

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 14396 Old Frederick Rd  
Sykesville MD 21784  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel 24-322584 Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 3.741 acres

Property Owner's Name Anne Woodyard  
 Address 14396 Old Frederick Rd  
 City Sykesville State MD Zip Code 21784  
 Home Phone 410 489 3699 Work Phone 410 215 9921  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Porch  
 Proposed Use Bathroom  
 Estimated Construction Cost \$ 1,000  
 Description of Work converting 2nd floor porch into bathroom 6x14'

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Anne Woodyard  
 Contact Name \_\_\_\_\_  
 Address 14396 Old Frederick Rd  
 City Sykesville State MD Zip Code 21784  
 Phone 410 489 3679 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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ 1st floor: <u>51</u> <u>48</u> 2nd floor: <u>51</u> <u>38</u> Basement: <u>51</u> <u>48</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>30ft</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input 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: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 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.

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

Anne Woodyard  
 Print Name  
5/11/06  
 Date

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	<u>5/24/06</u>	<u>Anne Woodyard</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

# ROUTE #97

N 12°-22'-40" E

EDGE OF PAVING

363.78'

IRON PIN & CAP SET

S 84°-09'-40" E

5' 4 1/2"   
 10' 1/2"   
 →

DRIVEWAY

259.8'

2 1/2 STORY   
 FRAME DWLG.   
 SEE DETAIL

OLD   
 FREDERICK   
 ROAD

S 80°-26'-50" W

EDGE OF PAVING

Metal Stud on   
 Concrete Pad   
 (8'5" X 9'8")

elevated   
 porch to be   
 converted to bathroom

57.3'



#14396

well house

106.8'

GRAVEL   
 DRIVEWAY

Brick Pad   
 Concrete

624.00'

71.1'

36'

Frame Bldg. on   
 Concrete Foundation   
 (15.2' X 20.2')

WIRE FENCE LINE   
 OF OTHERS   
 (ON PROP. LINE)

148.3'

IRON PIN & CAP SET

S 03°-39' E

WIRE FENCE LINE   
 OF OTHERS   
 (0.5' OFF PROP. LINE)

IRON PIN & CAP SET

N 72°-09' W

207.70'

43.55'   
 13.55'

## APPROVED

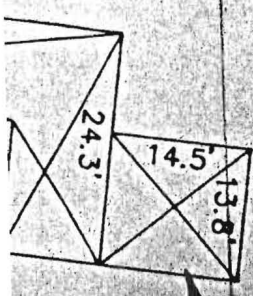
WALKTHRU BUILDING PERMIT

BP#            A# 40253

APP SAN            DATE: 5/24/06

DESC. OF WORK: 6 x 14' bathroom

1 = 5' 0"   
 FRAME CAR   
 PORT



SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

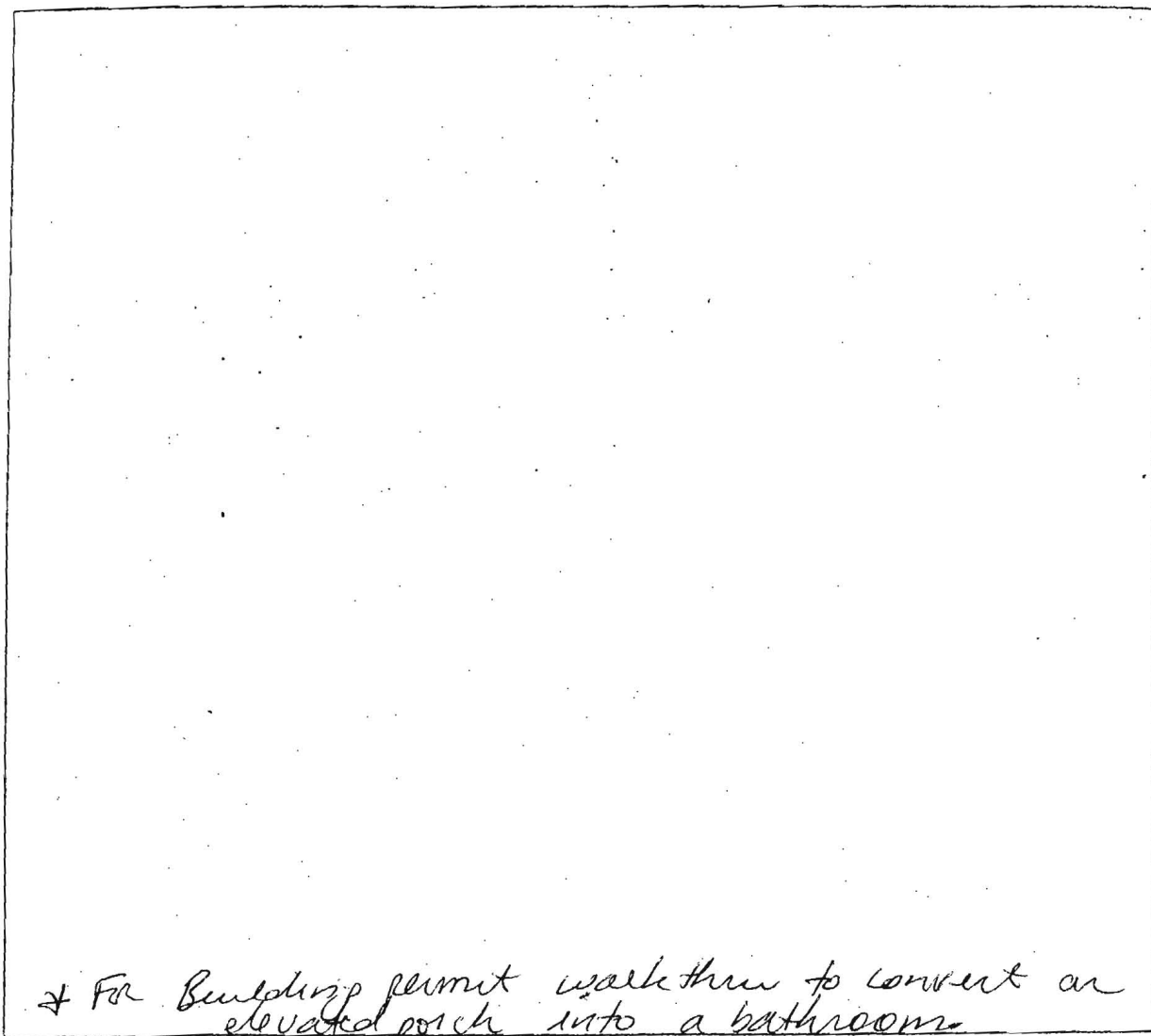
ADDRESS: 14396 old Frederick Rd. CONTRACTOR: \_\_\_\_\_

\_\_\_\_\_ WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Verify well

LOCATION DIAGRAM



COMMENTS: Well located in well house. It is a pit well but in good condition. Suggested to owners to get a bacteria test. Okay to approve permit.  
5/22/06 SF