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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 P00136140

Building Address 14226 Day Farm Rd.
Glenelg, MD 21737

Suite /Ap t.#: n/a SDP/WP/P etition #: n/a

Census Tract _____ Subdivision The Heritage

Section _____ Area _____ Lot 32

Tax Map 21 Parcel 184 Grid 18

Zoning RRDEO Map Coordinates 9811 Lot size _____

Property Owner's Name Donovan, Michael J.

Address 6251 Dawn Day. Dr.

City Columbia State MD Zip Code 21045

Home Phone 410-309-1684 Work P hone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Baltimore, MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use SFD

Proposed Use Same w/ Deck

Estimated Construction Cost \$ 4900.00

Description of Work Const. open wood deck on rear
- 16'w x 14'd w/ steps to grade

Contractor Company Premier Window & Building

Contact Person Bob Valtin

Address 9515 Reisterstown Rd.

City Owings Mills State MD Zip Code 21117

License No. 20964

Phone 410-654-1711 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

SF Dwelling SF Townhouse

Depth Width
 1st floor: 14' 16'

2nd floor: _____

Basement: _____

Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: post & pier
 Roof: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA # 13D
 NFPA # 13R
 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 HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WANTS COUNTY OFFICIALS BE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature _____
 Agent

 Title/Company

Building Permit Services, Inc. - Pat Orla

Print Name
 5/14/02

 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Highways			
Building Official			
Dev. Engineering DPZ	<u>5/22/02</u>	<u>[Signature]</u>	
Health			
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

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 NewTown Zone _____
 SDP/Red-line, approval date _____ Accepted by [Signature]

PROPERTY ID#:

Filling fee \$ 50.00
 Permit fee \$ _____
 Excise tax \$ _____
 Subtotal paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ _____
 Balance due \$ _____
 Check # 7417
 Validation # 54723

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

