DEPARTMENT 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 B 00157462

Building Address 6602 SWING COURT
Clark. 21029

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

Census Tract 6051.02 Subdivision Clarksville Ridge

Section _____ Area _____ Lot 9

Tax Map 35 Parcel 183 Grid 21

Zoning RR-DEO Map Coordinates 14 H 11 Lot size 1.07 A

Property Owner's Name PHILIP A. MALKUS

Address 6602 SWING COURT

City CLARKSVILLE State MD. Zip Code 21029-1105

Home Phone 410-531-5916 Work Phone NONE

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

Phone — Fax —

Existing Use SINGLE FAM. DWELLING

Proposed Use ADDITIONAL GARAGE 1 CAR

Estimated Construction Cost $ 45,500.

Description of Work 11½ FT. X 22 FT.
ADDITIONAL GARAGE

Contractor Company RENOVATIONS + REMODELING INC.
OWNER - MR. ROCKY MILLS

Contact Person MR. BARRY CORDELLI

Address 1108 HOODS MILL RD.

City WOODBINE State MD. Zip Code _____

License No. # 120910

Phone 410-549-7703 Fax 1-442-867-5330

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company _____

Contact Person BARRY CORDELLI

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 _____
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: 1 CAR BRICK GARAGE
Dimensions: 11.5 FT. X 22 FT.
Footings: _____
Roof Height: _____

_____ 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.

Philip A. Malkus
Applicant's Signature

PHILIP A. MALKUS
Print Name

Title/Company

12-22-05
Date

Checks payable to: ***DIRECTOR OF FINANCE OF HOWARD COUNTY***

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

6178

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	1/3/06	
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 NewTown Zone _____
SDP/Red-line approval data _____

PROPERTY IDE:

Filing fee	$ 25.00
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 1741
Validation	# 103763

Accepted by: ZCD

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

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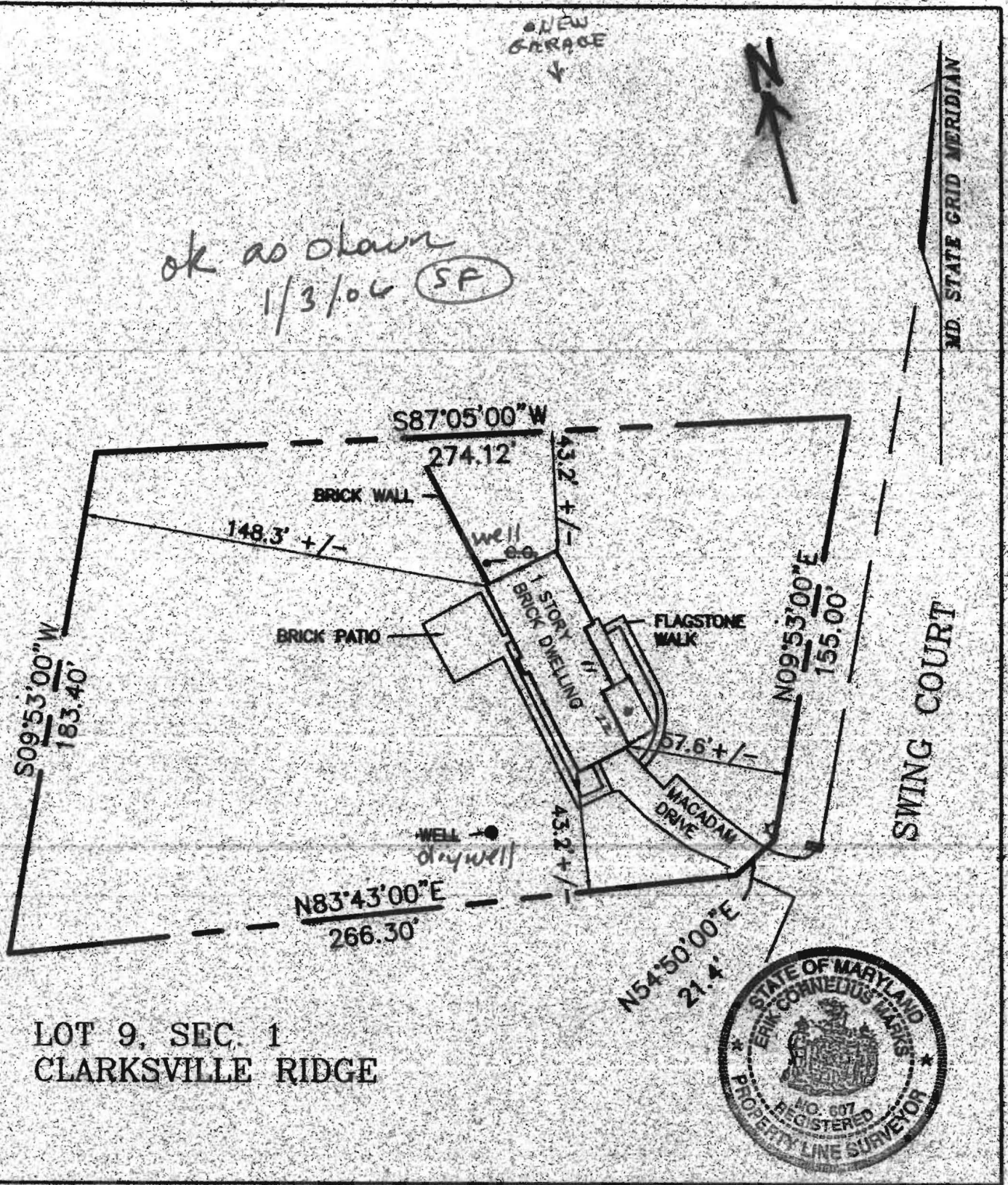
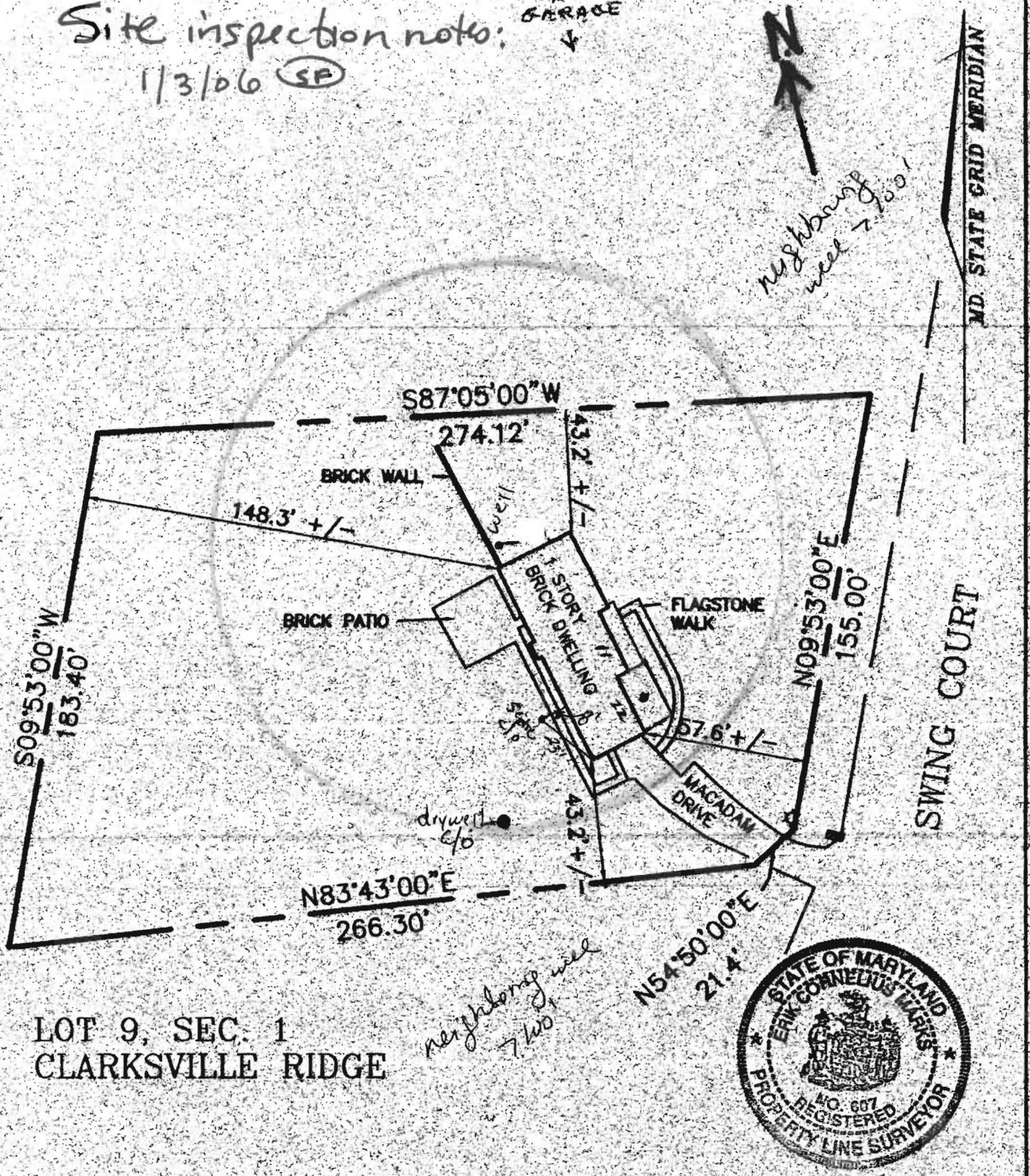
Rev. 11/4/04



LOT 9, SEC. 1
CLARKSVILLE RIDGE

RECORD REFERENCES	LOCATION DRAWING	MARKS & ASSOCIATES L.L.C.
LIBER/FOLIO 3738/388 PLAT BOOK PLAT NO./FOLIO	6602 SWING COURT	ENGINEERING -SURVEYING-LAND PLANNING 4531 COLLEGE AVENUE, ELLICOTT CITY, MARYLAND TELEPHONE (410)747-8739 FAX (410)747-8739
SCALE 1"=50' DATE 8-21-2005	HOWARD COUNTY, MARYLAND	I HEREBY CERTIFY, THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. Erik C. Marks ERIK C. MARKS R.P.L.S. #607

Site inspection notes:
1/3/06 (SP)



LOT 9, SEC. 1
CLARKSVILLE RIDGE

STATE OF MARYLAND
ERIK CORNELIUS MARKS
NO. 607
REGISTERED
PROPERTY LINE SURVEYOR

RECORD REFERENCES	LOCATION DRAWING	MARKS & ASSOCIATES L.L.C.
LIBER/FOLIO 3738/388 PLAT BOOK PLAT NO./FOLIO	6602 SWING COURT HOWARD COUNTY, MARYLAND	ENGINEERING - SURVEYING - LAND PLANNING 4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND TELEPHONE (410)747-8738 FAX (410)747-8739
SCALE 1"=50' DATE 8-21-2005		I HEREBY CERTIFY, THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. Erik C. Marks ERIK C. MARKS R.P.L.S. #607

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

ADDRESS: 6602 Swing Rt CONTRACTOR: _____

_____ WELL TAG #: _____

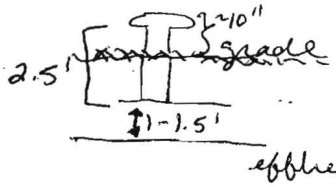
SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Verify garage addition location and status of septic system.

LOCATION DIAGRAM

See attached site inspection on 1/3/05 (SF)

Dry well:



COMMENTS: New garage location okay, not an area for septic due to proximity to house. Dry well functioning okay, effluent levels are 1-1.5' below c/o. No appearance of failing system. 1/3/05 (SF)

DATE: