

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLSWORTH CITY, MD 21043  
PERMITS (410) 313-2666 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

6/29/04  
**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
B00150427 RN

Building Address 6718 Whitegate Rd  
Clarksville, MD 21029

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

Census Tract 605102 Subdivision Clarksville Ridge

Section 3 Area \_\_\_\_\_ Lot 47

Tax Map 35 Parcel 203 Grid 21

Zoning RRD Map Coordinates 14 N 11 Lot size 1.02

Existing Use single family home

Proposed Use same

Estimated Construction Cost \$ 120,000.00

Description of Work add 2 story addition (28'x124')  
New addition to include bath and extension  
of 2 bedrooms.

Occupant or Tenant same

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name Ruth E Nimmo

Address 6718 Whitegate Rd

City Clarksville State MD Zip Code 21029

Home Phone 410-531-0661 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Starcum Design Build

Contact Person Betty Weickgenannt

Address 8735M Columbia 100 Pkwy

City Columbia State MD Zip Code 21045

License No. 24247-01

Phone 410-417-7700 Fax 410-497-7337

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

| BUILDING DESCRIPTION - <u>COMMERCIAL</u>                                                                             |                                                                                                                                                                      | BUILDING DESCRIPTION - <u>RESIDENTIAL</u>                                                                                                           |                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Building Characteristics</b>                                                                                      | <b>Utilities</b>                                                                                                                                                     | <b>Building Characteristics</b>                                                                                                                     | <b>Utilities</b>                                                                                                                                                     |
| Height: _____                                                                                                        | Water Supply: _____<br>Public _____ Private _____                                                                                                                    | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>                                                               | Water Supply: _____<br>Public _____ Private <input checked="" type="checkbox"/>                                                                                      |
| No. of stories: _____                                                                                                | Sewage Disposal: _____<br>Public _____ Private _____                                                                                                                 | 1st floor: <u>28'</u> <u>12'4"</u><br>2nd floor: <u>28'</u> <u>12'4"</u>                                                                            | Sewage Disposal: _____<br>Public _____ Private <input checked="" type="checkbox"/>                                                                                   |
| Gross area, sq. ft. per floor: _____                                                                                 | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                    | Basement: _____<br>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>                                          | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| Use group: _____                                                                                                     | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Multi-family dwellings: _____<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                                  | Other Structure: _____<br>Dimensions: <u>28'x12'4"</u><br>Footings: _____<br>Roof: <u>gabled - hipped</u>                                           | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____                                                          |
| State Certified Modular _____                                                                                        |                                                                                                                                                                      | State Certified Modular _____<br>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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Betty L. Kluckert  
Applicant's Signature  
STARCUM DESIGN BUILD  
Title/Company

Betty L. Weickgenannt  
Print Name  
9-21-04  
Date

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

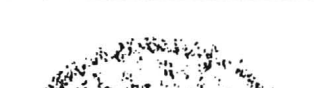
| AGENCY                                                                                                            | DATE            | SIGNATURE APPROVAL  | DPZ SETBACK INFORMATION                                                               | PROPERTY ID#               |
|-------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|---------------------------------------------------------------------------------------|----------------------------|
| ✓ Land Development, DPZ                                                                                           |                 |                     | Front: _____                                                                          | 53516                      |
| State Highway                                                                                                     |                 |                     | Rear: _____                                                                           | Filing fee \$ <u>25.00</u> |
| ✓ Building Official                                                                                               |                 |                     | Side: _____                                                                           | Permit fee \$ _____        |
| Dev. Engineering, DPZ                                                                                             |                 |                     | Side St: _____                                                                        | Excise tax \$ _____        |
| Health                                                                                                            | <u>10-13-04</u> | <u>Karen Norman</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | Add'l per. fee \$ _____    |
| Fire Protection                                                                                                   |                 |                     | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____        |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                     | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | Sub-total paid \$ _____    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                                                          |                 |                     | Lot Coverage for NewTown Zone _____                                                   | Balance due \$ _____       |
| ONE STOP SHOP: <input type="checkbox"/>                                                                           |                 |                     | SDP/Red-line approval date _____                                                      | Check # <u>15047</u>       |
|                                                                                                                   |                 |                     |                                                                                       | Validation # <u>76652</u>  |
|                                                                                                                   |                 |                     |                                                                                       | Accepted by <u>B</u>       |

plan is to scale

SURZE LAKE



Due to AGE OF SEPTIC system  
& existing S.T. not meeting  
minimum 1,000 gallon requirement  
for 3 bdrm, Need to verify  
function of current system & upgrade  
= S. tank

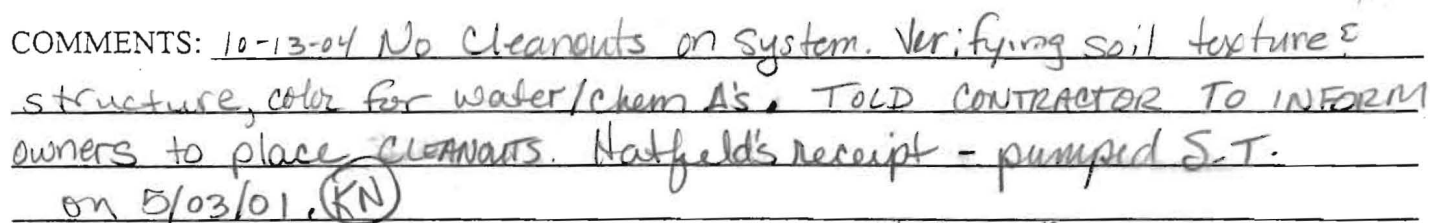
| CERTIFICATION                                                                                                                                                                                                                      | SEAL                                                                                                          | SCALE 1"=40'                                             | DATE 8-21-80                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <p>I is to certify that I have surveyed<br/> properly known as: <u>LOT 47</u><br/> <u>2718 WHITE OSTE ROAD</u></p> <hr/> <p>the purpose of locating the im-<br/> plements thereon, and the improvements<br/> located as shown.</p> |  <p><i>Walter Park</i></p> | <p>PHONE<br/> 828-9060 TOWSON<br/> 730-9060 COLUMBIA</p> | <p><i>waived 10/3/80</i></p> <p><b>HUDKINS ASSOCIATES, INC.</b><br/> <i>Surveyors and Subdivision Designers</i></p> |
|                                                                                                                                                                                                                                    |                                                                                                               | <p>WALTER PARK, L.S.<br/> # 5539</p>                     | <p>SUITE 231, JOSEPH SQUARE<br/> 5485 HARPERS FARM ROAD<br/> COLUMBIA, MARYLAND 21044</p>                           |

A 515412

B 00150427  
OK

3 bedrooms - expansion of existing rooms. 2 people living in house.

in house.



INSPECTOR: Kacie Nooran