

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

300-5219

Building Address 8657 Reservoir Rd
Fulton MD 20759

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 1

Tax Map 45 Parcel 21 Grid 1

Zoning _____ Map Coordinates 4B9 Lot size _____

Property Owner's Name Tom Lubis

Address 8657 Reservoir Rd

City Fulton State MD Zip Code 20759

Home Phone 3014286338 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Dw

Proposed Use Single Unit 1/2 Bath Unit

Estimated Construction Cost \$ 2000

Description of Work Install 2 1000
plum

Contractor Company Amerigas

Contact Person James McLeant

Address 10097 Baltimore National Ave

City Ellicott City State MD Zip Code 21032

License No. 4100650800

Phone 169576057

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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
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.

Applicant's Signature _____

Title/Company _____

Print Name _____

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 Official			
Dev. Engineering, DPZ			
Health	<u>10/11/06</u>	<u>AA</u>	<u>Approved</u>
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

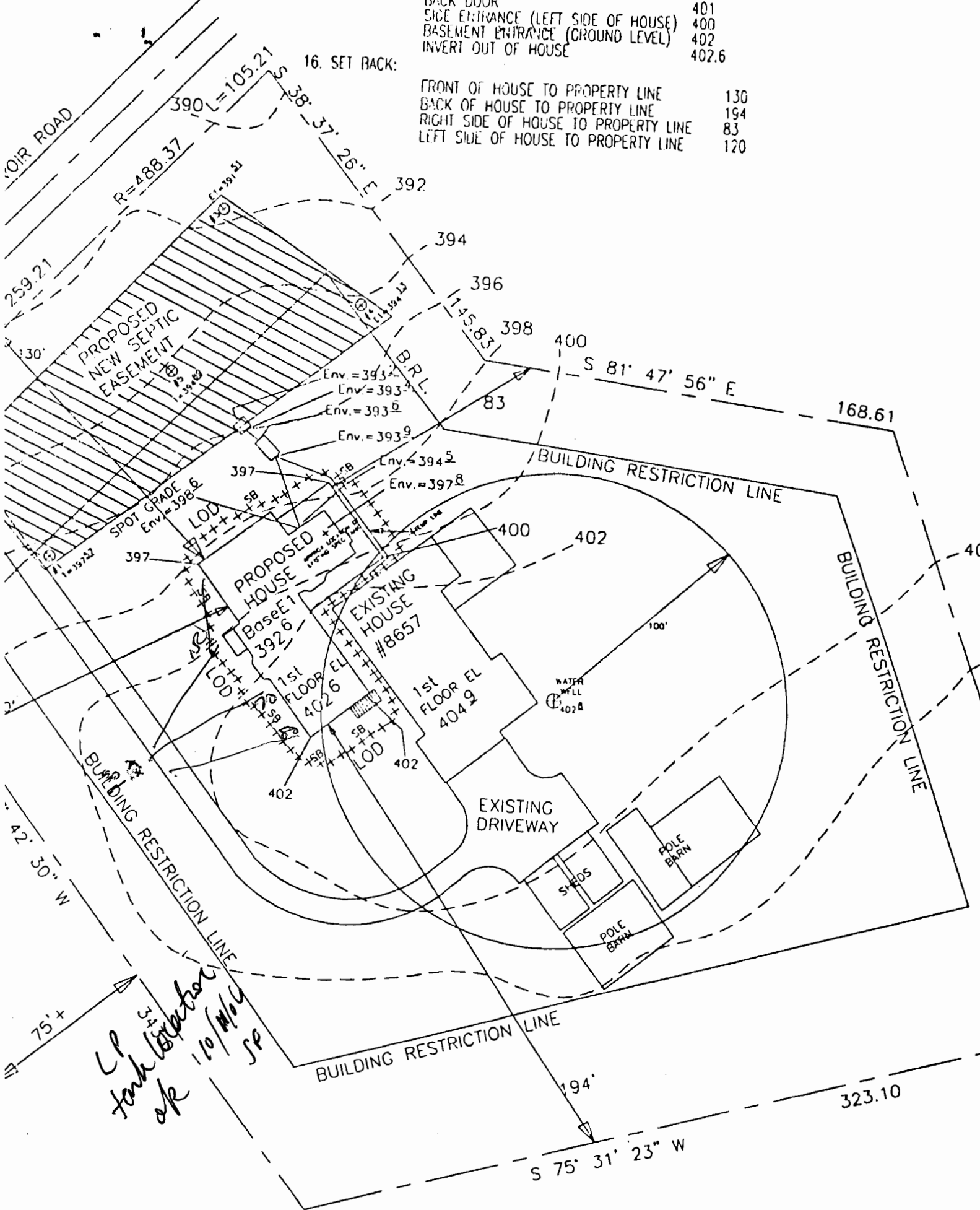
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee: \$ _____
Rear: _____	Permit fee: \$ <u>200.00</u>
Side: _____	Excise tax: \$ <u>200.00</u>
Side St.: _____	Add'l per. fee: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ <u>200.00</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
Lot Coverage for NewTown Zone _____	Check: # <u>50196208</u>
SDP/Red-line approval date _____	Validation: # _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

BACK DOOR 401
 SIDE ENTRANCE (LEFT SIDE OF HOUSE) 400
 BASEMENT ENTRANCE (GROUND LEVEL) 402
 INVERT OUT OF HOUSE 402.6

16. SET BACK:

FRONT OF HOUSE TO PROPERTY LINE 130
 BACK OF HOUSE TO PROPERTY LINE 194
 RIGHT SIDE OF HOUSE TO PROPERTY LINE 83
 LEFT SIDE OF HOUSE TO PROPERTY LINE 120



CP tank location of 10/11/06 SP

BUILDING SITE PLAN
 LOT 1 SECTION 2
 PROPERTY OF