

SRK

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B300136509

Building Address 13885 Rover Mill Rd
West Friendship Md 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision Rover Mill Estates
Section — Area — Lot 11
Tax Map 14 Parcel 203 Grid 18
Zoning RR Map Coordinates _____ Lot size 5

Property Owner's Name JAMES & SUSANNA COFFEY
Address 13885 Rover Mill Rd
City West Friendship State MD Zip Code 21794
Home Phone 4104845337 Work Phone 4109849590
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone J.W. + R.L. May Inc Fax _____

Existing Use Single Family Mobil Home
Proposed Use Single Family Dwelling
Estimated Construction Cost \$162,800
Description of Work Due to FIRE
re building New SFD two story
with Full Basement 5 bedrooms 4 BA's
Occupant or Tenant SAME
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company MAY BROTHERS
Contact Person TOM PAPAS
Address PO BOX 129
City W. Friendship State MD Zip Code 21794
License No. 277
Phone 410 2410073 Fax 410 5310182
Engineer or Architect Company PROFESSIONAL BUILDING SYSTEMS INC
Contact Person _____
Address 72 EAST MARKET
City MIDDLEBURG State Pa Zip Code 17842
Phone 570 837 1424 Fax 570 837 6133

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"/>
Depth Width	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>68</u> <u>25.7</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>68</u> <u>25.7</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>68</u> <u>27.6</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>5</u>	
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.

Susanna Coffey
Applicant's Signature

SUSANNA COFFEY
Print Name

Title/Company

Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Planning and Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
Public Health			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Public Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>6/20/02</u>	<u>Mark R. L...</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 \$ _____
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 New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by <u>[Signature]</u>

