

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 10380 RT. 108
Ellicott City MD. 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6023.03 Subdivision _____
 Section _____ Area _____ Lot 4
 Tax Map 29 Parcel 18 Grid 6
 Zoning RC Map Coordinates _____ Lot size 156 ACRO.

Property Owner's Name Mrs Martha Clark
 Address 4370 Centennial Ln.
 City E.C. State MD Zip Code 21042
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone (410) 440-6295 Fax _____

Existing Use Farm House
 Proposed Use Farm House
 Estimated Construction Cost \$ 100,000
 Description of Work Open Rear wall,
Build New Sunroom Addition.
16 x 34 w/ steps

Contractor Company Cross Country Builders
 Contact Person LEN BUSSO
 Address 4401 Cross Country Dr
 City Ellicott City State MD Zip Code 21042
 License No. 57295
 Phone 410-440-7508 Fax 410-750-6727

Occupant or Tenant _____
 Contact Name Martha Clark
 Address 4370 Centennial Ln.
 City E.C. State MD Zip Code 21042
 Phone _____ Fax _____

Engineer or Architect Company Simon Design
 Contact Person Roxy Simon
 Address 8600 Foundry St.
 City Sparks State MD Zip Code 20763
 Phone 301-776-8285 Fax _____

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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input 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 type="checkbox"/>	Sprinkler system: N/A <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 _____	
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 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.

Leonard J Busso
 Applicant's Signature
Cross Country Builders/President
 Title/Company

Leonard J Busso
 Print Name
10/25/07
 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	10/25/07	<u>OTN TK</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
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"/>		
Distribution of Copies	White: Building Official	Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>75 FT</u>	Filing fee \$ _____
Rear: <u>60 FT</u>	Permit fee \$ _____
Side: <u>31 FT</u>	Excise tax \$ _____
Side St.: <u>30 FT</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	



PRESERVATION PARCEL B
 PLAT OF REVISION
 COVENANT BAPTIST CHURCH
 OF WEST COLUMBIA
 PARCEL A AND
 PRESERVATION PARCEL B
 PLATS 16986 THRU 16991

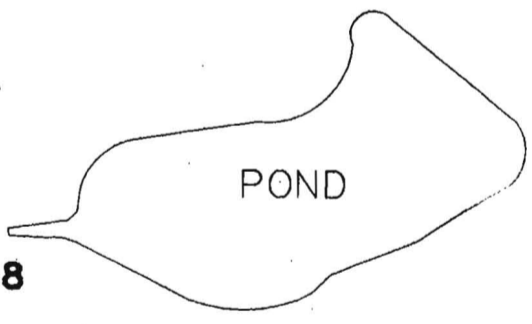
E
 CIRS

S 62°42'10" E
 1359.58'

PROPERTY OF
 DONALD R. JAM
 MARCENE C. JA
 L.803, F.283
 PARCEL 167

REVERTIBLE SLOPE EASEMENT
 S 2
 N 6
 S 26°58'47" E
 PERPETUAL DRAINAGE EASEMENT L.1120, F.4
 S 63°0'
 S 26°58'43"

PROPERTY OF
 JAMES CLARK, JR.
 L. 3560, F. 592
 (LOT 4)
 6,795,786 Sq. Ft.
 156.0098 Ac.
 TAX MAP PARCEL 18



PROPOSED
 ADDITION

EXISTING
 RESIDENCE

PROPOSED ADDITION TO RESIDENCE
 OF MARTHA CLARK
 4370 CENTENNIAL LAKE
 ELLICOTT CITY, MD 21042
 ZONING: RC

ARCHITECTS:
 BINEX DESIGN ARCHITECTS
 8600 FOUNDRY ST
 BOX 2007
 SPRINGFIELD, MD 20763
 301-776-8285
 10.11.07

1" = 200'



(c) 410-960-6776



CROSS COUNTRY BUILDERS

DESIGN & CONSTRUCTION

Leonard J. Busso
President

Phone 410-750-8079
Fax 410-750-6727

MHIC#51395 4401 Cross Country Drive • Ellicott City, MD 21042