

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B03003512

Building Address 3270 SHARP RD
Glenwood, MD 21738

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

Census Tract _____ Subdivision Gwante Estates

Section 2 Area _____ Lot _____

Tax Map 14 Parcel 209 Grid 24

Zoning _____ Map Coordinates _____ Lot size 40,000 sqft

Property Owner's Name LPS + John Montgomery

Address 3270 SHARP RD

City Glenwood State MD Zip Code 21738

Home Phone 410-499-0519 Work Phone 949-375-5328

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 175,000

Description of Work Demolish existing garage, incl slab + foundation. Build new 2 story garage w/living space above.

Contractor Company Security Home Improvements

Contact Person Patrick Dorman

Address 15528 CATHAL OAKS

City Glenwood State MD Zip Code 21738

License No. 122677

Phone 410-499-6220 Fax 410-499-2892

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Mark J Brady, Inc.

Contact Person Mark Brady

Address 822 Jumping Field Ct

City Ellicott City State MD Zip Code 21043

Phone 410-750-2262 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ Depth <u>28'</u> Width <u>40.75'</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Geothermal <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: _____ N/A <input type="checkbox"/>
No. of Bedrooms <u>4</u>	NFPA #13D _____ NFPA #13R _____ 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: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

Patrick Dorman
Applicant's Signature
President / Security Home Improvements
Title/Company

Patrick Dorman
Print Name
12/10/08
Date

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 IDE
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Adm'l per. fee \$ _____
Health	<u>12/16/08</u>	<u>Sandy</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

