

Building Address 4288 Buckskill Road  
Ellicott City, MD

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

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

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

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

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Steve Grimes  
 Address 4288 Buckskill Road  
 City Ellicott City State MD Zip Code 21042  
 Home Phone 410 531 1777 Work Phone 410 804 4578  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

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

Existing Use basement  
 Proposed Use shop  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work partition walls and electrical

Occupant or Tenant Steve Grimes

Contact Name \_\_\_\_\_

Address 4288 Buckskill Road  
 City Ellicott City State MD Zip Code 21042  
 Phone 410 531 1777 Fax \_\_\_\_\_

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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 type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

J.M. Gr  
 Applicant's Signature

Print Name \_\_\_\_\_

Email Address \_\_\_\_\_

Date 3/1/2013

Title/Company \_\_\_\_\_

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 Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>3/1/13</u>	<u>Heidi Smith</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total per. fee \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
			Historic District?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone	
ONE STOP <input type="checkbox"/>			SDP/Red-line approval date	

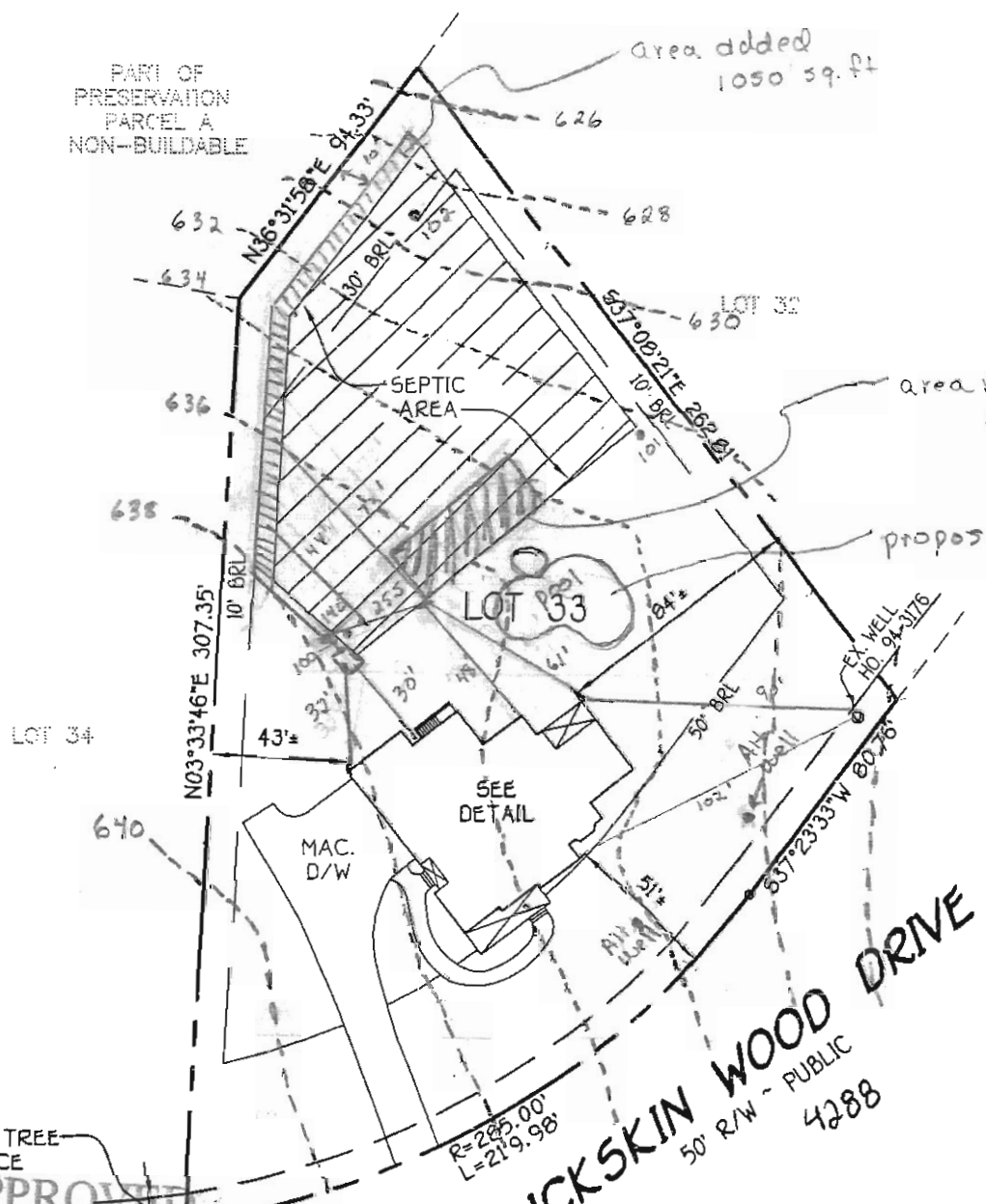


PART OF PRESERVATION PARCEL A NON-BUILDABLE

Area added 1050 sq. ft

Area removed 1000 sq. ft

proposed pool with spa



BUCKSKIN WOOD DRIVE  
50' R/W - PUBLIC  
4288

10' PUBLIC TREE MAINTENANCE EASEMENT

APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# N/A  
APP. SAN HS DATE: 3/1/13  
DESC. OF WORK: finish room in bsmt for work shop

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/28/05  
FINAL LOCATION: 04/25/06  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=60'  
DATE: 04/26/06  
DRAWN BY: VLJ  
CHECKED BY: MLR  
PROJECT No.: 61700

WOOD DRIVE  
RESTRICTION LINE  
TION ELEV.= 642.4'

LOT 33  
REVISION PLAT  
BUCKSKIN RIDGE  
LOTS 1-47 &  
PRESERVATION PARCEL A  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT #15704