

G-9433

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

D00156356

Building Address 17247 Hardy Rd  
Mt. Airy 21771  
Suite/Apt. #: 04-302034 SDP/WP/Petition #: GPO5-54  
Census Tract 604001 Subdivision SPRING HOLLOW  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 19  
Tax Map 7 Parcel 528 Grid 8  
Zoning RL-DPZ Map Coordinates 2J9 Lot size 62,396

Property Owner's Name Trinity Quality Homes Inc  
Address 3675 Park Ave #301  
City Ellicott City State MD Zip Code 21043  
Home Phone \_\_\_\_\_ Work Phone 410-313-8722  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410-313-8731

Existing Use Vacant Lot  
Proposed Use SFD  
Estimated Construction Cost \$ 163,800  
Description of Work REMEDIATION - 2 STORY, FULL  
BSMT, 9R, 3TB, 1HB, FP+  
GARAGE (4BR)

Contractor Company Same  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 699 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant N/A  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Same  
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"/>   |
| Use group: _____   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| State Certified Modular <input type="checkbox"/>   | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____  |

| Building Characteristics  | Utilities  |
|---|--|
| SF Dwelling <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Basement: _____   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Heating System: _____<br>Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| No. of Bedrooms <u>4</u>  | Sprinkler system: N/A <input checked="" type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____  |
| 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 <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.

Sally L Hodge  
Applicant's Signature  
VP Operations  
Title/Company

Sally Hodge  
Print Name  
10/6/05  
Date

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

| AGENCY  | DATE                     | SIGNATURE APPROVAL |
|---|--------------------------|--------------------|
| Land Development DPZ  |                          |                    |
| Dev Engineering DPZ   | <u>10/13/05</u>          | <u>[Signature]</u> |
| Health  |                          |                    |
| Fire Protection   |                          |                    |
| Is Sediment Control approval required prior to issuance?            |                          |                    |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                          |                    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>            |                          |                    |
| ONE STOP SHOP: <input type="checkbox"/>                             |                          |                    |
| Distribution of Copies  | White: Building Official | Green: LDD, DPZ    |
| Yellow: DED, DPZ  | Pink: Health             | Gold: SHA          |

| DPZ SETBACK INFORMATION   | PROPERTY ID#                |
|---|-----------------------------|
| Front: _____  | Filing fee \$ <u>100.00</u> |
| Rear: _____   | Permit fee \$ _____         |
| Side: _____   | Excise tax \$ _____         |
| Side St: _____  | Add'l per. fee \$ _____     |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES \$ _____         |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____     |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____        |
| Lot Coverage for New Town Zone _____  | Check \$ <u>900</u>         |
| SDP/Red-line approval date _____  | Validation \$ <u>97802</u>  |
| Accepted by <u>[Signature]</u>  |                             |

67323

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B07002009

Building Address 17247 HARDY RD  
MT. AIRY MD 21771

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name DAVE, DANA BISHOP

Address 17247 HARDY RD

City Mt. Airy State MD Zip Code 21771

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Phone 410 303 9002 Fax \_\_\_\_\_

Existing Use S.F.D.

Proposed Use NEW DECK

Estimated Construction Cost \$ 20,000

Description of Work NEW WOOD FRAMED DECK  
540 FTZ, W/ STAIRS TO GRADE

Contractor Company BRUCE BUILDERS LLC

Contact Person MICHAEL BRUCE

Address 720 OAK GROVE CIRCLE

City SEV. PARK State MD Zip Code 21146

License No. 67133

Phone 443 324-7915 Fax \_\_\_\_\_

Occupant or Tenant DAVE, DANA BISHOP

Contact Name SAME

Address 17247 HARDY RD.

City Mt. Airy State MD Zip Code 21771

Phone 410 303-9002 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<br>_____ Private  |
| No. of stories: _____  | Sewage Disposal: _____<br>_____ Public<br>_____ 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 | Sprinkler system: N/A <input type="checkbox"/><br>_____ Full<br>_____ Partial<br>_____ Other Suppression<br>_____ # of Heads  |
| _____ State Certified Modular  |   |

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

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[Signature]  
 Applicant's Signature  
Owner Bruce Builders  
 Title/Company

M. Bruce  
 Print Name  
5/23/07  
 Date

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                                  | 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>5/23/2007</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            |
|  |      |                    | Pink: Health   | Gold: SHA               |

