

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:
BT2000353

Building Address: 11895 W Simpson Road
CDEN Brook
Suite/Apt. #: Columbian SDP/WP/BA #: 21046
Census Tract: _____ Subdivision: 15A
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: 4155 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 3.46
Existing Use: Single Family Home
Proposed Use: ADD FREE Standing Garage
Estimated Construction Cost: \$ 23,500 to above
Description of Work: FREE STANDING GARAGE
1 space with existing
Occupant or Tenant: None
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: JAY + DORIS MILLER
Address: 11895 W Simpson Road
City: _____ State: MD Zip Code: 21046
Home Phone: 410-745-3183 Work Phone: _____
Applicant's Name & Mailing Address, (If other than stated herein):

Phone: N/A Fax: _____
Email: _____
Contractor Company: 11895 W Simpson Road
Contact Person: Raymond C. Miller
Address: 5300 W Simpson Road
City: Ellicott City State: MD Zip Code: 21046
License No.: CTP1210
Phone: 410-747-0414 Fax: 410-747-4260
Email: RAYMOND@ELCITYMD.COM
Engineer/Architect Company: TRAC
Responsible Design Prof.: Scott
Address: 7112 Riva Ridge Road
City: Ellicott City State: MD Zip Code: 21046
Phone: 410-746-2116 Fax: 410-746-1856
Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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: Raymond C. Miller Print Name: Raymond C. Miller
Email Address: _____ Date: 2/11/2012
Title/Company: _____

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		<u>3102 Dana Bunsard</u>
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3809

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B12000353

Building Address: 11875 W SIMPSON ROAD
CLARKSVILLE, MD 21029

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

Census Tract: _____ Subdivision: ASHLEIGH GREEN

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: 453 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: 3AC

Existing Use: SINGLE FAMILY HOME

Proposed Use: ADD FREE STANDING GARAGE

Estimated Construction Cost: \$ 25,000

Description of Work: BUILD FREE STANDING GARAGE

Occupant or Tenant: NONE

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: JAY & DIANNE MILLER

Address: 11875 W SIMPSON ROAD

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: 443-745-3188 Work Phone: _____

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

Phone: N/A Fax: _____

Email: _____

Contractor Company: CLAVARD BUILDERS (2010)

Contact Person: RANDY GREEN

Address: 5300 DORSET HILL DRIVE #192

City: ELICOTT CITY State: MD Zip Code: 21042

License No.: CTR0210

Phone: 443-367-0422 Fax: 443-367-0420

Email: RGREEN@LOANDD.COM

Engineer/Architect Company: TRANSFORMS ARCH

Responsible Design Prof.: KAREN

Address: 7612 BROWN BRIDGE ROAD

City: HIGHLAND State: MD Zip Code: 20770

Phone: 301-776-2666 Fax: 301-776-2886

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	<u>Water Supply</u> <u>N/A</u>
No. of stories: _____	<input type="checkbox"/> Public <u>N/A</u>
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private <u>N/A</u>
Area of construction (sq. ft.): _____	<u>Sewage Disposal</u> <u>N/A</u>
Use group: _____	<input type="checkbox"/> Public <u>N/A</u>
	<input type="checkbox"/> Private <u>N/A</u>
	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction Type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <u>N/A</u>
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <u>N/A</u>
<input type="checkbox"/> Masonry	<u>Fire Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A <u>N/A</u>
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full <u>N/A</u>
	<input type="checkbox"/> Partial <u>N/A</u>
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u> <u>N/A</u>
Depth _____ Width _____	<input type="checkbox"/> Public <u>N/A</u>
1 st floor: _____	<input type="checkbox"/> Private <u>N/A</u>
2 nd floor: _____	<u>Sewage Disposal</u> <u>N/A</u>
Basement: _____	<input type="checkbox"/> Public <u>N/A</u>
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private <u>N/A</u>
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric <u>N/A</u>
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil <u>N/A</u>
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas <u>N/A</u>
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas <u>N/A</u>
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	

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: _____

Print Name: RANDY GREEN

Email Address: RGREEN@LOANDD.COM

Print Name: _____

Date: 2/1/2012

Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

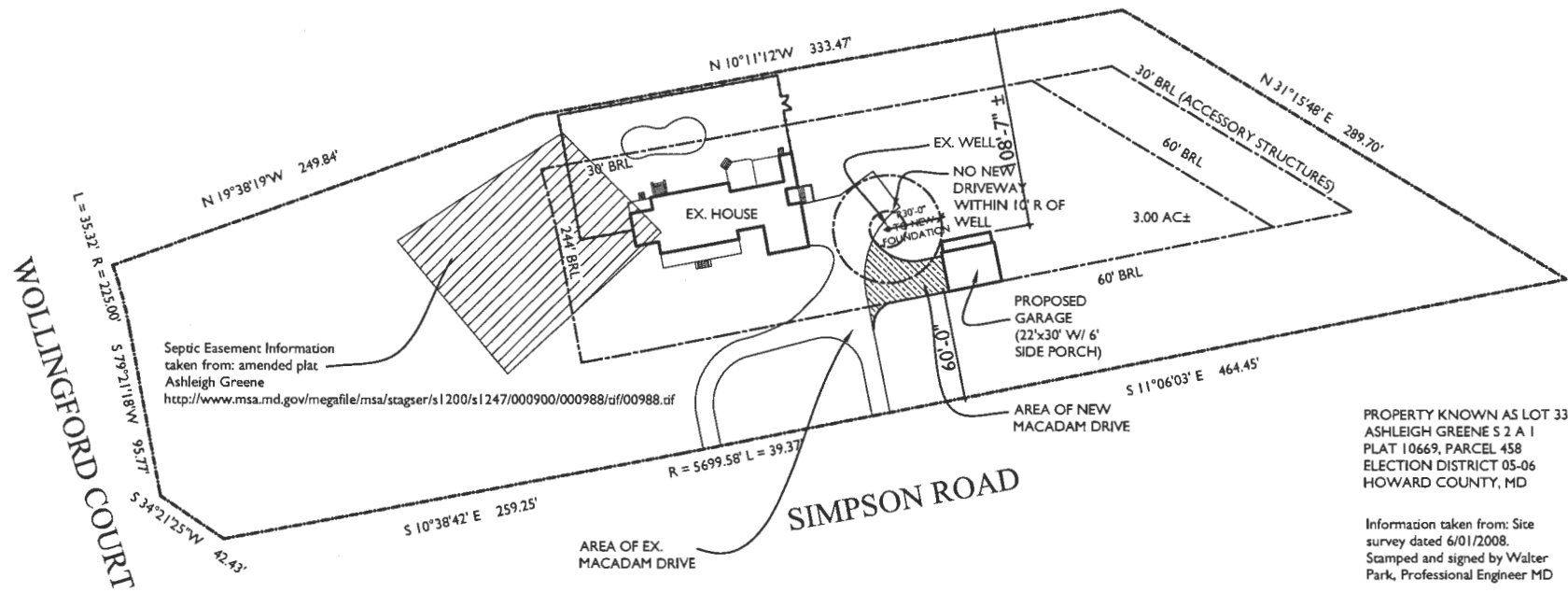
Is Sediment Control approval required for issuance? ☐ Yes ☒ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION
Front: <u>75</u>
Rear: <u>60</u>
Side: <u>30</u>
Side St.: _____
All minimum setbacks met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Exclse Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Check 7228

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
T:\Operations\Updated Forms\New building app 11.10.2010.docx



01
A101
PROPERTY PLAT
SCALE: 1"=100'-0"

Approved Septic System Plan
Howard County Health Department
Dana Burd 3-6-12
Signature **Date**
BP # 12000 353

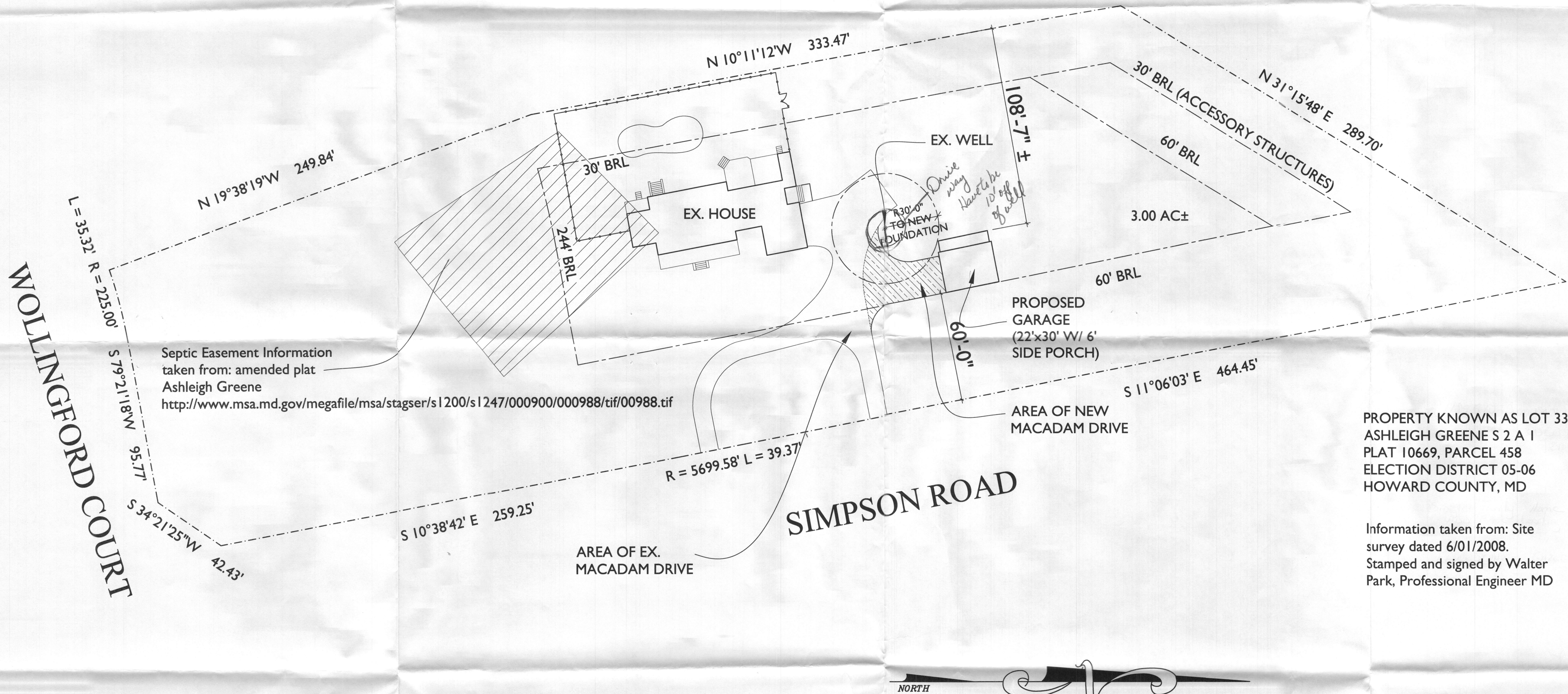


7612 Browns Bridge Rd
Highland, MD 20777
301-776-2666
301-776-2886 fax
1-877-828-7267
info@TransformingArchitecture.com
www.TransformingArchitecture.com

The Miller Residence
11895 Simpson Road, Clarksville, MD 21029

Site Plan

SCALE: AS NOTED
DATE: 03/06/12
PROJECT No: 11-075



01
A101
PROPERTY PLAT
SCALE: 1"=30'-0"



7612 Browns Bridge Road
Highland, MD 20777
301-776-2666
301-776-2886 fax
1-877-828-7267
info@TransformingArchitecture.com
www.TransformingArchitecture.com

STAMP

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NUMBER 13662, EXPIRATION 10-22-2011.

NOTE: THESE DRAWINGS ARE THE PROPERTY OF TRANSFORMING ARCHITECTURE AND, AS SUCH, MAY NOT BE RE-USED OR REPRODUCED, EITHER WHOLLY OR IN PART, WITHOUT PRIOR WRITTEN CONSENT OF TRANSFORMING ARCHITECTURE.

PROJECT PHASE

PERMIT

PROJECT TITLE

THE
MILLER
RESIDENCE

11895 Simpson Road
Clarksville, MD 21029

REVISIONS

SYMBOL	DATE	ISSUED FOR

PROJECT NUMBER 12-075
DATE 01/25/12
SCALE AS NOTED

DRAWING TITLE
SITE
PLAN
B12000353

SHEET NUMBER
A-100

RECEIVED
FEB 1 2012
LICENSES & PERMITS
DIVISION