

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10002498

Building Address 6420 Richardson Farm Ln.
Clarksville, Md 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Windy Knoll
Section I Area _____ Lot 23
Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____
Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work Replacing wood
Retaining
wall to brick 4' H - 6' H
24' long
Occupant or Tenant _____
Contact Name No one lives now
(fired house)
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name Soun Park
Address 5709 Little Bells Row
City Clarksville State md Zip Code 21029
Home Phone 301-814-0058 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____
Contractor Company owner's permit
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____
Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd 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>4</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: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input 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.

Soo R. Lee
Applicant's Signature
soolee64@hotmail.com
Email Address

Soo R. Lee
Print Name

Title/Company _____

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 Officials
Dev. Engineering, DPZ
Health 8/12/10 [Signature]
Fire Protection

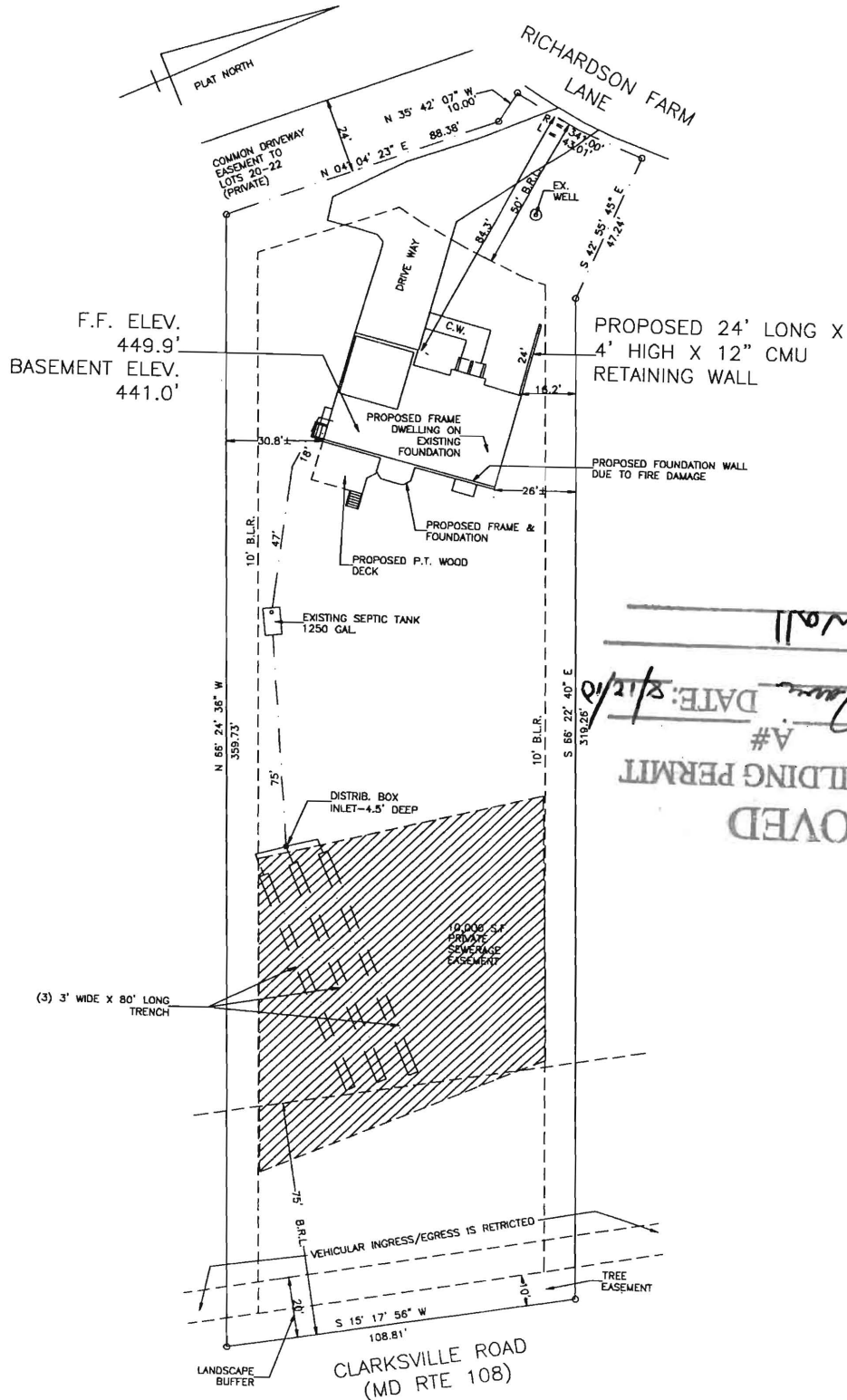
Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit Required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID #
Filing fee \$
Permit fee \$
Excise tax \$
Add'l per fee \$
TOTAL FEES \$
Sub-total paid \$
Balance due \$
Check # CASH
Validation #

Accepted by [Signature]



APPROVED

WALK-THRU BUILDING PERMIT

BP#

APP SAN M. C. DATE: 8/12/10

DESC. OF WORK: Retaining wall

DRAWING BASED ON
RECORD PLAT NUMBER 12228
FEMA FIRM NUMBER 24004400828
DATED DECEMBER 4, 1986

LOCATION DRAWING
WINDY KNOLLS
LOT 23
6420 RICHARDSON FARM LANE
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1"=30'
DATE: 5-19-2010
REVISED DATE: 8-10-2010

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
61251020

Building Address 6420 Richardson Farm Lane
Clarksville, md 21029

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

Census Tract 6051.01 Subdivision Windy Knolls

Section Area Lot 238

Tax Map 34 Parcel 84 Grid 18

Zoning RR-DEJ Map Coordinates Lot Size

Existing Use Residential

Proposed Use

Estimated Construction Cost \$ 227,014

Description of Work Fire restoration foundation and
slab walls Septic will be used again 1st
and 2nd floors will be restored SFD

Occupant or Tenant

Contact Name

Address

City State Zip Code

Phone Fax

Property Owner's Name Soo R. Lee

Address 5709 Little Balsrow

City Clarksville State MD Zip Code 21029

Home Phone Work Phone

Applicant's Name & Mailing Address, (if other than stated herein):
Owner Soo R. Lee Soolee64@hotmail.com

Phone Fax 1-444-192-6014

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

BUILDING DESCRIPTION – COMMERCIAL

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame
☐ State Certified Modular

Utilities

Water Supply:
☐ Public
☐ Private

Sewage Disposal:
☐ Public
☐ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
☐ Full
☐ Partial
☐ Other Suppression
☐ # of Heads

BUILDING DESCRIPTION – RESIDENTIAL

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:

Finished Basement ☐ Unfinished Basement ☐ Crawl
space ☐ Slab on Grade ☐
No. of Bedrooms 4

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:

☐ State Certified Modular
☐ Manufactured Home

Utilities

Water Supply:
☐ Public
☐ Private

Sewage Disposal:
☐ Public
☐ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
☐ 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.

Applicant's Signature

Print Name

Email Address

Title/Company

Date

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

AGENCY
Land Development, DPZ

DATE
5-20-10

SIGNATURE APPROVAL
DBernard

DPZ SETBACK INFORMATION

Front:

Rear:

Side:

Side St.:

All minimum setbacks met?
YES ☐ NO ☐

Is Entrance Permit Required?
YES ☐ NO ☐

Historic District?
YES ☐ NO ☐

Lot Coverage for New Town Zone
SDP/Red-line approval date

PROPERTY ID #

Filing fee \$

Permit fee \$

Excise tax \$

Add'l per fee \$

TOTAL FEES \$

Sub-total paid \$

Balance due \$

Check #

Validation #

Accepted by

State Highways

Building Officials

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies
T:\Operations\Updated forms

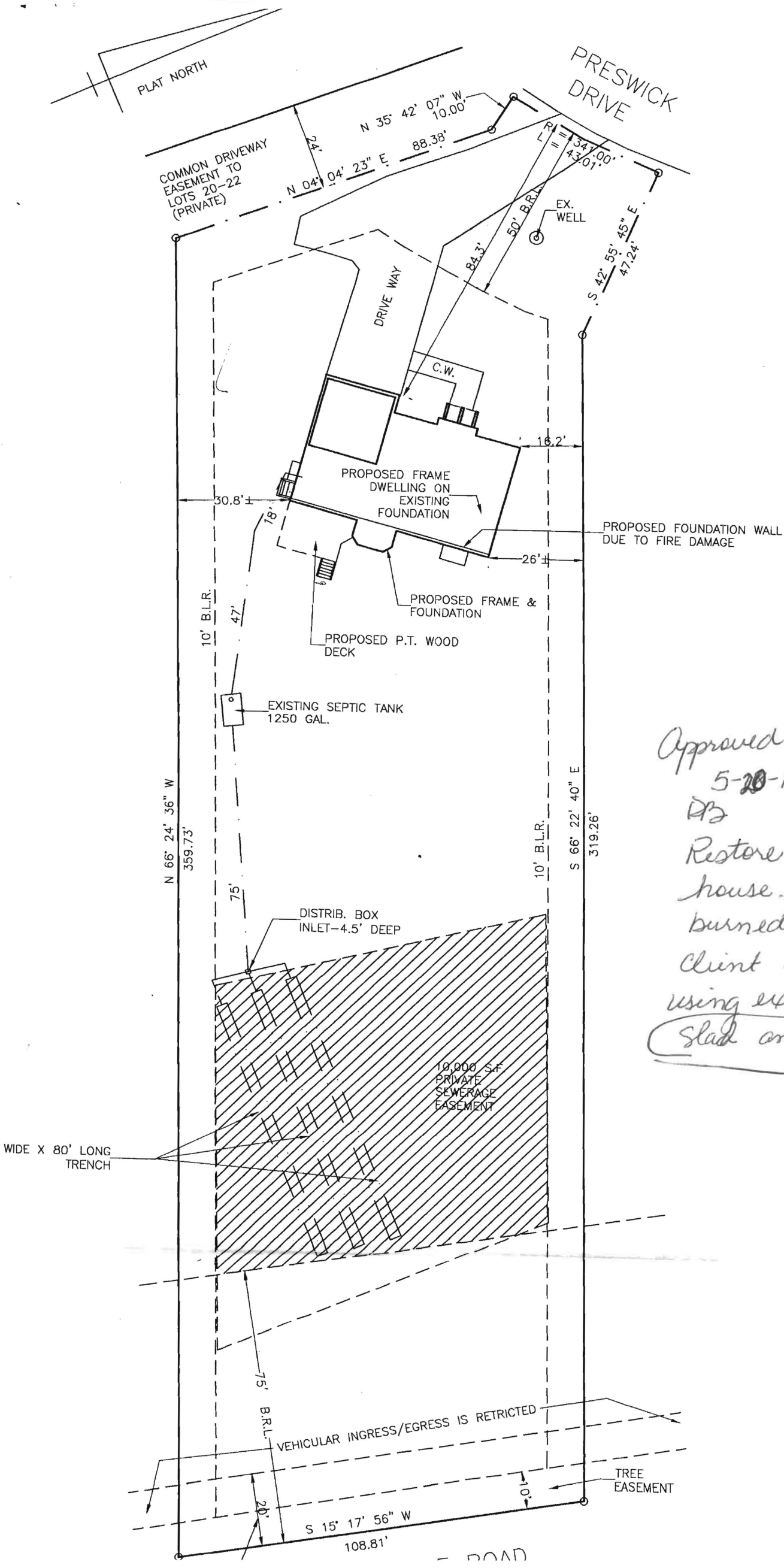
White: Building Officials

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

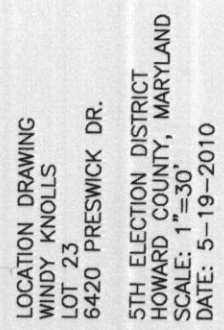


Approved as Shown

5-20-10

RB

Restore existing house. House burned down. Clint will be using existing slab and septic



DRAWING BASED ON
RECORD PLAT NUMBER 12228
FEMA FIRM NUMBER 24004400828
DATED DECEMBER 4, 1986