

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Bo 7 003363

Building Address ~~1900~~ 1900 Sycamore
Springs Ct, Cooksville Md 21723
Address
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Riggs Meadow
Section _____ Area 2 Lot 14
Tax Map 8 Parcel 916 Grid 22
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Robert & Pamela Henley
Address 1900 Sycamore Springs Ct
City Cooksville State Md Zip Code 21723
Home Phone 410-489-9194 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use Same
Estimated Construction Cost \$493,000.
Description of Work various additions & remodel-
ing of 1st and 2nd stories, screen porch
1st floor - office, new front porch, new
expand fam rm, expand deck, renovate mud room, new
2nd floor - expand existing master bed & bath,
add new sitting area and tub area
Occupant or Tenant same
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company Starcom Design Build
Contact Person Betty Weickgerannt
Address 2835M Columbia 100 Pkwy
City Columbia State MD Zip Code 21045
License No. 24247-01
Phone 4109977700 Fax 4109977338
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: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input checked="" 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: <u>Concrete Post</u> Roof Height: <u>31'</u> State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> 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 checked="" 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.

Betty L Weickgerannt
Applicant's Signature
Starcom Design Build
Title/Company

Betty L Weickgerannt
Print Name
8-8-07
Date

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

FOR OFFICE USE ONLY

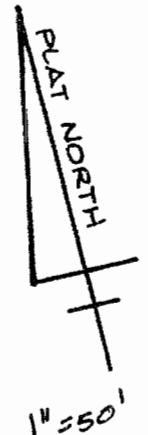
AGENCY	DATE	SIGNATURE	DEZ SETBACK INFORMATION	PROPERTY ID#
State Highway			Front: _____	Filing fee \$ _____
Building Official			Rear: _____	Permit fee \$ _____
Dev. Engineering DEZ			Side: _____	Excise tax \$ _____
Health			Side St: _____	Add'l per. fee \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approved/installed prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New/Teen Zone _____	Check \$ _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: OED, DPZ Pink: Health Gold: SHA			SDP/Rad-line approval date _____	Validation \$ _____
T: Name: PERMIT.FRM			Accepted by _____	

THIS LOCATION DRAWING IS OF GENERAL NATURE AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

PRESERVATION
PARCEL 1E1

Area added

SYCAMORE COURT SPRING
R=11000'



Septic area previously Deleted

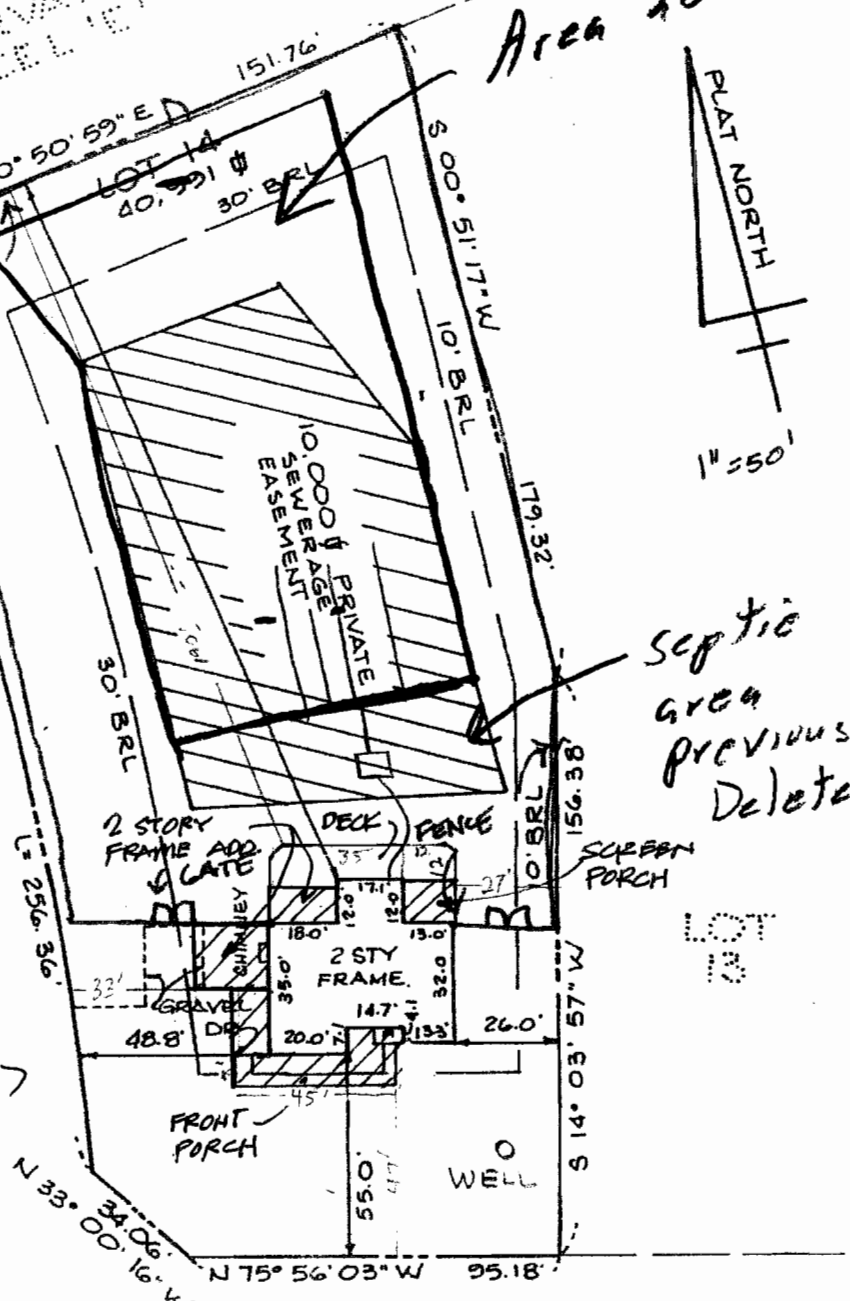
APPROVED

WALK-THRU BUILDING PERMIT

BP# 307003363 A# 50463

APP. SAN SFO DATE: 9/8/07

DESC. OF WORK: Expanding MB, deck, porch, Deck, New sitting & Yuk area



TOP OF FOUNDATION
WALL FLEV. - 662.0'

RIGGS MEADOW
DRIVE

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA FIRM IDENTIFIED BELOW AT THE WRITTEN REQUEST OF THE PURCHASER. NO PROPERTY CORNER MARKERS HAVE BEEN SET.



1960 W. ...
...

LOCATION DRAWING