

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00159600

Building Address 4781 BONNIE BEACH RD.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 60101 Subdivision _____
 Section _____ Area 3 Lot _____
 Tax Map 31 Parcel 604 Grid 10
 Zoning R-20 Map Coordinates 1651 Lot size 1.148A

Property Owner's Name Kyle & Cindy DANAIMOND
 Address 4781 Bonnie Beach Rd.
 City Ellicott City State MD Zip Code 21043
 Home Phone 410-147-1399 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 100,000
 Description of Work FRAME 2 STORY FAMILY ROOM
with 3 BR bump above and two below and
lanely deck (Total new finished space is 1594)
510 new P&ET

Contractor Company CHUCKWICK BUILDERS
 Contact Person JOHN PRILEY
 Address 1128 DAY ROAD
 City ELICOTT CITY State MD Zip Code 21043
 License No. 70347
 Phone 410-442-3678 Fax 410-442-4088

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

Engineer or Architect Company ALWARD-DESIGN
 Contact Person CHARLES ALWARD 410-965-9207
 Address 8212 MAIN ST
 City ELICOTT CITY State MD Zip Code 21043
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 President
 Title/Company _____

Print Name John Priley
 Date 4/9/03

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

FEES	DEZ SETBACK INFORMATION	PROPERTY INFO
Front _____	Filing fee \$ <u>200.00</u>	
Side _____	Permit fee \$ _____	
Rear _____	Excise tax \$ _____	
Alignment setback (ft) _____	TOTAL FEES \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Entrance Permit required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>69003</u>	
Is State District?	Validation _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is Commercial or New Town Zone?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

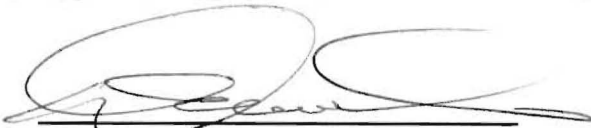
To Whom It May Concern:

In regards to the property and proposed addition at 4781 Bonnie Branch Road, we intend to use the three bedrooms in the addition as our only bedrooms. The former bedroom in the existing house will be an office.

Sincerely,















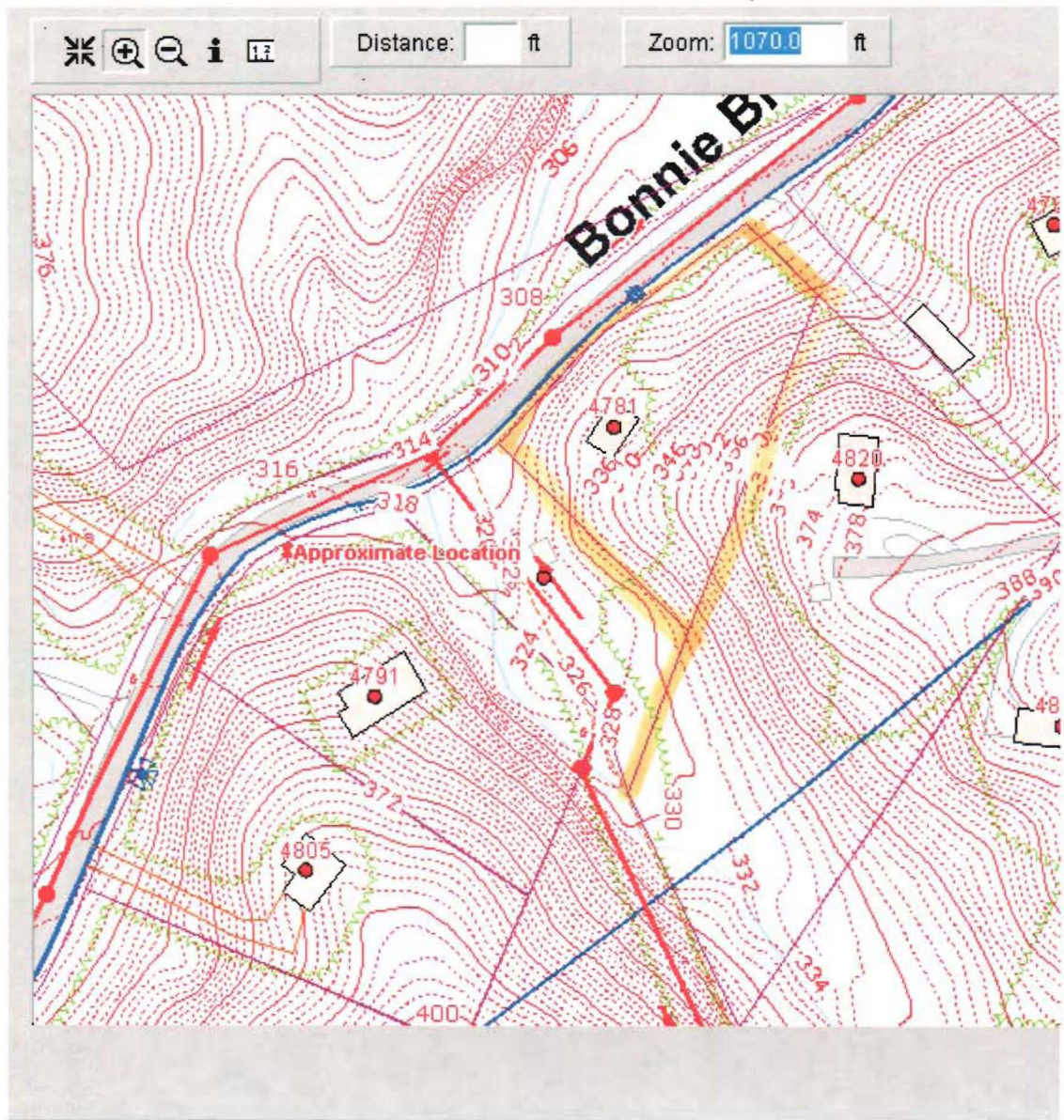
Kyle Drummond, Homeowner



Cindy Drummond, Homeowner

PUBLIC WATER + SEWER AVAILABLE

- Help Me 
- Map Reset 
- Zoom Fit 
- Find Location 
- Remove Pin 
- Layer Control 
- Image Control 
- Theme Map 
- Local Print 
- Print Layout 
- Email Map 
- Map Exit 



Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising. There are no oral agreements or warranties relating to this sale and/or use of this map.

Wednesday, March 22 2006 | 4:10:35 PM | @924

Contacts: John Bussiere (x3044) Virginia Peterman (x3659) Yut Phasukyued (x3093) Robert Slivinsky (x3094)

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