

Building Address 7537 CHERRY TREE DRIVE  
HOWARD CO. MD 20759  
 "FULTON"  
 Suite/Apt. #: N/A SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 115100 Subdivision MOONSFIELD  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 17 BLK C  
 Tax Map 41 Parcel 279 Grid 14  
 Zoning R100 Map Coordinates 18112 Lot size 1.09 ACRES

Property Owner's Name FRANCIS R. SMITH  
 Address 7537 CHERRY TREE DR  
 City FULTON State MD Zip Code 20759  
 Home Phone 301-317-1316 Work Phone 301-772-7386  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax 301-322-1456

Existing Use PRINCIPAL RESIDENCE  
 Proposed Use -SAME- / w. new Garage  
 Estimated Construction Cost \$ 35,000.00  
 Description of Work ATTACHED 30' X 40'  
GARAGE ADDITION

Contractor Company HOME OWNER  
 Contact Person SAME AS ABOVE  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant HOME OWNER  
 \* Contact Name \_\_\_\_\_  
 \* Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company HOME OWNER  
 Contact Person N/A  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: <u>N/A</u>	Sewage Disposal: _____ _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

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

Francis R. Smith  
 Applicant's Signature

FRANCIS R. SMITH  
 Print Name  
MARCH 25 2002  
 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 FEES
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l fee \$ _____
Health	<u>5-9-02</u>	<u>Frank Shurin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	# <u>840</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	# <u>7331</u>
				Accepted by <u>(Signature)</u>

MOORESFIELD  
 LOT 17 BLK C  
 7537 CHERRY TREE DRIVE  
 HOWARD COUNTY, MD.  
 1"=50' 3-12-02

*9/15 no change per Add*

