

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO80017A7

Building Address 12590 Indian Hill Drive
Sykesville MD 21784

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

Census Tract _____ Subdivision Indian Hill

Section _____ Area _____ Lot 39

Tax Map 9 Parcel 127 Grid 11

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JOE & MARY Canby

Address 12590 Indian Hill Drive

City Sykesville State MD Zip Code 21784

Home Phone 410-552-5543 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
2032 Sherry Ave
Eldersburg, MD 21784

Phone 410-552-5543 Fax _____

Existing Use House

Proposed Use House/ Garage

Estimated Construction Cost \$ 30,000

Description of Work ADD 20' x 24' Garage
Attached 24' x 24'

Contractor Company J & B Construction

Contact Person John Serra

Address 2021 Liberty Rd

City Sykesville State MD Zip Code 21784

License No. 1748

Phone 410-795-6060 Fax 410-795-9121

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

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:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		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 <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms <u>3</u>		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input checked="" type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> 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.

[Signature]
Applicant's Signature

Title/Company

John Serra
Print Name

12-4-07
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 Official			
Dev. Engineering, DPZ			
Health	<u>6/16/08</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

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

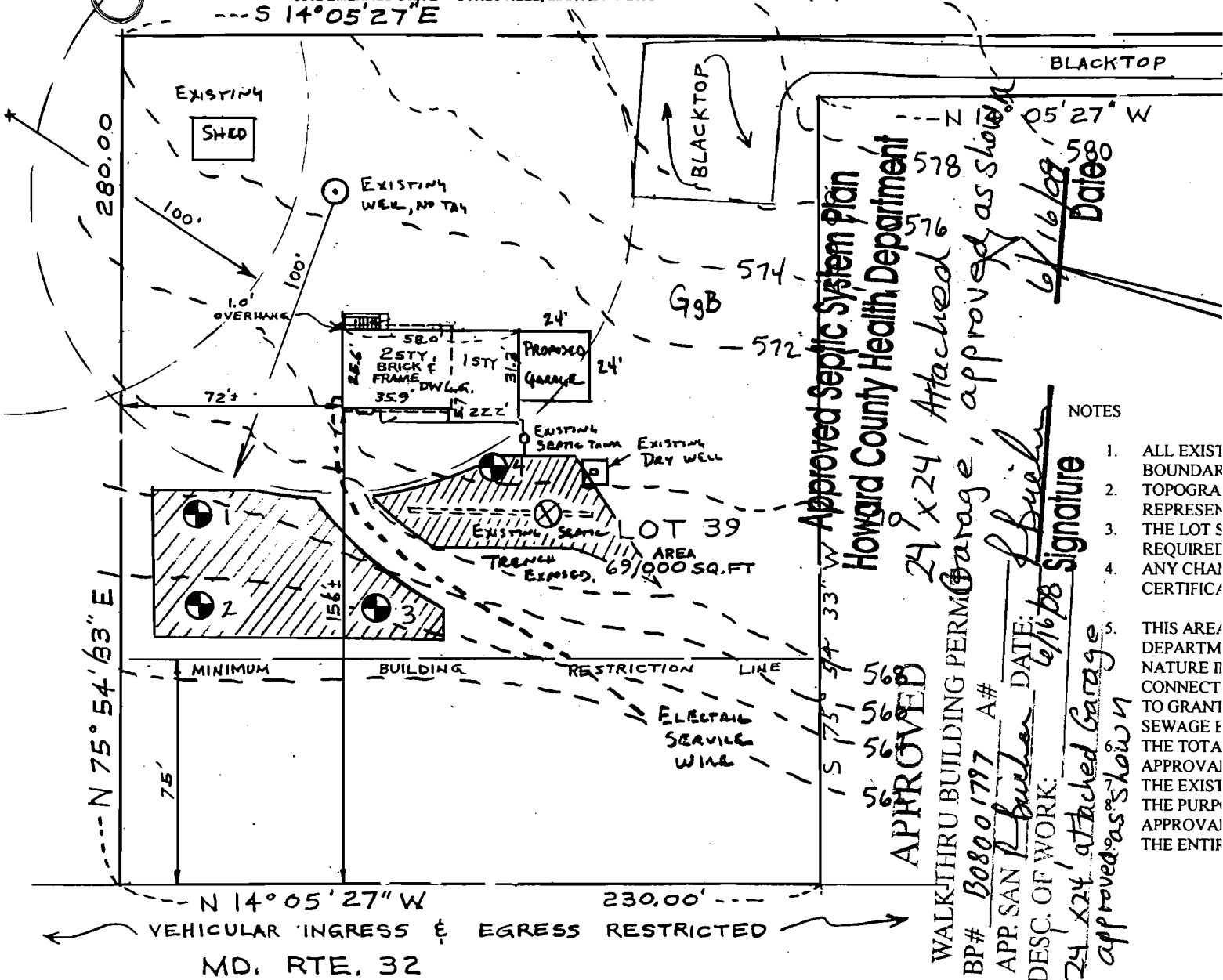
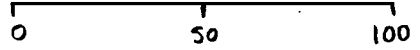
Accepted by _____

William E. Doyle R.L.S. Inc.

PROFESSIONAL LAND SURVEYOR 8440

SINCE 1873

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE & FAX NO. (410) 795-2210



Approved Septic System Plan
Howard County Health Department

24' x 24' Attached Garage, approved as shown
6/16/08
Date

APPROVED

WALKTHRU BUILDING PERM. DATE: 6/16/08
BP# B08001797 A#
APR. SAN P. Buehler
DESC. OF WORK: 24' x 24' attached Garage approved as shown

- NOTES
1. ALL EXISTING BOUNDARIES TO BE SHOWN ON THE TOPOGRAPHIC REPRESENTATION OF THE LOT SURFACE.
 2. THE LOT SURFACE REPRESENTATION SHALL REQUIRE ANY CHANGES TO BE APPROVED BY THE HEALTH DEPARTMENT.
 3. THIS AREA/DEPARTMENT NATURE OF THE CONNECTION TO GRANT SEWAGE EJECTOR THE TOTAL APPROVAL OF THE EXISTING SEWERAGE APPROVAL OF THE ENTIRE LOT.

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
4-17-08
(SIGNATURE) (DATE)

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
B. W. Ryan for Peter Brilensen 5/16/2008
(SIGNATURE) (DATE)