

Bob005771

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Bob00 8975

Building Address 11534 Fox River Dr
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 27
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone 2-9974
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use W
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Wimbledon w/ Conservatory
 and Sunroom

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 5048
 Phone 442-8974 Fax 442-3734

Occupant or Tenant _____
 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: 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 _____ 1st floor: <u>72</u> <u>83</u> 2nd floor: <u>56</u> <u>83</u> Basement: <u>72</u> <u>83</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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 _____
 Title/Company _____

Print Name William B. ...
 Date 1/3/07

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>1/4/2007</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ		

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 \$ _____
Is 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 NewTown Zone _____	Check # <u>3471707</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

807003899

Building Address 11534 Fox River Dr.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 27
 Tax Map 29 Parcel 2A Grid 9
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name T&I MD III Limited Partnership
 Address 7164 Columbia gateway Pr.
 City columbia State MD Zip Code 21046
 Home Phone N/A Work Phone 410-872-9105
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/ deck
 Estimated Construction Cost \$ 45,738
 Description of Work Build Approx. 628 SF (18x35) deck w/ 12x12 gazebo and steps to grade

Contractor Company ProBuilt Construction, Inc
 Contact Person Edward Pacylowski
 Address 13453 Long Days Ct
 City Highland State MD Zip Code 20704
 License No. 20247
 Phone 301-854-0821 Fax 301-854-9632

Occupant or Tenant _____
 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

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1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: <u>POSTS + PIERS</u> Roof Height: _____	_____ State Certified Modular _____ Manufactured Home

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Applicant's Signature Edward Pacylowski
 Title/Company _____

Print Name _____
 Date 9/19/07

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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>9/19/07</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ
 Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\Forms\PERMIT.FRM

DPZ SETBACK INFORMATION	PROPERTY ID#:
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Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/9/06	Spoke to Dave Thompson (Benchmark)
	about hand drawing a clean out on BP Plans
	He said that was OK. (AT)

