

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00152182 KN

Building Address 16357 Old Frederick Rd
Sykesville MD 21784
Suite/Apt. # TR-00 #04-310/09 SDP/WF/Petition #:
Census Tract 6092.01 Subdivision Middlebrook
Section — Area — Lot 19D
Tax Map 2 Parcel 165 Grid 22
Zoning RC Map Coordinates 307 Lot size 1.2 acres

Property Owner's Name Ross + Debra Tabum
Address 5012 Phoebe E.
City Glenburne State MD Zip Code 21061
Home Phone 410-969-0981 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use Single Family Detaching
Estimated Construction Cost \$ 250,000
Description of Work 2 story, 4 Bedroom, 2 1/2
Bath Brick Front, with individual Basements

Contractor Company Viking Dev. Corp.
Contact Person Cary Cumberland
Address 515 Windriver Dr
City Sykesville State MD Zip Code 21784
License No. 1185
Phone 410-977-2888 fax 410-547-3240

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

Engineer or Architect Company Caddworks
Contact Person Dennis
Address _____
City Frederick State MD Zip Code _____
Phone 814-766-2300 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>34</u> Depth <u>53</u> Width <u>53</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>28</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>34</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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.

Applicant's Signature Cary Cumberland
Title/Company President / Viking Dev. Corp

Print Name Cary Cumberland
Date 2-5-05

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>2-14-05</u>	<u>Kace Turner</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 64631

Filing fee \$ 100.00

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 4744

Validation # 85368

Accepted by [Signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

EX. 15±' GRAVEL
USE-IN-COMMON DRIVE

610±'

EX. WELL

REBAR W/ CAP

EL. BOX

REBAR W/ CAP

100' RADIUS

PROP. WELL
LOCATION

BUILDING RESTRICTION LINE

GARAGE

PRCP. 2-STORY
LIVELLING

EX VINYL
1 STORY

SEPTIC
TANK

496

405.37

LOT 18A

494

W

7553.28

N

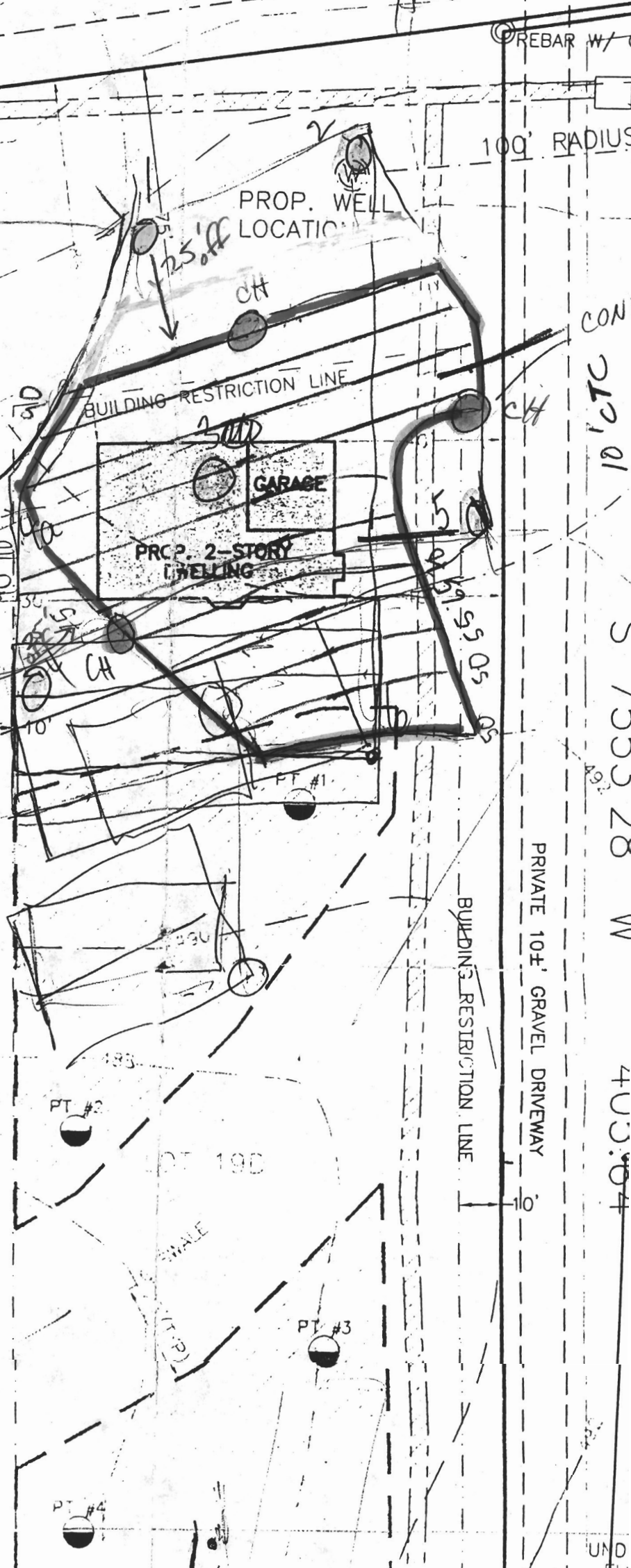
496

CH = CONFIRMATION
TEST HOLE
NEEDED
AT TIME OF SEPTIC
SYSTEM LAYOUT

Need North
Arrow on plan

• Calculate area
Does not need
to be 10±

soils ← drainage



PRIVATE 10±' GRAVEL DRIVEWAY

BUILDING RESTRICTION LINE

LOT 19D

WHALE

CONF

10±' CTC

S

1553.28

W

4003.04

UND

FLU