

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

BO056650

Building Address 1350 State Route 97  
Sykesville, Md 21784  
 Suite/Apt. #: 04-312058 SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 604001 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3-B  
 Tax Map 8 Parcel \_\_\_\_\_ Grid 11  
 Zoning \_\_\_\_\_ Map Coordinates 41010 Lot size \_\_\_\_\_

Property Owner's Name Jonathan N Shook  
 Address 1350 State Route 97  
 City Sykesville State Md Zip Code 21784  
 Home Phone 410-489-6751 Work Phone 340-687-2981  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential S/F Home  
 Proposed Use Residential Secondary Garage  
 Estimated Construction Cost \$ 20,000.00  
 Description of Work Build 3 car Garage  
1 story detached 32x40

Contractor Company Bauer  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Jonathan N Shook  
 Contact Name Jonathan N Shook  
 Address 1350 State Route 97  
 City Sykesville State Md Zip Code 21784  
 Phone 410 489 6751 Fax 410 489 240 687-2981

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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"/> 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"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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 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 [Signature]  
 Title/Company Owner

Print Name Jonathan N Shook  
 Date 10/20/05

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 Development, DPZ			Front: _____ Filing fee \$ _____	27247
Building Official			Rear: _____ Permit fee \$ _____	
City Engineering, DPZ			Side: _____ Excise tax \$ _____	
Health	<u>10/20/05</u>	<u>[Signature]</u>	Side St. _____ Add'l per. fee \$ _____	
City Planning			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Submittal Control approval required prior to issuance?			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	BDP/Road-line approval date _____	Accepted by <u>[Signature]</u>
Yellow: DEB, DPZ	Pink: Health	Gold: SHA		

Future permits may require septic inspection.

PROPERTY KNOWN AS: LOT 3-B  
 PART OF LOTS L. 678 F. 675  
 4<sup>TH</sup> ELECTION DISTRICT  
 HOWARD COUNTY, MD

S.B.C. PLAT 41773

N 03° 10' 01" E 102.20'  
 N 122° 31' 56" W 102.758'  
 N 16° 21' 51" W 32.88'

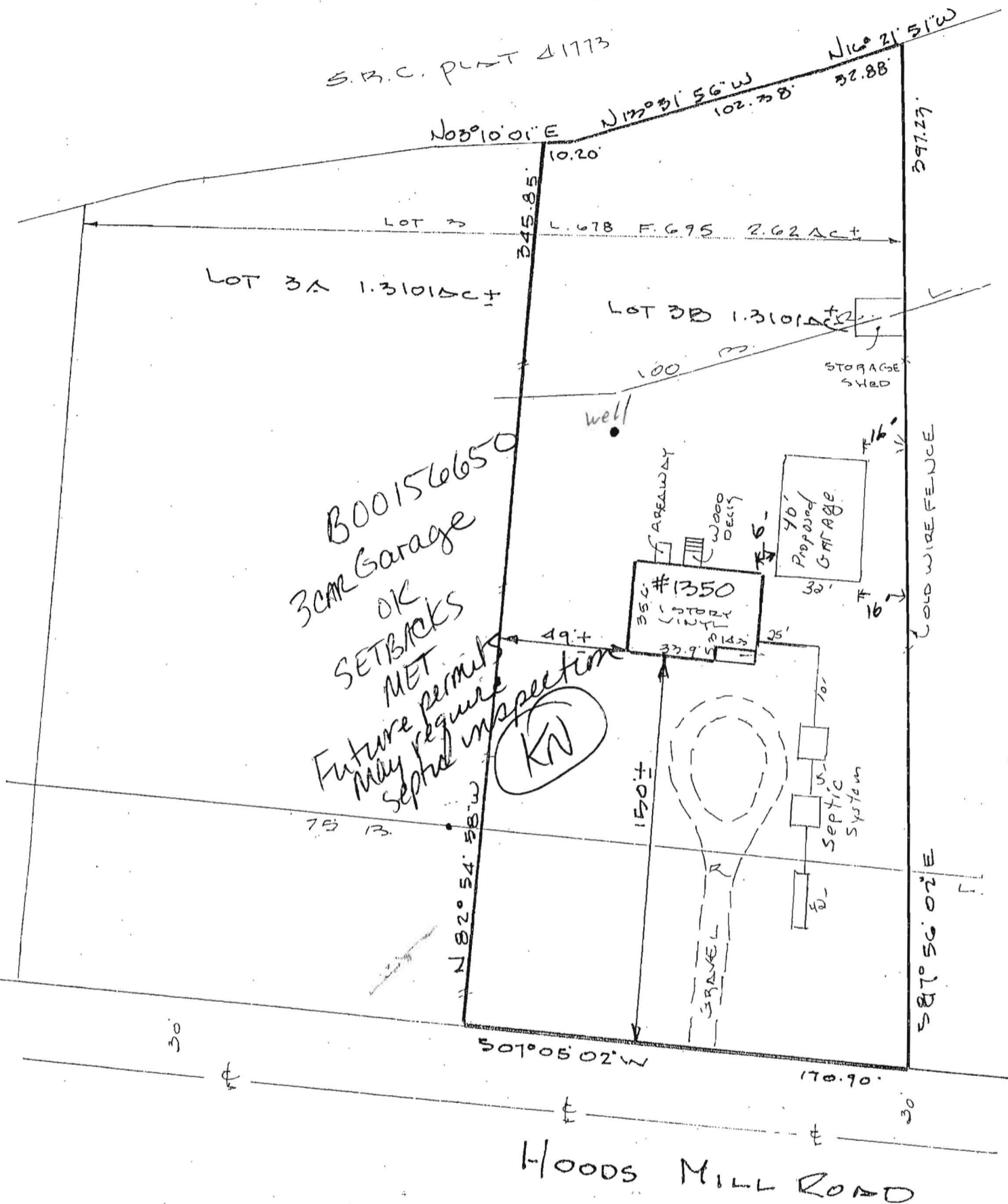
LOT 3 L. 678 F. 675 2.62 AC ±

LOT 3A 1.3101 AC ±

LOT 3B 1.3101 AC ±

B00156650  
 30M Garage  
 OK  
 SETBACKS  
 MET

Future permits  
 may require  
 septic inspection  
 (KN)



LOCATION DRAWING

CERTIFICATION	SEAL	SCALE 1"=50'	DATE 6.17.03
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