

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B06002152

Building Address 4233 Buckskin wood DR
ELLCOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision _____
Section _____ Area _____ Lot 1
Tax Map 22 Parcel 123 Grid 21
Zoning RR-PE Map Coordinates _____ Lot size _____

Property Owner's Name STEPHEN NEUBERTH
Address 4233 Buckskin wood DR
City ELLCOTT CITY State MD Zip Code 21042
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-531-3308 Fax _____

Existing Use SINGLE FAMILY HOME
Proposed Use SHARPE / W/2 STORY ADDITION
Estimated Construction Cost \$ 150,000.00
Description of Work ADD NEW 5 CAR GARAGE
W/ CRAFT ROOM, OFFICE, MUDROOM
PANTRY, 2 FULL BATH,

Contractor Company THE GRIFFMORE GROUP
Contact Person MARK OKOLITA 13-7
Address 13554 TRIANGLE HILL RD
City ELLCOTT CITY State MD Zip Code 21042
License No. 122192
Phone 410-531-8105 Fax 410-531-8070

Occupant or Tenant STEPHEN NEUBERTH
Contact Name MARK
Address 4233 Buckskin wood DR
City ELLCOTT CITY State MD Zip Code 21042
Phone 410-531-3308 Fax _____

Engineer or Architect Company JOHN JOHNSTON
Contact Person JOHN MCKAY
Address 9017 KEN BURNETT RD #100
City COLUMBIA State MD Zip Code 21045
Phone 410-746-2700 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 Height: _____	
State Certified Modular _____	
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 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.

Mark R. Okolita
Applicant's Signature
Title/Company _____

MARK R. OKOLITA
Print Name
7/25/06
Date

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

FOR OFFICE USE ONLY

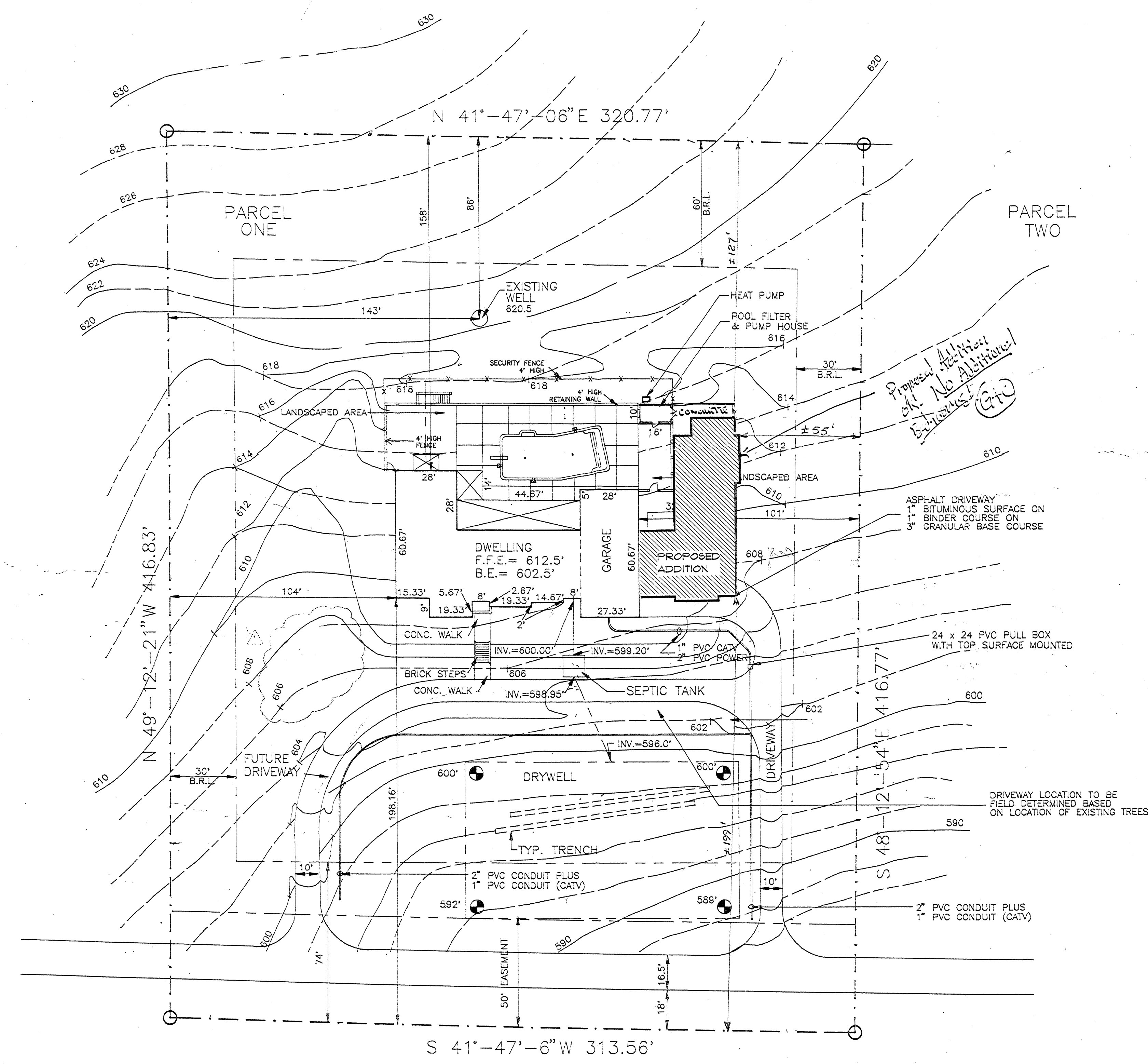
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
Land Development DPZ			Front: _____	Filing fee \$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____	
Health	<u>8/9/06</u>	<u>Richard A. Cyle</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
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"/>	Balance due \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check \$ _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ <u>56677</u>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:\forms\PERMIT.FRM					Accepted by <u>[Signature]</u>

A37686
04/09/95

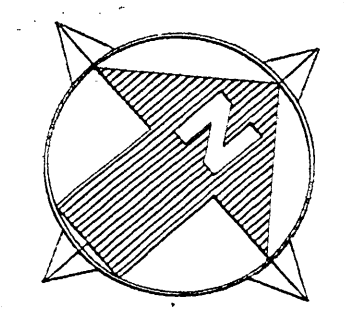
PARCEL EIGHT

PARCEL ONE

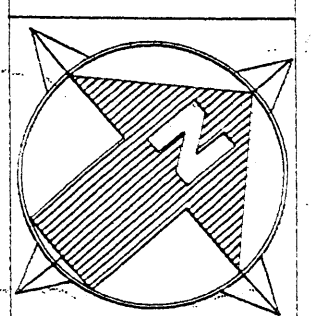
PARCEL TWO



PLOT PLAN
SCALE: 1" = 30'-0"



STEPHEN NEUBERTH HOME
4233 BUCKSKIN WOOD DRIVE
CLARKSVILLE, MD. 21031



SITE PLAN
SCALE: 1" = 30'-0"