

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B10000910

Building Address 12052 OPEN RUN RD.
ELLICOTT CITY MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use CF

Proposed Use _____

Estimated Construction Cost \$ 9000

Description of Work Build a deck - 13x21
w/ steps to grade.

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name MR & MRS. Song

Address 12052 OPEN RUN RD.

City ELLICOTT CITY State MD Zip Code 21042

Home Phone _____ Work Phone _____

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

TONY SEI

7808 CORNER STONE WAY

WINDSOR MILL MD 21244

Phone 410.540.8800 Fax 410.489.9127

Contractor Company SBL ENTERPRISE INC.

Contact Person JOHN SO

Address 14821 BVENTHODDS RD

City GLENWOOD State MD Zip Code 21244

License No. #06638

Phone 410.608.7725 Fax 410.489.9427

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: _____ <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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

John So
 Applicant's Signature

SBL.TONY5@gmail.com
 Email Address

Manager (SBL ENTERPRISE)
 Title/Company

TONY SEI
 Print Name

4/14
 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 Officials		
Dev. Engineering, DPZ		
Health	<u>4-14-10</u>	<u>John So</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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 _____

PROPERTY ID # _____

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per fee \$ _____

TOTAL FEES \$ _____

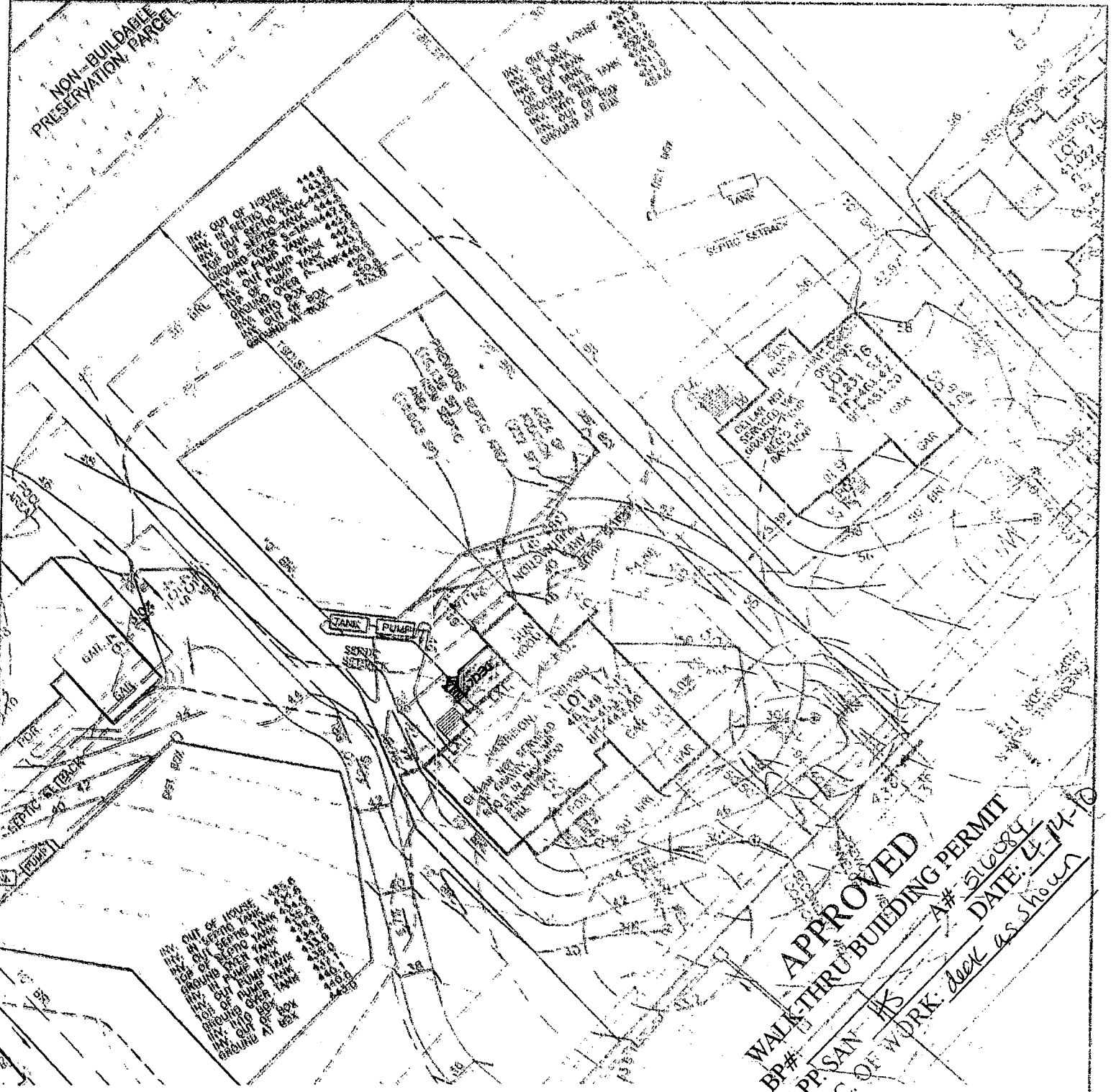
Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Accepted by _____



APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____
 APP. SAN _____
 DESC. OF WORK: *As shown*
 A# 51684
 DATE: 4-14-10

**RIVERWOOD
 LOT 17**

ITEM	RESPONSE	REMARKS
ADDITIONAL CLEARING	NO	FROM INTERIUM PLAN
HOUSE OFF PAD	YES	PER LOCATION REQUEST
CHANGED HOUSE ELEVATION	YES	FROM INTERIUM PLAN
DRIVEWAY SLOPE CHANGE	YES	FROM GRADING PLAN
CHANGE CURB CUT LOCATION	N/A	OPEN SECTION
HOUSE WITHIN BRL	YES	-
REVISED DIMENSIONS	YES	PER ARCHITECTURALS
ADDITIONAL TOPOGRAPHY	NO	-

DATE: _____
 ELEVATION: _____
 WALCUT: _____
 REVERSED: _____
 UTILITY: _____
 ORDERED BY: HARRISON
 SOLD BY: UHRSG
 ADDITIONAL REMARKS: YES
 REAR SOLARIUM, REAR EXTS.
 3 CAR
 FORTIA TAYLOR
 JOHN CARNEY
 NEEDS PERC PLAN REVISION

BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELICOTT CITY, MD 21043
 PH: 410-665-8600 FAX: 410-665-8644

THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1" = 50' DATE 8/19/08