



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 1-6-14  
B14000050  
Permit No.: ~~XXXXXXXXXX~~

RT 97

Building Address: 760 HOODS MILL RD  
 City: COOKSVILLE State: MD Zip Code: 21723  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: GARY & JACQUELINE ENG  
 Address: 760 HOODS MILL RD  
 City: COOKSVILLE State: MD Zip Code: 21723  
 Phone: 410 489-5184 Fax: \_\_\_\_\_  
 Email: JACQUELINE.ENG@VERIZON.NET

Existing Use: SINGLE FM HOME - KITCHEN  
 Proposed Use: JAME  
 Estimated Construction Cost: \$ 50,000  
 Description of Work: RENOVATE KITCHEN  
AND ADDITIONAL TO KITCHEN - 15 STORY  
 Occupant or Tenant: \_\_\_\_\_ 45TH  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: GARY ENG  
 Contact Person: GARY ENG  
 Address: 760 HOODS MILL RD  
 City: COOKSVILLE State: MD Zip Code: 21723  
 License No.: \_\_\_\_\_  
 Phone: 410 508-9661 Fax: \_\_\_\_\_  
 Email: JACQUELINE.ENG@VERIZON.NET

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: <u>4'2"</u> <u>10'3"</u>
	2 <sup>nd</sup> floor: <u>3'</u> <u>3'</u>
Area of construction (sq. ft.): _____	Basement: _____
	<input type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Craw Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Dimensions: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
Roadside Tree Project Permit # _____	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

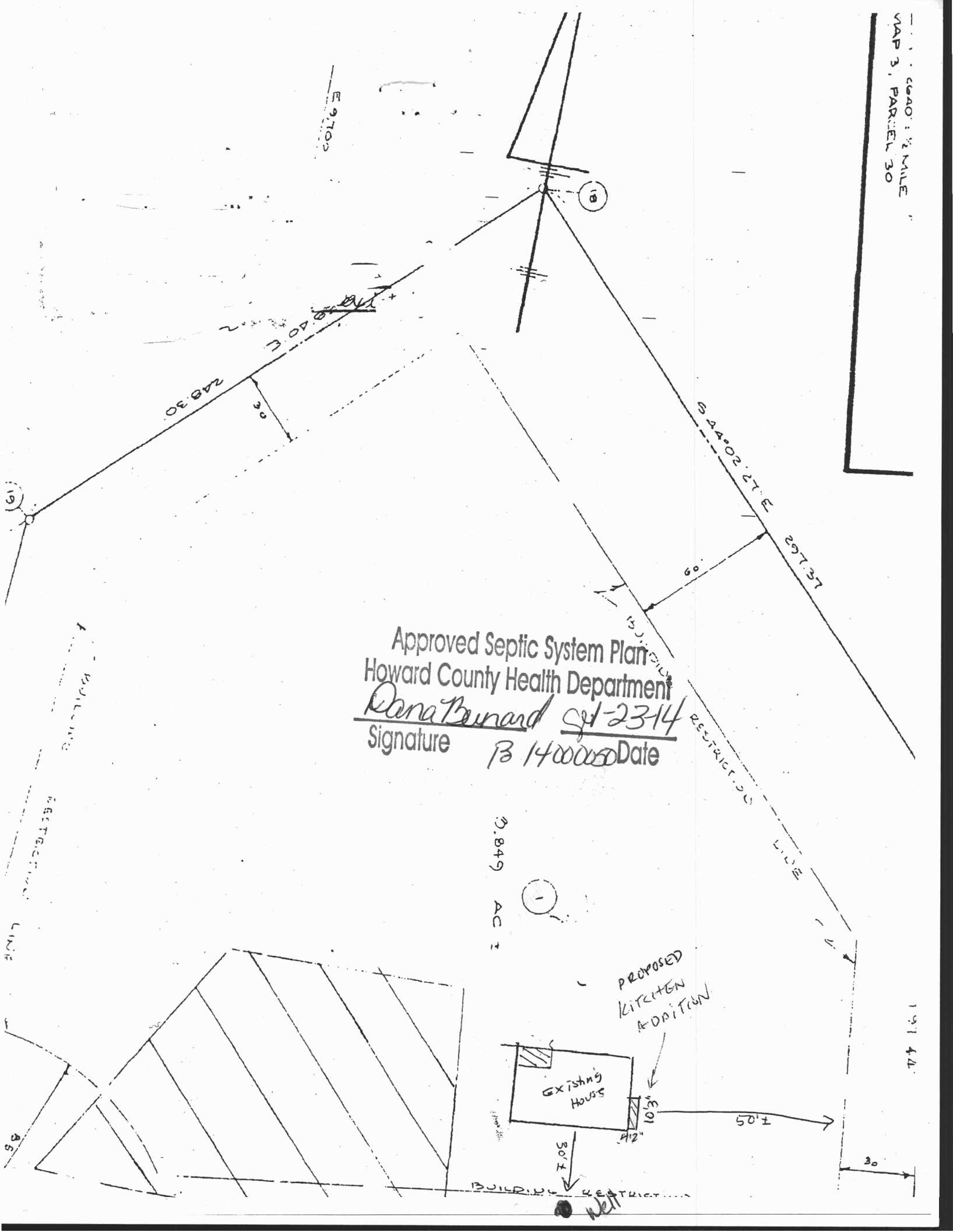
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: Jacqueline Eng Print Name: GARY L. ENG  
 Email Address: JACQUELINE.ENG@VERIZON.NET Date: 1-6-14  
 Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front: _____	\$ <u>25</u>
Building Officials			Rear: _____	\$
PSZA (Zoning)			Side: _____	\$
PSZA (Engineering)			Side St.: _____	\$
Health	<u>1-23-14</u>	<u>D. Prasad</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			Lot Coverage for New Town Zone: _____	\$
			SDP/Red-line approval date: _____	\$
				Balance Due \$
				Check # <u>7463</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



Approved Septic System Plan  
Howard County Health Department

Rana Bernard 01-23-14  
Signature Date

0.849 AC ±

PROPOSED  
KITCHEN  
ADDITION

EXISTING  
HOUSE

30' ±

WELL

50' ±

30'

19144'

248.30

30'

S 44° 02' 27" E  
297.37

60'

15 JUDICIAL

RESTRICTED LINES

RESTRICTED LINES

E 91.00

19

18

1

25

BUILDING RESTRICTIONS

RESTRICTED LINES

BUILDING RESTRICTIONS