

B09003109

Building Address 12364 Howard Lodge Dr
Sykesville MD 21784
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Charles K. Lapetti
 Address 12364 Howard Lodge Dr
 City Sykesville State MD Zip Code 21784
 Home Phone 410 489 6617 Work Phone 410 982 1961
 Applicant's Name & Mailing Address, (if other than stated herein): _____

 Phone _____ Fax _____

Existing Use Single Dwelling
 Proposed Use Single Dwelling w/ pool
 Estimated Construction Cost \$ _____

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

Description of Work as built 18'x33'
Above ground

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement: <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of Bedrooms: _____	Electric Yes <input checked="" 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 type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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.

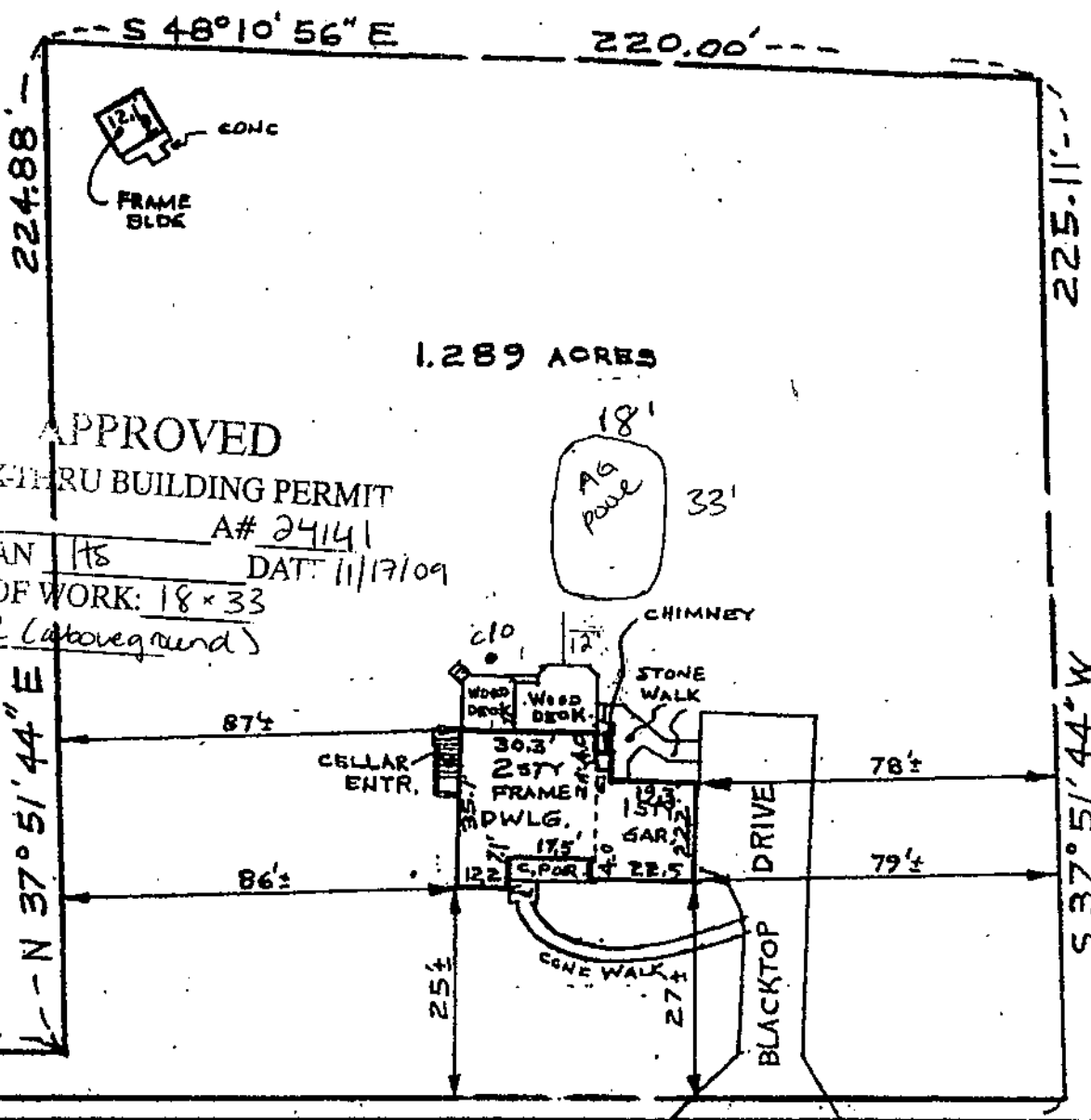
Applicant's Signature [Signature]
 Title/Company _____

Print Name Charles K. Lapetti
 Date 11/17/09

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development DPZ			DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____
State Highways				TOTAL FEES \$ _____
Building Officials				Sub-total paid \$ _____
Dev. Engineering DPZ				Balance due \$ _____
Health	<u>11/17/09</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____ Validation # _____
Fire Protection			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by _____
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"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	

WING
GE DRIVE
10:572
TRICT
MD.



APPROVED
 WALKTHRU BUILDING PERMIT
 BP# _____ A# 24141
 APP. SAN [TS] DATE 11/17/09
 DESC. OF WORK: 18 x 33
 pool (aboveground)

HOWARD LODGE DRIVE

20' INGRESS AND EGRESS EASEMENT
 L. 1158
 F. 737

THIS IS TO CERTIFY THAT THIS HOUSE DOES NOT LIE WITHIN A FLOOD PLAIN UNLESS SHOWN HEREON.

SURVEYOR'S CERTIFICATE

The undersigned, a registered surveyor in the state of Maryland, does hereby certify that he is the surveyor who prepared this plat and said plat has been prepared in compliance with the Code of Maryland Regulations Subtitle 13 Board for Professional Land Surveyors 09.13.06, covering the minimum standards of practice insofar as the same concerns the making of the plat and/or setting of the markers.

Signed This 10th day June 2002
 William E. Doyle



SCALE 40 ft. - inch
 W.L.S. No. 502-357