

Building Address 6547 Cedar Lane  
Columbia, MD 21044

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

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

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

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid 17

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

Property Owner's Name George & Christy Peters

Address 6547 Cedar

City Columbia State MD Zip Code 21044

Home Phone 410 531 4974 Work Phone 410 531-2700

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home

Proposed Use addition to single family home

Estimated Construction Cost \$ 150,000

Description of Work Extend Kitchen 12 x 12'  
open dining room washer dryer room  
1/2 Bath + Closet to be constructed

Contractor Company Hands On Construction

Contact Person Doug Poling

Address 515 Dorchester Rd

City Catoonsville State MD Zip Code 21038

License No. 32634

Phone 410-788-8542 Fax 410 788 8542

Occupant or Tenant George & Christy Peters

Contact Name Christy Peters

Address \_\_\_\_\_

City Columbia State MD Zip Code 21044

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Jim Leonard

Contact Person Sam

Address 615 Kingston Rd

City Belt State \_\_\_\_\_ Zip Code 21012

Phone 410 377 6573 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft. per floor: _____	<input checked="" type="checkbox"/> Private
Use group: _____	Sewage Disposal: _____
Construction type: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Heating System: _____
<input type="checkbox"/> State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input checked="" type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	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 _____

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

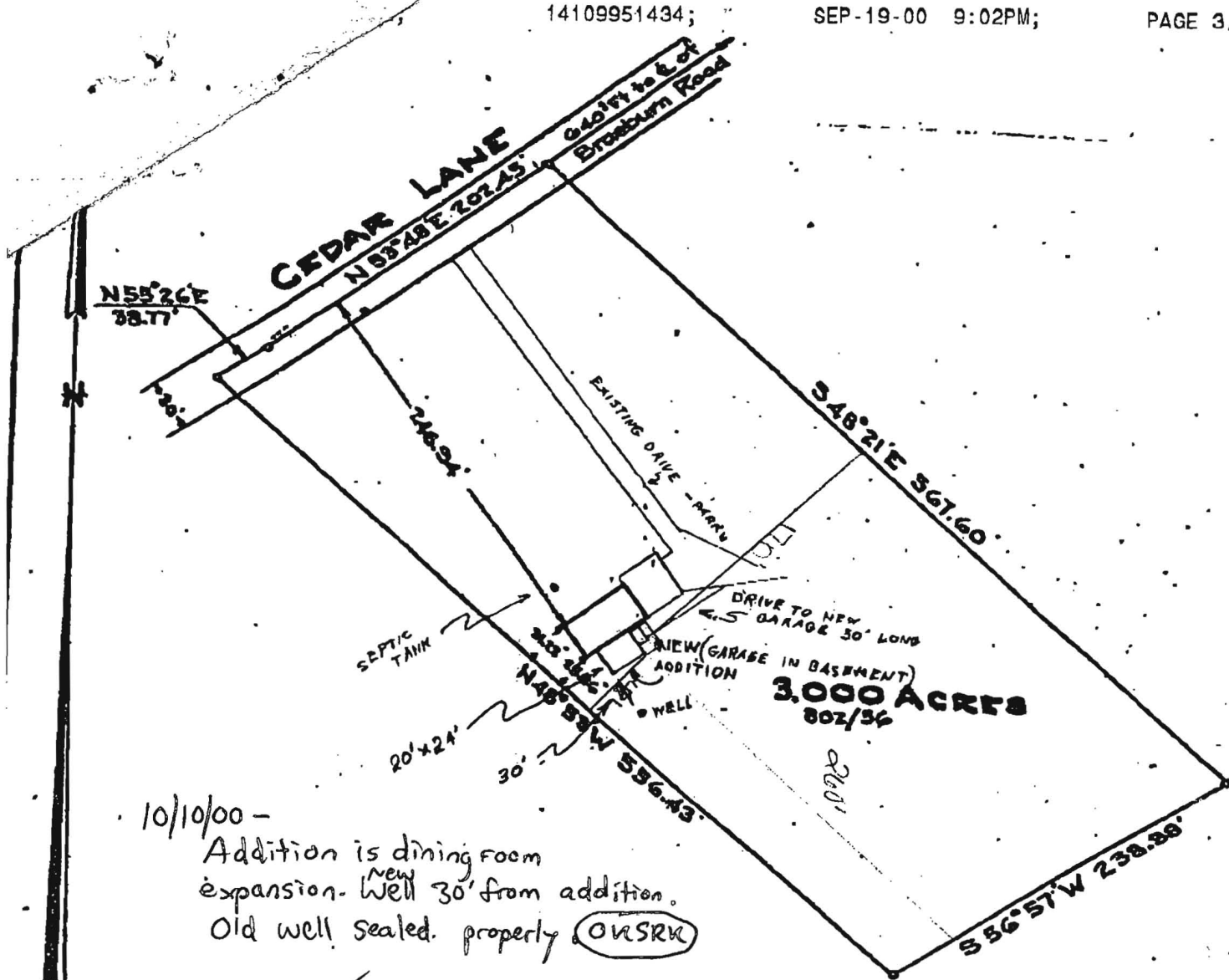
Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_ 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>12/13/06</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 -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\home\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA





10/10/00 -  
 Addition is dining room  
 expansion. <sup>New</sup> Well 30' from addition.  
 Old well sealed. properly **OWSRK**

800126795

**LOCATION SURVEY  
 FOR**

**HOWARD F. BANKES**

**FIFTH ELECTION DIST., HOWARD COUNTY  
 SIMPSONVILLE, MARYLAND.**

**SCALE: 1/4" = 100 FT. JAN. 6, 1977**

**SURVEYOR'S CERTIFICATE**

I hereby certify that the improvement shown hereon  
 has been located by a transit-tape survey and there are  
 no encroachments.

*Robert E. Roser*

Robert E. Roser,  
 Reg. Professional Land Surveyor,  
 No. 8715

