

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00157435

Building Address 6555 PAPER PLACE
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6051.01 Subdivision H. S. Park
 Section _____ Area _____ Lot 1
 Tax Map 34 Parcel 373 Grid 12
 Zoning ARDEO Map Coordinates 1466 Lot size _____

Property Owner's Name Sharon W. ...
 Address 1090 ...
 City _____ State _____ Zip Code 21077
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use 5112
 Proposed Use 5112
 Estimated Construction Cost \$ 11,000
 Description of Work INSTALL (2) 1000 GAL
 C/LG PROPANE TANKS

Contractor Company UPHELD PROpane
 Contact Person DAVE MCKNEW
 Address _____
 City _____ State _____ Zip Code _____
 License No. 01971
 Phone 410-987-9050 Fax _____

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>
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: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <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 _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
<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 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]

Print Name DAVE MCKNEW

Title/Company _____

Date _____

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		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/28/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment 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"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	66193
Filing fee \$	_____
Permit fee \$	<u>100.00</u>
Excise tax \$	<u>15.00</u>
Add'l per. fee \$	_____
TOTAL FEES \$	_____
Sub-total paid \$	<u>115.00</u>
Balance due \$	_____
Check #	<u>103719</u>
Validation #	<u>103719</u>
Accepted by	<u>[Signature]</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

G-9330

DEPARTMENT OF INSPECTIVE LICENSES AND PERMITS
565 COUNTY HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2659 INSPECTORS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3300

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-0154648 *PPM*

1/24/05

Building Address 6555
1177 PAPER PLANE
HIGHLAND MD 20777
 PLAT 13949 SDPWP/Petition # 05-427001
 Census Tract 605101 Subdivision HAN'T H.F.'S PROP
 Section _____ Area _____ Lot 4
 Tax Map 34 Parcel 393 Grid 17
 Zoning RR-DEO Map Coordinates 1440 Lot size 5.71 AC (17)

Property Owner's Name DEBRA & SHAWN COOKE
 Address 1634 BEAR PAW LN
 City HANOVER State MD Zip Code 21076-1208
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410 519-8071 Fax _____

Existing Use VACANT LOT
 Proposed Use NEW HOME
 Estimated Construction Cost \$ 1 million
 Description of Work 2 STORY BRICK, STONE & GRANITE
4 BEDROOM, 6 BATH, TWO FIREPLACES
6 CAR GARAGE, OPTIMAL FINISHED BASEMENT
& WOODEN DECK

Contractor Company GREENFIELD HOMES INC.
 Contact Person RIK MINOR
 Address 656 LASTER DR
 City HIGHLAND State MD Zip Code 20777
 License No. HBL 361
 Phone 410 781-6782 Fax 443-535-0551

Occupant or Tenant _____
 Contact Name N/A
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company MARK BANDY
 Contact Person MARK BANDY
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410 750-2262 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>6063</u> Depth <u>143</u> Width <u>143</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>63</u> Depth <u>143</u> Width <u>83</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>50</u> Depth <u>83</u> Width _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NEPA #13D <input type="checkbox"/> NEPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	
Height: <u>35</u>	
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: _____	
<u>N/A</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 HERETO; (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 _____
 Title/Company PRESIDENT

Print Name WAYNE GREENFIELD
 Date 6/28/05

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#
Planning Dept			Front _____	\$ _____
DPZ			Rear _____	\$ _____
			Side _____	\$ _____
			Side Set _____	\$ _____
			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
			Is Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Lot Coverage for Rear Town Zone _____	Check # <u>2003</u>
			DPZ Fee (if applicable) _____	Validation # <u>93134</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE-STOP SHOP: <input type="checkbox"/>				