

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
307002854

Building Address 1940 Sycamore Spring Ct
Cooksville, MD 21723
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John & Karen Roschella
 Address 1940 Sycamore Spring Ct
 City Cooksville State MD Zip Code 21723
 Home Phone 410-489-9801 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Jim Herboldt
1020 Sunset Valley Dr, Sykesville, MD 21784
 Phone 410-300-5311 Fax 1-866-232-5010

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 88,000
 Description of Work Finish Basement
Framing, electrical, plumbing,
drywall.

Contractor Company Country View Builders
 Contact Person Mark Herboldt
 Address 1020 Sunset Valley Dr
 City Sykesville State MD Zip Code 21784
 License No. 20-2201646
 Phone 410-300-5332 Fax 1-866-232-5010

Occupant or Tenant _____
 Contact Name Karen & John Roschella
 Address 1940 Sycamore Spring Ct
 City Cooksville State MD Zip Code 21723
 Phone 410-300-5332 Fax 866-232-5010

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: <u>N/A</u> <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 _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ _____ Public _____ Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	Sprinkler system: <u>N/A</u> <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 THERE TO; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Mark Herboldt
 Applicant's Signature
Country View Builders
 Title/Company

Mark Herboldt
 Print Name
7-11-07
 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	<u>7/11/07</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 New/Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07002854 A# 50358-L
 APP. SAN SF DATE: 7/11/07
 DESC. OF WORK: finish basement

