

04-344472

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3120 COUNTY HOUSE DRIVE FULCRON CITY, MD 21043 PERMITS 301-313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3890	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <span style="font-size: 24px; font-family: cursive;">P00051186</span>
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Building Address <u>17565 Hardy Rd</u> <u>MT Airy MD</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6004001</u> Subdivision <u>WOOD CAMP FARMS</u> Section _____ Area _____ Lot <u>19</u> Tax Map <u>6</u> Parcel <u>485</u> Grid <u>6</u> Zoning <u>RCDFO</u> Map Coordinates <u>2H8</u> Lot size _____	Property Owner's Name <u>MARK TERRY</u> Address <u>17565 Hardy Rd</u> City <u>MT Airy</u> State <u>MD</u> Zip Code _____ Home Phone <u>410 984 7014</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>JERRY FANES</u> <u>12 CARROLL ST. #126</u> <u>WESTMINSTER MD</u> Phone <u>301 401 8152</u> Fax _____
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Existing Use <u>RESIDENTIAL SFD</u> Proposed Use <u>GARAGE FOR SALE</u> Estimated Construction Cost \$ <u>30 000</u> Description of Work <u>GARAGE - STANDARD FOOTERS</u> <u>Block FOUNDATION, FRAMED walls (wood)</u> <u>SIDING, SHINGLE ROOF</u>	Contractor Company <u>HOMESTEAD BUILDERS</u> Contact Person <u>JERRY FANES</u> Address <u>12 CARROLL ST 126</u> City <u>WESTMINSTER</u> State <u>MD</u> Zip Code <u>21157</u> License No. <u>14758</u> Phone <u>301 401 8152</u> Fax <u>301 834 4272</u>
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Occupant or Tenant <u>MARK TERRY</u> Contact Name <u>TERRY, MARK</u> Address <u>17565 Hardy Rd</u> City _____ State <u>MD</u> Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>10 walls 20' TOTAL</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>837</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>PERSONAL</u>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		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: _____	
		<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.

<u>Jerry Eanes</u> Applicant's Signature <u>OWNER HOMESTEAD BUILDERS</u> Title/Company	<u>JERRY W FANES</u> Print Name <u>11/17/04</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>AGENCY</th> <th>DATE</th> <th>SIGNATURE APPROVAL</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Land Development, DPZ</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> State Highways</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Building Official</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dev. Engineering, DPZ</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Health <u>11-6-05</u></td> <td><u>See Official</u></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fire Protection</td> <td></td> <td></td> </tr> </tbody> </table> <p>Is Sediment Control approval required prior to issuance?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>          ONE STOP SHOP: <input type="checkbox"/></p>	AGENCY	DATE	SIGNATURE APPROVAL	<input checked="" type="checkbox"/> Land Development, DPZ			<input type="checkbox"/> State Highways			<input type="checkbox"/> Building Official			<input type="checkbox"/> Dev. Engineering, DPZ			<input checked="" type="checkbox"/> Health <u>11-6-05</u>	<u>See Official</u>		<input type="checkbox"/> Fire Protection			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DPZ SETBACK INFORMATION</th> <th>PROPERTY INFO: <u>63710</u></th> </tr> </thead> <tbody> <tr> <td>Front: _____</td> <td>Filing fee \$ <u>25</u></td> </tr> <tr> <td>Rear: _____</td> <td>Permit fee \$ _____</td> </tr> <tr> <td>Side: _____</td> <td>Excise tax \$ _____</td> </tr> <tr> <td>Side St.: _____</td> <td>Add'l per. fee \$ _____</td> </tr> <tr> <td>All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>TOTAL FEES \$ _____</td> </tr> <tr> <td>Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>Sub-total paid \$ _____</td> </tr> <tr> <td>Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>Balance due \$ _____</td> </tr> <tr> <td>Lot Coverage for NewTown Zone _____</td> <td>Check # _____</td> </tr> <tr> <td>SDP/Red-line approval date _____</td> <td>Validation # _____</td> </tr> </tbody> </table>	DPZ SETBACK INFORMATION	PROPERTY INFO: <u>63710</u>	Front: _____	Filing fee \$ <u>25</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 NewTown Zone _____	Check # _____	SDP/Red-line approval date _____	Validation # _____	Accepted by <u>[Signature]</u>
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