

Health

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00149982 KN

Building Address 430 High Stepper Trail  
Sykesville MD 21784  
Suite/Apt. #: TAC ID # 03-316637 SDP/WP/Petition #:  
Census Tract 0030 Subdivision River Downs  
Section 2 Area \_\_\_\_\_ Lot 13  
Tax Map 9 Parcel 338 Grid 6  
Zoning RR-OEO Map Coordinates 5E8 Lot size \_\_\_\_\_

Property Owner's Name Eric + Arlene Sevy  
Address 305 Naveland Rd  
City Baltimore State MD Zip Code 21228  
Home Phone 410-719-7511 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Steven Leaf - Tradition Home Builders  
Phone 410 489 6145 Fax \_\_\_\_\_

Existing Use unimproved building lot  
Proposed Use single family residential home  
Estimated Construction Cost \$ 500,000  
Description of Work construct single family residence  
brick exterior, asphalt roof shingles, 3BR/3B,  
garage, 3 car Porch & Deck

Contractor Company Tradition Home Builders  
Contact Person Steven Leaf  
Address 15084 Bushy Park Rd  
City Woodbine State MD Zip Code 21797  
License No. 13912157 59  
Phone 410 489 6145 Fax 410 489 6215

Occupant or Tenant Eric + Arlene Sevy  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person Dave Johnson  
Address 7800 Kabik Ct  
City Woodbine State MD Zip Code 21797  
Phone 410 978 7493 Fax 410 549 7932

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>46</u> <u>84</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>44</u> <u>77</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>44</u> <u>55</u>	Propane _____
Finished Basement _____ Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of Bedrooms <u>3</u>	Natural Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____	Propane Gas <input checked="" type="checkbox"/>
No. of 1 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of 2 BR units: _____	NFPA #13D _____
No. of 3 BR units: _____	NFPA #13R _____
Other Structure: _____	Other: _____
Dimensions: _____	
Footings: <u>poured concrete</u>	
Roof: <u>asphalt</u>	
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 Steven Leaf  
Title/Company President

Print Name Steven Leaf  
Date 8/20/04

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>10-18-04</u>	<u>Karen Pearson</u>
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_

All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 63197

Filing fee \$ 100

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

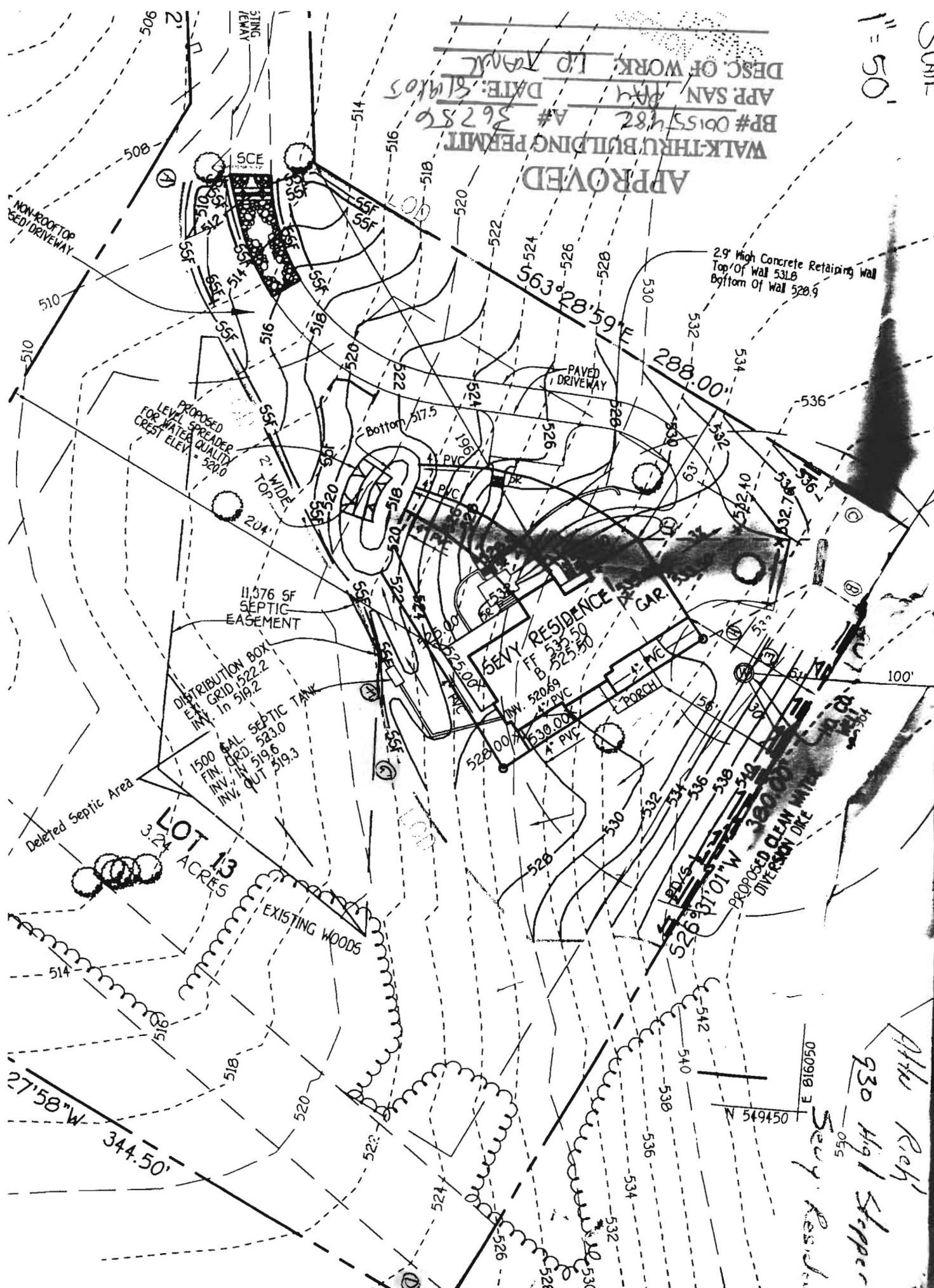
Check # 6829

Validation # 74933

Accepted by [Signature]

SCALE  
1" = 50'

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# 00155/482  
APP SAN # 36286  
DATE: 8/19/03  
DESC. OF WORK: LP TANK



LOT 13  
3.24 ACRES

After Rich  
230 Hwy 1 Stepper  
Sevy Residence  
055  
061050  
549450