



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 5223 SWEET MEADOW LN.
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____

Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: _____
Proposed Use: DECK
Estimated Construction Cost: \$ 2200

Description of Work: PRESSURE TREATED FRAME WITH FIBERON DECKING FLOOR AND CABLE RAILING. 172 SF IRREGULAR SHAP OF DECK.

Occupant/Tenant Name: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: MANISH AND NECHA OZA
Address: 5223 SWEET MEADOW LANE
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: (301) 467-3388
Email: MYTRINITYBOYS@YAHOO.COM

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: EC SERVICES INC
Contact Person: EDGAR CLAVIJO
Address: 7331 BLANCHARD DR
City: DERWOOD State: MD Zip Code: 20855
License No.: 122702
Phone: (301) 905-2365 Fax: _____
Email: ECSERVICESINC@YAHOO.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

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: _____
Email Address: EC SERVICES INC @ YAHOO.COM

Print Name: EDGAR CLAVIJO
Date: 10-24-18

Title/Company: OWNER

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$ <u>50</u>
Tech Fee	\$ <u>5</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>55.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

R=60.00' A=72.08'
CHD=N33°09'51"E Lc=67.83'

N/F
DARIUS A. & KIMBERLY A. BAKHTIAR
PIN-05-449359
DB 12458/493



10' PUBLIC SEWER & UTILITY EASEMENT

20' PRIVATE DRAINAGE EASEMENT
PAVED DRIVEWAY

STONE WALKWAY

2 STORY HOUSE
W/ BASEMENT
#5223

BASEMENT
ENTRANCE

WINDOW
WELL

LOT
#72

WALNUT GROVE SUBDIVISION
44,329 SQ.FT. OR
1.0176 ACRES

NON-BUILDABLE
PRESERVATION PARCEL
WALNUT GROVE
SUBDIVISION

LOCATION DRAWING

#05449367
LOT #72, WALNUT GROVE
PLAT NUMBER 19225
FIFTH DISTRICT
HOWARD CO., MARYLAND

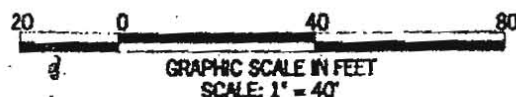
THIS IS TO CERTIFY THAT THIS PLAT AND THE SURVEY ON WHICH IT IS BASED WERE PREPARED UNDER MY RESPONSIBLE CHARGE. THIS IS NOT A PROPERTY LINE SURVEY.

THIS PLAT WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT WHICH MAY SHOW ADDITIONAL EASEMENTS, RIGHTS-OF-WAY, OR OTHER RESTRICTIONS OR ENCUMBRANCES NOT SHOWN HEREON.

DAVID M. MILLER
PROFESSIONAL LAND SURVEYOR #21427

10-22-12

DATE



POINT TO POINT LAND SURVEYORS

305 S. Main Street, Lower Level
Mount Airy, MD 21771
(p) 301-703-8319 (f) 301-703-8324
(w) pointtopointsurvey.com

5223 SWEET MEADOW LANE
CLARKSVILLE, MD 21029
FIFTH DISTRICT
HOWARD COUNTY

SCALE: 1" = 40'
CHECKED BY: DMM
DRAWN BY: DMM
DATE: 10-22-12
SHEET: 1 of 1
JOB #: MD11.029

