

B1000 1963

Building Address 1527 23RD CORNER RD.
11111 11111
 Suite/Apt. #: 1 SDP/WP/Petition #: 11111
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 6 Parcel _____ Grid _____
 Zoning: _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Map Street Builders
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 410
 Description of Work _____

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

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 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"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <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 # of Heads _____ |

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> | Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 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 type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <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.

Applicant's Signature _____
 Email Address _____
 Title/Company _____

Print Name _____
 Date _____

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

| AGENCY | DATE | SIGNATURE | APPROVAL |
|-----------------------|------------------|--------------------|----------|
| Land Development, DPZ | | | |
| State Highways | | | |
| Building Officials | | | |
| Dev. Engineering, DPZ | | | |
| Health | <u>3/16/2010</u> | <u>[Signature]</u> | |
| Fire Protection | | | |

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met?
 YES NO

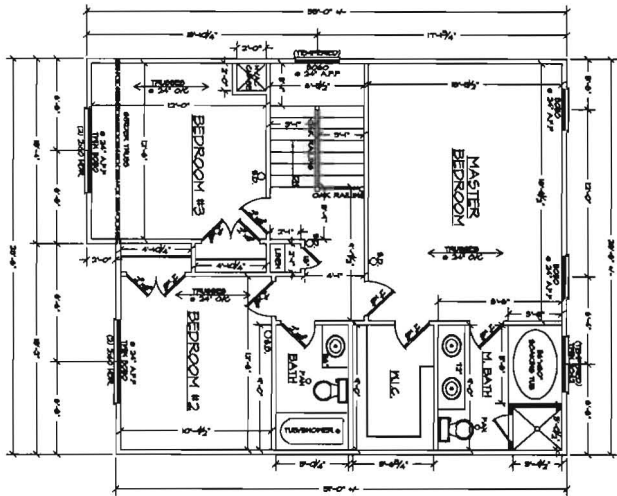
| | PROPERTY ID # |
|----------------|---------------|
| Filing fee | \$ _____ |
| Permit fee | \$ _____ |
| Excise tax | \$ _____ |
| Add'l per fee | \$ _____ |
| TOTAL FEES | \$ _____ |
| Sub-total paid | \$ _____ |
| Balance due | \$ _____ |
| Check | # _____ |
| Validation | # _____ |

Is Sediment Control approval required prior to issuance?
 YES NO

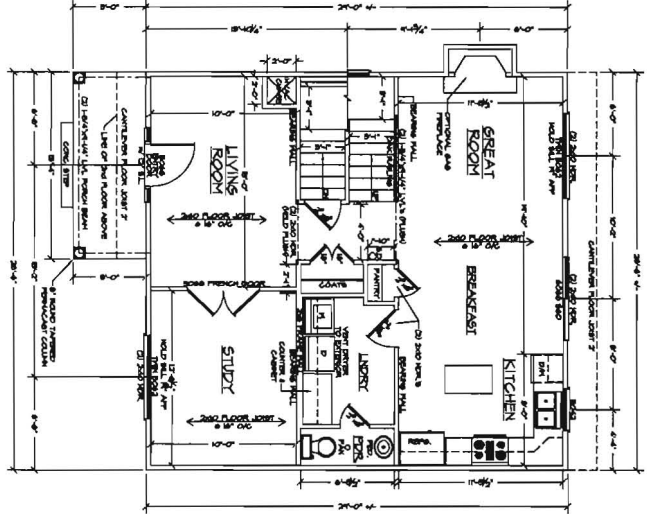
Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by [Signature]

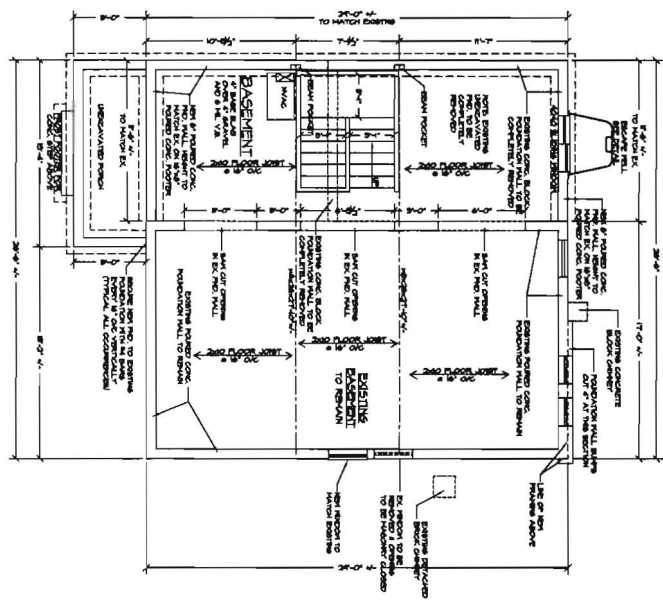
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

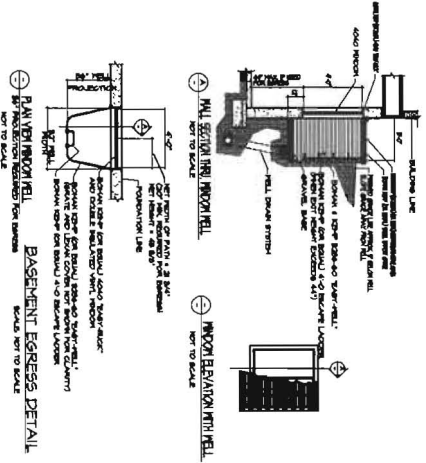


FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"



FOUNDATION PLAN
SCALE: 1/4" = 1'-0"

- GENERAL NOTES AND SPECIFICATIONS:**
1. THE OWNER IS RESPONSIBLE FOR ALL EXISTING WALLS AND ROOM AREAS.
 2. ALL WORK TO BE DONE TO AND FROM EXISTING WALLS OR STRUCTURE IS TO BE DONE IN ACCORDANCE WITH THE LOCAL CODES AND REGULATIONS.
 3. ALL EXISTING WALLS TO BE REMOVED OR RECONSTRUCTED SHALL BE DONE IN ACCORDANCE WITH THE LOCAL CODES AND REGULATIONS.
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MAIN STREET BUILDERS
SCALE: 1/4" = 1'-0"
DATE: 1/2010
SHEET NO.: 2 OF 4

CBL CUSTOM HOME DESIGN INC.
PO BOX 117 THUNDERBOLT, MO 21046
PHONE: 410-833-8320

MAIN STREET BUILDERS