

Building Address 2714 Sykesville Rd.
West Friendship, MD 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area 1 Lot 2

Tax Map 15 Parcel 158 Grid 17

Zoning _____ Map Coordinates _____ Lot Size 380 A

Existing Use RES
 Proposed Use RES
 Estimated Construction Cost \$ 1,000.00
 Description of Work INSTALL 325 gallon PROPANE TANK

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name CHARLES BUSSING
 Address 2714 Sykesville Rd.
 City West Friendship State MD Zip Code 21794
 Home Phone 301 325-7913 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
SAME

Phone _____ Fax _____

Contractor Company Thompson Gas
 Contact Person DOUG MACMASTER (J. Randall Thompson)
 Address 6708 OLD NATIONAL PIKE
 City BOONSBORO State MD Zip Code 21713
 License No. 60003
 Phone 301 432-6611 Fax 301 432-7147

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1 st floor: _____ 2 nd floor: _____ Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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 <input type="checkbox"/> # of Heads	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 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 [Signature] Print Name J. RANDALL THOMPSON

Email Address PRESIDENT

Title/Company _____ Date _____

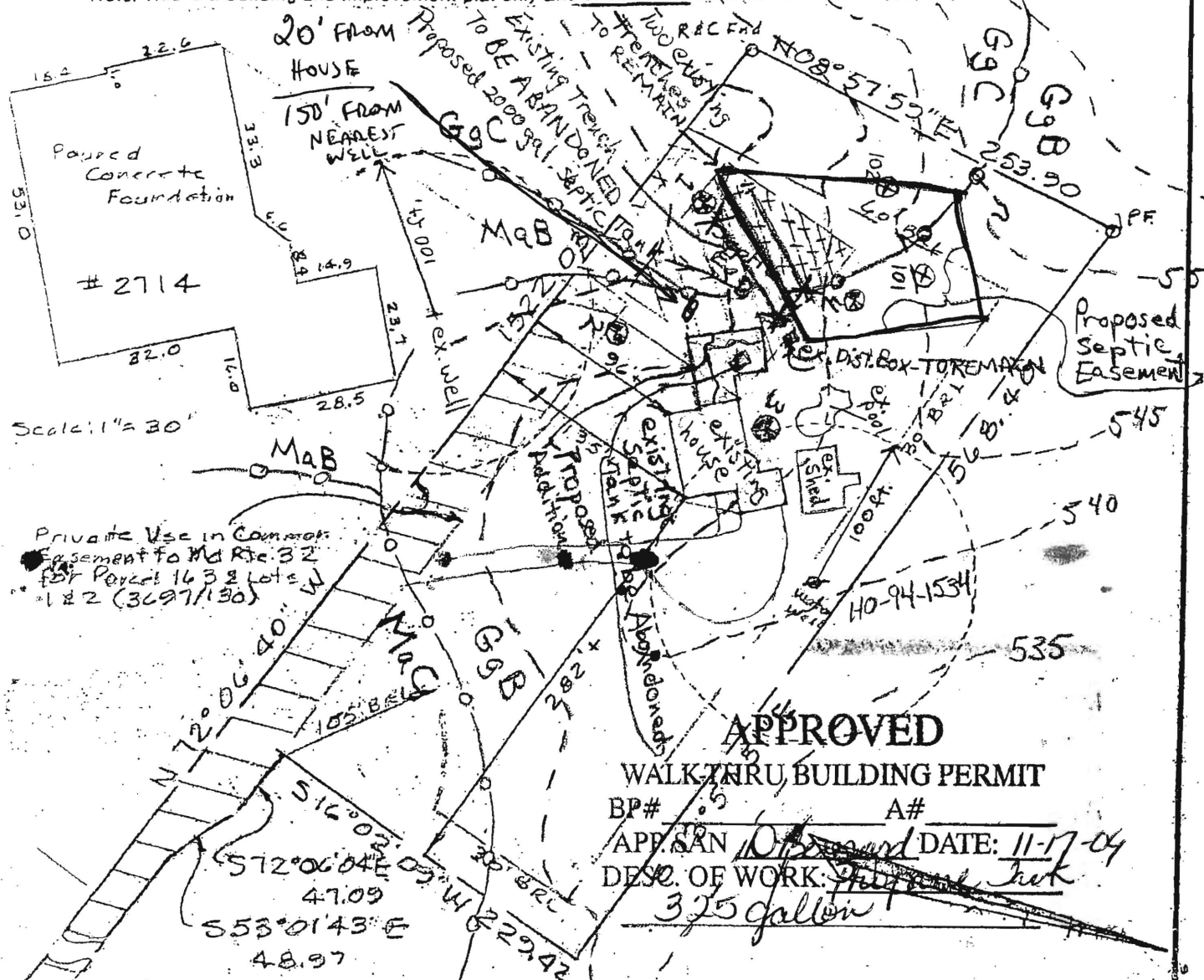
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health <u>11-17-09</u> <u>Dana Bernard</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? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Lot Coverage for New Town Zone _____	Validation # _____
			SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

3256 Allon Buning

Note: This is a building and improvement plat only and should not be used to establish property lines.



APPROVED

WALKTHRU BUILDING PERMIT

BP# 05 A#
 APP. SAN 10/2/04 DATE: 11-17-04
 DESC. OF WORK: *Septic Tank*
 325 gallon

WALL CHECK

LOT 2

ROGERS AVE REALTY INC. PROPERTY

WEST FRIENDSHIP

Howard County, Md

Scale: 1" = 100'
 Plat # 12174

SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments except as shown.

[Signature]
 Land Surveyor



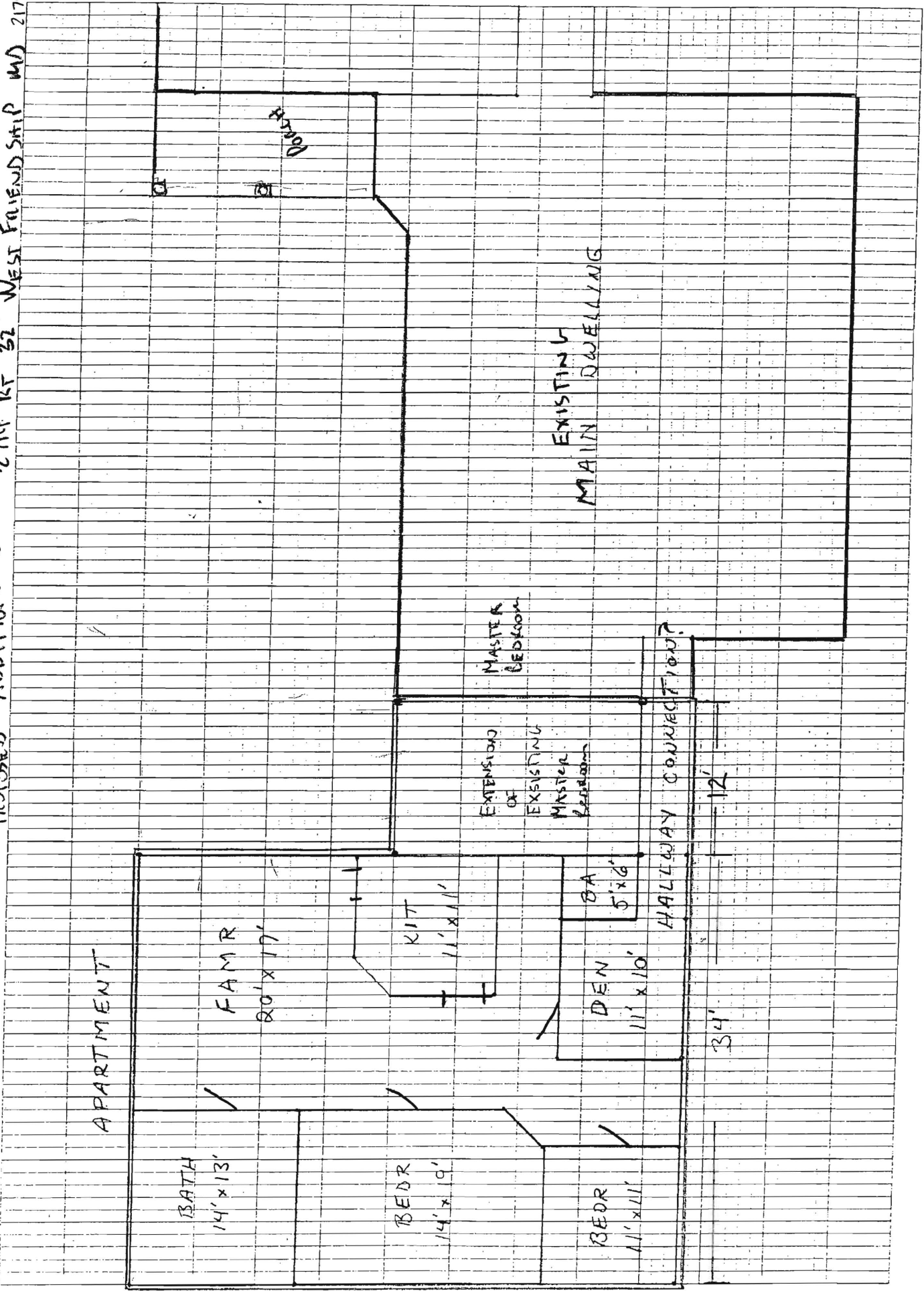
OWNER/PLAN: Charles D. Bussing
 DEVELOPER: 2714 Sykesville Road
 West Friendship, Maryland 21794
 PHONE: 301-325-7933

THE J. E. CLARK COMPANY
 LAND SURVEYING ENGINEERING

P.O. BOX 147 • LAUREL, MARYLAND 20707

PERCOLATION CERTIFICATION PLAN: 2714 Route 32 (Sykesville Rd.)
 Plat # PC50157

PROPOSED ADDITION - 27114 RT 32 WEST FRIENDSHIP MD 21794



HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B0800-1229

Building Address 2714 Rt 32 Sykesville Rd
West Friendship MD 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name CHARLES D. Bussines
 Address 2714 Rt 32
 City West Friendship State MD
 Phone (301) 854-6000 Phone (cell) _____
 Applicant's Name & Mailing Address, (if other than owner) _____
 Phone _____ Fax _____

Per Cert completed
 Upgrade completed
 Build permit approved

Existing Use HOME
 Proposed Use W/LAW ADT
 Estimated Construction Cost \$ 222,000
 Description of Work BUILD 1500 SQ FT
ADDITION TO EXISTING HOME

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

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: _____ _____ 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	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: <u>45</u> _____ <u>35</u>	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
No. of Bedrooms <u>2</u>	
Height: _____	
Multi-family dwellings: _____	
No. of 1 BR units: _____	
No. of 2 BR units: <u>2</u>	
No. of 3 BR units: _____	
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.

Charles D. Bussines
 Applicant's Signature
OWNER
 Title/Company

CHARLES D Bussines
 Print Name
4/25/08
 Date

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

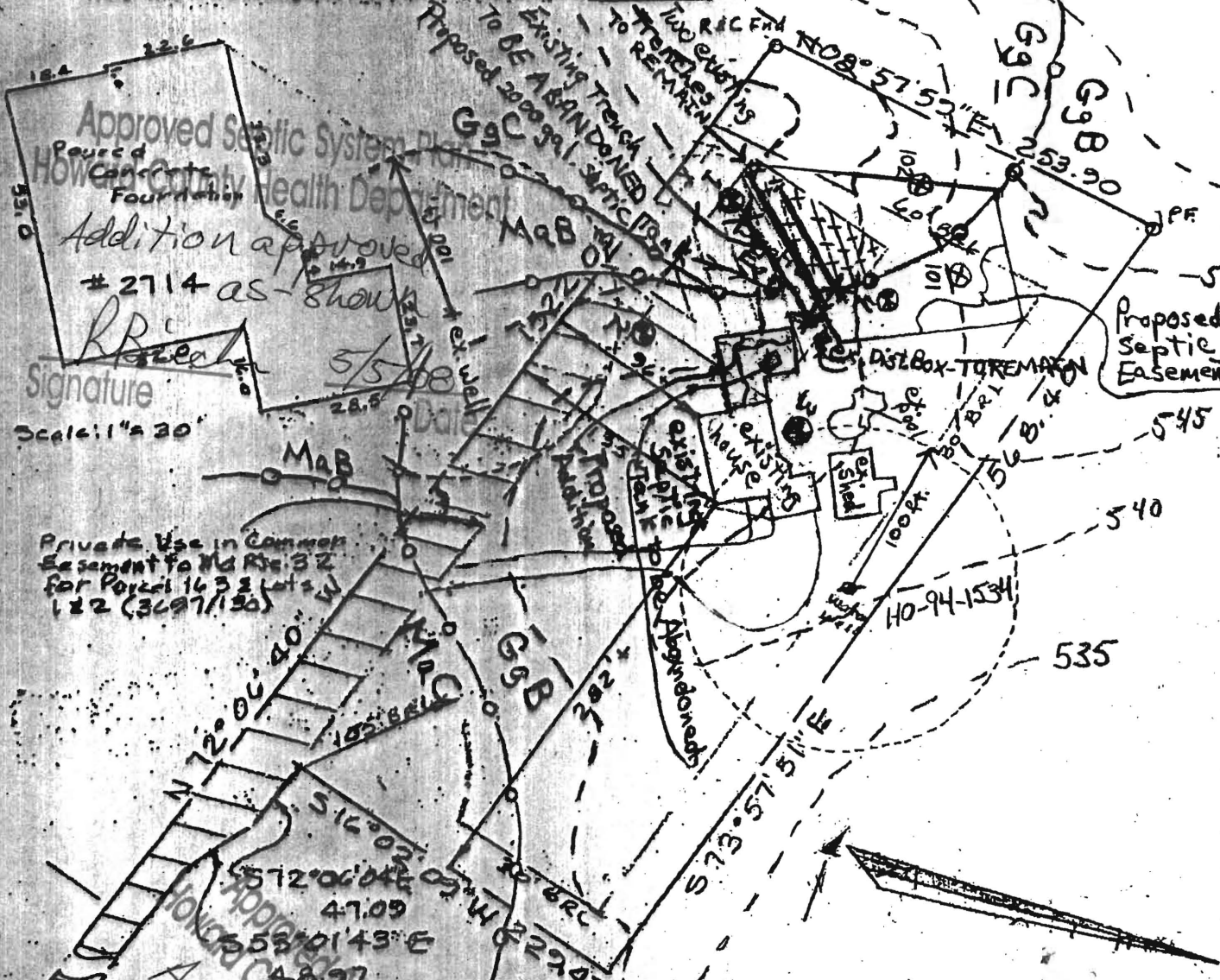
AGENCY	DATE	SIGNATURE APPROVAL
✓ Land Development, DPZ		
State Highways		
✓ Building Official		
✓ Dev. Engineering, DPZ		
✓ Health <u>5/5/08</u>		<u>R. Bussines</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>CA-11</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>ca</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:
 Distribution of Copies- White: Building Official Green: LDD, DPZ
 T:\forms\PERMIT.FRM

Yellow: DED, DPZ Pink: Health Gold: SHA
 Rev. 11/4/04

Note: This is a building and improvement plat only and should not be used to establish property lines.



Approved Septic System Plan
Howard County Health Department

Addition approved
2714 as shown

Signature
Scale: 1" = 30'

Private Use in Common
Easement for Md Rte 32
for Parcel 1632 Lots 1
& 2 (3697/130)

SYKESVILLE RD)
M.D. RTE 32

SURVEYORS CERTIFICATE

I hereby certify that a careful transit face survey has been made of the improvements on the property shown on this plan and that they are as shown and that they are in accordance with the facts as shown.



WALL CHECK
LOT 2
ROGERS AVE. REALTY INC. PROPERTY
WEST FRIENDSHIP
Howard County, Md
Scale: 1" = 100'
Sept. 1998
Plat # 12174

OWNER/PLAN DEVELOPER: Charles D. Bussing
2714 Sykesville Road
West Friendship, Maryland 21794
PHONE: 301-325-7933

THE J. E. CLARK COMPANY
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