

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

*D-00157777*

Building Address 11294 Old Highway Rd  
Cheltenham MD 21029  
 Suite/Apt. #: 05-382860 SDP/W/P/Petition #: \_\_\_\_\_  
 Census Tract 05107 Subdivision 11th  
 Section 1 Area \_\_\_\_\_ Lot 11  
 Tax Map 41 Parcel 422 Grid 16  
 Zoning R-2 Map Coordinates 1747 Lot size .918A

Property Owner's Name Bill + Mary Mills  
 Address 11294 Old Highway Rd  
 City Cheltenham State MD Zip Code 21029  
 Home Phone 301276-5162 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use Handmade kitchen  
 Estimated Construction Cost \$ 25,000  
 Description of Work Handmade kitchen with island  
7'x2' island to 14'x12' kitchen (9'x12')

Contractor Company Wade Yates  
 Contact Person Wade Yates  
 Address 701 Sandy Side Rd  
 City Sandy Side State MD Zip Code 21784  
 License No. 27709  
 Phone 301-276-0174 Fax 301-276-4250

Occupant or Tenant \_\_\_\_\_  
 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 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"/> 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: _____ 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"/>	Sprinkler system: N/A <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"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
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 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.

Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name Wade Yates  
 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			
Health			
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 \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>7086</u>
SDP/Red-line approval date _____	Validation # <u>106102</u>

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

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B00157777

Building Address 11294 Old Hopkins Rd.  
Clarksville MD 21029

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

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 11

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

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Bill & Mary Mills

Address 11294 Old Hopkins Rd

City Clarksville State MD Zip Code 21029

Home Phone (301) 776-5960 Work Phone \_\_\_\_\_

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

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

Existing Use SFD

Proposed Use SFD with extended kitchen

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work kitchen Addition Section (1)  
7'x12' connected to 14'x12' section

Contractor Company Yates Home Improvements Inc.

Contact Person Wade Yates

Address 6361 Shady Side Rd

City Shady Side State MD Zip Code 20764

License No. 37349

Phone (410) 867-0174 Fax (410) 867-9256

Occupant or Tenant \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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Applicant's Signature \_\_\_\_\_

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

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

Date \_\_\_\_\_

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State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Div. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>1-18-06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
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