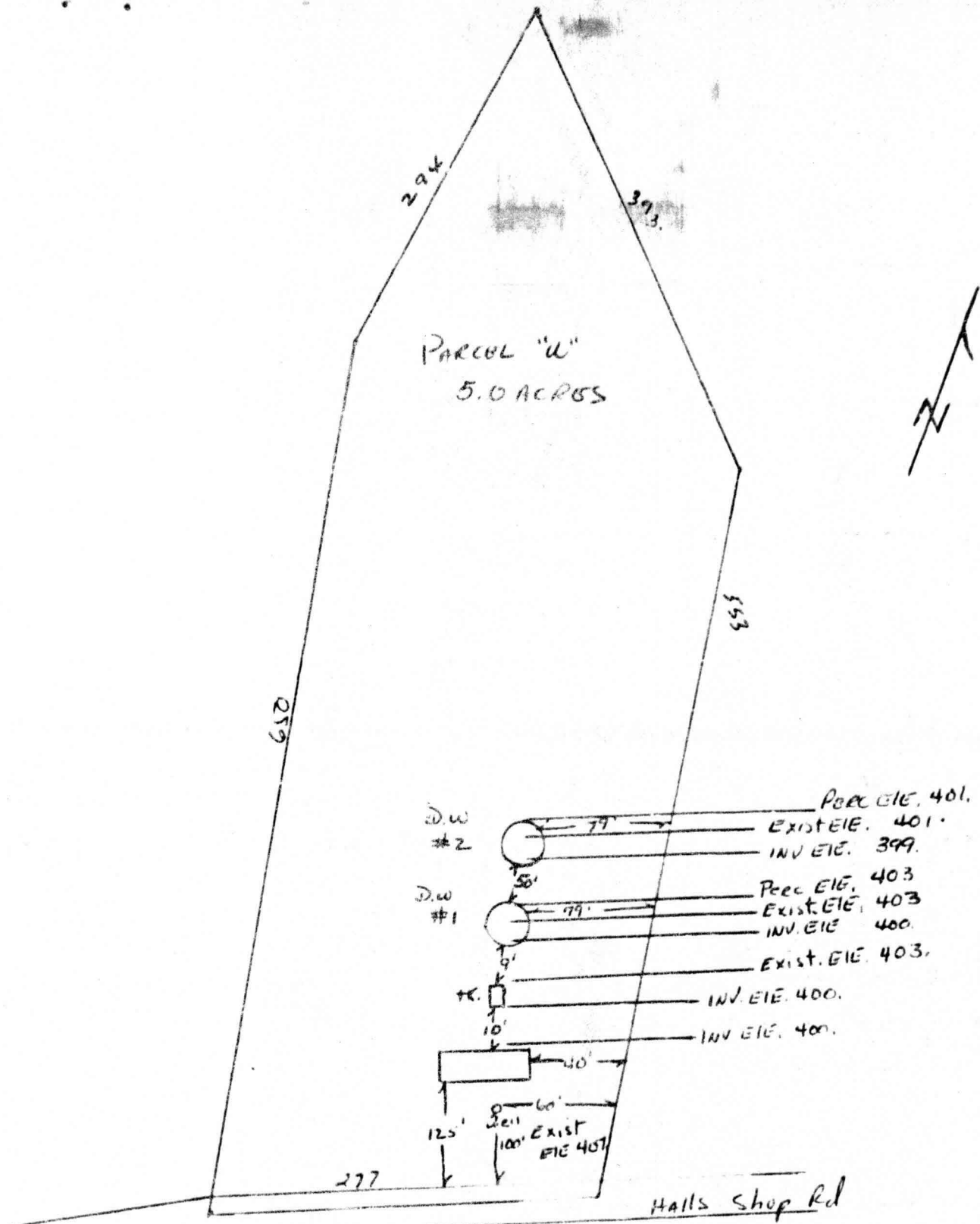
PROPERTY ID#: 5143

Filing fee	\$ <u>250</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>276</u>
Validation	# _____

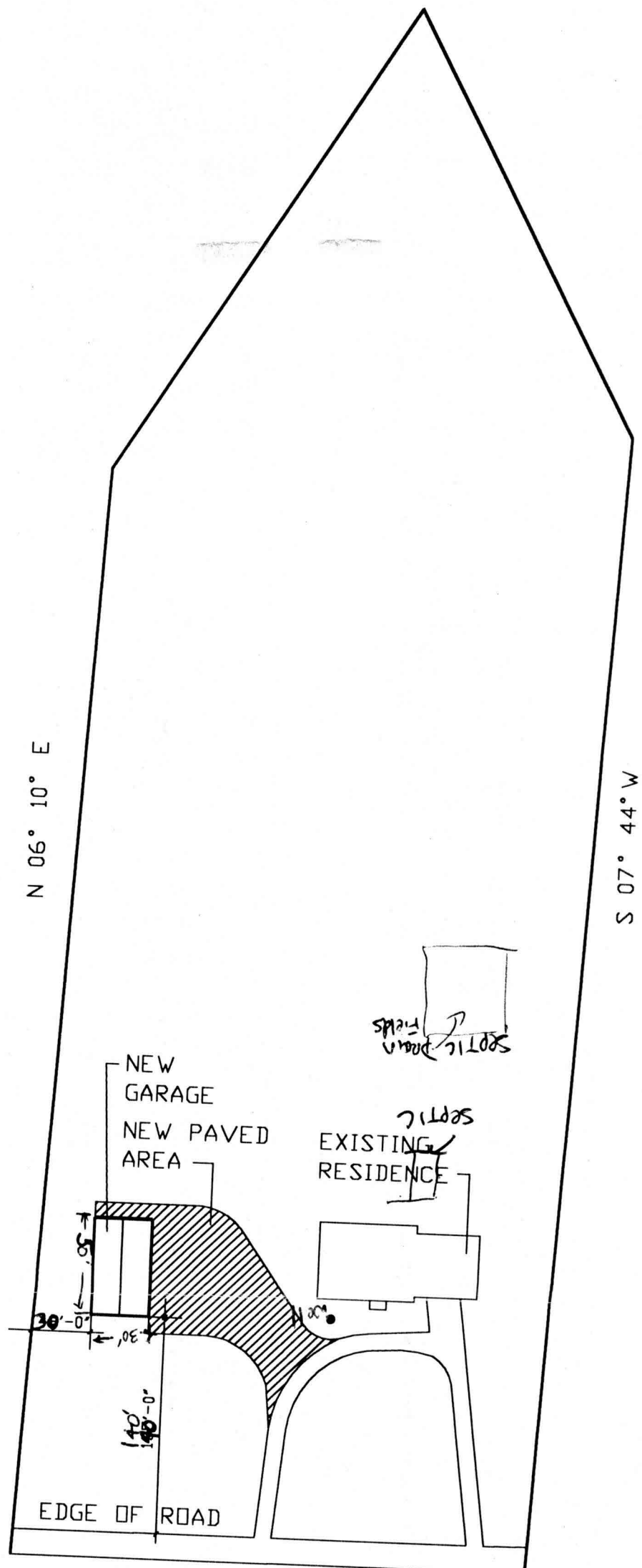
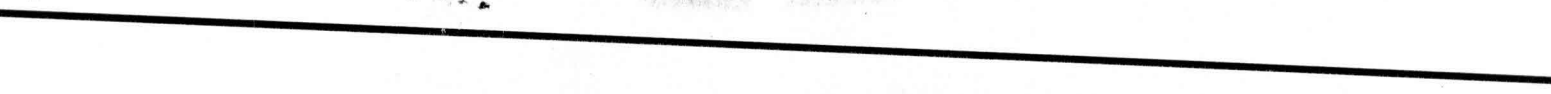
Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by CWC



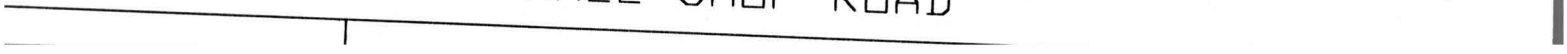
I certify the Above
Gordon Walker



RTH
 3ER 4250
 LID 44

S 77 36 W 12.00' S 83° 38' W 277.28'

HALL SHOP ROAD



SITE INSPECTION SHEET

OWNER: William Wood

DATE REQUESTED: _____

PHONE #: _____

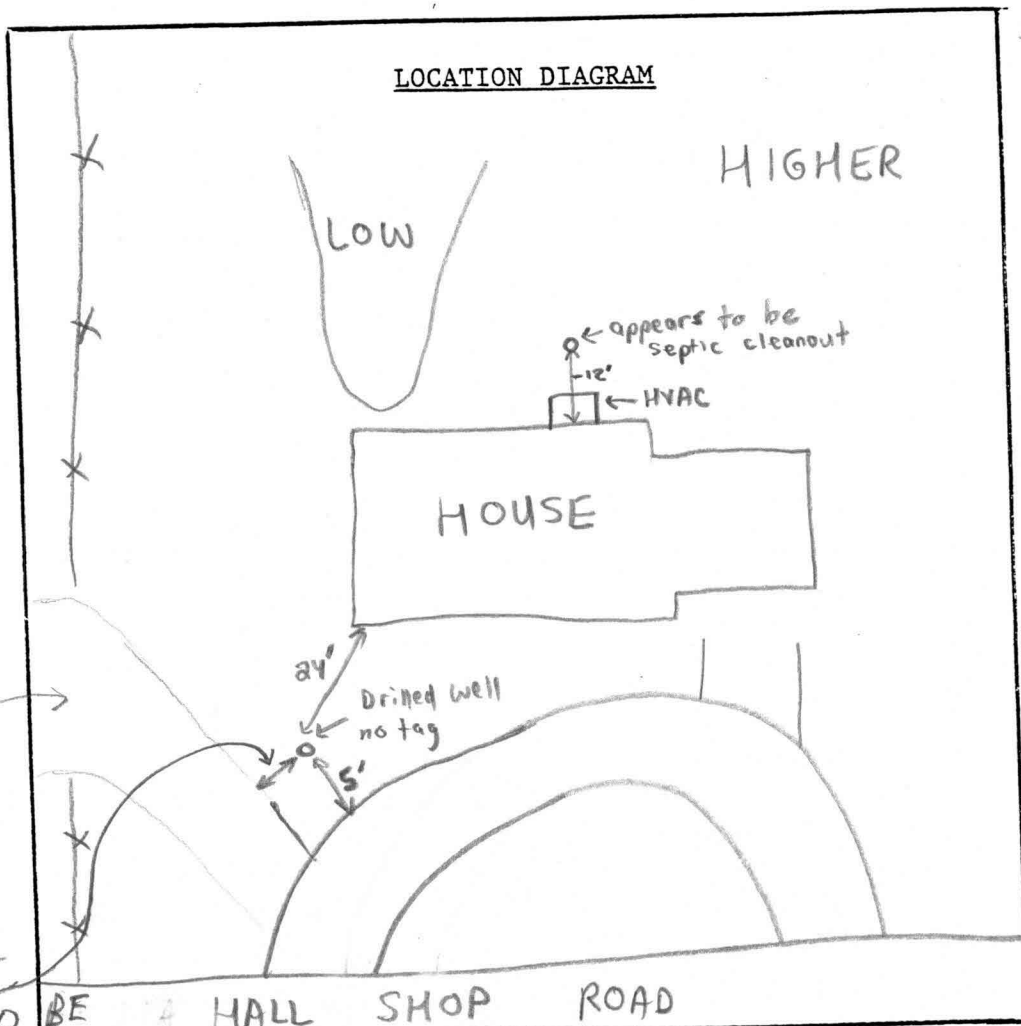
CONTRACTOR: _____

ADDRESS: 12600 Hall Shop Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: _____



MR 9/6/01
PERT/C
W/OWNER
MIN 5' TO BE MAINTAINED

COMMENTS: 7/19/01 - NO OBJECTION TO PROPOSED GARAGE, PROPOSED PAVING SHOULD BE AT LEAST 10' TO DRILLED WELL - (SRW)

DATE: 7/19/01

INSPECTOR: SRW