

Walk-thru

DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS 3000 COUNTRY HOUSE DRIVE BELL COTT CITY, MD 21113 PERMITS (410) 313-2488 INSPECTIONS (410) 313-1910 ALPHABETIC INFORMATION (410) 313-2828		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER	
Building Address <u>10379 CAVEY LN.</u> <u>WOODSTOCK MD. 21163</u>			Property Owner's Name <u>THOMAS A. BARRES</u>		
Suite/Apt. #: _____ SDP/NP/Petition #: _____			Address <u>10379 CAVEY LN.</u>		
Census Tract <u>6030.00</u> Subdivision _____			City <u>WOODSTOCK</u> State <u>MD.</u> Zip Code <u>21163</u>		
Section _____ Area _____ Lot _____			Home Phone <u>410-480-2056</u> Work Phone <u>443-277-6257</u>		
Tax Map <u>11</u> Parcel <u>28</u> Grid <u>13</u>			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning <u>RC</u> Map Coordinates _____ Lot size <u>2.56 AC</u>			Phone _____ Fax <u>410-480-7295</u>		
Existing Use <u>SFD</u>			Contractor Company <u>HOME OWNER</u>		
Proposed Use <u>SAME WITH GARAGE</u>			Contact Person _____		
Estimated Construction Cost \$ <u>9000.00</u>			Address _____		
Description of Work <u>12' X 36' GARAGE + STORAGE ROOM</u> <u>1 STORY ONE CAR GARAGE WITH</u> <u>ROOM STORAGE IND GARAGE</u>			City _____ State _____ Zip Code _____		
License No. _____			Phone _____ Fax _____		
Occupant or Tenant _____			Engineer or Architect Company _____		
Contact Name <u>THOMAS A. BARRES</u>			Contact Person _____		
Address <u>10379 CAVEY LN.</u>			Address _____		
City <u>WOODSTOCK</u> State <u>MD.</u> Zip Code <u>21163</u>			City _____ State _____ Zip Code _____		
Phone <u>410-480-2056</u> Fax <u>410-480-7295</u>			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>576</u> Use groups: <u>576</u> Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>36'</u> Depth <u>12'</u> Width 2nd floor: _____ Basement: <u>None</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input 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: <u>GARAGE</u> Dimensions: <u>12' x 36'</u> Footings: <u>8" x 16"</u> Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Thomas Barres
 Applicant's Signature
owner
 Title/Company
THOMAS BARRES
 Print Name
4-27-06
 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: <u>50 FT</u>	Filing fee \$ _____	
State Highway			Rear: <u>20 FT</u>	Permit fee \$ _____	
Building Official			Side: <u>10 FT</u>	Excise tax \$ _____	
Dev. Engineering DPZ			Side St: <u>NA</u>	Add'l pag. fee \$ _____	
Health			All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Distribution of Copies:	White: Building Official	Green: LOD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:30mm PERMIT.FRM			Accepted by _____		

PLAT PLAN

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN 88 DATE: 4/27/06

DESC. OF WORK: 17' X 36' garage one story.

