

Building Address 4326 Montgomery Rd, ELLICOTT CITY, MD 21043 Applicant's Name Jae Gwan Shim
 Suite/Apt. #: _____ SDP/WP/Petition #: _____ City ELLICOTT CITY State MD Zip Code 21043
 Census Tract 602302 Subdivision _____ Home Phone _____ Work Phone 443-37-1117
 Section _____ Area _____ Lot _____ Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 24 Parcel 1044 Grid 24
 Zoning R-5C Map Coordinates _____ Lot size _____ Phone _____

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Existing Use Single family dwelling Contractor Company same
 Proposed Use Fin'shed basement Contact Person _____
 Estimated Construction Cost \$ 1100 Address _____
 Description of Work Adding small kitchen in the basement City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____
 Occupant or Tenant same 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	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <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.

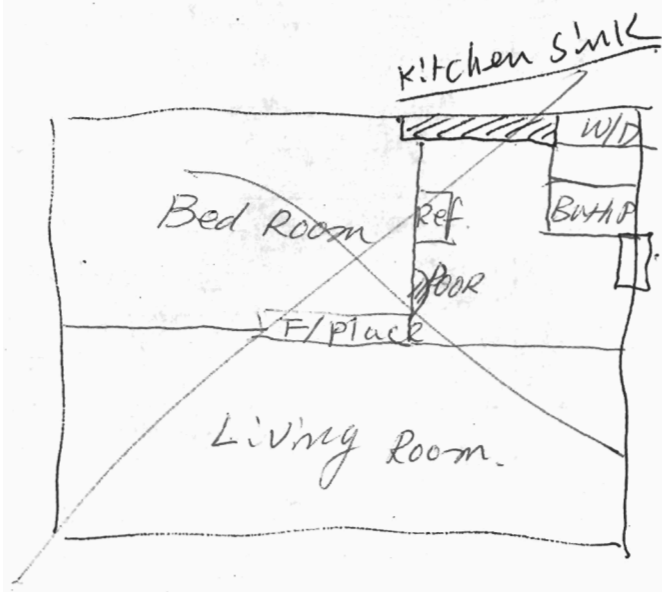
Applicant's Signature Jae Gwan Shim Print Name JAE GWAN SHIM
 Title/Company owner Date 12-26-07

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

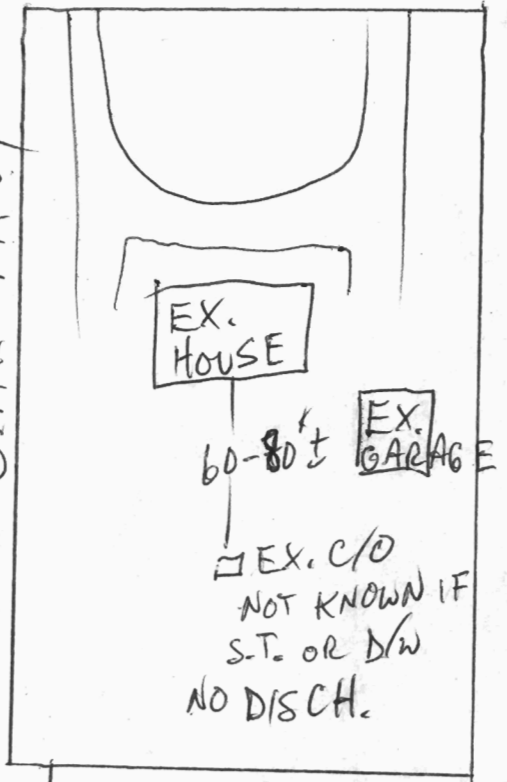
AGENCY	DATE	SIGNATURE	APPROVAL	PROPERTY ID#
Land Development, DPZ	12/27/07	Jae Gwan Shim	DPZ SETBACK INFORMATION	52990
State Highways			Front _____	Filing fee \$ _____
Building Official			Rear _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side _____	Excise tax \$ _____
Health	12/28/07	Mark Lippert	Side St. _____	Add'l per. fee \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>211</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>59913</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

DEC 5 2001
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APPROX 1:50±
 SITE PLAN
 MONT. RD



LONG GATE PKWY



12/28/07
 NO OBJ. TO INTERIOR ALTERATIONS FOR KITCHEN
 ADJ. PUBLIC SEWER SUBD.
 EX D/W OR S.T. FULL ADVISED OWNER TO PLAN FOR FUTURE CONN TO PUB. SEWER