

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-4533
 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

Building Address 1029 DAY ROAD
3ykesville MD 21187

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 33

Tax Map 9 Parcel 287 Grid 3

Zoning _____ Map Coordinates _____ Lot Size 2.7903

Existing Use HOME

Proposed Use ADD SHED FOR STORAGE

Estimated Construction Cost \$ 3500

Description of Work
build pole barn

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Sharon Louise Martin
 Address 1029 Day Rd
 City Sykesville, MD State MD Zip Code 21187
 Home Phone 410 742 1543 Work Phone 410 484 7253

Applicant's Name & Mailing Address, (if other than stated herein):

Phone _____ Fax _____

Contractor Company OWEN
 Contact Person SHA
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: 2	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: 2	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1 st floor: 2 nd floor: Basement:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: 2000	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: 1	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms <u>5</u>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" 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 checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		<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.

Sharon Martin
 Applicant's Signature

Sharon Martin
 Print Name

 Email Address

 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 Officials			
Dev. Engineering DPZ			
Health			
Fire Protection			

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee: \$ _____
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 New Town Zone SDP/Red-line approval date: _____	Check # _____
	Validation # _____
	Accepted by _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: H-Alt Gold: SHA

THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD ZONE.

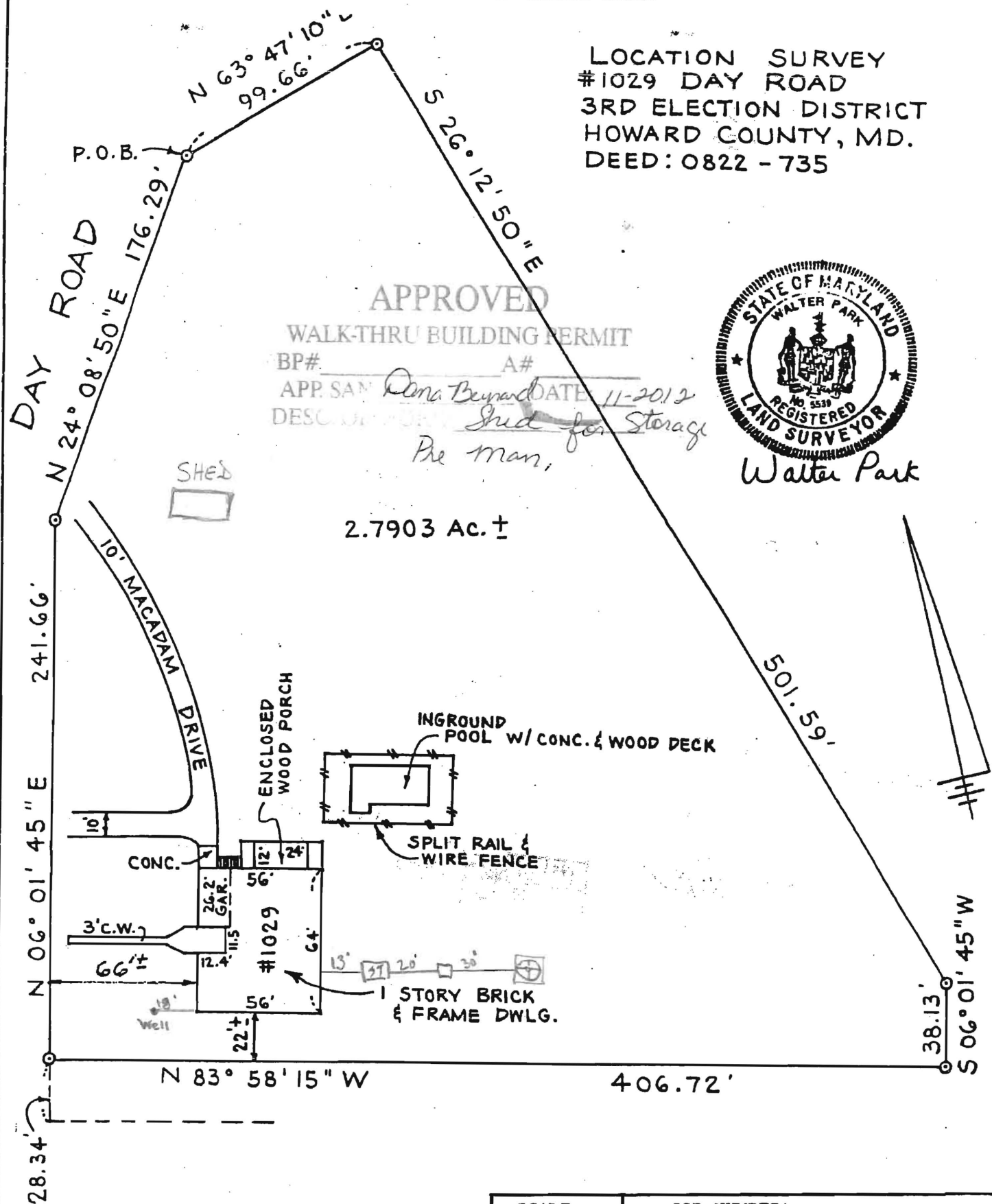
LOCATION SURVEY
#1029 DAY ROAD
3RD ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED: 0822 - 735



Walter Park

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SA# *Dona Bernard* DATE *11-2012*
DESC. OF WORK *Shed for Storage*
Pre man,

2.7903 Ac. ±



I HEREBY CERTIFY THAT THE LOT HAS BEEN SURVEYED FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS AND SHOULD NOT BE USED FOR ESTABLISHMENT OF PROPERTY LINES.

SCALE 1" = 60'	JOB NUMBER: D.T.W. CONSULTANTS 11 HAY PASTURE COURT CATONSVILLE, MD. 21228
DATE 4/28/97	