

Building Address 4020 Tompkins Hill Lane
Ellicott City, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning RR Map Coordinates _____ Lot Size 2.57

Property Owner's Name Tom & JoEllen Bedik
 Address 4020 Tompkins Hill Lane
 City Ellicott City State MD Zip Code 21042
 Phone (410) 531-9332 Phone _____

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

Phone _____ Fax _____

Existing Use House
 Proposed Use House
 Estimated Construction Cost \$ 11,000.00

Description of Work 8x10' foyer on existing covered porch + add 8x16' of covered Arch in front of existing porch

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 _____

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | |
|---|---|--|---|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: _____ Public _____ Private _____ | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1 st floor: _____ 2 nd floor: _____ Basement: _____ | Sewage Disposal: _____ Public _____ 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"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | 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"/> | No. of Bedrooms _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____ |
| | | Other Structure: _____ Dimensions: _____ Footings: _____ 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.

JoEllen Bedik Applicant's Signature
JoEllen Bedik Print Name
 _____ Title/Company
12/10/08 Date

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

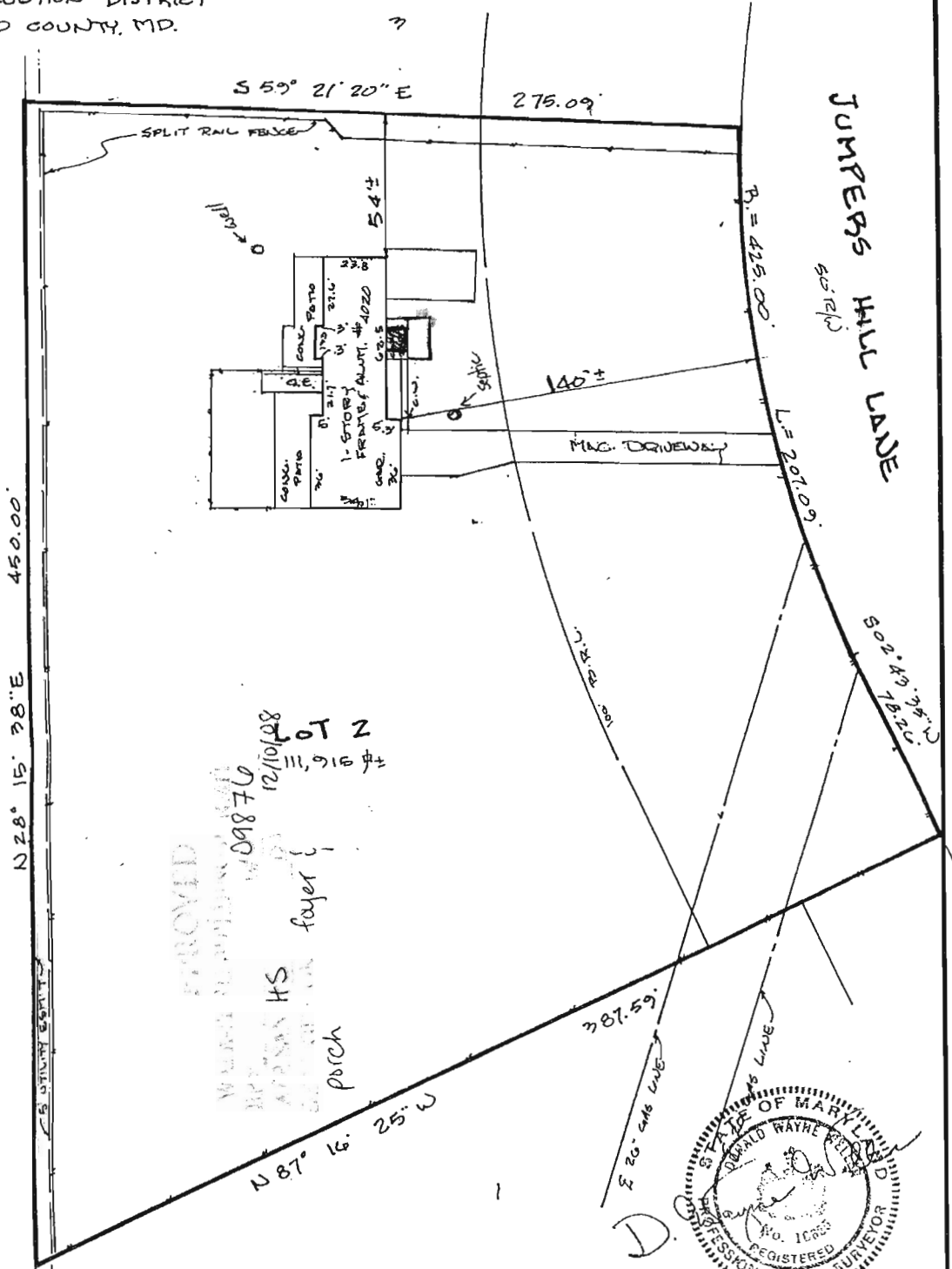
| AGENCY | DATE | SIGNATURE | APPROVAL | DEP. SETBACK INFORMATION | PROPERTY ID # |
|--|------|-----------|----------|--|-------------------------|
| Land Development DPZ | | | | From _____ | Filing fee \$ _____ |
| State Highways | | | | Rear _____ | Permit fee \$ _____ |
| Building Officials | | | | Side _____ | Excise tax \$ _____ |
| Dev. Engineering DPZ | | | | Side St. _____ | Add'l fees \$ _____ |
| Health | | | | All minimum setbacks met? _____ | TOTAL FEES \$ _____ |
| Site Protection | | | | Is 5' set-back NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? | | | | Is Entrance Permit required? _____ | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check _____ |
| | | | | Historic District? _____ | Validation # _____ |
| | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| CONINGENCY CONSTRUCTION START _____ | | | | Log Cover for New Inrv Zone _____ | |
| ONE STOP SHEET _____ | | | | ESDP/Red-line approval date _____ | Accepted by _____ |

Distribution of Copies: White: Building Officials Green: EDD/DEZ Yellow: DED/DPZ Pink: Health Gold: SHA
 Permits/buildingpermits/application

12/10/08 JoEllen Bedik

Property known as: LOT 2, BLOCK "A"
 FOX DEN FARMS, PART ONE
 PLAT BOOK 10, FOLIO 60
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MD.

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY
 LINES OR CORNERS.



LOCATION SURVEY PLAT
 SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

| CERTIFICATION | SEAL | SCALE 1" = 50' DATE 7-25-1995 |
|---|------|--|
| This is to certify that I have surveyed the property known as: <u>4020</u> <u>JUMPERS HILL LANE</u> for the purpose of locating the im- provements thereon, and the improvements are located as shown. | | LAND DESIGN ENGINEERING, INC. 8835 Columbia 100 Parkway Unit N Columbia, MD 21045 (410) 715-1070 (301) 596-3424 (410) 715-0681 (Fax) |