

Health -
600159117

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-7455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 17000 Old Frederick Rd
Mt Airy, MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604001 Subdivision Sturm
Section _____ Area _____ Lot 4
Tax Map 2 Parcel 70 Grid 20
Zoning RE-DEP Map Coordinates 3A7 Lot size 1.412 A

Property Owner's Name Andrew Liebno
Address 17000 Old Frederick Rd
City WOODBINE State MD Zip Code _____
Home Phone 410-489-4751 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
JEREMY CLANCY 7051 Macbeth Way
Eldersburg MD 21784
Phone 443-340-1229 Fax 410-795-4572

Existing Use SFD
Proposed Use SFD w/ ADDITION
Estimated Construction Cost \$ 9500
Description of Work Const A 28'x32' addition
over concrete block basement on left side
of ex SFD.

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

Occupant or Tenant Andrew Liebno
Contact Name 17000 Old Frederick Rd
Address _____
City WOODBINE State MD Zip Code _____
Phone 410-489-4751 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>32'</u> Depth <u>28'</u> Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>32'</u> <u>28'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 <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 THERE TO; (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 [Signature]
Title/Company Permits

Print Name JEREMY CLANCY
Date 4/19/00

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			
<input checked="" type="checkbox"/> Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1619</u>
Historic District?	Validation # <u>111087</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ
T:\norme\PERMIT.FRM

Yellow: DED, DPZ Pink: Health Gold: SHA



443-745-3702

Andy Liebno

Andy Liebno

410-489-4751 H

~~443-745-3702 C~~

410-802-7263 C

① Need floor plans

② Need pnc test application

③ need a pnc cert.

3 bedrooms
currently
ad staying

Talked to Jerry 5/5/06

Called 5/4/06 left
message on machine

2006 AP 20 PM 4: 31

RECEIVED
WARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

30715911

Building Address 17000 Old Pittersville Rd
114 Ave, MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604001 Subdivision Stum

Section _____ Area _____ Lot 4

Tax Map 2 Parcel 70 Grid 30

Zoning RC-DP Map Coordinates 3A7 Lot size 1412 A

Property Owner's Name Home Owner

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone 410-340-1229 Fax 410-798-4572

Existing Use SEA

Proposed Use SEA

Estimated Construction Cost \$ 9500

Description of Work Garage - 20' x 30'

Contractor Company HOME OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone 410-491-0751 Fax _____

Engineer or Architect Company _____

Contact Person _____

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City _____ State _____ Zip Code _____

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Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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Applicant's Signature _____

Print Name Jeremy Clancy

Title/Company _____

Date 4/19/02

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Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by _____

