

Building Address 1003 DAY RD
SYKESVILLE, MD 21784

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

Census Tract 6030 Subdivision _____

Section _____ Area _____ Lot 15

Tax Map 9 Parcel _____ Grid 3

Zoning RC Map Coordinates 449 Lot size _____

Property Owner's Name JOHN P. KELLY

Address 1003 DAY RD

City SYKESVILLE State MD Zip Code 21784

Home Phone _____ Work Phone 410 412 3678

Applicant's Name & Mailing Address, (if other than stated hereon):
BAPS
RICHARD ADAMS
PO BOX 173 WASHINGTON, MD 21111
 Phone 410 935 5110 Fax 410 410

Existing Use SFD

Proposed Use SFD & GARAGE & ADDITION

Estimated Construction Cost \$30,000

Description of Work CONST. ADDITION -
GARAGE BELOW - FAMILY RM &
OFFICE ABOVE 25'6" x 25'4"

Contractor Company BLACKWOOD PIPES

Contact Person John P. Kelly

Address SAME

City _____ State _____ Zip Code _____

License No. 1581

Phone 410 412 3678 Fax 410 412 4108

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: <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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
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: _____	
<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 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 PREMISES FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature John P. Kelly

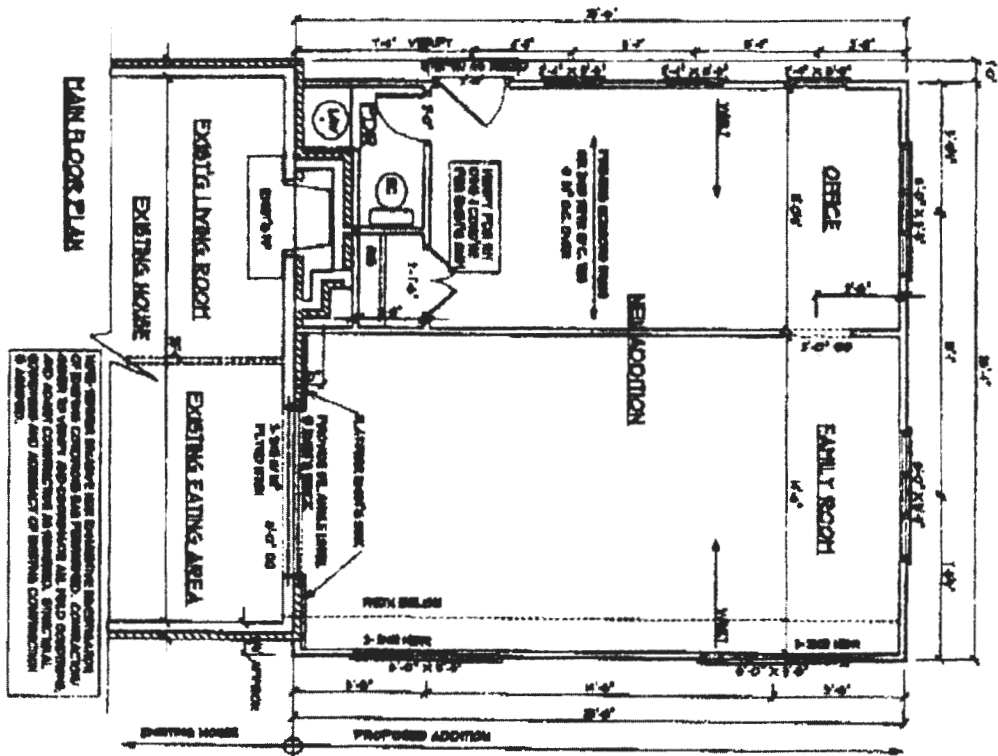
Title/Company BAPS

Print Name RD ROHIF

Date 3-28-01

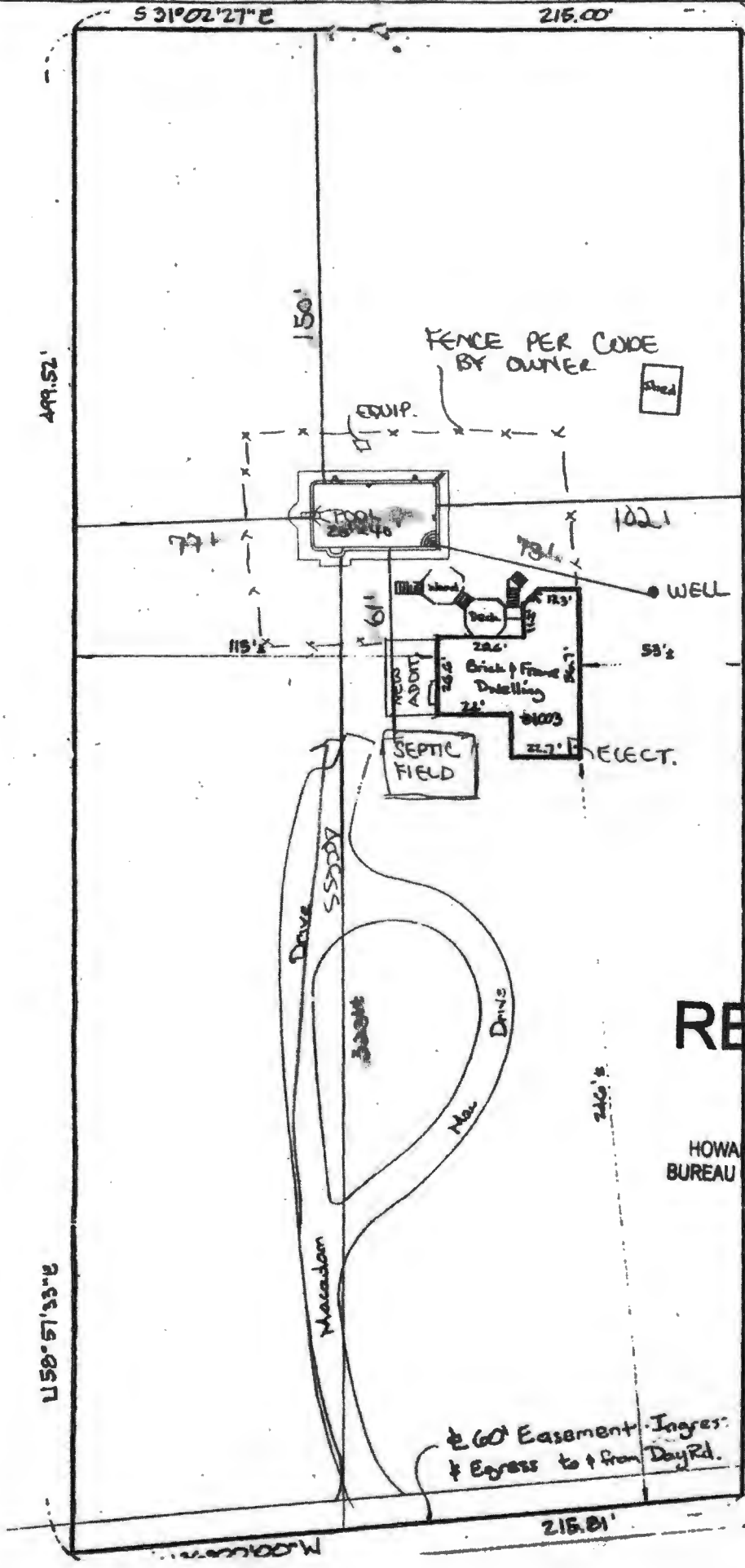
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	31170
State Highways			Rear: _____	Filing fee \$ 25
Building Official			Side: _____	Permit fee \$ 101
Dev. Engineering DPZ			Side St.: _____	Excise tax \$ 441
Health	<u>3/29/01</u>	<u>Brian Baber</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ 1107
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check \$ 6
			Accepted by _____	Validation #



THIS DRAWING IS A REPRESENTATION OF THE PROPOSED WORK AND IS NOT A CONTRACT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING ALL FIELD CONDITIONS AND FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT AND ALL APPLICABLE REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT AND ALL APPLICABLE REGULATIONS.

A-3	3/16" = 1'-0"	PROPOSED ALTERATIONS AND ADDITIONS RILEY RESIDENCE	10/23/01
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APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 00148602 A# 24623
 APP. SAN 1/11/04 DATE: 10/27/04
 DESC. OF WORK: pool

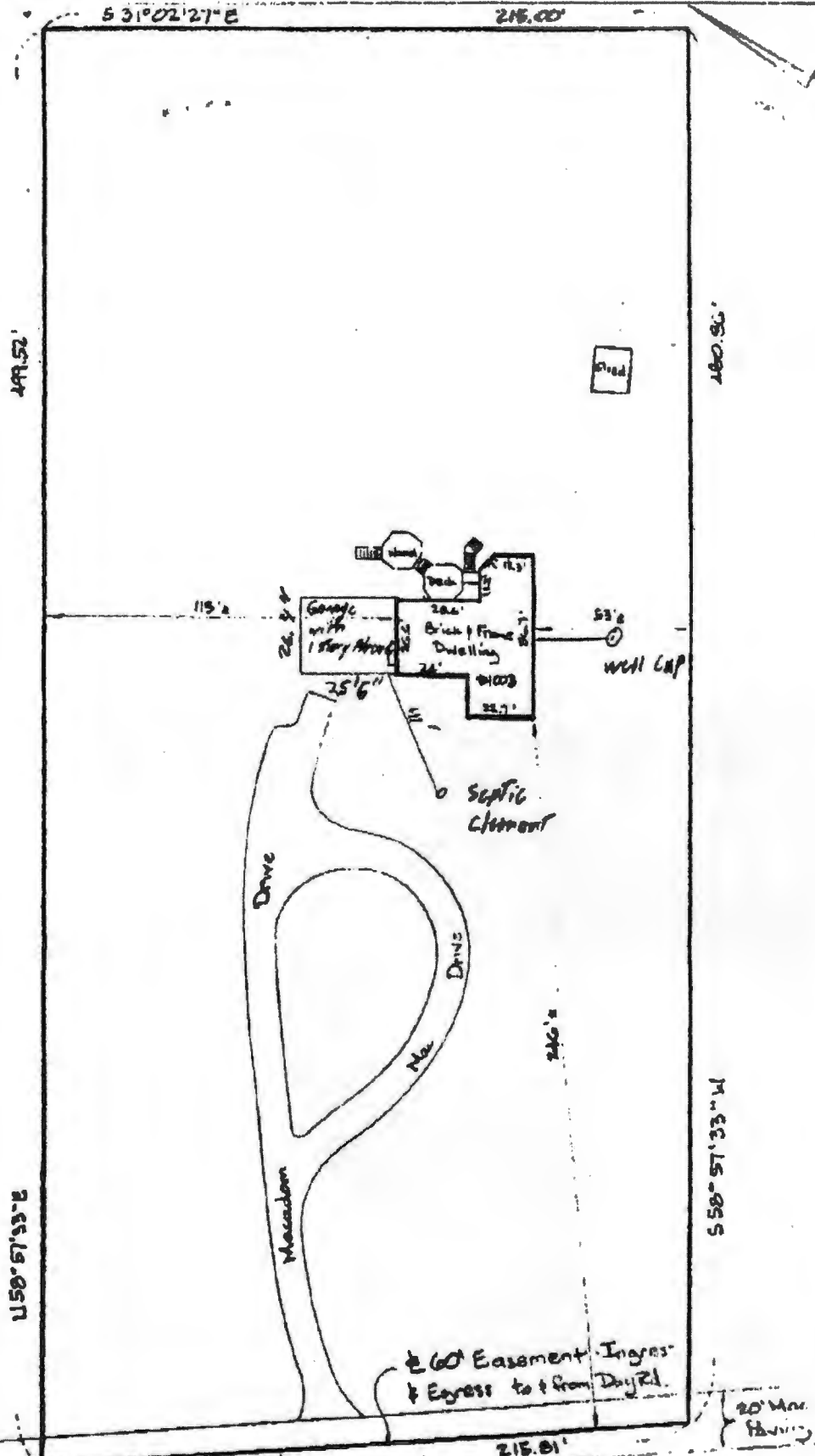
SCALE: 1" = 50'
 HOWARD COUNTY
 HOWARD

RECEIVED

JUN 02 2004

HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH

6/2/04
 No site in SP.
 Pool loc. slightly upslope \approx 100' to well.
 Future SEPTIC AVAIL AREA IN FRONT ONLY.
 TOLD contractor to check ST effluent



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 210014-00010

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate

