

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B001410139

Building Address 3312 Hapsley Mill Road
Woodbine MD

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

Census Tract _____ Subdivision M-11 Green

Section 2 Area _____ Lot 1

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 8157 Lot size _____

Existing Use SPD

Proposed Use Residence - Addition

Estimated Construction Cost \$ 75,000

Description of Work Ground floor addition including bedroom bathroom + walk-in closet

Occupant or Tenant same as property owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name George + Virginia Chandler

Address 3312 Hapsley Mill Road

City Woodbine State MD Zip Code 21797

Home Phone 301 854 6206 Work Phone 301 984 4129

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

Contractor Company James Bryla Home Remodeling

Contact Person Jim Bryla

Address 5823 Corporal Jones Ct.

City Mt Airy State MD Zip Code 21771

License No. 70710

Phone 301 831 5585 Fax 301 829 9494

Engineer or Architect Company R. Johnston + Assoc.

Contact Person Ronald Johnston

Address 11407 Barclay Field Way

City Messittsville State MD Zip Code 21104

Phone 410 442 3667 Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 _____
James T. Bryla

Title/Company _____
owner / James Bryla Home Remodeling

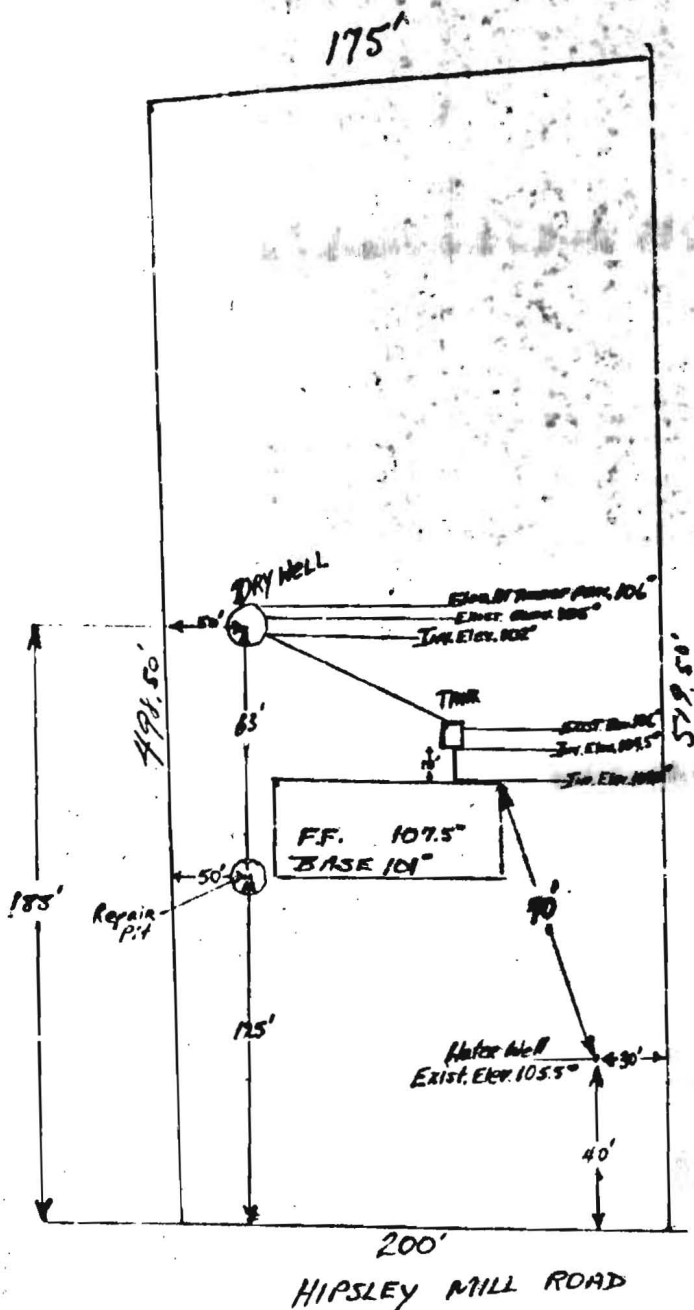
Print Name _____
James T. Bryla

Date _____
1/21/03

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 ID#
Land Development, DPZ			Front: _____	571322
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Engineering, DPZ			Side St: _____	Excise tax \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
ONE STOP SHOP <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
			SDP/Red-line approval date _____	Check # _____
				Validation # _____
				Accepted by _____



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SIGNED: Marshall Peters

Virginian Elevation & Plot Plan
 for Mr. & Mrs. George Chandler