

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B-300-646

Building Address 4211 Linthicum Rd
Dayton MD 21036
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision Seibert
 Section _____ Area 5/1000 Lot 2
 Tax Map 22 Parcel _____ Grd 22-19
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Diane Crane
 Address Same
 City Same State _____ Zip Code _____
 Home Phone 410-707-7011 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family
 Proposed Use Single Family
 Estimated Construction Cost \$ 2,000
 Description of Work Ceil the living room
instead of 2-story ceiling
Due to access Southern Exposure +
Heat Collecting that kind of floor

Contractor Company Owner
 Contact Person Diane Crane
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant Diane Crane 647
 Contact Name Diane
 Address is above on 4201 Linticum Rd
 City Dayton State MD Zip Code 21036
 Phone 410-707-7011 Fax 410-531-9187

Engineer or Architect Company Ann + Dina Bond
 Contact Person David Miles
 Address 1918 Forest Drive
 City Annapolis State MD Zip Code 21401
 Phone 410-267-7213 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Height: <u>2 story</u> Multi-family dwellings <input type="checkbox"/> No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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.

Diane Crane
 Applicant's Signature
 Title/Company _____

Diane Crane
 Print Name
3/14/08
 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>4/25/2008</u>	<u>R Buckner</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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 \$ _____

SITE PLAN

SEIBERT PROPERTY LOT 2
 MAP 22 G-19 PARCEL 327
 4211 Lanthicum Rd Dayton, Md

Willis & Debbie Seibert
 2900 Florence Rd
 Woodbine, Md 21797
 489-7718

Approved Septic System Plan
 Howard County Health Department

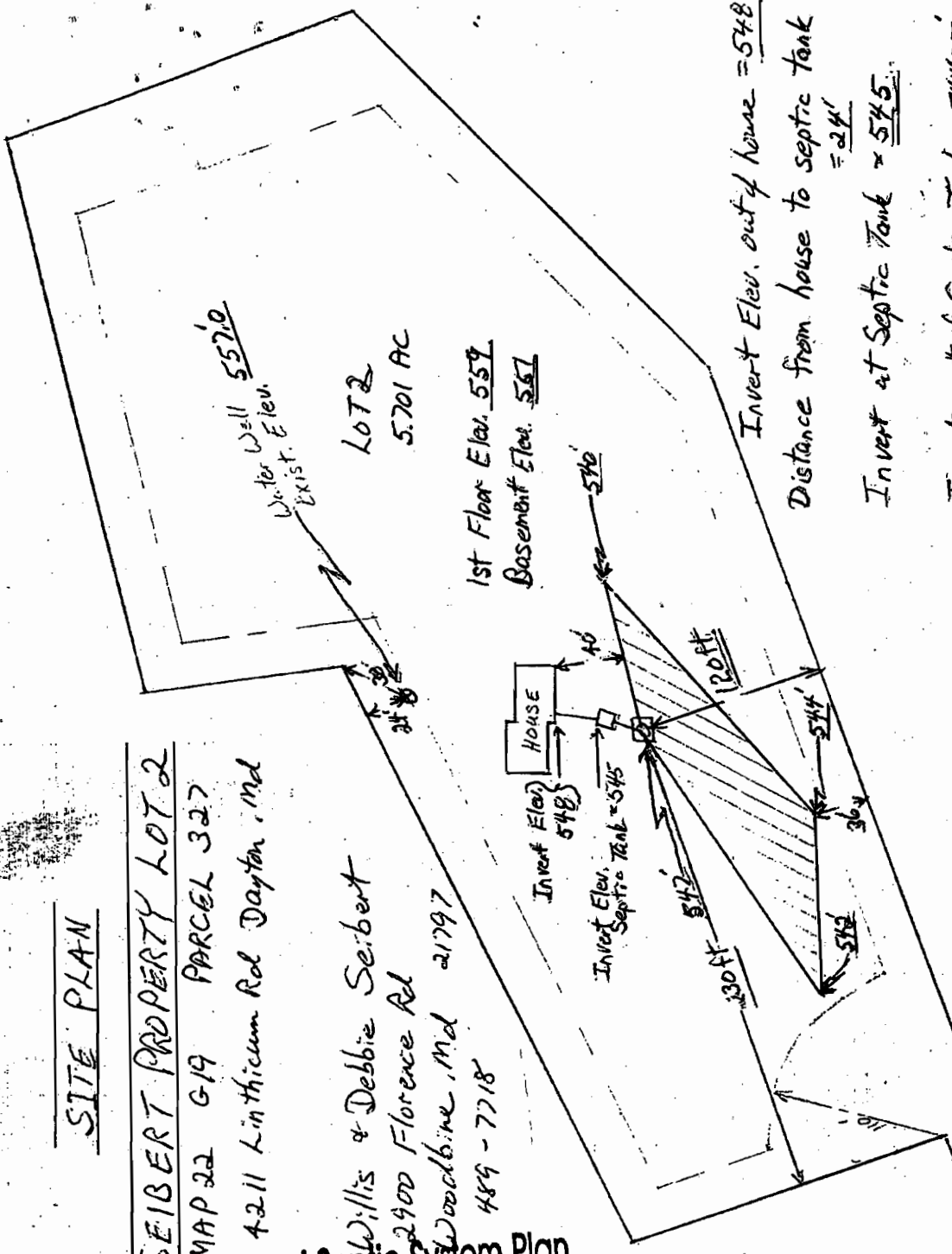
Close-in ceiling/flooring between 1st & 2^d Floors
 Septic system existing has design capacity for 5 Bed room, per 1/107 Cde.

Signature

4/25/08
 Date

BLDG. PERMIT SIGNED
 AND RETURNED 8/11/87
 S. Abel
 BP 13901

8/10/87
 elwattens A
 S. Abel



Scale 1" = 100'

I certify the above measurements and elevations are actual & correct for this property. Willis Seibert