

Building Address 10101 CENTURY DRIVE
ELLICOTT CITY MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 602301 Subdivision CENTENNIAL

Section 27 Area _____ Lot 14

Tax Map 24 Parcel 700 Grid 19

Zoning R-20 Map Coordinates 11612 Lot size _____

Property Owner's Name JAMES E. H. McDONALD

Address 10101 CENTURY DRIVE

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-750-6642 Work Phone 410-465-1146

Applicant's Name & Mailing Address, (if other than stated hereon):
ROBERT KNUDSEN BUNDELL, INC.
3650 PINE HILL RD
ELLICOTT CITY MD 21042

Phone 410-465-1196 Fax 410-465-1163

Existing Use SFD

Proposed Use SFD - ADDITIONAL UNIT

Estimated Construction Cost \$ 60000.00

Description of Work TOWNSHIP TWO ADDITIONAL UNIT
EXP. TATINA KITCHEN (12x10) AND
ONE TATINA INITIAL BEDROOM (23x11)

Occupant or Tenant Same

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company ROBERT KNUDSEN BUNDELL, INC.

Contact Person ROBERT KNUDSEN

Address 3650 PINE HILL RD
ELLICOTT CITY MD 21042

License No. 11354

Phone 410-465-1196 Fax 410-465-1163

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

BUILDING DESCRIPTION - RESIDENTIAL

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

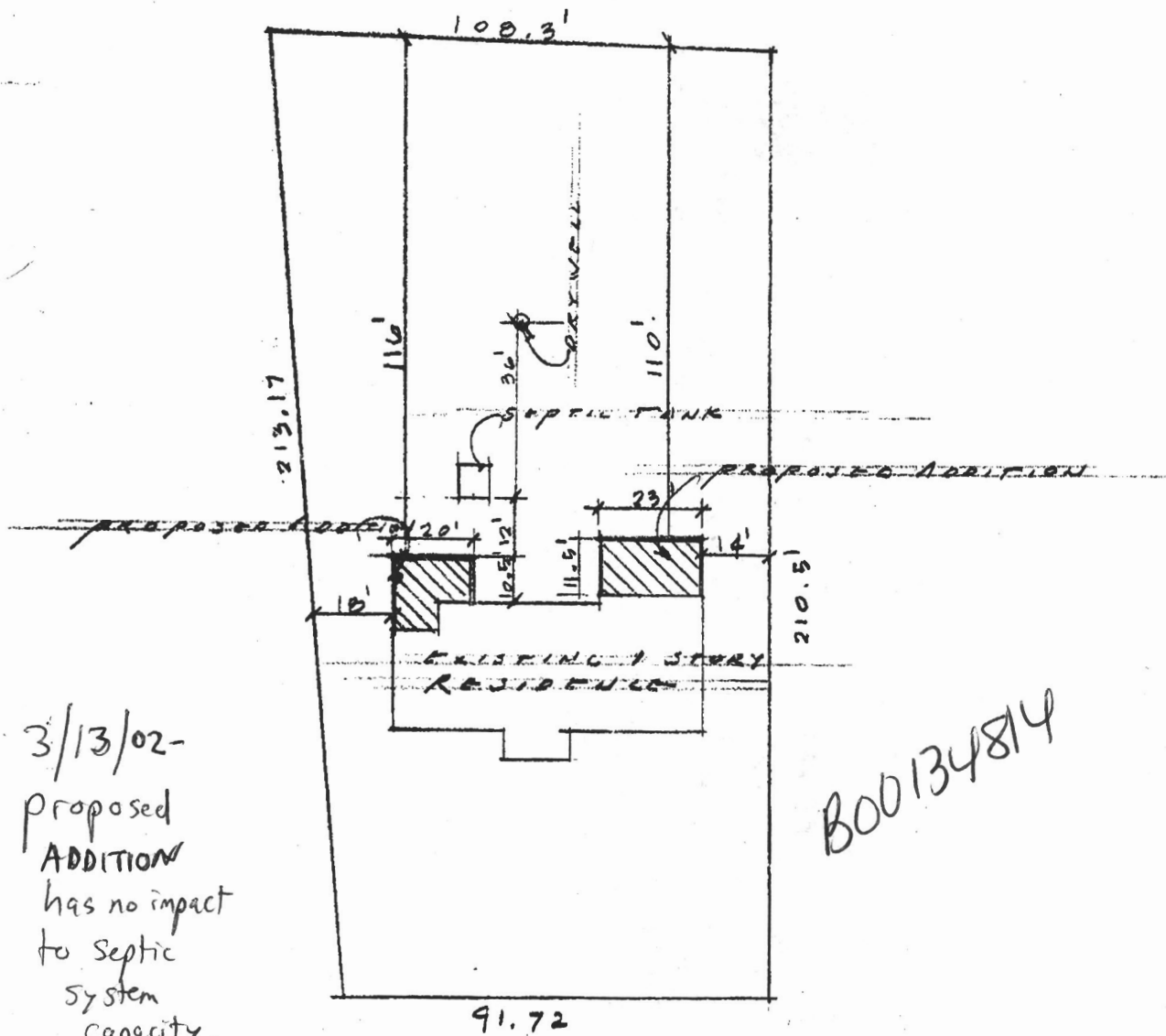
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature ROBERT KNUDSEN Print Name ROBERT KNUDSEN

Title/Company _____ Date 3-12-02

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: _____	3-41754
State Highways			Rear: _____	Filing fee \$ _____
Building Official <u>3/13/02</u>			Side: _____	Permit fee \$ <u>118</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ <u>5.00</u>
Health <u>3/13/02</u> <u>Steven R. Krug</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 \$ <u>665</u>
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"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2764</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # _____
				Accepted by <u>[Signature]</u>



3/13/02-
 Proposed
 ADDITION
 has no impact
 to septic
 system
 capacity.
 Public sewer
 available.
 House has
 public water
 OK SRK

B00134814

PLOT PLAN
 10101 CENTURY DRIVE
 PUBLIC WATER + SEPTIC
 ELECTION DISTRICT 2
 ZONING R-20
 SCALE 1" = 40'