

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B000151006

Building Address 13201 Highland Rd.
Highland MD. 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.01 Subdivision _____
Section _____ Area _____ Lot 1
Tax Map 34 Parcel 67 Grid 21
RROED
Zoning _____ Map Coordinates 13K11 Lot size _____

Property Owner's Name Charles Thomas
Address 13201 Highland Rd.
City Highland State MD Zip Code 20777
Home Phone 301-854-1321 Work Phone 410-715-3168
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Single family home
Proposed Use same w- add
Estimated Construction Cost \$ 70,000
Description of Work three add @ 16x26
den closet bath room @ 16x12
Laundry pantry closet power room @ 3'6" x 10'6"

Contractor Company Owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Owner Kitchen expn.
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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.

Kevin Sullivan
Applicant's Signature
Agent for owner
Title/Company

Kevin Sullivan
Print Name
11-2-04
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		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>11/15/04</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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#: 63866

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Validation	# <u>80852</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



HOUSE DETAIL

SCALE: 1"=30'

WALLS

A	31.7'
B	10.2'
C	4.7'
D	16.1'
E	1.3'
F	24.2'
G	35.3'
H	50.4'

11-9-04 PLAN TO SCALE - NEED S. TANK LOC & distance to proposed addition

NOTE

LOT DESIGNATION IS BASED ON A CERTIFICATE OF SURVEY BY J. HARRY KOLLER, L.S. #250 DATED SEPTEMBER 19, 1947 AND CONFIRMED BY A LETTER FROM THE OFFICE OF PLANNING & ZONING OF HOWARD COUNTY DATED DECEMBER 10, 1985.

PLAN

SCALE: 1"=80'

APPROVED

WALK-THRU BUILDING PERMIT

BP# 800151006 A# 44350
 APP. SAN K23 DATE REPLY 8/30/00



(301) 921-9109

CIVIL DESIGN SYSTEMS

CIVIL ENGINEERING & LAND SURVEYING

19645 MUNCASTER ROAD ROCKVILLE, MARYLAND 20855

SURVEYOR'S CERTIFICATE

I CERTIFY THE PLAT SHOWN HEREON IS CORRECT. THE LOCATION OF THE IMPROVEMENTS AS SHOWN IS CORRECT AND THEY WERE LOCATED BY A TRANSIT-TAPE SURVEY MADE ON THE DATE SHOWN. UNLESS OTHERWISE SHOWN THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES.

Peter A. Gallerizzo 8.30.00
 PETER A. GALLERIZZO MD. PROF. L.S. #10705 DATE

DESC. OF WORK HOUSE LOCATION SURVEY

Close, power
 13201 HIGHLAND ROAD
 TAX MAP 34 PARCEL 67

HICKORY RIDGE

5th ELECTION DISTRICT
 HOWARD COUNTY
 MARYLAND

JOB NO.: MTH00003 LOT: 1
 SCALE: 1"=80' BLOCK:
 FINAL: 08/30/00 PLAT BOOK:
 WALL CHECK: 08/30/00 PLAT NO.: