

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

Building Address: 12566 CLOVER HILL DRIVE, WEST FRIENDSHIP, MD. 21794  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: R-R Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: CHRIS SWIDERSKY  
 Address: 12566 CLOVER HILL DRIVE  
 City: W. FRIENDSHIP State: MD Zip Code: 21794  
 Home Phone: \_\_\_\_\_ Work Phone: 410-745-7202  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: RESIDENTIAL  
 Proposed Use: RESIDENTIAL  
 Estimated Construction Cost: \$ 90,000  
 Description of Work: REMODEL EXISTING ACCESSORY STRUCTURE INTO GUEST QUARTERS.  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: CHRIS SWIDERSKY  
 Address: 12566 CLOVER HILL DRIVE  
 City: W. FRIENDSHIP State: MD Zip Code: 21794  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: CSWIDERSKY@QUALITYASSOCIATESINC.COM

Contractor Company: MASTER PLAN DESIGN BUILD  
 Contact Person: CHRIS PFUND  
 Address: 113 WEST  
 City: TOWSON State: MD Zip Code: 21284  
 License No.: 89-297  
 Phone: 410-321-1056 Fax: \_\_\_\_\_  
 Email: CPfund@masterplandesignbuild.com  
 Engineer/Architect Company: BURTON PFUND ARCH.  
 Responsible Design Prof.: CHRIS PFUND  
 Address: 113 WEST ROAD  
 City: TOWSON State: MD Zip Code: 21284  
 Phone: 410-321-5467 Fax: 410-321-5467  
 Email: CPfund@burtonpfund.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: <u>30'-0"</u>	<u>Water Supply</u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: <u>6,000 s.f.</u>	<input checked="" type="checkbox"/> Private
Area of construction (sq. ft.): <u>1,000 s.f.</u>	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input checked="" type="checkbox"/> Wood Frame	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 <sup>st</sup> floor: <u>28' x 40'-0"</u>	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: _____	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<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.

Applicant's Signature: [Signature] Print Name: CHRIS PFUND  
 Email Address: CPfund@burtonpfund.com Date: 7-21-10  
 Title/Company: ARCHITECT / BURTON PFUND

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/22/10</u>	<u>Heidi Aslett</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No  
 Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

