

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07901233

Building Address 12421 Hooper Ct  
Fulton, MD 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name David Cowell

Address 12421 Hooper Ct

City Fulton State MD Zip Code 20759

Home Phone 301 953 7839 Work Phone 240 372 9038

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use 2nd Story Patio

Proposed Use Sunroom

Estimated Construction Cost \$ 55,612

Description of Work Enclose existing 2nd  
Story patio area w/ sunroom  
28' x 16' x 13' height

Contractor Company \_\_\_\_\_

Contact Person Robin Dee

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 John Ferraro

Contact Person John Ferraro

Address 25 Jodi La

City NY State NY Zip Code 10952

Phone 845 624 0758 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: <u>13'</u>	No. of stories: _____	Water Supply: _____ Public _____ Private _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Use group: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	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: <u>N/A</u> <input type="checkbox"/>	Full _____	Partial _____
	Other Suppression _____	# of Heads _____	

  

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth <u>16</u> Width <u>28</u>	Water Supply: _____ Public _____ Private _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	No. of Bedrooms _____	Propane Gas <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
No. of Bedrooms _____	Height: _____	Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Other Structure: _____	No. of efficiency units: _____	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
Dimensions: _____	No. of 2 BR units: _____	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
Footings: _____	Roof Height: _____	State Certified Modular _____	NFPA #13D _____
Roof Height: _____	Manufactured Home _____	Other: _____	NFPA #13R _____

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 Robin Dee

Title/Company Permits manager

Print Name Robin Dee

Date \_\_\_\_\_

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#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>4/11/2007</u>	<u>[Signature]</u>	Side St.: _____	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 type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# B07001233 A# 17723  
APP. SAN GAC DATE: 4/11/2007  
DESC. OF WORK: Enclose Porch  
No new footings

