F INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTTICITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810 HOWARD COUNTY PERMIT NUMBER PERMIT APPLICATION AUTOMATED INFORMATION (410) 313-3800 Property Owner's Name Building Address 12219 KHA Address 6 75 My State mz Zip Code 2104 3 City Laboration SDP/WP/Petition #: E-P-11-35 Home Phone Work Phone Applicant's Name & Mailing Address, (if other than stated herein): Census Tract Subdivision Area Parcel Lot Size 34 8941 Phone Map Coordinates Contractor Company 18/11/14 Great Contact Person 2014 110061 Existing Use & Proposed Use 1 2 Estimated Construction Cost \$ Address 175 PAKK AVI Description of Work City License No. 49 Zip Code 161 Phone 4/10-313-5727 Fax 4/12. Occupant or Tenant All 4 Engineer or Architect Company Contact Name Contact Person Address Address State __ State Zip Code City_ BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics** Utilities **Building Characteristics** Height: SF Dwelling SF Townhouse Depth Width Water Supply: Water Supply: Depth 1st floor: 2nd floor: Public Private No. of stories: Private Sewage Disposal: Sewage Disposal: Gross area, sq. ft. per floor: Public Basement: Public > Private Use group: Electric Yes D No D Electric Yes 🖪 No 🗆 Construction type: Yes

No Gas Gas -Yes 🖪 No 🗆 Reinforced Concrete Multi-family dwellings: Structural Steel Heating System: Heating System: No. of efficiency units: _____ No. of 1 BR units: ____ Oil ロ Electric 🖂 Masonry Electric Oil 🗆 Wood Frame Natural Gas Natural Gas E No. of 2 BR units: Propane Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A, 57 Sprinkler system: N/A Other Structure: Full Dimensions: Partial NFPA #13R Footings: _ Other Suppression Other: Roof: # of Heads State Certified Modular Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (I) 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. Hord 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 -SIGNATURE APPROVAL DPZ SETBACK INFORMATION PROPERTY ID# Land Development, DPZ Filing fee State Highways Rear: Permit fee **Building Officials** Side: Excise tax Dev. Engineering, DPZ Side St.: Add'l per fee \$_ Health All minimum setbacks met? TOTAL FEES \$ YES D NO D Sub-total paid \$ Is Sediment Control approval required prior to issuance? Is Entrance Permit Required? Balance due YES NO D YES D NO D Check Historic District? Validation

Distribution of Copies T:\Operations\Updated forms

White: Building Officials

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Green: LDD, DPZ

Lot Coverage for New Town Zone

SDP/Red-line approval date

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by

\$50.00 CK 24630



dedicated to excellence and service

SHERRY L. MEWSHAW
Selections Director

Office: 410.750.9002 Fax: 410.750.9003 Email: sherry@trinityhomes.com TrinityHomes.com

Dear Avis Corbin,

January 24, 2012

RE: Building Permit # B11000138

Lot # 18 Walnut Grove 12209 Running Fence Lane Clarksville, MD 21029

Please approve the following changes to above permit. The house type to be built has been changed to a Briarcliff Manor, 2 story, full basement, 10 rooms (4 bedrooms), 3 full baths, 1 half bath, fireplace, 3 car garage. 2 sets of construction drawings are included.

Please let me know when this has your approval.

Thank you,

Sherry Mewshaw Trinity Quality Homes 410-531-5813

C: Health DED Zoning RECEIVED

JAN 2 6 2012

LICENSES & PERMITS DIVISION