

G-8906

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS AND INSPECTIONS (410) 313-1900
AUTOMATED INFORMATION (410) 313-2882

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-0-149463 KN

Building Address 13629 HIGHLAND RD.
LARKSVILLE, MD. 21029

Property Owner's Name JEFFREY SCARICH

Address 5007 STEWART COURT

Suite/Apt. #: _____ SDP/WP/Petition #: _____

City COLLEGE PARK State MD Zip Code 20740

Census Tract 605101 Subdivision CLIFTON LINE 2A P. 4A

Home Phone 301-982-0661 Work Phone 301-523-5384

Section _____ Area _____ Lot 2

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 39 Parcel 313 Grid 8

Phone _____ Fax _____

Existing Use VACANT RESIDENTIAL LOT

Contractor Company OWNER

Proposed Use SINGLE FAMILY DWELLING

Contact Person _____

Estimated Construction Cost \$ 225,000

Address _____

Description of Work CUSTOM

City _____ State _____ Zip Code _____

BUILD NEW SINGLE FAMILY

License No. _____

HOME. 4BR 3BATH FULL BSMT. 1/2

Phone _____ Fax _____

FINISHED W/BATH. 2 CAR GARAGE, F.P.

Occupant or Tenant OWNER

Engineer or Architect Company LDC

Contact Name _____

Contact Person TED NOVELL

Address _____

Address 7417 ARLYN CIRCLE

City _____ State _____ Zip Code _____

City QUILICO MILLS State MD Zip Code 21117

Phone _____ Fax _____

Phone 410-556-0625 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

B BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: 4' x 31'
2nd floor: _____
Basement: 48' x 37'
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
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

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
NFFA #13D
NFFA #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 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.

Jeffrey Scarich
Applicant's Signature
Owner
Title/Company

JEFFREY SCARICH
Print Name
7/10/04
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
 Health 10-4-04 Karen Norman
 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 New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 62864
Filing fee \$ 100
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 584
Validation # 7456
Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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