

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address <u>7369 Reservoir Rd.</u> <u>Fulton Md. 20759</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Beaumont Park</u> Section <u>3</u> Area _____ Lot <u>2</u> Tax Map _____ Parcel <u>35</u> Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Roger A &amp; Patricia Smith</u> Address <u>7369 Reservoir Rd.</u> City <u>Fulton</u> State <u>Md</u> Zip Code <u>20755</u> Home Phone <u>301-362-4527</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>George N. Kiriacov</u> <u>10647 Whitrock Ct Laurel Md. 20773</u> Phone <u>301-362-9861</u> Fax <u>301-725-5500</u>
Existing Use <u>Slg. Family Home (Bedroom)</u> Proposed Use <u>Bedroom</u> Estimated Construction Cost \$ <u>17,000.-</u> Description of Work <u>Build 17'6" x 6'0" Dormer addition</u> <u>to Master Bedroom, over existing 2 car</u> <u>garage</u>	Contractor Company <u>Creative Construction</u> Contact Person <u>George N. Kiriacov</u> Address <u>10647 Whitrock Ct.</u> City <u>Laurel</u> State <u>Md</u> Zip Code <u>20773</u> License No. <u>17936</u> Phone <u>301-362-9861</u> Fax <u>301-725-5500</u>
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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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: <u>20 FT</u> 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: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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 \_\_\_\_\_ Print Name George N. Kiriacov  
 Title/Company \_\_\_\_\_ Date 3-18-05

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 \$ <u>20</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>3/30/05</u>	<u>[Signature]</u>	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 # <u>105</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

*see attached*

APPLICATION

18EB

16338

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

30052713

Handwritten: Health copy

Handwritten: #25 YF CR 1145

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

8369 Reservoir Rd.  
Folton, Md. 20759

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

17x26' Dormer addition to Master Bedroom, on front of house, above garage (epistyle) wood frame construction

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
2	35	3				

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Beaufort Park		45	05	

OWNER NAME AND ADDRESS PHONE NO.

Roger A Smith / Patricia M. Smith 301-362-4527  
8369 Reservoir Rd Folton, Md. 20759

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS PHONE NO.

Same as above

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
Height 20'		

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

George N Kiriacou DBA Creative Const 301-362-9501  
10647 Whitbeck Ct.  
Lanor, Md. 20723

UTILITIES

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
Well	Septic	N/A	✓	Elec.	✓

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EXISTING USE PROPOSED USE

Sig. Family Home Sig. Family

SIGNATURE

Contractor 3/18/05  
TITLE DATE

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

17,000 - 17936

### FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X	
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

### CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks

Handwritten: KTB

FOR OFFICE USE ONLY

Applicant's Signature

*Adner*

Title/Company

Print Name

*TEP Lukis*

Date

*4.14.06*

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

DATE

SIGNATURE APPROVAL

AGENCY  
Land Development Div  
State Highway  
Building Office  
Development Div  
Fire Protection

*4/20/2006*  
*Ernest Baker*

Is Statement Correct approval received prior to this check?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies:  Written Building Official  County LBD, Div 2

DESETBACK/DETERMINATION

Front: *75'*  
Rear: *10'*  
Side: *10'*  
Side St: *10'*

All information indicated correct?  
YES  NO   
Is Enclosure Permit required?  
YES  NO

Master's District? YES  NO   
Lot Coverage for New Open Zone: *N/A*  
SID/Revisions approval date: \_\_\_\_\_  
Yellow DED, Div 2: \_\_\_\_\_

FRB: Health

Govt. SHA

PROPERTY TAX

Filing fee	\$	<i>11</i>
Permit fee	\$	
Excise tax	\$	
Add'l per. fee	\$	
TOTAL FEES	\$	
S&S-total paid	\$	
Balance due	\$	
Check	\$	<i>11</i>
Validation	\$	<i>11</i>

Accepted by: \_\_\_\_\_

Rev. 11/9/04