

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B-159491

Building Address 3208 Landcaster Ct
Woodbine, MD 21797

Property Owner's Name Bob Suritis
 Address 3208 Landcaster Ct

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

Census Tract 60002 Subdivision Debris Branch

City WOODBINE State MD Zip Code 21797

Section _____ Area _____ Lot 28 *Tarm*

Home Phone _____ Work Phone _____

Tax Map 13 Parcel 42 Grid 19

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

Zoning 2 Map Coordinates 75 Lot size _____

Phone 410-481-4567 Fax _____

Existing Use _____

Contractor Company _____

Proposed Use _____

Contact Person _____

Estimated Construction Cost \$ _____

Description of Work Deck with a covered
porch 47 57
4/12/98

Address _____

City TOWSON State MD Zip Code 21286

License No. 34578

Phone 410-823-2456 Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Applicant's Signature _____

Print Name _____

Title/Company _____

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

113 06

AGENCY	DATE	SIGNATURE	APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ				Front: _____	_____
State Health				Rear: _____	_____
Public Works				Side: _____	_____
Dev. Engineering DPZ				Side St: _____	_____
Health				All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				Historic District?	Check \$ <u>10823</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation \$ <u>11306</u>
ONE STOP SHOP: <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Accepted by _____
Distribution of Copies: White: Building Official				SDP/Red-line approval date _____	
Green: LDD, DPZ					
Yellow: DED, DPZ					
Pink: Health					
Govt: SHA					