

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

1300148723

Building Address 1730 Archer's Glen
Sykesville MD 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 603000 Subdivision Archer's Glen
Section _____ Area _____ Lot 11
Tax Map 9 Parcel 301 Grid 22
Zoning R'DCO Map Coordinates 5B12 Lot size 1.14

Property Owner's Name John + Tiffany Chou
Address 10264 Wetherburn Rd
City Ellicott City State MD Zip Code 21043
Home Phone 410 977 2188 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 300,000.00
Description of Work 2 story brick front, 5 Bedroom
4-1/2 Bath unfinished Basement

Contractor Company Viking Development Corp
Contact Person Cary Cumberland
Address 815 W. Dorset Dr
City Sykesville State MD Zip Code 21784
License No. 1185
Phone 410 977 2188 Fax 410 549-3240

Occupant or Tenant Owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company Cadworks
Contact Person Dennis
Address Frederick
City _____ State MD Zip Code _____
Phone 814 766 2300 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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>44</u> <u>69</u> 2nd floor: <u>40</u> <u>69</u> Basement: <u>44</u> <u>61</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
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 <u>5</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Cary Cumberland
Applicant's Signature
President
Title/Company

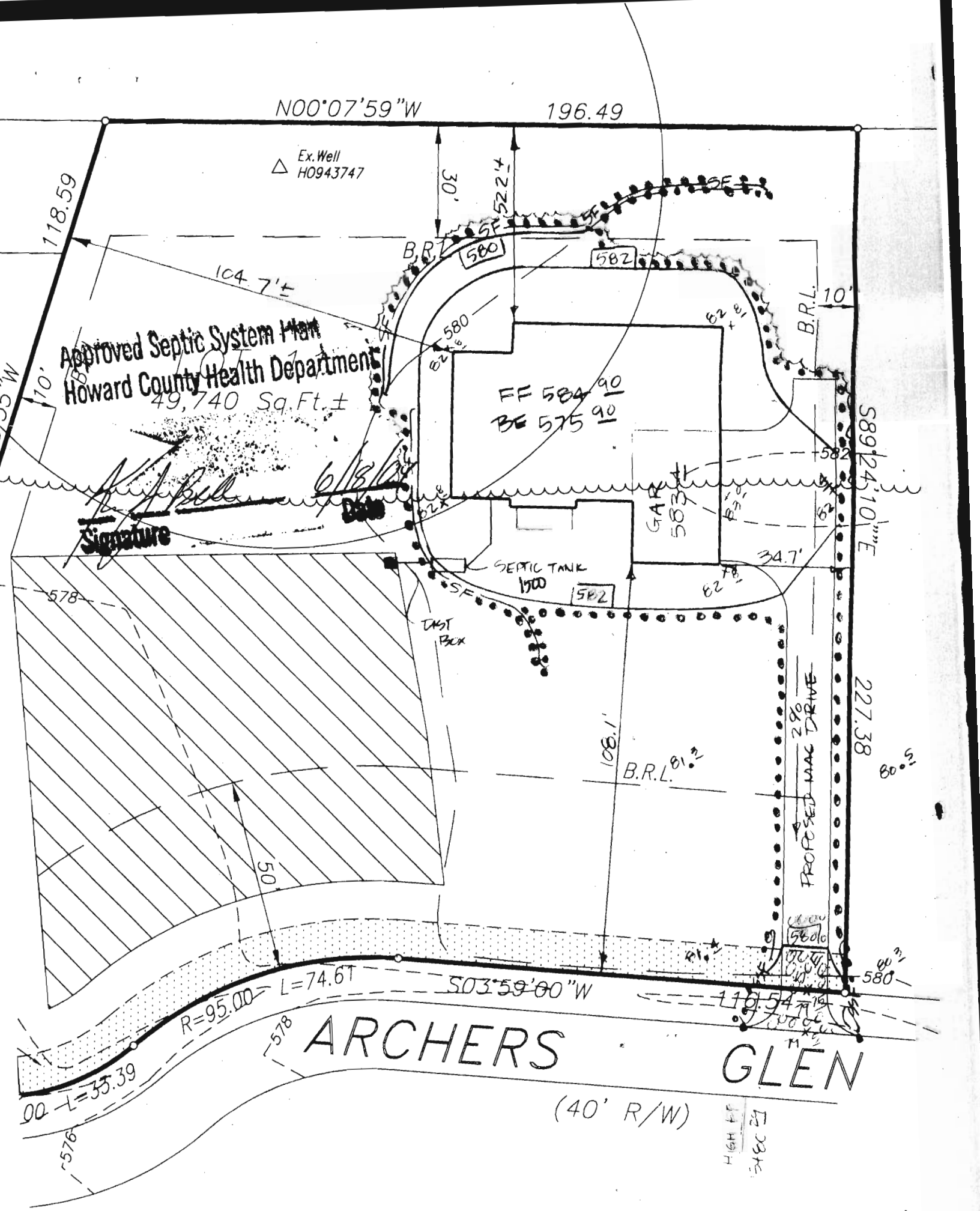
Cary Cumberland
Print Name
6-7-04
Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	122355
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>6/15/04</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 # <u>3913</u>
				Validation # <u>47949</u>
				Accepted by <u>[Signature]</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



PRODUCTION PERMIT.
 CONSTRUCTION ENTRANCE AND EROSION CONTROL DEVICES AND STABILIZE.
 FOUNDATIONS, ROUGH GRADE AND TEMPORARILY STABILIZE.
 SIDEWALKS AND DRIVEWAYS.
 STABILIZE IN ACCORDANCE WITH STDS. & SPECS.
 IF THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROL DEVICES AND STABILIZE.

GP. 04-100

DESIGNED	GSS	GRADING, SEDIM
DRAWN	RF	
CHECKED	GSS	

ION