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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELK COTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B07000315

Building Address **14419 FREDERICK RD
COOKSVILLE, MD 21723**
Suite/Apt. #: **---** SDPWP/Petition #: **416778**
Census Tract **604002** Subdivision **AVERY PROPERTY**
Section **---** Area **---** Lot **5**
Tax Map **7** Parcel **97** Grid **23**
Zoning **DED** Map Coordinates **4D13** Lot size **1.34 AC**

Property Owner's Name **WILLIAMSBURG GROUP LLC**
Address **5185 HARPERSTOWN RD #200**
City **COLUMBIA** State **MD** Zip Code **21044**
Home Phone **---** Work Phone **410/977-8800**
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone **---** Fax **410-977-4358**

Existing Use **VACANT LOT**
Proposed Use **SED**
Estimated Construction Cost \$ **400,000**
Description of Work **MODEL: DORCHESTER II,
W/SIDE SUNROOM, 4' EXT. WIDTH, 2' REAR EXT.
3 CAR GARAGE, 2 STORY FULL BSMT,
12 ROOMS, 3 FB, 1 HS, FP, GAR, 4 BR**

Contractor Company **SAME AS OWNER**
Contact Person
Address
City **---** State **---** Zip Code **---**
License No. **155** Phone **---** Fax **---**

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

Engineer or Architect Company **PLYMOUTH RD. ARCHS**
Contact Person **LISA WENRICH**
Address **640 PLYMOUTH RD**
City **CATONSVILLE** State **MD** Zip Code **21028**
Phone **410/700-0201** Fax **SAME**

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"/>
Use group:	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type:	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Full
<input type="checkbox"/> State Certified Modular	<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"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: 2350	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: 2350	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: 2350	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
No. of Bedrooms 4	<input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: 28	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Multi-family dwellings:	<input type="checkbox"/> NFPA #13D
No. of efficiency units: ---	<input type="checkbox"/> NFPA #13R
No. of 1 BR units: ---	<input type="checkbox"/> Other: ---
No. of 2 BR units: ---	
No. of 3 BR units: ---	
Other Structure: ---	
Dimensions: ---	
Footings: ---	
Roof Height: ---	
<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 **AGENT/WJGLLC**
Title/Company

Print Name **SUZANNE P. DAVIS**
Date **1/30/07**

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: ---	Filing fee \$ 100.00
State Highways			Rear: ---	Permit fee \$ ---
Building Official			Side: ---	Excise tax \$ ---
Dev. Engineering, DPZ			Side St.: ---	Add'l per. fee \$ ---
Health	2/20/07	<i>[Signature]</i>	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 checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # 667
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # ---
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone ---	
			SDP/Red-line approval date ---	Accepted by ---

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Building Address <u>14419 Frederick Rl.</u> <u>Cooksville Md.</u>		Property Owner's Name <u>Brian Israel</u> Address <u>14419 Frederick Rl.</u> City <u>Cooksville</u> State <u>Md.</u> Zip Code <u>209</u> Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>Scott Hedrick</u> Phone <u>301 674 5280</u> Fax <u>301 879 0177</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>5</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____	
Existing Use <u>Single Family</u> Proposed Use <u>Single Family</u> Estimated Construction Cost \$ <u>813,000</u> Description of Work <u>Deck 16x24</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant <u>B</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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[Signature]
 Applicant's Signature

 Title/Company

J Scott Hedrick
 Print Name
2/20/08
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

CONTINGENCY CONSTRUCTION START _____
 WORK STOP STOP _____
 Distribution of Copies: White: Building Official Green: I.D. DEP. Yellow: DED. DEP. Purple: Health Gold: SBA
 Form: building permit application REV 10/28/04