

69610

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300158834

Building Address 3055 FLORENCE RD
Woodbine MD 21797
Suite/Apt. #: 04-317105 SD/APP/Petition #: _____
Census Tract 6090.02 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 13 Parcel 20 Grid 9
Zoning RC Map Coordinates 7K1 Lot size _____

Property Owner's Name DANNY D DAY
Address 3055 FLORENCE RD
City WOODBINE State MD Zip Code 21797
Home Phone 240-388-0147 Work Phone 301-527-4606
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 240-388-0147 Fax 301-670-1595

Existing Use RESIDENTIAL SFD
Proposed Use RESIDENTIAL NEW SFD
Estimated Construction Cost \$ 175,000
Description of Work NEW HOUSE NEW custom SFD
3 bedroom 2 Bath UNFINISHED BASEMENT
with rough in

Contractor Company DANNY DAY
Contact Person DANNY DAY
Address 3055 FLORENCE RD
City WOODBINE State MD Zip Code 21797
License No. N/A
Phone 240-388-0147 Fax 301-670-1595

Occupant or Tenant DANNY DAY
Contact Name DANNY DAY
Address 3055 FLORENCE RD
City WOODBINE State MD Zip Code 21797
Phone 240-388-0147 Fax 301-670-1595

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>46</u> Width <u>32</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>24</u> <u>28</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>46</u> <u>32</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>3</u>	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	_____ NFPA #13D
No. of efficiency units: _____	_____ NFPA #13R
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>10' deep 20' wide</u>	
Footings: _____	
Roof Height: <u>13' 2"</u>	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input checked="" type="checkbox"/>	

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 _____

Print Name DANNY DALBERT DAY
Date 3-31-06

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

69143

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/24/2006</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
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 \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>1466</u>
SDP/Red-line approval date _____	Validation # <u>110825</u>