

Building Address 16009 FREDERICK RD.  
MISTON, MD. 21765

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

Census Tract 604001 Subdivision \_\_\_\_\_

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

Tax Map 7 Parcel 193 Grid 12

Zoning B2 Map Coordinates 3F10 Lot size \_\_\_\_\_

Property Owner's Name ROBERT L. KNIGHT SR.  
 Address P.O. BOX 279

City WOODBRINE State MD. Zip Code 21797

Home Phone 410-476-6184 Work Phone 410-442-1888

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use OFFICE  
 Proposed Use SHED

Estimated Construction Cost \$ 1,500.00

Description of Work 4' X 48' HANDICAP RAMP

Contractor Company R/K VINYL REMODELING  
 Contact Person BOB KNIGHT  
 Address P.O. BOX 279

City WOODBRINE State MD. Zip Code 21797

License No. 7225  
 Phone 410-442-1888 Fax 410-442-2294

Occupant or Tenant R/K VINYL REMODELING  
 Contact Name BOB KNIGHT  
 Address 16009 FREDERICK RD.

City MISTON State MD. Zip Code 21765

Phone 410-442-1888 Fax 410-842-2294

Engineer or Architect Company CKL ARCHITECTS, INC  
 Contact Person I.K. LIANG  
 Address 8917 SHADY GROVE COURT

City GAITHERSBURG State MD. Zip Code 20877

Phone 301-258-4560 Fax 301-258-4562

| BUILDING DESCRIPTION - COMMERCIAL   |  | BUILDING DESCRIPTION - RESIDENTIAL   |   |
|---|--|--|---|
| <p><b>Building Characteristics</b></p> <p>Height: <u>ONE (1)</u></p> <p>No. of stories: <u>ONE (1)</u></p> <p>Gross area, sq. ft. per floor: <u>60x22 1320sq</u></p> <p>Use group: _____</p> <p>Construction type:<br/> <input type="checkbox"/> Reinforced Concrete<br/> <input type="checkbox"/> Structural Steel<br/> <input type="checkbox"/> Masonry<br/> <input checked="" type="checkbox"/> Wood Frame<br/> <input type="checkbox"/> State Certified Modular</p> | <p><b>Utilities</b></p> <p>Water Supply:<br/> <input type="checkbox"/> Public<br/> <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal:<br/> <input type="checkbox"/> Public<br/> <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/>                 Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:<br/> <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br/> <input type="checkbox"/> Natural Gas <input type="checkbox"/><br/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/><br/> <input type="checkbox"/> Full<br/> <input type="checkbox"/> Partial<br/> <input type="checkbox"/> Other Suppression<br/>                 # of Heads _____</p> | <p><b>Building Characteristics</b></p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br/>                 Depth Width</p> <p>1st floor: _____<br/>                 2nd floor: _____<br/>                 Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br/>                 Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br/>                 No. of Bedrooms: _____</p> <p>Multi-family dwellings:<br/>                 No. of efficiency units: _____<br/>                 No. of 1 BR units: _____<br/>                 No. of 2 BR units: _____<br/>                 No. of 3 BR units: _____</p> <p>Other Structure: _____<br/>                 Dimensions: _____<br/>                 Footings: _____<br/>                 Roof: _____</p> <p><input type="checkbox"/> State Certified Modular<br/> <input type="checkbox"/> Manufactured Home</p> | <p><b>Utilities</b></p> <p>Water Supply:<br/> <input type="checkbox"/> Public<br/> <input type="checkbox"/> Private</p> <p>Sewage Disposal:<br/> <input type="checkbox"/> Public<br/> <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br/>                 Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:<br/> <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br/> <input type="checkbox"/> Natural Gas <input type="checkbox"/><br/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/><br/> <input type="checkbox"/> NFPA #13D<br/> <input type="checkbox"/> NFPA #13R<br/> <input type="checkbox"/> Other: _____</p> |

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 ROBERT L. KNIGHT

Print Name ROBERT L. KNIGHT SR.  
 Date 12/25/01

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

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

| AGENCY   | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION  | PROPERTY ID#              |
|--|------|--------------------|--|---------------------------|
| Land and Development, DPZ  |      |                    | Front: _____<br>Rear: _____<br>Side: _____<br>Side St: _____                             | 7437                      |
| State Highways   |      |                    | All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    | Filing fee \$ _____       |
| Building Official <u>R.J. FROST</u>  |      |                    | Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Permit fee \$ <u>100</u>  |
| Dev. Engineering, DPZ  |      |                    | Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | Excise tax \$ _____       |
| Health <u>11/19/01 Steven R. Craig</u>   |      |                    | Lot Coverage for New Town Zone _____   | Add'l per. fee \$ _____   |
| Fire Protection  |      |                    | SDP/Red-line approval date _____   | TOTAL FEES \$ <u>100</u>  |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |      |                    |  | Sub-total paid \$ _____   |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>   |      |                    |  | Balance due \$ _____      |
| ONE STOP SHOP: <input type="checkbox"/>  |      |                    |  | Check # <u>11256</u>      |
|  |      |                    |  | Validation # <u>42004</u> |
|  |      |                    |  | Accepted by _____         |