

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 B11 000457	
Building Address <u>5084 Sheppard Lane</u> <u>Clarksville MD 21029</u>		Property Owner's Name <u>OTB Inc</u> Address <u>5084 Sheppard Lane</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ _____ _____ _____ Phone _____ Fax _____			
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Marillon Prop.</u> Section _____ Area _____ Lot <u>1</u> Tax Map <u>28</u> Parcel <u>415</u> Grid <u>18</u> Zoning _____ Map Coordinates _____ Lot Size _____		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 _____			
Existing Use <u>SFD</u> Proposed Use <u>SFD w/covered porch</u> Estimated Construction Cost \$ <u>2,600</u> Description of Work <u>Build 2 porch roofs over</u> <u>existing stamp 6'x4' each</u>					
Occupant or Tenant _____ Contact Name <u>Lynn Corey</u> Address <u>5900 Verhulst Dr</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Phone <u>410-984-2824</u> fax _____					

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics 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	Utilities 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: 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
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BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>70'x24' + 16'x14'</u> 2 nd floor: <u>40'x24' + 16'x14'</u> Basement: <u>40'x24'</u> Finished Basement <input checked="" 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input 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: 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
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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 Lynn Corey

Email Address coreyconsulting@gmail.com

Title/Company _____

Date 2-8-11

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY

AGENCY _____ DATE _____ Land Development, DPZ _____ State Highway _____ Building Officials _____ Dev. Engineering, DPZ _____ Health <u>2/8/2011</u> <u>R. Buckner</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNATURE APPROVAL _____ DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St. _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>		

Distribution of Copies

White: Building Officials

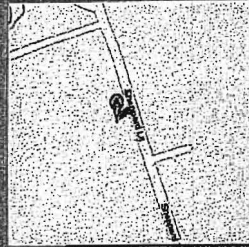
Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Ordered By:



PROPERTY ADDRESS: 5084 SHEPPARD LANE

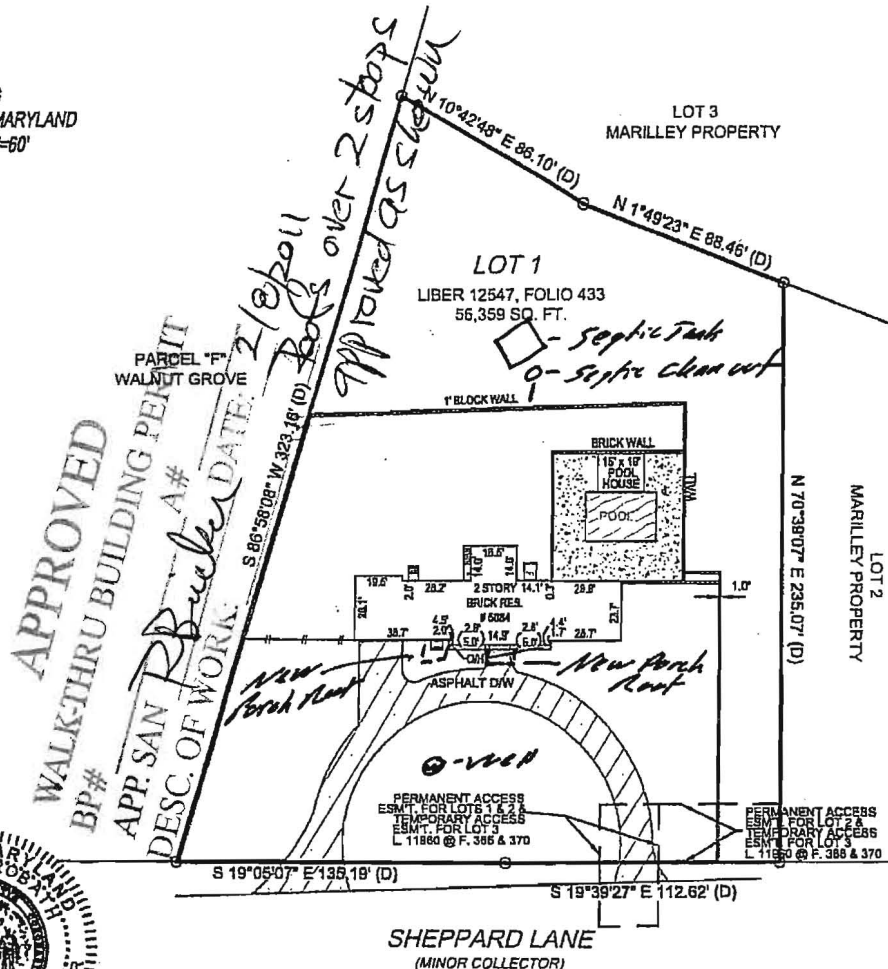
CLARKSVILLE, Maryland 21029

SURVEY NUMBER: MD1012.1378

FIELD WORK DATE: 1/4/2011

REVISION HISTORY: (rev. 0 1/4/2011)

1012.1378
LOCATION DRAWING
HOWARD COUNTY, MARYLAND
01-04-2011 SCALE 1"=60'



GRAPHIC SCALE (In Feet)
1 inch = 60' ft.



POINTS OF INTEREST:
None Visible

CLIENT NUMBER: 10-19743

DATE: 1/4/2011

BUYER: LYNN COVEY AND DANA COVEY

SELLER: CJB, INC.

CERTIFIED TO:
LYNN COVEY AND DANA COVEY; LAKEVIEW TITLE COMPANY

A licensee either personally prepared this drawing or was in responsible charge over its preparation and the surveying work reflected in it, all in compliance with requirements set forth in Regulation .12 of Chapter 09.13.06 of the Code of Maryland Annotated Regulations.

This is a two page document. The advice found on the affixed page (Page

Exacta Maryland Survey, Inc. is a full service, bonded land survey firm registered with the state of Maryland.

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MARYLAND
SURVEYORS

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