

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B00156392

Building Address 7438 Cherry Tree Pl
Fulton Md. 20759

Property Owner's Name CHRIS DAVIS

Address 7438 Cherry Tree Pl

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

Census Tract 605102 Subdivision MOOREFIELD

City FULTON State MD Zip Code 20759

Section 4 Area _____ Lot 3

Home Phone 301-735-7438 Work Phone 240-694-9800

Tax Map 41 Parcel 318 Grid 14

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

Zoning TR-DH Map Coordinates 1842 Lot size 1.06A

Phone _____ Fax _____

Existing Use Single Family Dwelling

Contractor Company STR Roofing Siding + Windows

Proposed Use Same

Contact Person John LAWSON

Estimated Construction Cost \$ 100,000.00

Address 1341 W Liberty Rd.

Description of Work 76" W x 11" D - 1st floor

City Syracuseville State MD Zip Code 21784

Addition 13' W x 6' D Deep Kitchen

License No. 71080

Bump out 316" W x 12' D - 1st floor GARAGE

Phone 410-795-4400 Fax 410-795-8796

Bump out on front of house

Engineer or Architect Company TERRI REITER DESIGN

Occupant or Tenant _____

Contact Person TERRI REITER

Contact Name _____

Address 3979 Botetourt Rd

Address _____

City Mt. Airy State MD Zip Code 21771

City _____ State _____ Zip Code _____

Phone 301-829-4635 Fax _____

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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <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"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>3</u>	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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.

Applicant's Signature John Lawson
 Title/Company STR Roofing Siding + Windows

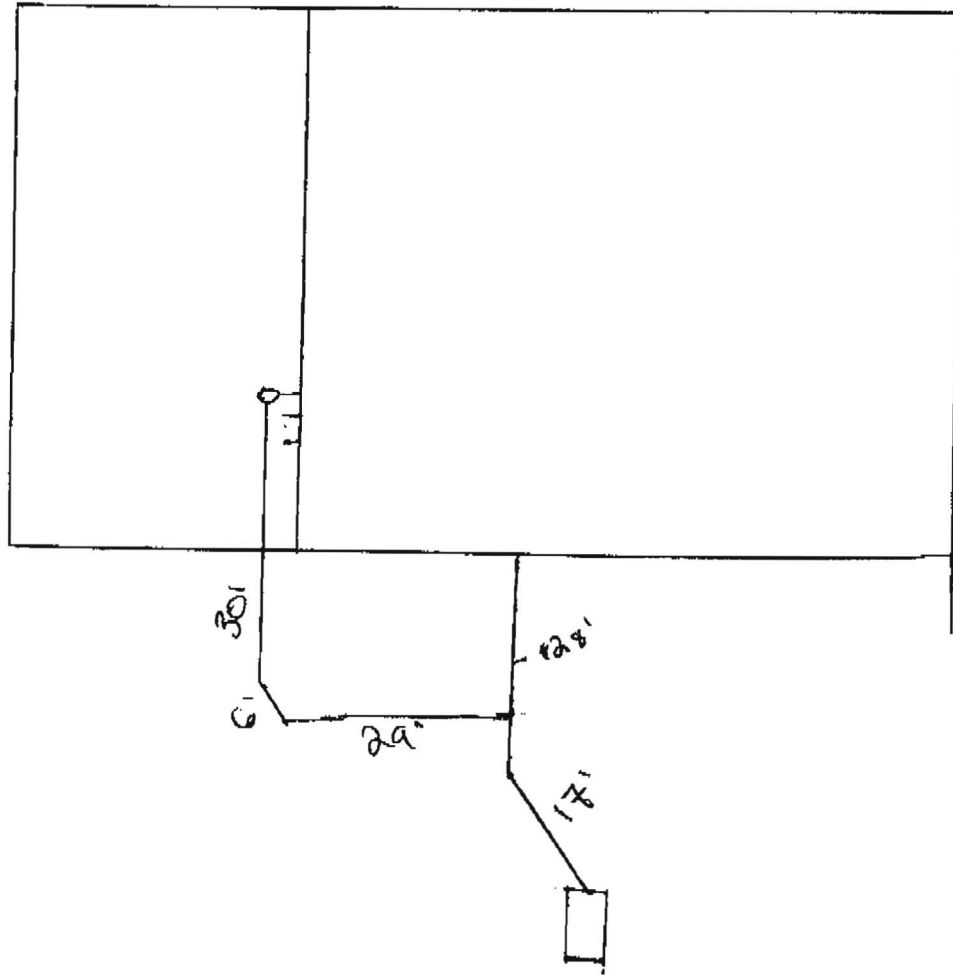
Print Name John Lawson
 Date 10/7/05

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

55447

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>10/16/05</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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District?	Check \$ <u>4066</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation \$ <u>100305</u>
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

7438 Cherry Tree Drive



Pete Vencsik

From Ken Hatfield Jr.
Hatfields Equipment

