

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER
Building Address <u>6713 White Gate Rd</u> <u>CLARKSVILLE MD 21029</u>		Property Owner's Name <u>Mr + Mrs Michael Boris</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>6713 White Gate Rd</u>	
Census Tract _____ Subdivision <u>CLARKSVILLE RIDGE</u>		City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>	
Section <u>3</u> Area _____ Lot <u>33</u>		Home Phone <u>410-531-0083</u> Work Phone <u>410-531-4449</u>	
Tax Map <u>35</u> Parcel <u>203</u> Grid <u>21</u>		Applicant's Name & Mailing Address, (if other than stated hereon):	
Zoning _____ Map Coordinates _____ Lot size _____		Phone <u>410-531-0083</u> Fax <u>410-531-3656</u>	
Existing Use <u>BEDROOMS + GARAGE</u>		Contractor Company <u>MICHAEL BORIS</u>	
Proposed Use <u>BEDROOMS + GARAGE</u>		Contact Person <u>JAMES MARTZ</u>	
Estimated Construction Cost \$ <u>88,000</u>		Address <u>501 BRUCE AVE</u>	
Description of Work <u>ENLARGE M.BD + 2ND. BD.</u> <u>ENLARGE GARAGE UNDER BEDROOMS</u> <u>20' X 30'</u>		City <u>ODENTON</u> State <u>MD</u> Zip Code <u>21113</u>	
Occupant or Tenant <u>MICHAEL J. BORIS</u>		License No. <u>7693</u>	
Contact Name <u>MICHAEL BORIS</u>		Phone <u>410-551-4221</u> Fax <u>410-551-2148</u>	
Address <u>6713 WHITEGATE RD</u>		Engineer or Architect Company _____	
City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>		Contact Person _____	
Phone <u>410-531-0083</u> Fax <u>410-531-3656</u>		Address _____	
		City _____ State _____ Zip Code _____	
		Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: <u>20'</u> <u>30'</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	2nd floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Basement: <u>20'</u> <u>30'</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> GARAGE	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	No. of Bedrooms <u>2</u>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Other Structure: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Full <input type="checkbox"/>	Dimensions: _____	NFPA #13D _____
	Partial <input type="checkbox"/>	Footings: _____	NFPA #13R _____
	Other Suppression _____	Roof Height: _____	Other: _____
	# of Heads _____	State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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 Michael J. Boris Print Name MICHAEL J. BORIS

Title/Company _____ Date 5-10-06

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

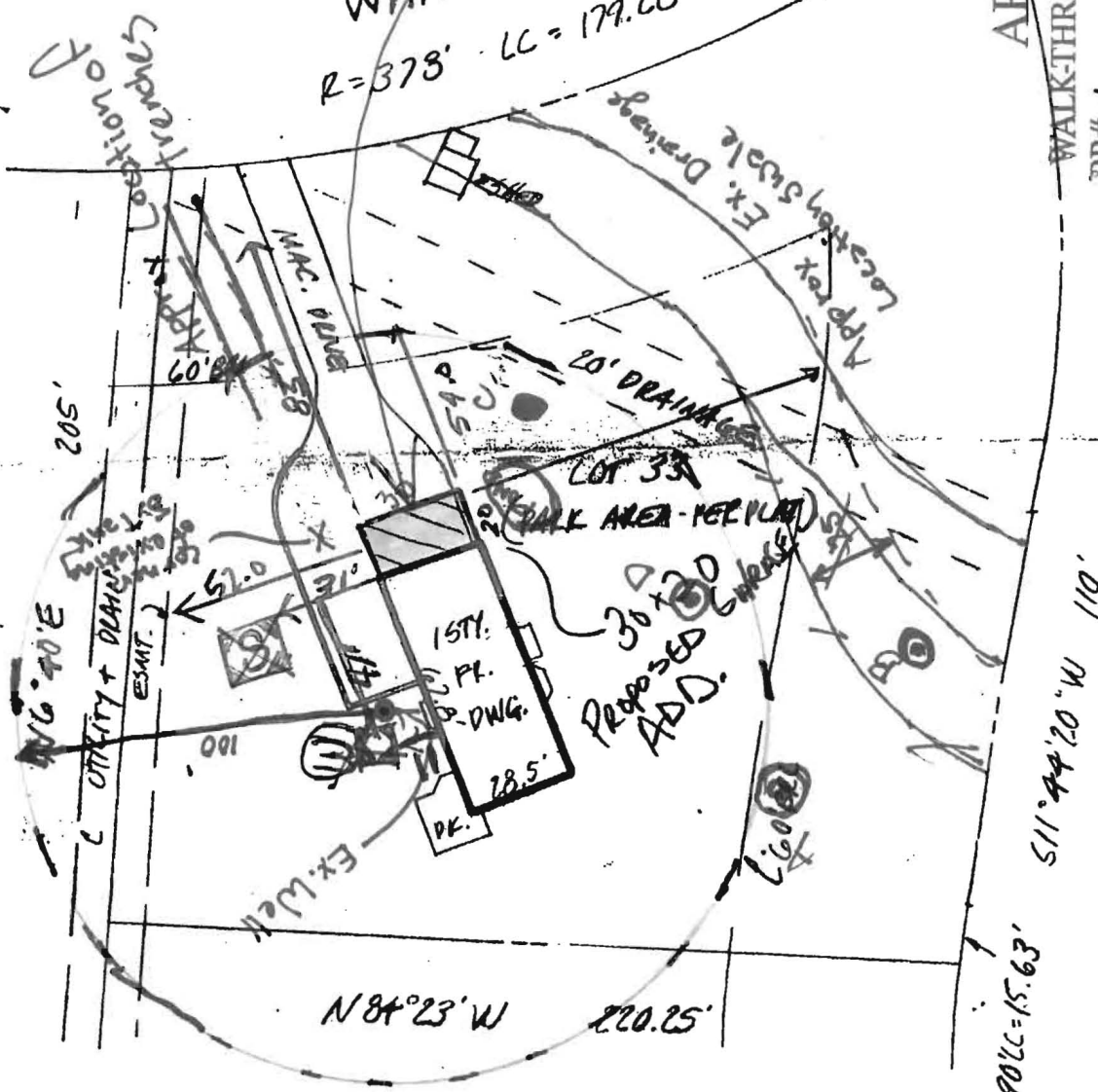
AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Official				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per. fee \$ _____
Health	<u>5/5/06</u>	<u>[Signature]</u>		All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:\forms\PERMIT.FRM					

8/4/06
 Building Permit
 Proposal OK
 WHITEGATE ROAD

APPROVED

WALK-THRU BUILDING PERMIT

BP# 00997
 APP. SAN SFO DATE: 8/5/06
 DESC. OF WORK: 20' x 30' Addition



PROPERTY LINE SURVEY RECOMMENDED TO
 DETERMINE THE EXACT LOCATION OF
 IMPROVEMENTS AND/OR ENCROACHMENTS,
 IF ANY.

NOTE: THIS PROPERTY LIES
 IN FLOOD ZONE C. AN AREA
 OF MINIMAL FLOODING, AS
 DELINEATED ON THE MAPS
 OF THE NATIONAL FLOOD
 INSURANCE PROGRAM



W = WELL
 [S] = SEPTIC

1" = 50'

6713 WHITEGATE RD
CLARKSVILLE, MD.

FLOORPLAN
OVERVIEW

