

Barbara
 Gibson
 Fitzgerald

Building Address 3214 Jones Rd
Woodbine MD 21797

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

Census Tract _____ Subdivision Hill Green Ridge

Section _____ Area _____ Lot 1

Tax Map _____ Parcel 298 Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use Garage

Proposed Use _____

Estimated Construction Cost \$ 57500

Description of Work on slab
foot proof concrete
24" x 24" square

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Thomas Fitzgerald
 Address 3214 Jones Rd
 City Woodbine State MD Zip Code 21797
 Phone 301-854-1132 Phone 301-252-0466
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Contractor Company _____
 Contact Person Thomas Fitzgerald
 Address _____
 City same State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company same

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>8'</u>	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____	Depth <u>24"</u> Width _____	1 st floor: _____
Gross area, sq. ft. per floor: <u>600</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2 nd floor: _____	Sewage Disposal: _____ Public _____ Private _____
Use group: <u>garage</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input checked="" type="checkbox"/> Masonry	Propane Gas <input type="checkbox"/>	No. of Bedrooms _____	Natural Gas <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Full _____	No. of 1 BR units: _____	Other Structure: _____
	Partial _____	No. of 2 BR units: _____	Dimensions: _____
	Other Suppression _____	No. of 3 BR units: _____	Footings: _____
	# of Heads _____	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.

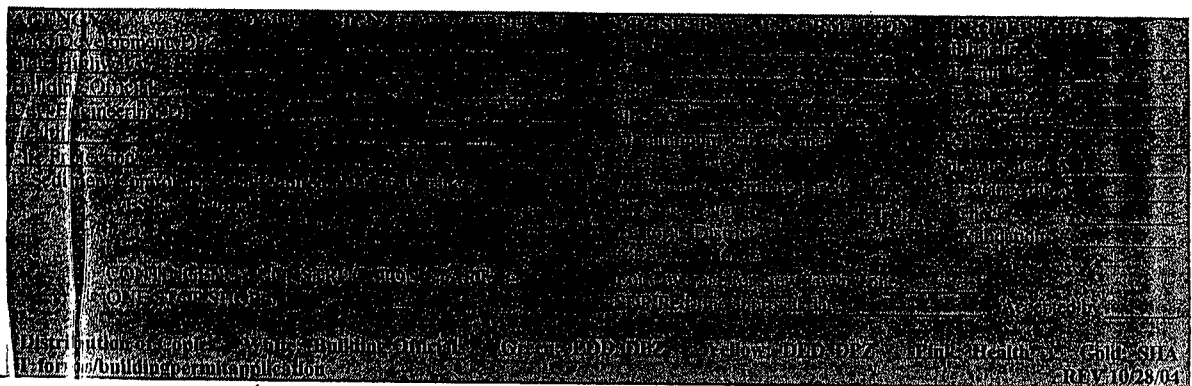
Thomas Fitzgerald
 Applicant's Signature

9-9-09
 Print Name

 Title/Company

 Date

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



Health 09/09/09 RBuck

