

APPROVED

WALK-THRU BUILDING PERMIT
 BP# 600154807 A# 517921-N
 APP. SAN KJR DATE: 7/6/05
 DESC. OF WORK: finish basement
-NO new bedrooms-

ARCHERS GLEN

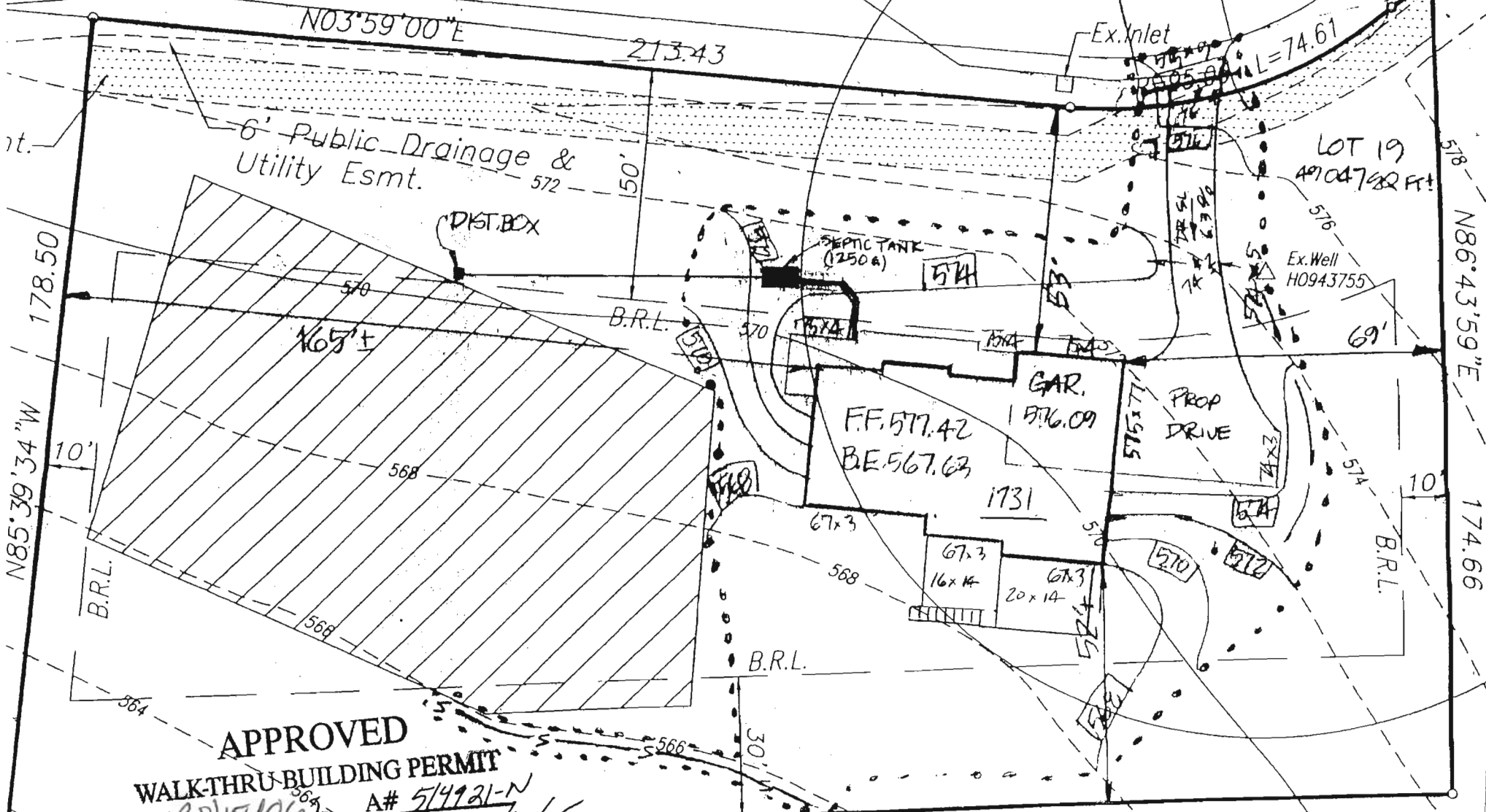
Inlet

(40' R/W)

NOTE: 1) R/L

R=55.00
L=10.39

Ex. St
Mant



APPROVED
WALK-THRU-BUILDING PERMIT
 BP# B01154062 A# 514921-N
 APP. SAN 1578 DATE: 8/26/65
 DESC. OF WORK:
14 x 36' Decks

SCALE: 1" = 30'

Building Address 1339 Archer's Glen Rd
Sykesville, MD 21784

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

Census Tract 60300 Subdivision Archer's Glen

Section _____ Area _____ Lot 19

Tax Map 9 Parcel _____ Grid 22

Zoning R-1000 Map Coordinates 5012 Lot size 49,024 sq ft

Existing Use Vacant lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 215,000

Description of Work 4 Bedroom, 3 1/2 Baths, 2 story
Brick front, wood construction w/ finished
Basement, Rough in Bath, vinyl garage, front
porch

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Robert + Roxanne Hattiger

Address 6352 Soft Thunder Trail

City Columbia State MD Zip Code 21045

Home Phone 410 977-2388 Work Phone 410 552-7716

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax 410 549-3240

Contractor Company Viking Development Corp.

Contact Person Cory Cumberland

Address 815 Whitaker Dr

City Sykesville State MD Zip Code 21784

License No. 485

Phone 410 977-2188 Fax 410 549-3240

Engineer or Architect Company Dennis Cadworks

Contact Person Dennis

Address _____

City _____ State _____ Zip Code _____

Phone 814 766 2300 Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: <u>2</u>	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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>44</u> <u>64</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>40</u> <u>64</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>44</u> <u>64</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

Cory Cumberland
 Applicant's Signature
Resident / Viking Development Corp.
 Title/Company

Cory Cumberland
 Print Name
5-7-04
 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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	61933
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>5/19/04</u>	<u>J. P. BA</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 \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>3917</u>
				Validation # <u>259</u>
				<u>44804</u>
				Accepted by <u>(Signature)</u>