

Scanned MB

DEPARTMENT OF NEIGHBORHOOD SERVICES AND PERMITS 3400 COURT HOUSE DRIVE BETHESDA CITY 20814 PERMITS (410) 313-3298 INSPECTIONS (410) 313-3198 AUTOMATED REGISTRATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <b>B06004837</b>	
Building Address <u>6667 LUSTER DR.</u> <u>HIGHLAND, MD. 20777</u>			Property Owner's Name <u>HUI, W. SEO</u> Address <u>6667 LUSTER DR.</u>		
Suite/Apt. #: _____ SDPWP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>3</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Home Phone <u>240-381-8501</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Existing Use <u>SINGLE HOUSE</u> Proposed Use <u>HOUSE</u> Estimated Construction Cost \$ <u>70,000.00</u> Description of Work <u>ADDITION W/ BASEMENT</u> <u>NEW PORCH / FOYER</u>			Contractor Company <u>OWNER PERMIT</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Occupant or Tenant <u>HUI W. SEO</u> Contact Name <u>HUI W. SEO</u> Address <u>6667 LUSTER DR.</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>240-381-8501</u> Fax <u>301-545-9691</u>			Engineer or Architect Company <u>AAI design</u> Contact Person <u>K. JUAN</u> Address <u>10282 ARIZONA CIR.</u> City <u>BETHESDA</u> State <u>MD</u> Zip Code <u>20817</u> Phone <u>301-728-2302</u> Fax <u>301-469-6996</u>		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>1080 S.E.</u> 2nd floor: <u>N/A</u> Basement: <u>1080 S.E.</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>1</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THEREON; (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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: NEUNG SOO HA  
 Title/Company: \_\_\_\_\_ Date: 09/19/2006

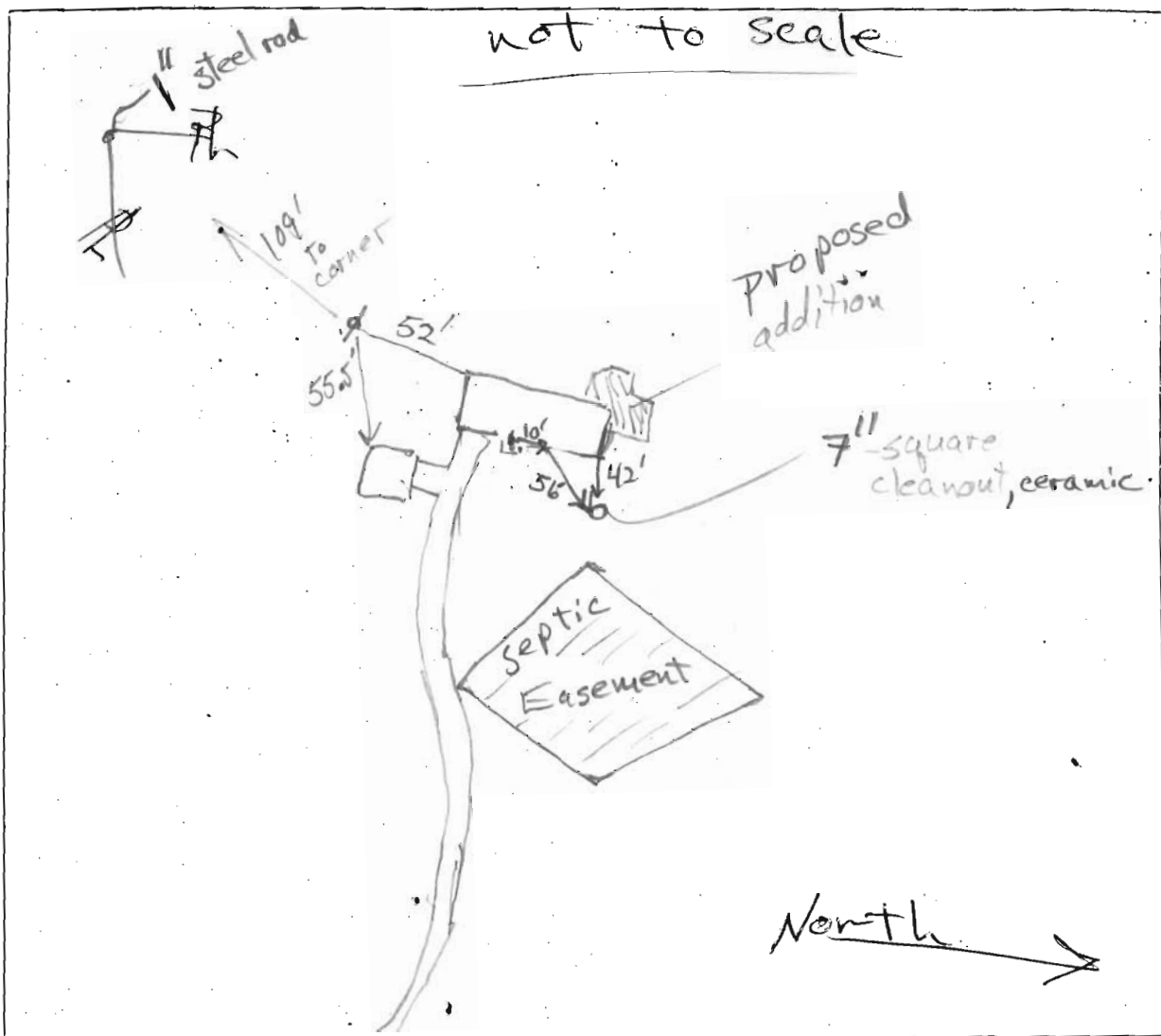
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 Amount: 2130.37

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY FEE
Land Development DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highway			Rear: _____	Permit fee \$ <u>358.38</u>
Building Official	<u>11/16/06</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ <u>1592.80</u>
Dev. Engineering DPZ			Side St: _____	Add'l. per. fee \$ <u>33.84</u>
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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>96</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Lot Coverage for New Town Zone _____
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	SDP/Red-line approval date _____	Accepted <u>[Signature]</u>
Yellow: DED, DPZ	Pink: Health	Gold: SHA		Rev. 13/4/04

SITE INSPECTION SHEET

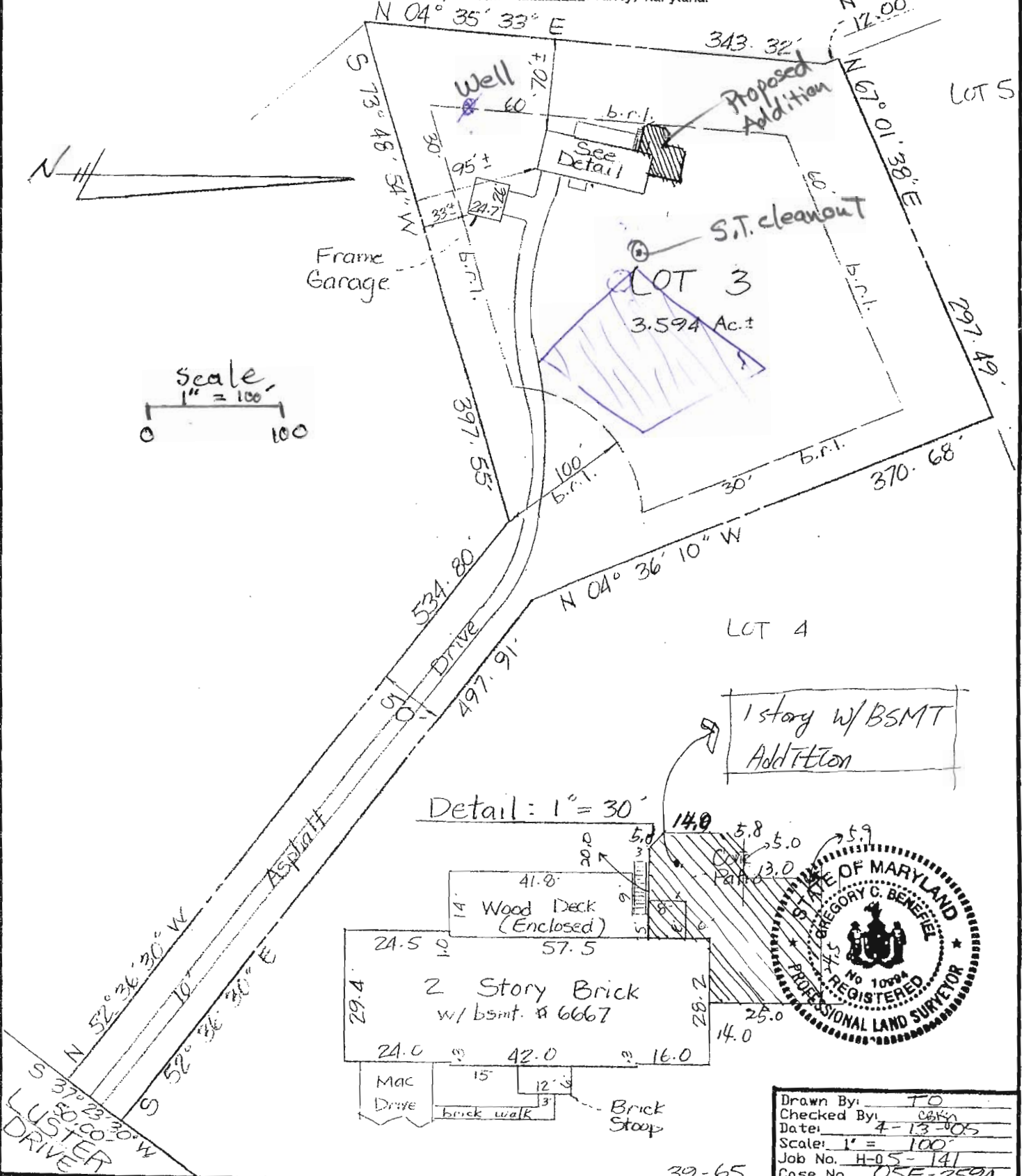
OWNER: Hui Non Seo      Build Permit #  
PHONE #: 806004837  
ADDRESS: 6667 Luster Dr      CONTRACTOR: \_\_\_\_\_  
WELL TAG #: Not present  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: addition - total after construction 4BR-3 bath  
(same as original)

LOCATION DIAGRAM



COMMENTS: Proposed construction location is  
OK in relation to well & septic. Well construction  
appears to be current standard. Septic tank solution level OK.  
Well casing 20" above ground, 2-piece cap, conduit, OK.  
(Easterday drilled well, owner states)

- ... report furnished at this time, subject to all easements and rights of ways of record.
- Property corners have not been set with this survey. Property information was taken from the best available records.
  - This location plat is not to be used for the construction of fences or other improvements. A boundary Survey and lot stakeout would have to be performed to determine the location of all property lines as shown.
  - The Property shown hereon is located within Zone C as shown on F.E.M.A. Flood Insurance Rate Map Community Panel No. \_\_\_\_\_ of Howard County, Maryland.



**SURVEYOR'S CERTIFICATE**

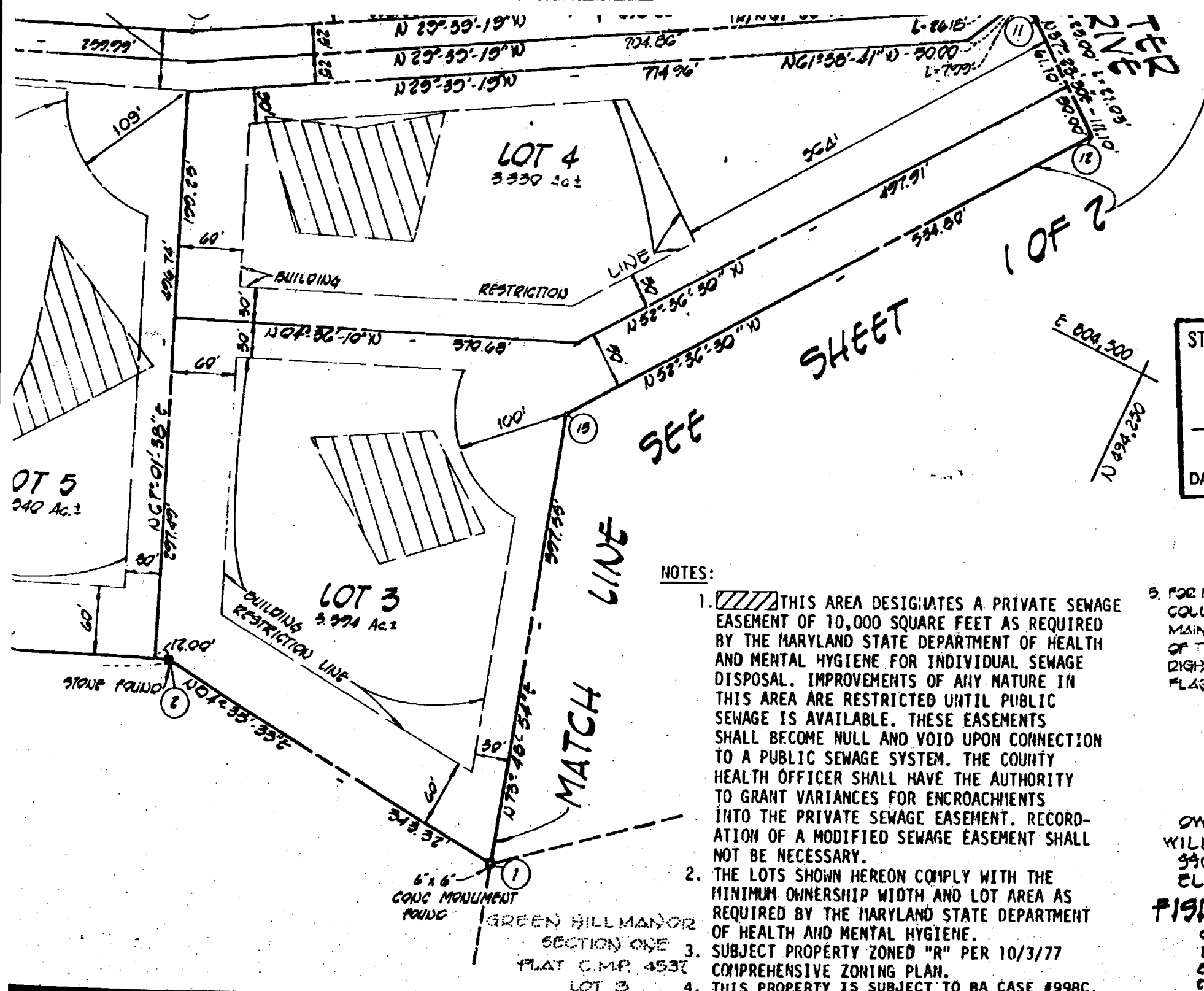
I hereby certify that the position of all the existing improvements on the above described property has been carefully surveyed by me or directly under my super

**HOUSE LOCATION SURVEY**

**6667 Luster Drive**

See plat 17588 web 2/2/06

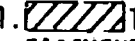
Drawn By:	TO
Checked By:	CBK
Date:	4-13-05
Scale:	1" = 100'
Job No.:	H-05-141
Case No.:	05E-7594



STATE DEPT. OF REVENUE & TAXATION  
 HOWARD COUNTY  
*Karen Price*  
 RECEIVED BY:  
 DATE: 6/17/82 PLAT: \_\_\_\_\_

FILED JUN 17 1982

NOTES:

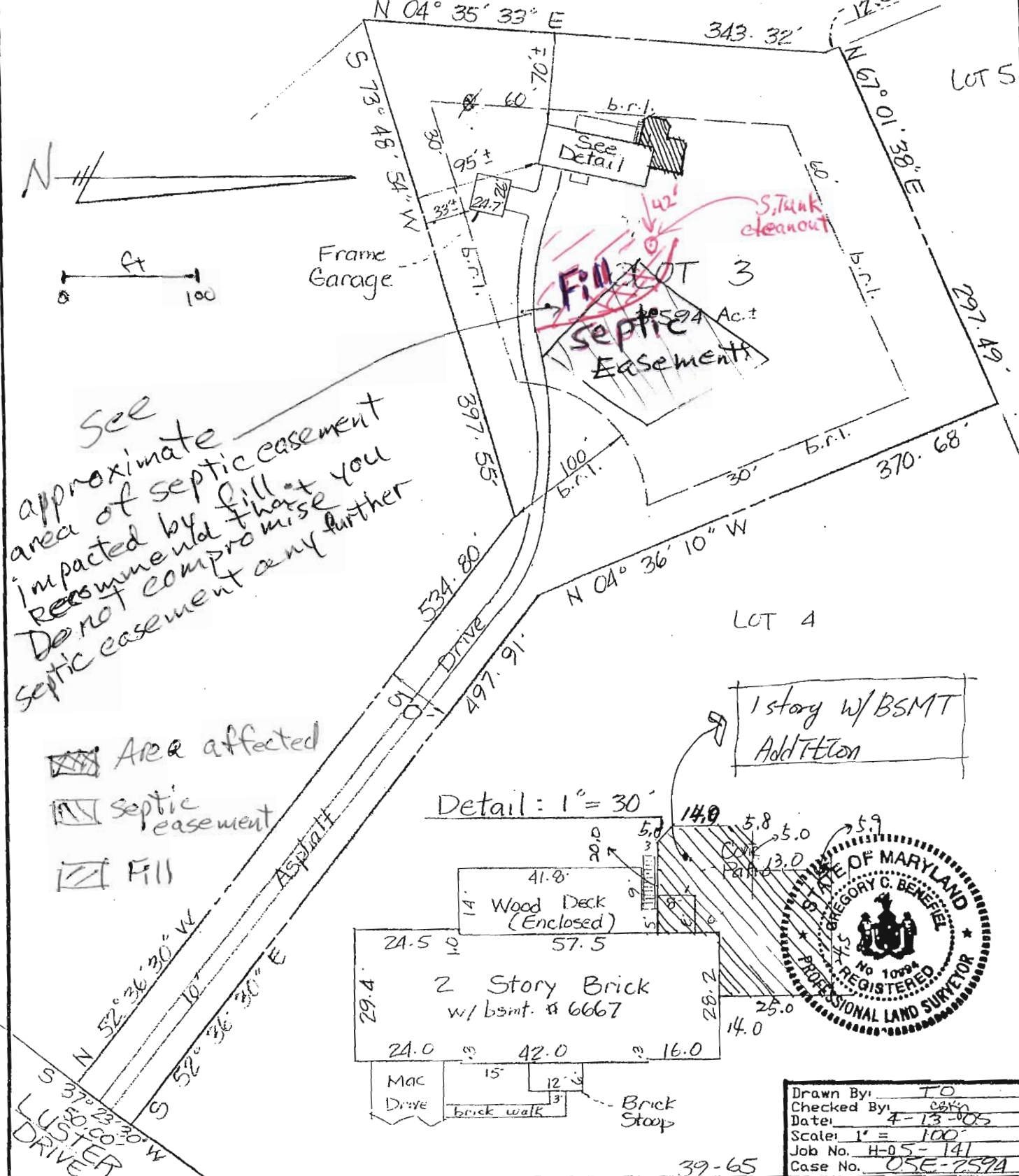
1.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
3. SUBJECT PROPERTY ZONED "R" PER 10/3/77 COMPREHENSIVE ZONING PLAN.
4. THIS PROPERTY IS SUBJECT TO BA CASE #998C.

5. FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT-OF-WAY LINE ONLY, AND NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.

OWNER & DEVELOPER  
 WILLIAM L. KAPLAN & PAUL J. DEMMITT  
 3466 ROUTE 99  
 ELLICOTT CITY MARYLAND 21043  
**PIGHER, COLLINS & CARTER INC**  
 CONSULTING ENGINEERS &  
 LAND SURVEYORS  
 8388 COURT AVENUE  
 ELLICOTT CITY, MARYLAND 21043

GREEN HILL MANOR  
 SECTION ONE  
 PLAT C.M.P. 4537  
 LOT 3

- no true report furnished at this time, subject to all easements and rights of ways of record.
- Property corners have not been set with this survey. Property information was taken from the best available records.
  - This location plat is not to be used for the construction of fences or other improvements. A boundary survey and lot stakeout would have to be performed to determine the location of all property lines as shown.
  - The Property shown hereon is located within Zone C Howard as shown on F.E.M.A. Flood Insurance Rate Map Community Panel No. \_\_\_\_\_ of \_\_\_\_\_ County, Maryland.



See approximate area of septic easement impacted by fill. Recommend that you Do not compromise septic easement any further.

- Area affected
- Septic easement
- Fill

Detail: 1" = 30'



Drawn By: TO  
 Checked By: cmh  
 Date: 4-13-05  
 Scale: 1" = 100'  
 Job No. H-05-141  
 Case No. 05E-2594

**SURVEYOR'S CERTIFICATE**

I hereby certify that the position of all the existing improvements on the above described property has been carefully surveyed by me or directly under my supervision.

**HOUSE LOCATION SURVEY**

6667 Luster Drive

See plat 17589

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
B06007677

Building Address 6667 Luster DR  
HIGHLAND MD 20777-9782  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 3,594 AC.

Property Owner's Name Seo Hui W  
 Address 6667 Luster DR  
 City Highland State MD Zip Code 20777  
 Home Phone 301-854-1323 Work Phone 240-381-8507  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 1,5000  
 Description of Work Put 6 windows at  
Sunroom and 1st Higher Ceiling  
43'x18'

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <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"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ 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 THERE TO; (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.

[Signature]  
 Applicant's Signature  
 \_\_\_\_\_  
 Title/Company

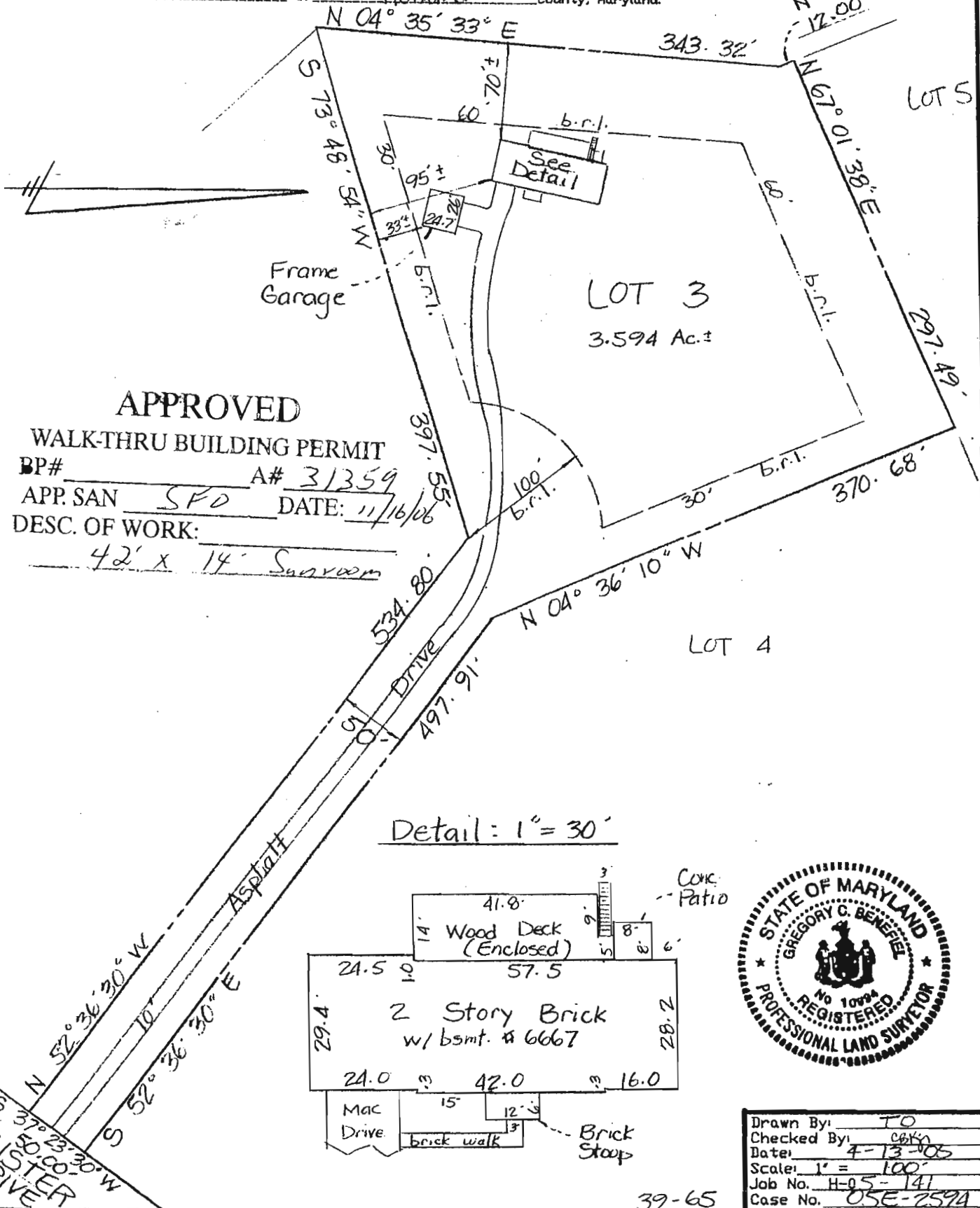
Chunghyun K. Seo  
 Print Name  
 \_\_\_\_\_  
 Date 11/16/06

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>11/16/06</u>	<u>[Signature]</u>	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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>CASH</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
Green: LDD, DPZ			SDP/Red-line approval date _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

**NOTES:**

1. This plat is not intended for use in the establishment of property lines, but prepared for the exclusive use of the present property owner(s) of record and/or those who purchase, mortgage or guarantee the title within six months from the date hereof and as to them I warrant this house location survey.
2. For title purposes only.
3. No title report furnished at this time, subject to all easements and rights of ways of record.
4. Property corners have not been set with this survey. Property information was taken from the best available records.
5. This location plat is not to be used for the construction of fences or other improvements. A boundary Survey and lot stakeout would have to be performed to determine the location of all property lines as shown.
6. The Property shown hereon is located within Zone C as shown on F.E.M.A. Flood Insurance Rate Map Community Panel No. \_\_\_\_\_ of Howard County, Maryland.



**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# \_\_\_\_\_ A# 31359  
 APP. SAN SFD DATE: 11/16/06  
 DESC. OF WORK:  
42' x 14' Sunroom



Drawn By: TO  
 Checked By: CBK  
 Date: 4-13-05  
 Scale: 1" = 100'  
 Job No. H-05-141  
 Case No. 05E-2594

**SURVEYOR'S CERTIFICATE**

I hereby certify that the position of all the existing improvements on the above described property has been carefully surveyed by me or directly under my supervision and that they are located as shown. THIS IS NOT A BOUNDARY SURVEY.

4-13-05  
 Date \_\_\_\_\_  
 Gregory C. Benefiel  
 Registered Professional  
 Land Surveyor, Md. No. 10994

**HOUSE LOCATION SURVEY**

6667 Luster Drive  
 Lot(s)/Parcel 3, TM./Block \_\_\_\_\_  
 Plat \_\_\_\_\_, Section Two, Phase \_\_\_\_\_

**JOCELYN ACRES**

5 TH Election District  
Howard County, Maryland

**SURVEYS, INC.**  
 SURVEYORS • ENGINEERS • LAND PLANNERS  
 PERMIT SERVICES  
 350 MAIN STREET  
 LAUREL, MARYLAND, 20707  
 PHONE 301-716-0541 FAX 301-716-0642

Plat Book \_\_\_\_\_ Plat No. CMP5211  
 Liber \_\_\_\_\_ Folio \_\_\_\_\_  
S-3669

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
**00158873**

Building Address 5847 Luster Dr  
Highland, md 20777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Jacelyn Acres  
 Section 2 Area 2 Lot 6  
 Tax Map 34 Parcel 24 Grid 15  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name John and Andrea Connor  
 Address 6647 Luster Dr Highland, md  
20777  
 City Highland State md Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone 410 336 5985  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone 410 507 7705 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work Inground Concrete  
Swimming Pool  
25' X 46'

Contractor Company Anthony + Sylvan pools  
 Contact Person Karen Klayman  
 Address 10840 Guilford Rd Suite 406  
Annapolis Junction State md Zip Code 20701  
 License No. 3107  
 Phone 410 507 7705 Fax 410 544 5775

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person Karen Klayman  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ 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: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____ Height: _____ 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"/> _____ NFPA #13D _____ NFPA #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.

[Signature]  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

Doug Jankinsen  
 Print Name  
4/4/2006  
 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	<u>4/4/06</u>	<u>[Signature]</u>
Health		
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 NewTown Zone _____	Check # _____
SOP/Red-line approval date _____	Validation # _____