



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DULP 2017

Date Received: _____

Permit No.: B17003960

CB171186

Building Address: 12005 OLD FREDERICK RD
City: MARRIOTTSVILLE State: MD Zip Code: 21104
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: ANTIQUE REPAIR
Proposed Use: SAME
Estimated Construction Cost: \$5,000.00
Description of Work: REPAIR 6-2X4 STUDS WITH SHEATHING & SIDING, AND REPAIR CHIMNEY

Occupant/Tenant Name: SAND HILL ANTIQUES
Was tenant space previously occupied? Yes No
Contact Name: STEVE EYDER
Address: 12005 OLD FREDERICK ROAD
City: MARRIOTTSVILLE State: MD Zip Code: 21104
Phone: 410.665.5568 or 410.958.9002
Email: _____

Property Owner's Name: ANN WILSON
Address: 12025 OLD FREDERICK ROAD
City: MARRIOTTSVILLE State: MD Zip Code: 21104
Phone: 410.442.1406 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: JOHN WISEMAN
Address: 2434 WOOD STREAM COURT
City: ELICOTT CITY State: MD Zip Code: 21042
Phone: 410.279.0739 Fax: _____
Email: WISEMAN10209@AOL.COM

Contractor Company: JOHN WISEMAN CONSTRUCTION
Contact Person: JOHN WISEMAN
Address: 2434 WOOD STREAM COURT
City: ELICOTT CITY State: MD Zip Code: 21042
License No.: #13144262
Phone: 410.279.0739 Fax: _____
Email: WISEMAN10209@AOL.COM

Engineer/Architect Company: RDM ENGINEERING, INC.
Responsible Design Prof.: _____
Address: 11916 OLD FREDERICK ROAD
City: MARRIOTTSVILLE State: MD Zip Code: 21104
Phone: 410.442.1250 Fax: _____
Email: RDM.Engineering@verizon.net

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

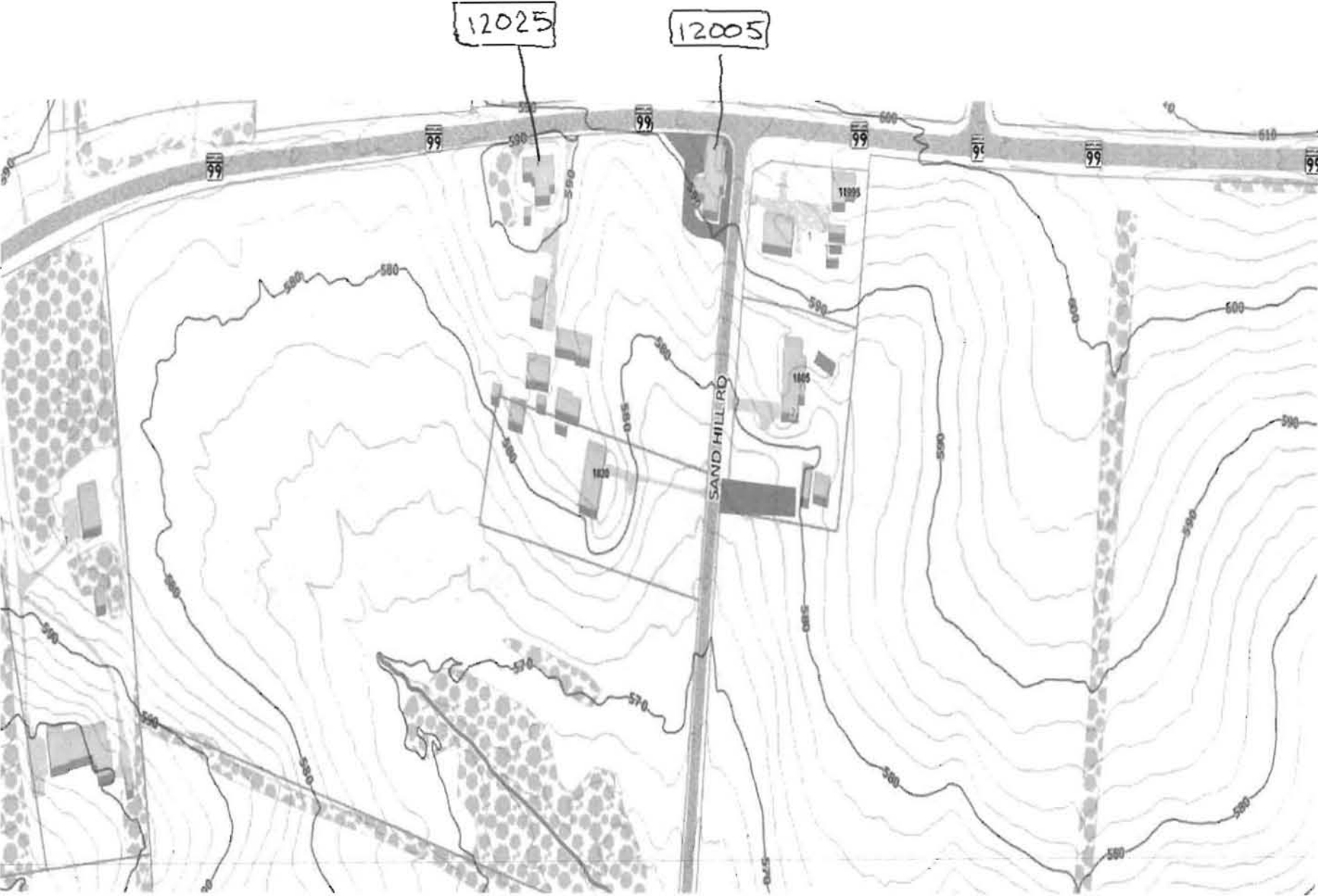
Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: _____
WISEMAN10209@AOL.COM
Email Address

JOHN WISEMAN
Print Name
6 NOVEMBER 2017
Date

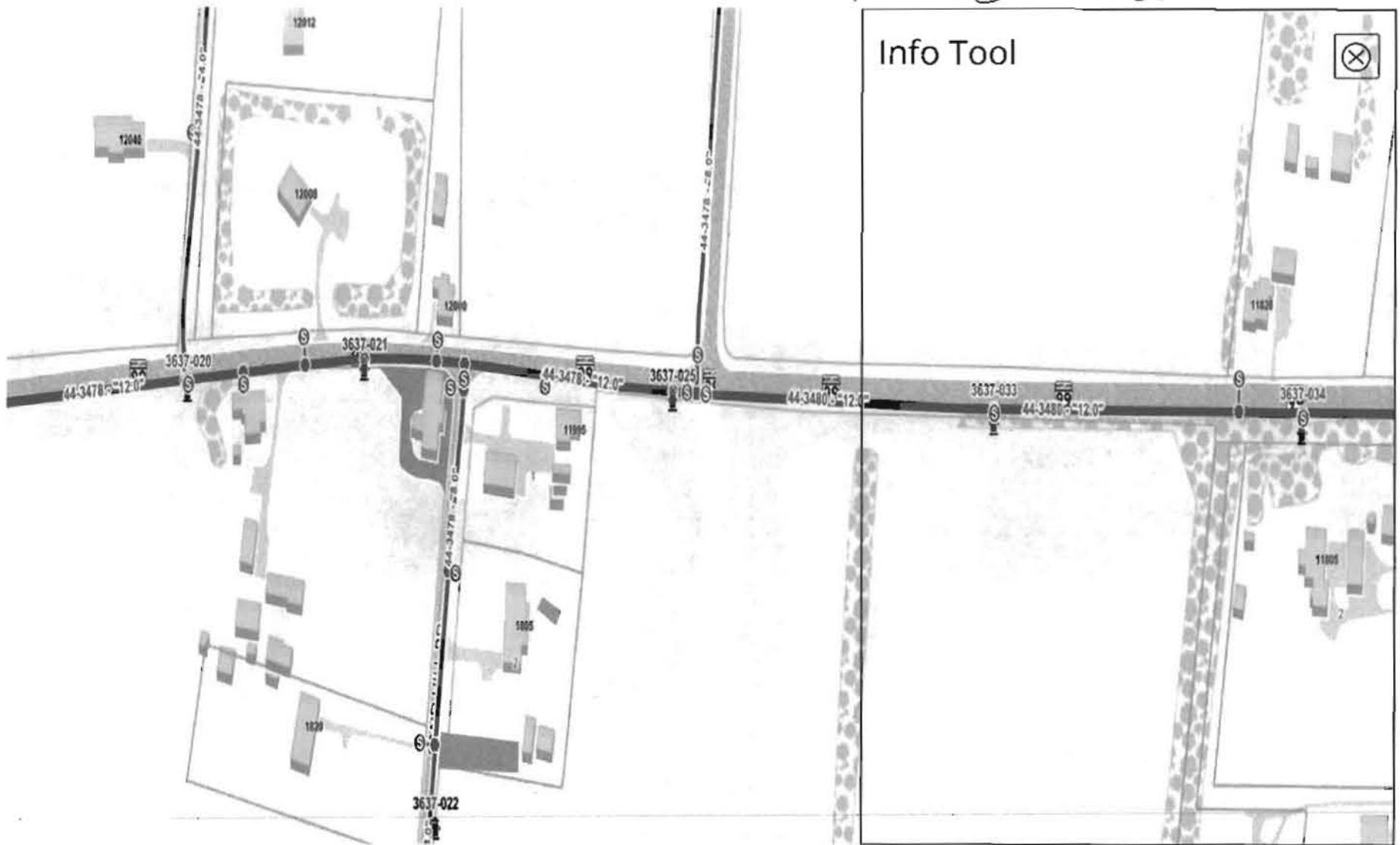
Approved: 11/8/17 W.O.



B 17003960

CONTACT: JOHN WISE MAN 410.279.0739

EMAIL: WISEMAN10209@AOL.COM



HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING
DEVELOPMENT ENGINEERING DIVISION
3430 Court House Drive
Ellicott City, MD 21043
(410) 313-4392 / (410) 313-3372

REQUIRED SUPPLEMENTAL INFORMATION SHEET
FOR COMMERCIAL BUILDING PERMIT APPLICATIONS

THIS FORM MUST BE COMPLETED IN FULL PRIOR TO SUBMISSION FOR REVIEW
BY THE DEVELOPMENT ENGINEERING DIVISION
DEPARTMENT OF PLANNING AND ZONING
(To Be Completed By The Applicant)

The following information is required so that your application can be processed. Complete all applicable fields.

1. Address of property (project address):

Street Address 12005 OLD FREDERICK ROAD
City MARRIOTTSVILLE State MD Zip Code 21104

2. Owner's Name ANN WILSON Phone #: 410.442.1406

Owner's Address 12025 OLD FREDERICK ROAD
City MARRIOTTSVILLE State MD Zip Code 21104

3. Subdivision Name _____ Parcel/Lot No. _____

4. Tax Map No. _____ Block/Grid _____ Parcel No. _____

5. Plan:

a. Attach copy of SDP if available. SDP # _____

b. Attach plan or sketch showing the water and sewer and appurtenances requested (if applicable) if no site development plan exists or if not required.

6. ZONING DISTRICT: _____

ANY STRUCTURE BEING RENOVATED, (IF THE OCCUPANT(S) CHANGED OR ANY INTERIOR ALTERATIONS OF ANY KIND) THE FOLLOWING INFORMATION IS MANDATORY:

1. Current, Existing or Previous tenant's name: _____

2. Previous tenant's suite, bay or space number: _____

3. Current, Existing, or Previous Use (i.e. type of business): _____

FOR OFFICE USE ONLY

Occupant: _____ Date: _____

Address: _____ Permit Number(s) _____

Unit Number: _____

Employees:

$$\begin{array}{r} \text{x 25 G.P.D. x 365 =} \\ \hline 90,000 \end{array}$$

Number of sewer in-aids paid for existing structure: _____

Number of water in-aids paid for existing structure: _____

$$\begin{array}{r} \text{G.P.D.: x 365 =} \\ \hline 90,000 \end{array}$$

Number of supplemental in-aids paid for existing structure: _____

Meter Readings:

Number of Middle Patuxent in-aids paid for existing structure: _____

Present consumption for the existing structure: _____

Number of in-aids charged for this permit:

Sewer _____

Water _____

Supplemental _____

Middle Patuxent _____

Water Account: _____

$$\begin{array}{r} \text{Total: x 748 =} \\ \hline 90,000 \end{array}$$

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A car ran into an antiques business Saturday in Howard County, Md. One person was injured. (howard county fire and ems photo)



\$24,212

\$18,690



\$19,986

\$39,990



\$12,995

\$14,295