

15596

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

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00144882

Building Address 13955
6030 (Burdwood Rd) 6106121737
Suite/Apt. #: SDP/WP/Petition #:
Census Tract 6030 Subdivision Crist Property
Section Area Lot 2
Tax Map 22 Parcel 115 Grid 7
Zoning RR-DEO Map Coordinates 968 Lot size

Property Owner's Name Scott & Pam Salafina
Address 1307 S.W. Skell CT.
City Baltimore State md Zip Code 21226
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use NEW SINGLE FAMILY RES.
Estimated Construction Cost \$ 275,000
Description of Work Construction new 5,000 sq. ft. per
4 bedrooms 2 1/2 baths, 8' concrete
ceiling - 24" walls with 1/2" thick
solids
Occupant or Tenant _____

Contractor Company Salsano Homes
Contact Person Edgee Marywood Jr.
Address 7241 NORRIS AVE
City Sykesville State md Zip Code 21784
License No. 136 Fax 410-549-6498
Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL
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 Gas Yes No Yes No No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: Full Partial Other Suppression
of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL
Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: 47'-6" 61'-0"
2nd floor: 34'-0" 50'-8"
Basement: 44'-6" 61'-6"
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
Utilities
Water Supply: Public Private
Sewage Disposal: Public Private
Electric Gas Yes No Yes No No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: NFPA #13D NFPA #13R Other: N/A

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.
Greg M. LA
Applicant's Signature
Title/Company _____
Date 11-3-03

Edw. M. Marguad Jr.
Print Name
Date 11-3-03

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

AGENCY Land Development, DPZ DATE 11/3/03 SIGNATURE APPROVAL Mark Rippen
State Highways _____
Building Official _____
Dev. Engineering, DPZ 11/3/03 Mark Rippen
Health _____
Fire Protection _____
Is Sediment Control approval required prior to issuance? YES NO

DPZ SETBACK INFORMATION
Front: 35
Rear: 33
Side: 30
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 _____

Distribution of Copies: _____ White: Building Official _____ Green: LDD, DPZ _____ Yellow: DEB, DPZ _____ Pink: Health _____ Gold: SHA _____
Accepted by: [Signature]
Rev. 5/17/00

PROPERTY ID# 60033
Filing fee \$ 100
Permit fee \$ _____
Excise tax \$ _____
Add'l. per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 5736
Validation # 34153

