

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2493 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOW
PERM

COUNTY
APPLICATION

PERMIT NUMBER
B00153771 *MD*

Building Address 16569 Old Frederick Rd
MT Airy MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604001 Subdivision SICHERT PROPERTY
Section _____ Area _____ Lot 3
Tax Map 7 Parcel 470 Grid 4
Zoning RC-100 Map Coordinates 3C9 Lot size 1.085A

Property Owner's Name Michael W. Sullivan
Address 16569 Old Frederick Rd.
City Mount Airy State MD Zip Code 21771
Home Phone 301-410-4890 Work Phone 301-415-1167
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SF Dwelling
Proposed Use 32x24 Pole Barn
Estimated Construction Cost \$ 10,000
Description of Work 32x24 Pole Barn / Storing
lawn equipment / no water / no electricity /
no second floor.

Contractor Company Conestoga Buildings
Contact Person Mike Shaub
Address 202 Otter Road
City New Holland State PA Zip Code 17557
License No. 233035039
Phone _____ Fax _____

Occupant or Tenant:
Contact Name Same Michael W. Sullivan.
Address 16569 Old Frederick Rd.
City Mount Airy State MD Zip Code 21771
Phone 410-410-5552 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: 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: _____	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: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <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 THEREON; (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 Michael W. Sullivan
Title/Company _____

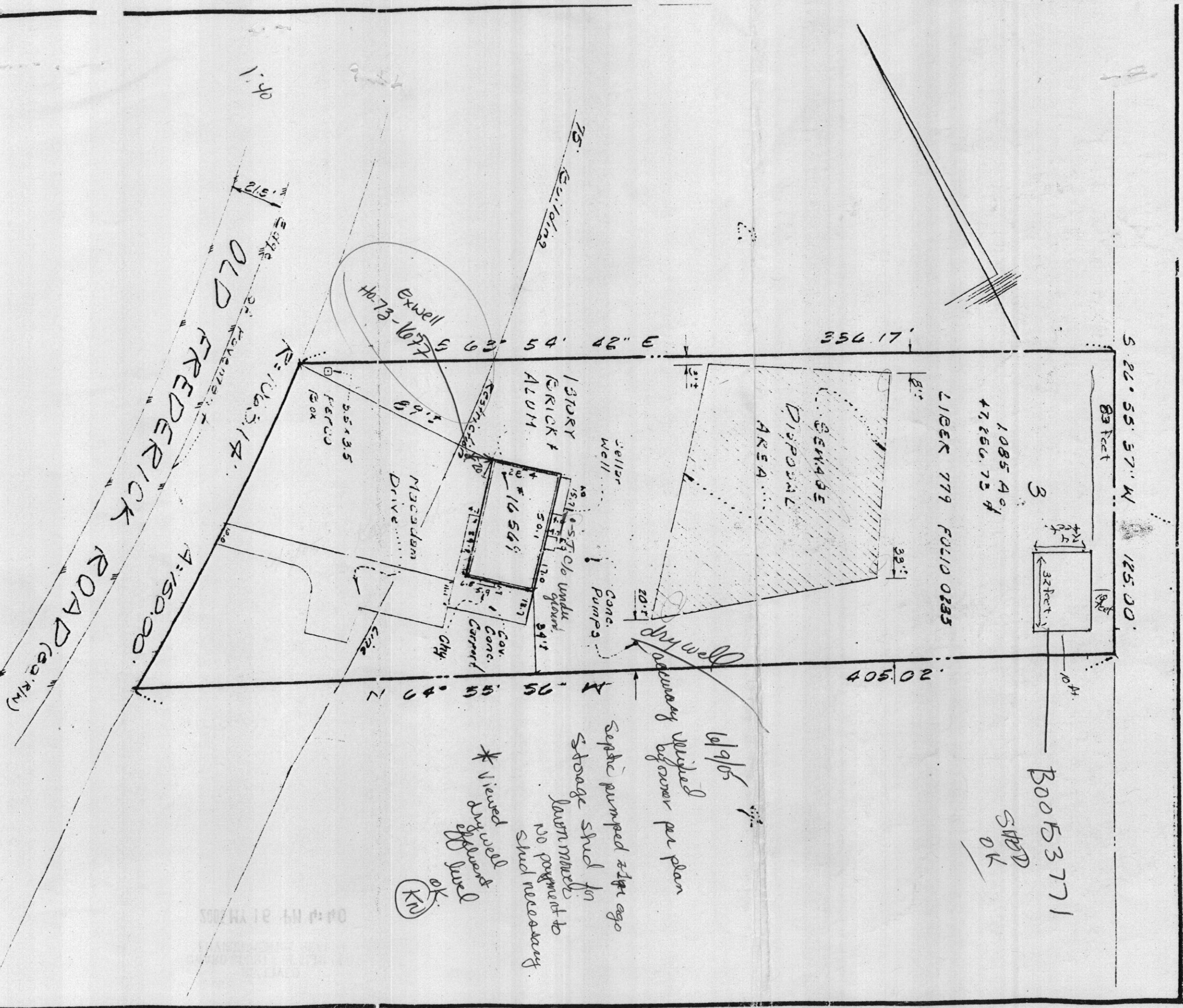
Print Name Michael W. Sullivan
Date 5/12/05

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
Public Works		
Fire Department		
Health		
Police		
Is a separate control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Color of Code	White Building Official	Green LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: <u>75</u>	Filing fee \$ <u>25.00</u>
Rear: <u>10</u>	Permit fee \$ _____
Side: <u>10</u>	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ <u>10,000</u>
Historic District?	Valuation \$ <u>70000</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for Near-Town Zone _____	
SDP final site approval date _____	Accepted <u>MD</u>
Yellow DED, DPZ	Pink Health
Green LDD, DPZ	Gold SHA

SURVEYORS CERTIFICATE HOUSE LOCATION SURVEY



10/9/05
 * Viewed well
 dry pump
 OK (KM)
 Septic pumped 2 1/2 yr ago
 Storage shed for
 lawn mower
 no payment to
 shed necessary.
 dry well
 necessary
 replaced
 by corner
 per plan

Boo 53771
 SHED
 OK

NOVA 12 50 P:PO