

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER  
B07002639**

Building Address 3010 John Bernard Dr.  
Ellicott City, MD  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 188  
Census Tract \_\_\_\_\_ Subdivision Ellicott Manor  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 18  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Ryan Henry  
Address 6085 Marshalee Dr.  
City Ellicott City State MD Zip Code 21075  
Home Phone \_\_\_\_\_ Work Phone 410-796-0480  
Applicant's Name & Mailing Address, (if other than stated hereon):  
KSCecil - Permit App. Services  
Phone 443-994-9202 Fax 301-858-0433

Existing Use Vacant Lot  
Proposed Use SEMI  
Estimated Construction Cost \$ 200,000  
Description of Work "GIVEN BY 14x10 deck  
need worksheet please"

Contractor Company NVR Inc. / Ryan Henry  
Contact Person Kimberly Cecil  
Address 11200 Plaza America Dr.  
City Roxton State VA Zip Code \_\_\_\_\_  
License No. 50  
Phone 443-994-9202 Eax \_\_\_\_\_

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"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 type="checkbox"/>	SF Townhouse <input checked="" type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input 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 type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input checked="" type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D <input type="checkbox"/>	
Other Structure: _____		NFPA #13R <input type="checkbox"/>	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
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 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Ryan Henry  
Title/Company \_\_\_\_\_

Print Name Ryan Henry  
Date 06/27/07

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		
<input checked="" type="checkbox"/> Building Official		
Dev. Engineering, DPZ		
Health	<u>2/1/08</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" 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 \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>37910</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	<u>CR 111209</u>
SDP/Red-line approval date _____	Accepted by _____

SCANNED 00000113

Building Address 3100 Lee Street NW  
Washington DC

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 0570

Census Tract \_\_\_\_\_ Subdivision Ward 5

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 18

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name John Smith

Address 1100 Lee Street NW

City Washington DC State MD Zip Code 20001

Home Phone \_\_\_\_\_ Work Phone 202-555-1234

Applicant's Name & Mailing Address, (if other than stated hereon):  
15000 2nd Ave SW  
 Phone 424-99-1234 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 100,000

Description of Work Demolition of existing building

Contractor Company Smith Construction

Contact Person John Smith

Address 1100 Lee Street NW

City Washington DC State MD Zip Code \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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 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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: <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 DESCRIPTION - RESIDENTIAL**

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

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Applicant's Signature \_\_\_\_\_

Title/Company \_\_\_\_\_

Print Name John Smith

Date 3/5/10

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
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AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highway		
Building Official		
Dev. Engineering DPZ		
Health	<u>3/17/08</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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

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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 New Town Zone _____	Check	\$ _____
SDP/Red-line approval date _____	Validation	\$ _____

Accepted by \_\_\_\_\_

135717

