

HOWARD COUNTY  
 PERMIT/APPLICATION

PERMIT NUMBER

B0153657KSP

Building Address 12020 Kunte 99  
Marriottsville, MD 21104

Property Owner's Name Daniel Myung  
 Address 12020 Kunte 99

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City Marriottsville State MD Zip Code 21104

Census Tract 603000 Subdivision \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Applicant's Name & Mailing Address (if other than stated hereon):  
410-418-5998

Tax Map 10 Parcel 19 Grid 19

Phone 410-418-5998 Fax 410-418-5998

Zoning RD Map Coordinates 921P Lot size 5.55A

Contractor Company Owner

Existing Use Residential SF Home

Contact Person \_\_\_\_\_

Proposed Use Residential w/ 1st flr

Address \_\_\_\_\_

Estimated Construction Cost \$ 200,000.00

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Work Paint roof

License No. \_\_\_\_\_

Addition two story building

Phone \_\_\_\_\_ Fax \_\_\_\_\_

To existing house for party room

and additional bedrooms (3) AB

Occupant or Tenant Daniel Myung

Engineer or Architect Company \_\_\_\_\_

Contact Name Hong Kim

Contact Person James Park

Address 1043 S. Hammer St.

Address 5505 Seminary Rd. 1107 North

City Baltimore State MD Zip Code \_\_\_\_\_

City Falls Church State VA Zip Code 22041

Phone 240-793-3011 Fax 410-528-0444

Phone 571-217-9352 Fax 703-931-1004

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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 _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>34'</u> Width <u>90'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>15'</u> <u>40'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input 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"/>
No. of Bedrooms <u>3</u>	NFA #13D _____
Height: <u>17'</u>	NFA #13R _____
Multi-family dwellings: _____	Other: _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>Wood structure</u>	
Dimensions: <u>34'x40'x16'11"x8'</u>	
Footings: _____	
Roof Height: <u>8'</u>	
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 THEREBY; (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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Kittafro  
 Title/Company agent for owner

Print Name Hong Kim  
 Date 5/9/05

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 Developers DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>5/19/05</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ <u>1100</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>