

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06000247

Building Address 12342 HOWARD LODGE DR
SYKESVILLE MD 21784
Suite/Apt. #: 03-301273 SDP/WFP/Petition #: _____
Census Tract _____ Subdivision Weisensel Property City SYKESVILLE State MD Zip Code 21784
Section _____ Area _____ Lot 1
Tax Map 9 Parcel 3000 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name RODNEY BAXTER
Address 12342 HOWARD LODGE DR
Home Phone (410) 489-2989 Work Phone N/A
Applicant's Name & Mailing Address, (if other than stated hereon):
COLE PLUS ONE
7654 WOODBENE RD, WOODBENE MD
21797
Phone 410 781-6078 Fax N/A

Existing Use SFD
Proposed Use SFD W/DECK
Estimated Construction Cost \$ 3,300.00
Description of Work DECK WITH STEPS

Contractor Company COLE PLUS ONE
Contact Person WMJ COLE
Address SAME AS ABOVE
City _____ State _____ Zip Code _____
License No. 6306
Phone 410 781-6078 Fax N/A

Occupant or Tenant RODNEY BAXTER
Contact Name WMJ COLE SR (COLE PLUS ONE)
Address 7654 WOODBENE RD.
City WOODBENE State MD Zip Code 21797
Phone (410) 781-6078

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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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"/> Crawl space <input type="checkbox"/> Slab On Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ 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"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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 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.

Wm J Cole Sr
Applicant's Signature
President Cole Plus One
Title/Company

Wm J Cole Sr
Print Name
6/10/06
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 Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>6/21/06</u>	<u>Roseanna</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, OPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA