

Building Address 8545 PINEWAY CT
SCAGGSVILLE
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 60622 Subdivision PINE VALLEY
Section TWO Area _____ Lot 6
Tax Map _____ Parcel "C" Grid _____
Zoning _____ Map Coordinates 19C7 Lot size 135139

Property Owner's Name JEFF DESCHAMPS
Address 8545 PINEWAY CT
City SCAGGSVILLE State MD Zip Code 20723
Home Phone 301 604 3736 Work Phone 240 777 7111
Applicant's Name & Mailing Address, (if other than stated hereon):
JIM PIATESKI
9505 PLEASANT PLAINS CT
DAMASCUS MD 20872
Phone 301 253 4486 Fax 301 601 2954

Existing Use RESIDENTIAL
Proposed Use RESIDENTIAL
Estimated Construction Cost \$ 15,000.00
Description of Work BUILD 4 SEASON ROOM
ON EXISTING SLAB
17x11.5

Contractor Company JIM PIATESKI CONTRACTORS
Contact Person JIM PIATESKI
Address 9505 PLEASANT PLAINS CT
City DAMASCUS State MD Zip Code 20872
License No. 35603
Phone 301 253 4486 Fax 301 601 2954

Occupant or Tenant JEFF DESCHAMPS
Contact Name JEFF DESCHAMPS
Address 8545 PINEWAY CT
City SCAGGSVILLE State MD Zip Code 20723
Phone 301 604 3736 Fax _____

Engineer or Architect Company _____
Contact Person JIM PIATESKI
Address 9505 PLEASANT PLAINS CT
City DAMASCUS State MD Zip Code 20872
Phone 301 253 4486 Fax 301 601 2954

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 <input checked="" type="checkbox"/> Private _____
1st floor: _____ Depth: <u>26'</u> Width: <u>45'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
No. of Bedrooms: <u>3</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 THERE TO; (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 [Signature]
Title/Company JIM PIATESKI CONTRACTORS

Print Name JIM PIATESKI
Date 7/23/03

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 _____	58956
State Highways			Rear _____	Filing fee \$ _____
Building Official			Side _____	Permit fee \$ <u>35</u>
Dev. Engineering DPZ			Side St _____	Excise tax \$ <u>107</u>
Health			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>221.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2034</u>
				Validation # <u>2034</u>
				Accepted by <u>[Signature]</u>