

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B09000388 PERMIT NUMBER	
Building Address <u>13510 Golden Corn Dr</u> <u>Highland, MD 20777</u>			Property Owner's Name <u>Dennis Bernstein</u> Address <u>13510 Golden Corn Dr</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>443-386-4442</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Applicant's Name & Mailing Address, (if other than stated herein): _____		
Census Tract _____ Subdivision _____			Phone _____ Fax _____		
Section _____ Area _____ Lot <u>1</u>			Zoning _____ Map Coordinates _____ Lot Size _____		
Tax Map _____ Parcel _____ Grid _____			Contractor Company <u>Proville Construction, Inc</u> Contact Person <u>Edward Pacylowski</u> Address <u>13330 Clarksville Pike</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> License No. <u>20247</u> Phone <u>301-854-9821</u> Fax <u>301-854-9632</u>		
Existing Use <u>SFD</u> Proposed Use <u>SFD w/ deck</u> Estimated Construction Cost \$ <u>74,990</u>			Description of Work <u>Demo existing deck and construct 16x25 porch w/ steps over deck</u>		
Occupant or Tenant _____			Engineer or Architect Company _____		
Contact Name _____			Contact Person _____		
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ 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 _____ 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: <u>post piers</u> Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" 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 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.

[Signature]
 Applicant's Signature
President
 Title/Company

Edward Pacylowski
 Print Name
3/3/09
 Date

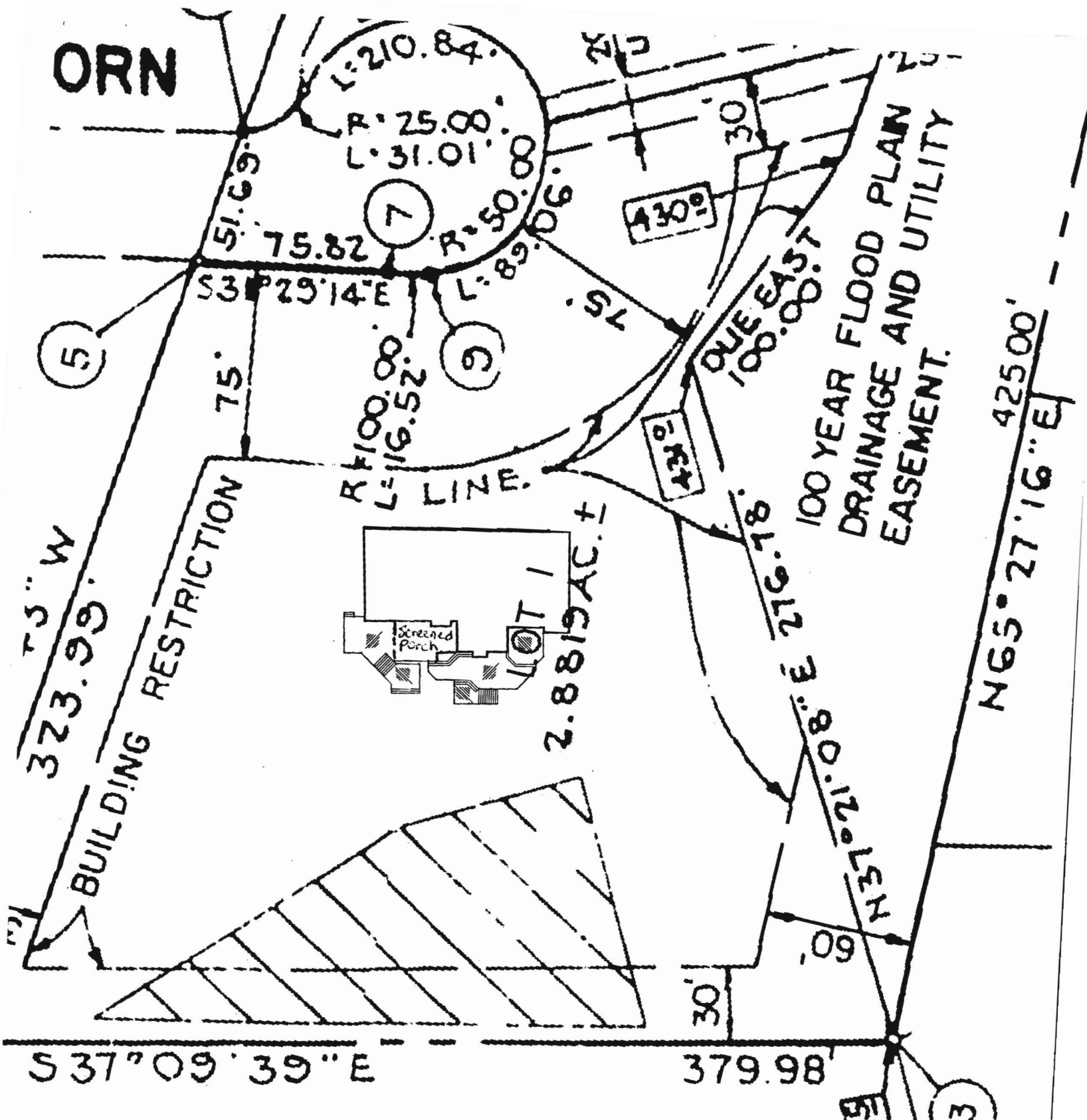
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****
- FOR OFFICE USE ONLY -

AGENCY: _____ Date: _____ State Highway: _____ Building Official: _____ Dev. Engineering: DPZ Health: _____ Fire Protection: _____ Is Sediment Control approval required prior to issue? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEPT. SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side Set: _____ 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 # Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by: _____
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CONTINGENCY CONSTRUCTION STOP
 ONE STOP SHOP

Distribution of Copies: White: Building Official
 Green: LDD, DPZ
 Yellow: DEP, DPZ
 Pink: Health
 Gold: SHA
 T: forms/buildingpermits/application
 REV 10/28/04

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APPROVED

WALKTHRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN D. Benard DATE 3-11-09
 DESC. OF WORK 14 x 25 Porch
w/ steps & per deck.

* As shown on drawing