

24x24 = 576 gse
 17x19 = 327
 1500 = house
 + 1500 bare mt

2323
 753
 3073

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS HOWARD COUNTY HOUSE DIVISION ELECTRICITY CITY NO 21043 PERMITS (410) 313-3455 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER	
Building Address <u>2105 MT VIEW RD</u> <u>MARBLETSVILLE, MD 21104</u>			Property Owner's Name <u>LINDA BEDSAUL</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>2105 MT VIEW RD</u>		
Census Tract _____ Subdivision _____			City <u>MARBLETSVILLE</u> State <u>MD</u> Zip Code <u>21104</u>		
Section _____ Area _____ Lot _____			Home Phone <u>410 442 1528</u> Work Phone <u>410 423 6858</u>		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>Private Residence</u>			Contractor Company <u>J&D Construction</u>		
Proposed Use <u>Same</u>			Contact Person <u>James L Pesey</u>		
Estimated Construction Cost <u>\$284,000</u>			Address <u>5540 Woodbine Rd</u>		
Description of Work <u>Extending Master Bedroom adding sunroom</u>			City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>		
Occupant or Tenant <u>owner Linda Bedsaul</u>			License No. <u>10034</u>		
Contact Name <u>Same</u>			Phone <u>410 795 6153</u> Fax <u>410 458 1578</u>		
Address <u>Same</u>			Engine or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: <u>1</u> Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" 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 SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: <input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms <u>3</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

* No tank
 measure
 needed
 410-423-7209
 box over

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.

Linda M Bedsaul
 Applicant's Signature
LINDA M BEDSAUL
 Print Name
11/29/2007
 Date

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 Official			Side: _____ Excise tax \$ _____		
Dev. Engineering, DPZ			Side St: _____ Add'l per. fee \$ _____		
Health			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____	
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
To: Home/PERMIT FRM					

* ~~Pl. Shi' water~~
~~need of case~~
~~Permit to keep~~
~~well~~
 (Doe)
 - well has been
 abandoned
 need to double
 check

