

Building Address 12440 FREDERICK RD  
W. FRIENDSHIP, MD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size 1 AC

Existing Use RESIDENTIAL  
 Proposed Use RESIDENTIAL  
 Estimated Construction Cost \$ 10,000.00

Description of Work EXPANSION OF EXISTING  
 KITCHEN 14' X 15'

Occupant or Tenant MOHAMMED I. MUFTI

Contact Name MOHAMMED I. MUFTI  
 Address 12440 FREDERICK RD  
 City W. FRIENDSHIP State MD Zip Code 21794  
 Phone 410-489-5951 Fax \_\_\_\_\_

Property Owner's Name MOHAMMED I. MUFTI  
 Address 12440 FREDERICK RD  
 City W. FRIENDSHIP State MD Zip Code 21794  
 Home Phone 410-489-5951 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: <u>1</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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]  
 Title/Company \_\_\_\_\_

Print Name MOHAMMED I. MUFTI  
 Date 3/5/2010

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

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development, DPZ			DPZ/SETBACK INFORMATION	
State Highways			Front: _____ Rear: _____	Filing fee \$ _____
Building Officials			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>3/5/2010</u>	<u>Brian Baker</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per fee \$ _____
Fire Protection			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone SDP/Red-line approval date _____	Balance due \$ _____ Check # _____ Validation # _____



TITLE:

# PROPOSED KITCHEN ADDITION

SHEET NO: A-1

DATE: 02/03/10

12440 FREDERICK ROAD, WEST FRIENDSHIP MD

SCALE: 1"=50'

