

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
P00135167

Building Address 7017 MINK HOLLOW RD
HIGHLAND MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates 13H13 Lot size _____

Property Owner's Name MARIE LINDQUIST
 Address 7017 MINK HOLLOW RD
 City HIGHLAND State MD Zip Code 20777
 Home Phone 410 854 3366 Work Phone N/A
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use LAWN
 Proposed Use SITTING ROOM ARCH
 Estimated Construction Cost \$ 26,500
 Description of Work ADDITION OFF EXISTING
HOUSE TO BE 12'x20' (ENCLOSED
702CH)

Contractor Company GARY CONSTRUCTION CO
 Contact Person PAT FINNEY
 Address 70 BOX 1633
 City MILLERSVILLE State MD Zip Code 21108
 License No. 68080
 Phone 410-987-5757 Fax 410 987-7514

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company SARNE
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| Height: _____ | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private |
| 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| 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 | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 1st floor: _____ | Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: <input type="checkbox"/> 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 _____ | Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | |

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.

Patrick Finney
 Applicant's Signature

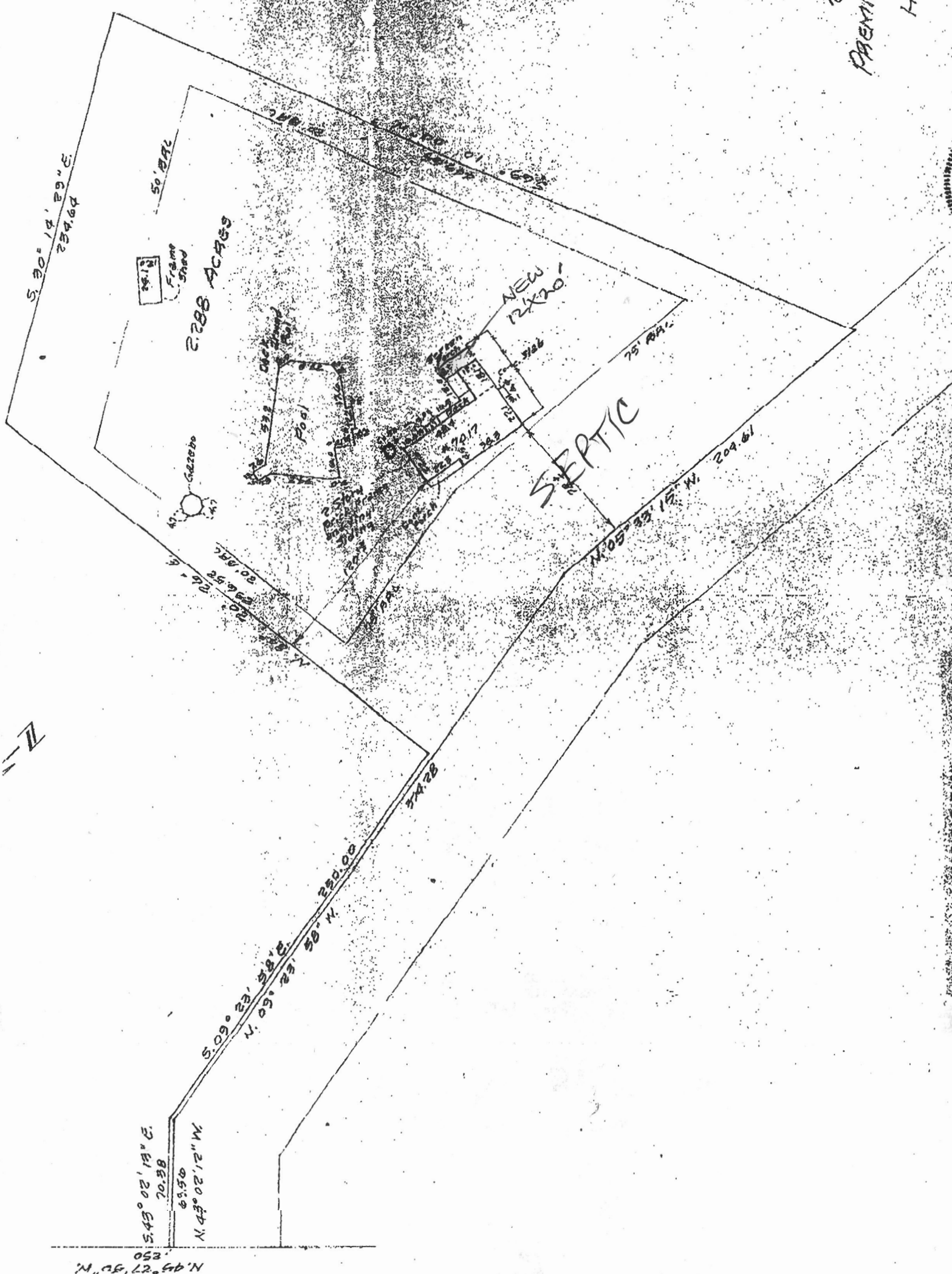
Patrick Finney
 Print Name
3-28-02
 Date

Title/Company

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: _____ | 54110 |
| State Highways | | | Rear: _____ | Filing fee \$ _____ |
| Building Official | | | Side: _____ | Permit fee \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Excise tax \$ _____ |
| Health | <u>3/28/02</u> | <u>Mark R. [Signature]</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>260</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 NewTown Zone _____ | Balance due \$ _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Check # <u>92</u> |
| | | | | Validation # _____ |
| | | | | Accepted by _____ |

HOUSE CO.
2.288 ACRES
PREMISES #7017 MHI
FIFTH ELECTIC
HOWARD COUNTY



MINK HOLLOW ROAD