

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B00154859KN

Building Address 13604 GILDAIDE LANE
 Suite/Apt. # DLAT 8935 SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision HEDGEROW
 Section 1 Area TRADERS-411882-6 Lot _____
 Tax Map 28 Parcel 30 Grid 20
 Zoning RR-DEO Map Coordinates _____ Lot size 3.48 ACRES

Property Owner's Name HARVEY G. GANDER
 Address 2000 HILL RISE CT
 City ELKBRIDGE CT State MD Zip Code 21076
 Home Phone 410-580-2250 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use VACANT
 Proposed Use SINGLE FAMILY DWELLING
 Estimated Construction Cost \$ 125,000
 Description of Work CONSTRUCTION OF NEW SINGLE FAMILY HOUSE & GARAGE

Contractor Company SPARHILL
 Contact Person Sherrill
 Address _____
 City _____ State MD Zip Code 21071
 License No. 4453 Phone 03-9553 Fax _____

Occupant or Tenant _____
 Contact Name KATHLEEN P. SHERILL
 Address 600 ROCKFORD RD SUITE 710
 City KEESVILLE State MD Zip Code 21208
 Phone 410-580-9106 Fax 410-580-9109

Engineer or Architect Company SPARHILL
 Contact Person Sherrill
 Address 600 ROCKFORD RD SUITE 710
 City KEESVILLE State MD Zip Code 21208
 Phone 410-580-9106 Fax 410-580-9109

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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>57'-10"</u> <u>11'-6"</u> 2nd floor: <u>56'-9"</u> <u>10'-3 1/2"</u> Basement: <u>47'-0"</u> <u>11'-2 1/2"</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>7</u> Height: <u>32'-4"</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

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.

[Signature]
 Applicant's Signature
CEO/SPARHILL
 Title/Company

KATHLEEN P. SHERILL
 Print Name
7.6.05
 Date

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

62461

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front: <u>75'</u>	Filing fee \$ <u>100.00</u>
State Highway			Rear: <u>60'</u>	Permit fee \$ _____
Building Official			Side: <u>30'</u>	Excise tax \$ _____
Dev. Engineering, DPZ	<u>8/26/15</u>	<u>[Signature]</u>	Side St.: <u>60'</u>	Add'l per. fee \$ _____
Health			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 checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1627</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>93309</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lat. Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	