

Building Address 3520 DART RD
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name STEVEN KACZ P.M. DUNCAN
 Address 3520 DART RD
 City WINDBELL State MD Zip Code 21797
 Home Phone 410 429 7069 Work Phone 301 888 0670
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ _____

Description of Work Remodel of existing garage
to include 2nd floor and exterior finish
SFD 1775

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

Contractor Company JORDAN WINDBELL
 Contact Person LARRY JORDAN
 Address 1754 GARRETT RD
 City WINDBELL State MD Zip Code 21797
 License No. 21707
 Phone 410 299 1688 Fax 410 374 3916
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

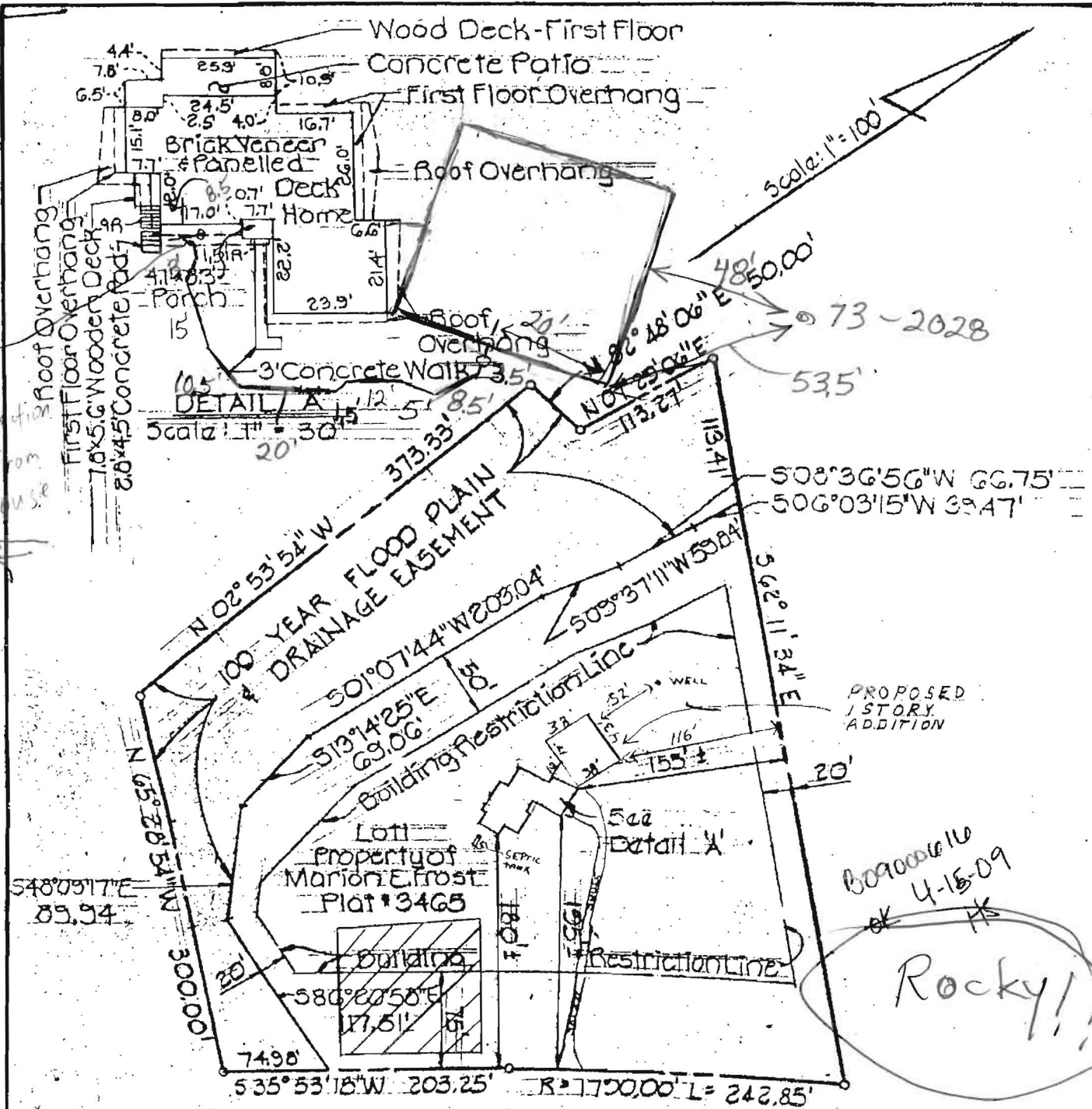
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Use group: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input 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"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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 _____ Print Name LARRY JORDAN
 Title/Company _____ Date 4/15/09

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	Filing fee	PROPERTY ID #
Land Development, DPZ				Front: _____	\$ _____	500-00000000
State Highways				Rear: _____	Permit fee \$ _____	
Building Officials				Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ				Side St: _____	Add'l per fee \$ _____	
Health	<u>4-15-09</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 # <u>11120</u>	
				Historic District?	Validation # _____	
				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 _____	Accepted by _____	



connection
to
House

Scale: 1" = 100'

48' 50.00'
73-2028
53.5'

508°36'56"W 66.75'
506°03'15"W 35.47'

PROPOSED
1 STORY
ADDITION

009000116
4-15-09
HK

Rocky!!!

DAISY ROAD

I hereby certify that I have surveyed the property known as: Lot 1, Property of Marion E. Frost, 4th Election District, Howard County, Maryland; for the purpose of locating the improvements thereon and the improvements are located as shown.



Signed this 5th day of June, 1978

Walter Park