

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 1910 Log House CT
Mt Airy, MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision FLORENCE ESTATES
Section 2 Area _____ Lot 10
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size 3.1563 ACRES

Property Owner's Name BILL BENDER
Address 1910 Log House CT
City Mt Airy State MD Zip Code 21771
Home Phone (301) 829-3230 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Residential House Single Family
Proposed Use SAME
Estimated Construction Cost \$ 60,000.00
Description of Work 1 STORY ADDITION over 14'x14'
UNFINISHED BASEMENT
ADJOINING Deck

Contractor Company JWK CONTRACTING INC
Contact Person JIM KATZENBERGER
Address 2450 MULLINIX MILL RD
City Mt Airy State MD Zip Code 21771
License No. 29018
Phone (301) 831-5902 Fax (301) 829-6666

Occupant or Tenant BILL BENDER
Contact Name SAME
Address 1910 Log House CT
City Mt Airy State MD Zip Code 21771
Phone 301-829-3230 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ 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: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>14'</u> Width <u>14'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>14'</u> <u>14'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: <u>8'</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>Deck</u>	
Dimensions: <u>22x13</u>	
Foatings: <u>CONG PILES</u>	
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jim Katzenberger
Applicant's Signature
JWK CONTRACTING INC
Title/Company

JIM KATZENBERGER
Print Name
10/24/07
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>12/13/2007</u>	<u>Sahil A. Gh</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
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>9540</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies: _____
White: Building Official Green: LDD, DPZ
T:\forms\PERMIT.FRM

SDP/Red-line approval date _____ Accepted by _____
Yellow: DED, DPZ Pink: Health Gold: SHA

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# P527896

APP. SAN GAC DATE: 12/13/07

DESC. OF WORK: 14x14 sunroom
& 22x13 deck

