

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0046687

Building Address 11318 OLD HOPKINS RD
CHARLESVILLE, MD 21029

Property Owner's Name TIM WYANT
Address 11318 OLD HOPKINS RD

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

City CHARLESVILLE State MD Zip Code 21029

Census Tract 605102 Subdivision 1141 MARK

Home Phone 301 725 5544 Work Phone 443 778 6320

Section 1 Area _____ Lot 16

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

Tax Map 41 Parcel 422 Grid 9

Phone _____ Fax _____

Zoning RR Map Coordinates BR1 Lot size 39260 SF

Existing Use RESIDENTIAL STD

Contractor Company THE MATSUDIC CO. INC.

Proposed Use RESIDENTIAL STD

Contact Person GARY CHRISTOPHER

Estimated Construction Cost \$ 34000

Address 9712 DUGBY CT.

Description of Work 12x23 FAMILY ROOM ADDITION

City ELLSWORTH CITY State MD Zip Code 21042

License No. #1136 Phone 301 924 2184 Fax 301 596 5770

Occupant or Tenant TIM WYANT

Engineer or Architect Company _____

Contact Name GARY CHRISTOPHER, MATSUDIC CO.

Contact Person N/A

Address 9712 DUGBY CT.

Address _____

City ELLSWORTH CITY State MD Zip Code 21042

City _____ State _____ Zip Code _____

Phone 301 924 2184 Fax 301 596 5770

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>11'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1.5 story</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>276 SF</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>12'</u> Width <u>23'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>none added</u>	
Multi-family dwellings: No. of efficiency units: <u>N/A</u>	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<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 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 Gary Christopher
Title/Company Pres./THE MATSUDIC CO. INC.

Print Name GARY CHRISTOPHER
Date 3-11-04

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>3/10/04</u>	<u>Karen Norman</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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 NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 58086

Filing fee \$	<u>21</u>
Permit fee	\$ <u>50</u>
Excise tax	\$ <u>221</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>301</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>31610</u>
Validation #	<u>4123X</u>

Accepted by [Signature]

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