

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07001720

Building Address 11009 Hunterview Rd  
Elicott City Md 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Mohammed Shahid  
Address 11009 Hunterview Rd  
City Elicott City State Md Zip Code 21042  
Home Phone 410-227-6362 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (Other than stated hereon):  
Gary Hollingshead Starvation Pa  
17363  
Phone 717-891-0931 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ \_\_\_\_\_  
Description of Work Roughly 800 sq ft deck  
with steps

Contractor Company Blake Contracting  
Contact Person Gary Hollingshead  
Address 13108 Manor Rd  
City Glennam State Md Zip Code 21057  
License No. 18170  
Phone 410-817-9714 Fax \_\_\_\_\_

Occupant or Tenant Mohammed Shahid  
Contact Name S/A  
Address 11009 Hunterview Rd  
City Elicott City State Md Zip Code 21042  
Phone 410-227-6362 Fax \_\_\_\_\_

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: _____<br>Public _____ Private _____   |
| No. of stories: _____   | Sewage Disposal: _____<br>Public _____ Private _____  |
| Gross area, sq. ft. per floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| Use group: _____  | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____<br>State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____  |

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

Gary A. Hollingshead  
Applicant's Signature  
Owner  
Title/Company

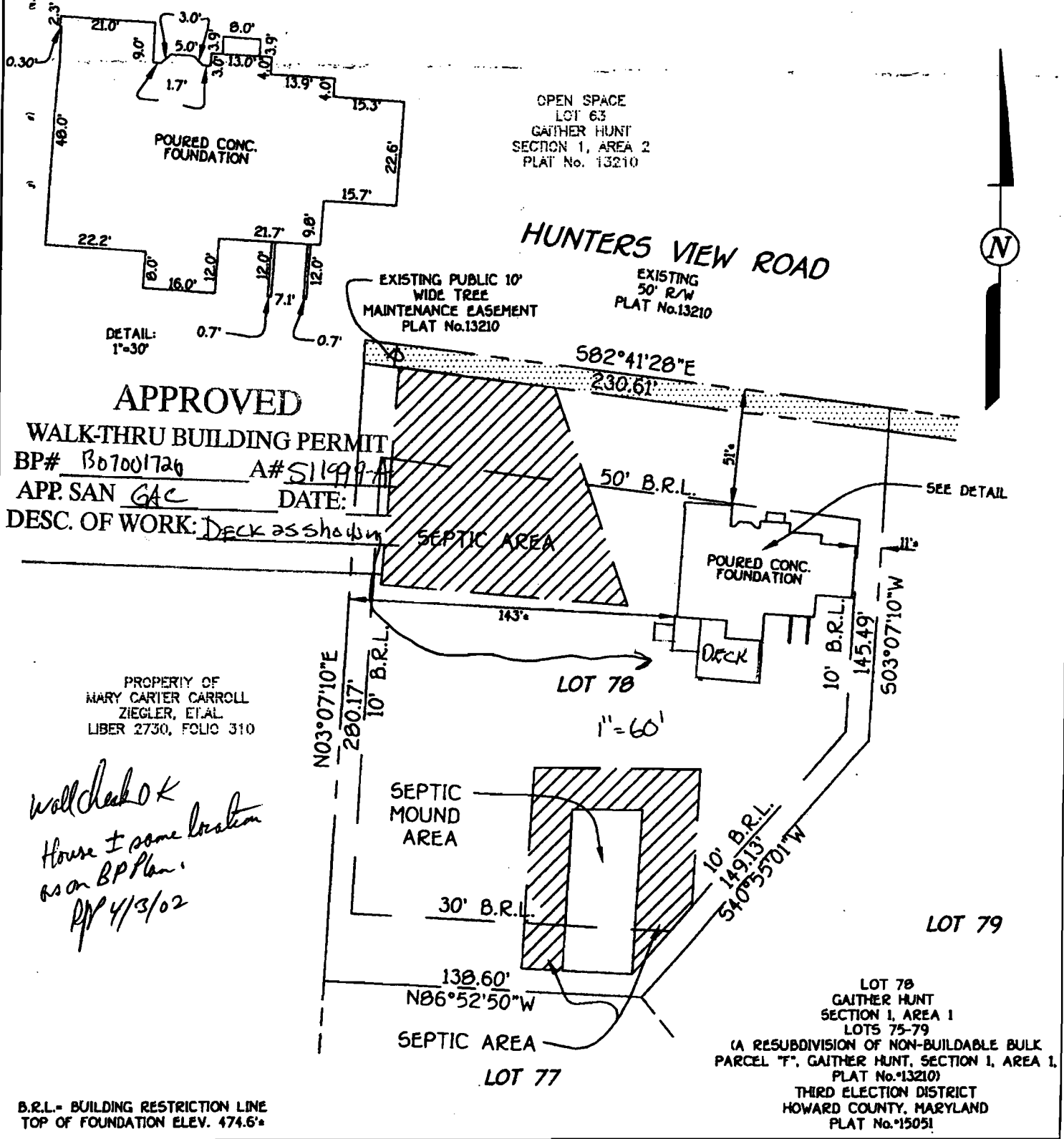
GARY A. HOLLINGSHEAD  
Print Name  
5/10/07  
Date

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

FOR OFFICE USE ONLY

| APPROVAL   | DATE | SIGNATURE          | DPZ SETBACK INFORMATION                                  | PROPERTY ID#            |
|--|------|--------------------|--|-------------------------|
| Land Development DPZ                                     |      |                    | Front: _____   | Filing fee \$ _____     |
| State Highways   |      |                    | Rear: _____  | Permit fee \$ _____     |
| Building Official  |      |                    | Side: _____  | Excise tax \$ _____     |
| Dev. Engineering DPZ                                     |      |                    | Side St: _____   | Add'l per. fee \$ _____ |
| Health <u>5/10/07</u>                                    |      | <u>[Signature]</u> | 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: _____                            |      |                    | Lot Coverage for NewTown Zone _____                      |                         |
| White: Building Official                                 |      |                    | SDP/Red-line approval date _____                         | Accepted by _____       |
| Green: LDD, DPZ  |      |                    |  |                         |
| Yellow: DED, DPZ   |      |                    |  |                         |
| Pink: Health   |      |                    |  |                         |
| Gold: SHA  |      |                    |  |                         |

- IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440027 B EFFECTIVE DEC. 4, 1986.
  - THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
  - NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



*will check OK  
 House ± some location  
 as on BP Plan  
 P/P 4/3/02*

**HOUSE LOCATION  
 DRAWING**

FOUNDATION LOCATION: 3/28/02  
 FINAL LOCATION: \_\_\_\_\_  
 BOUNDARY SURVEY: \_\_\_\_\_

