

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

2006-003213

Building Address 10348 Old Frederick Road
Howard Co MD 21163

Suite/Apt. #: _____ SDP/WP/Petition #: 06-057

Census Tract 603000 Subdivision _____

Section _____ Area 2.04 Lot _____

Tax Map 17 Parcel 296 Grid 1

Zoning RC050 Map Coordinates _____ Lot size 2.04 AC

Property Owner's Name DAVID PAUL PELLICOT

Address 10348 Old Frederick Road

City Howard State MD Zip Code 21163

Home Phone 410-461-1550 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Entrex Communications Services, Inc.
1575 E. St. Mill St. 301 Wash. Blvd. LG 200

Phone 302-406-0860 Fax 302-406-0861

Existing Use Residential / Telecommunications

Proposed Use Residential / Telecommunications

Estimated Construction Cost \$ 100,000

Description of Work Install re-brown of gaged
brass in place of old copper
including gas, water, joint/stop service.

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Doc Korthoff / Howard County

Contact Name F. Murray Galt

Address 1000 Lake Street Blvd Ste 500

City Maryland State NJ Zip Code 07495

Phone 201-687-4212 Fax N/A

Engineer or Architect Company Entrex Communications & S.

Contact Person Mr. A. Murray PE

Address 1575 E. St. Mill St.

City Washington State DC Zip Code 20005

Phone 202-522-7242 Fax 202-522-7241

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <u>N/A</u>
No. of stories: <u>N/A</u>	Public _____
Gross area, sq. ft. per floor: <u>0.56</u>	Private _____
Use group: <u>U</u>	Sewage Disposal: <u>N/A</u>
Construction type:	Public _____
<input type="checkbox"/> Reinforced Concrete	Private _____
<input checked="" type="checkbox"/> Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Heating System: <u>N/A</u>
<input type="checkbox"/> State Certified Modular <u>N/A</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public _____
1st floor: _____	Private _____
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: _____	Heating System: _____
Multi-family dwellings:	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
No. of 3 BR units: _____	NFPA #13D _____
Other Structure: _____	NFPA #13R _____
Dimensions: _____	Other: _____
Footings: _____	
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.

Applicant's Signature [Signature]

Title/Company _____

Print Name Mr. A. Murray

Date Aug 15 2006

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>10/19/06</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>4914</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____ Accepted by _____

Number of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA