

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

800159548

Building Address 8409 Old Frederick Rd
Ellicott City MD 21043

Property Owner's Name Joseph & Diana Smith
Address 8409 Old Frederick Rd

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision WOODS PAT. Rim

City Ellicott City State MD Zip Code 21043

Section _____ Area _____ Lot 2

Home Phone 410 418-9123 Work Phone 410 549 3800

Tax Map _____ Parcel _____ Grid _____

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

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use _____

Contractor Company Owner

Proposed Use _____

Contact Person Joe Smith

Estimated Construction Cost \$ 11,000

Description of Work Build Deck with

Address _____

2 levels

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant _____

Engineer or Architect Company Place Architects

Contact Name _____

Contact Person Lois Stubb

Address _____

Address 16 Borstead Ct

City _____ State _____ Zip Code _____

City Baltimore State MD Zip Code 21093

Phone _____ Fax _____

Phone 410 337-5299 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
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"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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: _____	
Foatings: _____	
Roof Height: _____	
<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.

Joseph C. Smith
Applicant's Signature

Joseph C. Smith
Print Name

_____ Title/Company

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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>5-11-06</u>	<u>Race Down</u>
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"/>		

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	# _____
SDP/Red-line approval date _____	Validation	# _____

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

