Walk Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1880
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 13925 WAYside DR
CLARKSville md. 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning Map Coordinates Lot Size

Existing Use _____
Proposed Use _____
Estimated Construction Cost $ 1500.00
Description of Work
Build Staircase on existing deck

Occupant or Tenant Rita Rin

Contact Name _____

Address 13925 Wayside dr.

City Clarksville State MD Zip Code 21029

Phone 301-538-7155 Fax _____

Property Owner's Name Rita Rin
Address 13925 WAYside DR
City CLARKsville State md. Zip Code 21029
Home Phone 301-538-7155 Work Phone N/A.
Applicant's Name & Mailing Address, (if other than stated herein):
Scott Mitchell
4995 Threshfield ct Ellicott city md. 21043

Phone 301-237-0365 Fax _____

Contractor Company Renew Home Improvements
Contact Person Scott Mitchell
Address 4995 Threshfield ct
City Ellicott State md. Zip Code 21043
License No. 45580
Phone 301-237-0365 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 3

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
X Private

Sewage Disposal:
___ Public
X 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.

R Smoot
Applicant's Signature

Richard Scott Mitchell
Print Name

Renew Hi @gmail.com
Email Address

owner
Title/Company

1-8-14
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	1-9-14	DBernard
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 ☐

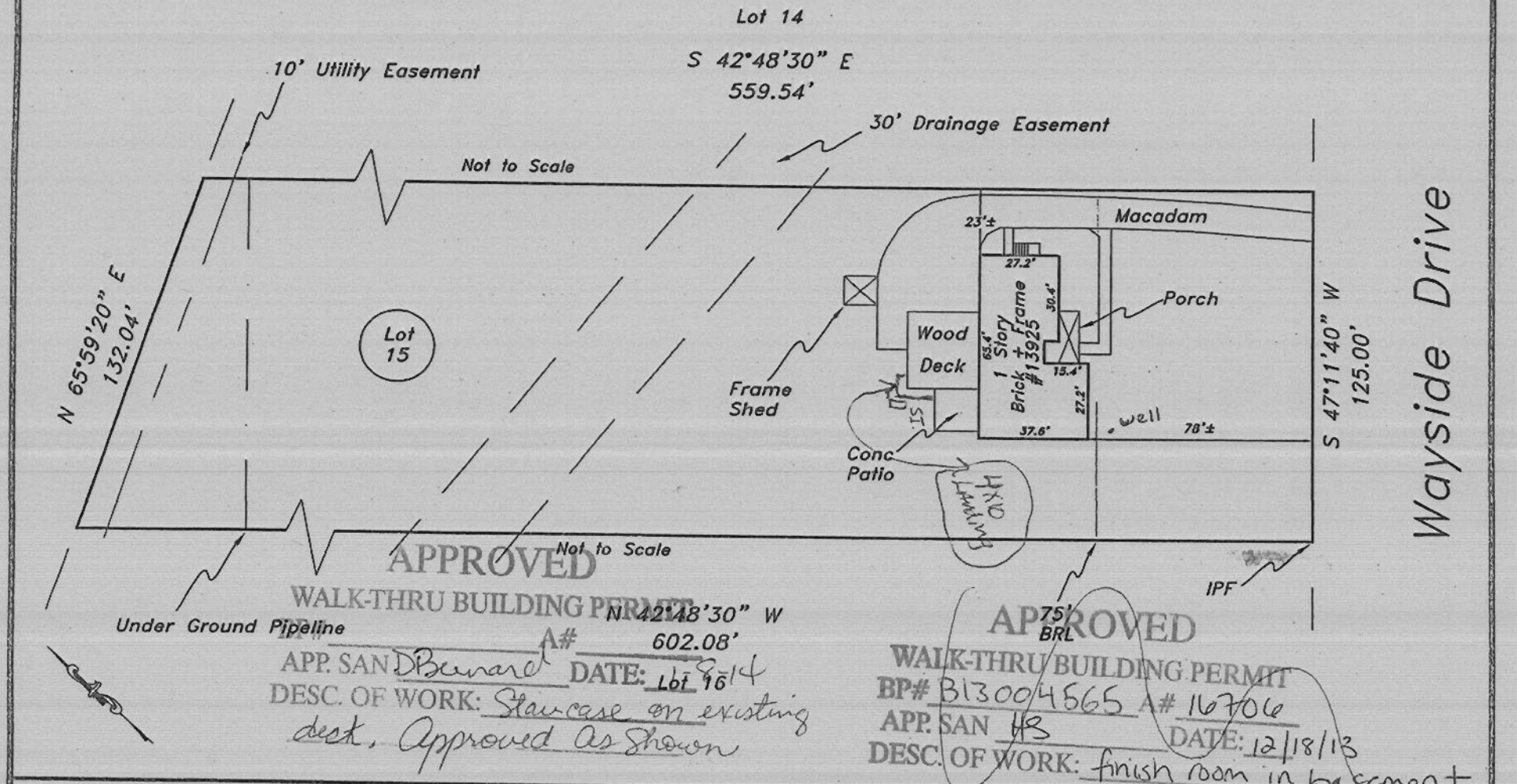
Is Entrance Permit Required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for New Town Zone
SDP/Red-line approval date

PROPERTY ID #

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

Accepted by

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# 602.08'
APP. SAN DBernard DATE: Lot 16 8-14
DESC. OF WORK: Staircase on existing deck. Approved As Shown

APPROVED
WALK-THRU BUILDING PERMIT
BP# B1300456S A# 167706
APP. SAN HB DATE: 12/18/13
DESC. OF WORK: finish room in basement

The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:
Lot 15, Plat One,
HAVILAND HILLS
recorded among the land records of Howard County, Maryland in Plat Book 10 Plat 34

SAGE TITLE GROUP
THE WISE CHOICE

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.

STATE OF MARYLAND
JAMES C. HUDGINS
No. 96
REGISTERED PROPERTY LINE SURVEYOR

J. Carl Hudgins PLS #96
Expiration Date: 3/11/14

LOCATION DRAWING
13925 Wayside Drive
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
16205 Old Frederick Rd.
Mt. Airy, Maryland 21771
Phone: (410) 442-2031
Fax: (410) 442-1315
www.nttsurveyors.com

Scale:	1"= 50'
Date:	11-16-13
Field By:	DR
Drawn By:	DR
File No.:	110444HIRS
Page No.:	1 of 2