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 B06002573

Building Address 6728 Cortina Drive
Highland, MD 20777

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

Census Tract ______ Subdivision ______

Section ______ Area ______ Lot ______

Tax Map ______ Parcel ______ Grid ______

Zoning Map Coordinates Lot size

Property Owner's Name Greg / Jolene Zimmerman

Address 6728 CORTINA DRIVE

City Highland State MD Zip Code 20777

Home Phone ______ Work Phone [illegible]

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

Phone Fax [illegible]

Existing Use SFD

Proposed Use ______

Estimated Construction Cost $ 5,000

Description of Work [illegible]

[illegible]

Contractor Company CLEARWATER LANDSCAPE

Contact Person MICHAEL S. REMPE

Address [illegible]

City [illegible] State MD Zip Code [illegible]

License No. 85843

Phone [illegible] Fax [illegible]

Occupant or Tenant ______

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone Fax

Engineer or Architect Company [illegible] ENGINEERING

Contact Person TIM BARL

Address 21 SYCOLIN ROAD

City LEESBURG State VA Zip Code 20175

Phone 703-936-3401 Fax 703 534-2107

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: ______
Dimensions: ______
Footings: ______
Roof Height: ______

____ 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.

Applicant's Signature [signature] *Print Name* MICHAEL S. REMPE

Title/Company President CLEARWATER LANDSCAPE *Date* 7-26-06

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 Official		
Dev. Engineering, DPZ		
Health	8/11/06	[signature]
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	$ 50
Excise tax	$ 5
Add'l per. fee	$
TOTAL FEES	$ 55
Sub-total paid	$
Balance due	$
Check	# 2842
Validation	#

Accepted by______

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

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3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00155639 AM

Building Address 6728 Corrigan Drive
Highland MD 20792

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

Census Tract 6051.01 Subdivision Green Hill Manor

Section 3 Area B K D Lot 8

Tax Map 34 Parcel 354 Grid 20

Zoning RR-DEO Map Coordinates _____ Lot size 1.10A

Property Owner's Name Jolene Ann Zangardi

Address 17311 Parson Grove Terrace

City Olney State MD Zip Code 20832

Home Phone 301-570-6688 Work Phone 301-518-2100

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use Single Family Home

Estimated Construction Cost $ 300,000

Description of Work Building New custom SFD
4 Bedrooms, 3½ Bath, 3 car garage
Optional 1 Bedroom Optional Rough-in
for 2 lifts

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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 4(1 optional) 5
Height: 35' 2"

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 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.

Jolene Ann Zangardi
Applicant's Signature

Jolene Ann Zangardi
Print Name

Owner
Title/Company

8/29/05
Date

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

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66873

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	9/9/05	
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 date _____

Filing fee	$ 100
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# 1048
Validation	# 99147

PROPERTY ID#:

Accepted by: _____

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