

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B00158657

Building Address 8683 Reservoir RD.
Fulton MD. 20759
 Suite/Apt. #: _____ SDPWP/Petition #: PLAT # 7329
 Census Tract 605102 Subdivision LILIENTFIELD
 Section 3 Area _____ Lot 4
 Tax Map 45 Parcel 7 Grid 17
 Zoning RR 20 Map Coordinates 1507 Lot size 3.15

Property Owner's Name Neil P. Garner
 Address 8683 Reservoir RD
 City Fulton State MD Zip Code 20759
 Home Phone 301-354-4945 Work Phone 301-745-5157
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use Single Family Home
 Estimated Construction Cost \$ 120,000
 Description of Work 14 car garage with shop
Plan 44x30 wall side elev 14x20
High single car garage 14x20
Detached.

Contractor Company Pine Crest Builders, Inc.
 Contact Person Neil P. Garner
 Address 8683 Reservoir RD.
 City Fulton State MD Zip Code 20759
 License No. _____
 Phone 301-354-4945 Fax 301-354-6223

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>30'</u> 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>25'</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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input checked="" 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"/> NFPA #13D _____ 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 Neil P. Garner Print Name Neil P. Garner
 Title/Company _____ Date 3/22/06

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

FOR OFFICE USE ONLY

AGENCY	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ		Front: <u>75'</u>	Filing fee \$ <u>25.00</u>
Public Health		Rear: <u>100'</u>	Permit fee \$ _____
Building Official		Side: <u>100'</u>	Excise tax \$ _____
Dev. Eng. Comm. DPZ		Side 2: <u>100'</u>	Add'l per. fee \$ _____
Health	<u>4/6/06 [Signature]</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-code paid \$ _____
Is Sediment Control approved required prior to issuance?		Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		Let Coverage for New Town Zone _____	Check \$ <u>200.00</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		SDP/Reg. Fee approval date _____	Validation \$ <u>110.00</u>
ONE STOP SHOP <input type="checkbox"/>		Accepted by <u>[Signature]</u>	
Distribution of Copies: _____	While Building Official	Telluric DED, DPZ	Goal: SHA
_____	Grant LED, DPZ	Plan Health	
_____	_____	_____	

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