



Building Address: 986 Route 97
 City: Cooksville State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: 8 Parcel: 33

Existing Use: Single family home
 Proposed Use: Same
 Estimated Construction Cost: \$ 18,500.00
 Description of Work: Build exterior deck at rear of house approx. 22'x24'. Wood framed, composite decking and guard rails with metal pergola over half of deck. 3 sets of stairs
 Occupant/Tenant Name: Mark and Melissa Cunningham
 Was tenant space previously occupied? Yes No
 Contact Name: Melissa Cunningham
 Address: 986 Rt. 97
 City: Cooksville State: MD Zip Code: 21723
 Phone: 443-520-9377 Fax: _____
 Email: melissadcunningham@gmail.com

Property Owner's Name: Mark + Melissa Cunningham
 Address: 986 Rte. 97
 City: Cooksville State: MD Zip Code: 21723
 Phone: 443-520-9377 Fax: _____
 Email: melissadcunningham@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Hector Peraza Jr.
 Address: 500 Oklahoma Ave
 City: Sykesville State: MD Zip Code: 21784
 Phone: 443-413-9400 Fax: _____
 Email: hperazajr@gmail.com

Contractor Company: The Pool People, Inc
 Contact Person: Hector Peraza, Jr.
 Address: 500 Oklahoma Ave
 City: Sykesville State: MD Zip Code: 21784
 License No.: 107243
 Phone: 443-413-9400 Fax: _____
 Email: hperazajr@gmail.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input 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: Hector Peraza Jr. Print Name: Hector Peraza, Jr.
 Email Address: hperazajr@gmail.com Date: 8/23/19
 Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/23/2019</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

