

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 807003695

Building Address 907 HIGH STEPPER TRAIL  
SYKESVILLE, MD 21784  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6030, 00 Subdivision River Down  
 Section 1 Area \_\_\_\_\_ Lot 5  
 Tax Map 9 Parcel 338 Grid 6  
 Zoning RR Map Coordinates \_\_\_\_\_ Lot size 3.00Ac.

Property Owner's Name BENJAMIN LIM  
 Address 907 HIGH STEPPER TRAIL  
 City SYKESVILLE State MD Zip Code 21784  
 Home Phone 410-505-5071 Work Phone 301-827-5135  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD with Deck  
 Estimated Construction Cost \$ \$15,000  
 Description of Work 27' X 16' Deck  
Irregular shaped  
steps to grade

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

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 checked="" 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.

Benjamin Lim  
 Applicant's Signature

BENJAMIN LIM  
 Print Name  
8/30/07  
 Date

Title/Company

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ	8/30/07	<u>[Signature]</u>	<u>[Initials]</u>
State Highways			
Building Official			
Dev. Engineering DPZ			
Health	8/30/2007	<u>[Signature]</u>	
Fire Protection			

DPZ SETBACK INFORMATION		PROPERTY IDE:
Front: <u>75 FT</u>	Filing fee	\$ _____
Rear: <u>60 FT</u>	Permit fee	\$ _____
Side: <u>30 FT</u>	Excise tax	\$ _____
Side St.: <u>NA</u>	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check	\$ _____
Historic District?	Validation	\$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Lot Coverage for New/Town Zone _____		
BDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies -  
 T:\Name\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

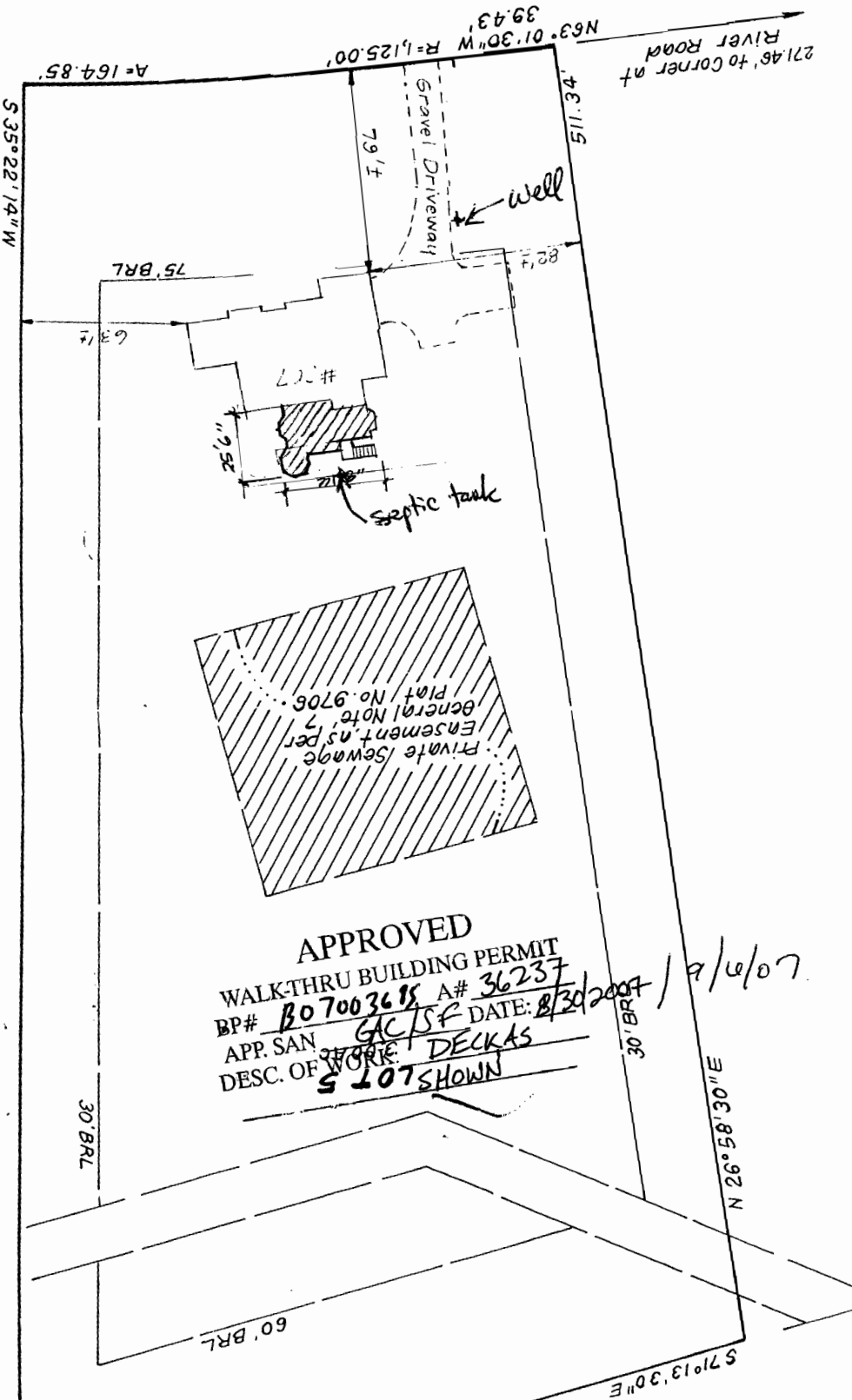
Yellow: DED, DPZ

Pink: Health

Gold: SHA



# HIGH STEPPER TRAIL 50'R/W



271.46' to corner of River Road

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# BO7003635 A# 36237  
 APP. SAN. GAC/SF DATE: 8/30/2007  
 DESC. OF WORK: DECKAS  
 5 LOT SHOWN

LOT 4

$N 26^{\circ}58'30''E$

LOT

20'

570

LOT 3

HOWARD COUNTY  
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SYKESVILLE, MD 21784  
 Suites/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6030, 00 Subdivision River Down  
 Section 1 Area \_\_\_\_\_ Lot 5  
 Tax Map 9 Parcel 338 Grid 6  
 Zoning RR Map Coordinates \_\_\_\_\_ Lot size J.V.A.C.

Property Owner's Name BENJAMIN LIM  
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 City SYKESVILLE State MD Zip Code 21784  
 Home Phone 410-825-5071 Work Phone 301-827-5135  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD with Deck  
 Estimated Construction Cost \$ 15,000  
 Description of Work 27' x 16' Deck 32' x 26'  
Irregular shaped  
steps to grade

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

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
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 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**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 Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**  
 SF Dwelling  SF Townhouse   
Depth Width  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 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 Height: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other: \_\_\_\_\_

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[Signature]  
 Applicant's Signature  
 \_\_\_\_\_  
 Title/Company

BENJAMIN LIM  
 Print Name  
8/30/07  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
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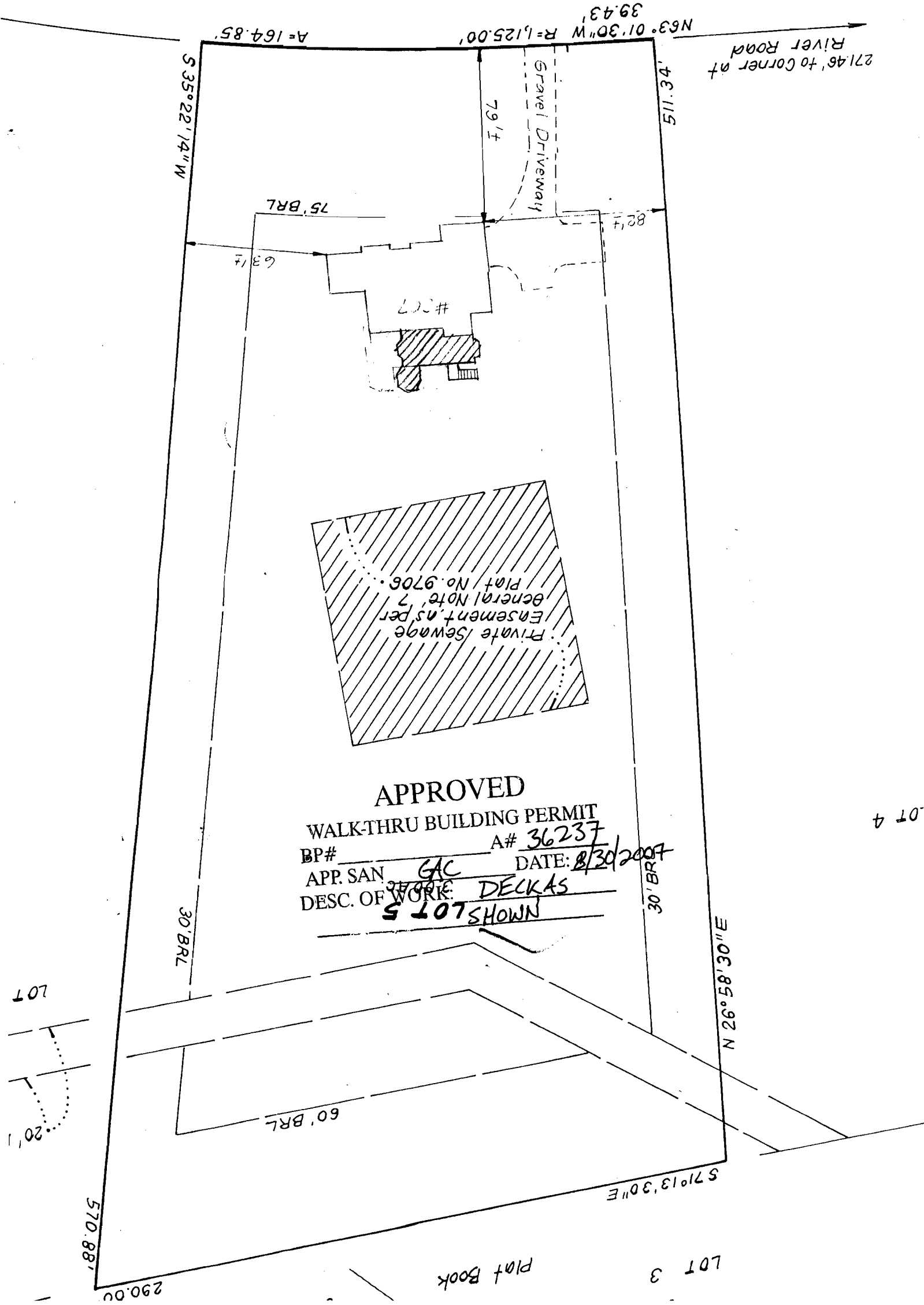
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL	DEZ SETBACK INFORMATION	PROPERTY FEE
Land Development - DEZ	8/30/07	[Signature]	[Signature]	Front: <u>7.5 FT</u>	Filing fee \$ _____
State & National				Rear: <u>6.5 FT</u>	Permit fee \$ _____
Building Official				Side: <u>3.0 FT</u>	Engine fee \$ _____
Dev. Engineering - DEZ				Side Set: <u>NA</u>	Admin per. fee \$ _____
Health	8/30/07	[Signature]	[Signature]	All minimum setbacks met? <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection				Is Entrance Permit required? <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Business fee \$ _____
				Historic District? <input checked="" type="checkbox"/>	Check \$ _____
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Valuation \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Is Coverage for New Town Zone _____	
ONE STOP SHOP <input type="checkbox"/>				SDR/Red-line approval date _____	Accepted by _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Print: Health	Gold: SPA



# HIGH STEPPER TRAIL

50' R/W



## APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# 36237

APP. SAN GAC DATE: 8/30/2007

DESC. OF WORK: DECKAS

SHOWS LOTS

Plat Book

LOT 3

LOT 4

LOT 5