

G0200002

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
300 COLUMBIA HOUSE DRIVE
ELECTRICITY, MD 21093
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATIC INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

P08000010

Building Address 1710 Archers Glen
ARCHERS GLEN

Suite/Apt. #: _____ SDP/WP/Petition #: 16455

Census Tract 603000 Subdivision Archers Glen

Section _____ Area _____ Lot 6

Tax Map 9 Parcel 301 Grid 22

Zoning RC Map Coordinates _____ Lot size .94 ACRES.

Property Owner's Name Dan Ricker

Address 13898 Fauseth Rd.

City Sykesville State MD Zip Code 21784

Home Phone 410-412-2421 Work Phone _____

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use NEW HOME

Estimated Construction Cost \$ 400,000.00

Description of Work CONTRACT A SINGLE FAMILY HOME
UNFINISHED BASEMENT w/ DECK

Contractor Company Paranseo Homes

Contact Person D. Ricker

Address 13898 Fauseth Rd.

City Sykesville State MD Zip Code 21784

License No. 7253

Phone 410-412-2421 Fax 410-169-0319

Occupant or Tenant _____

Contact Name Daniel Ricker

Address 13898 Fauseth Rd.

City Sykesville State MD Zip Code 21784

Phone 410-412-2421 Fax 410-169-0319

Engineer or Architect Company Sill & Associates

Contact Person Dan Sill

Address 2300 N. Ridge Rd.

City Ellicott City State MD Zip Code 21043

Phone 410-325-7682 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>38</u> Depth <u>56</u> Width <u>56</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>31</u> Depth <u>56</u> Width <u>56</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>3</u>	
Height: <u>10</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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Daniel Ricker
Applicant's Signature
Dan Ricker
Title/Company

Daniel Ricker
Print Name
1-3-08
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>2-6-08</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>50</u>	Filing fee \$ <u>100.00</u>
Rear: <u>30</u>	Permit fee \$ _____
Side: <u>10</u>	Excise tax \$ _____
Side St.: <u>N/A</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input checked="" 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>11210</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	