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 B07004654

Building Address: 6817 Redberry Road
Clarksville MD 21029

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

Census Tract ____ Subdivision ____

Section ____ Area ____ Lot ____

Tax Map ____ Parcel ____ Grid ____

Zoning Map Coordinates Lot size

Property Owner's Name: Allan + Evelyn Shulman
Address: 6817 Redberry Road
City: Clarksville State: MD Zip Code: 21029
Home Phone: (410) 465-8643 Work Phone: ____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use: Single Family Home
Proposed Use: Single Family Home
Estimated Construction Cost $ 64,000.00
Description of Work: Replace 8 roof trusses, plywood, drywall, insulation, roofing, paint, Vanity and ceramic tile.

Contractor Company: Capezio Contractors, Inc.
Contact Person: Lisa Warfield
Address: 8550 Veterans Highway
City: Millersville State: MD Zip Code: 21108
License No. 50552
Phone: 410-729-2900 Fax: 410-729-2998

Occupant or Tenant: (N/A)
Contact Name ____
Address ____
City ____ State ____ Zip Code ____
Phone Fax

Engineer or Architect Company: (N/A)
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:	22' 0"	26' 00"
2nd floor:	22' 0"	28' 00"
Basement:	22' 0" (1/2)	54' 00"

Finished Basement ☒ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms: 3
Height: 13'
Multi-family dwellings:
No. of efficiency units: ____
No. of 1 BR units: ____
No. of 2 BR units: ____
No. of 3 BR units: ____
Other Structure: Garage
Dimensions: 22' x 24'
Footings: ____
Roof Height: 13'
____ 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.

[signature]
Applicant's Signature

Lisa L. Warfield
Print Name

Office Mgr. / Capezio Contractors, Inc.
Title/Company

11/15/07
Date

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	11/19/07	[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 [illegible]
Filing fee $
Permit fee $
Excise tax $
[illegible] $
TOTAL FEES $
[illegible] $
[illegible] $
[illegible] $
[illegible] $

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ [illegible]
T:\forms\PERMIT.frm

SITE INSPECTION SHEET

OWNER: Shulman **PHONE #:**

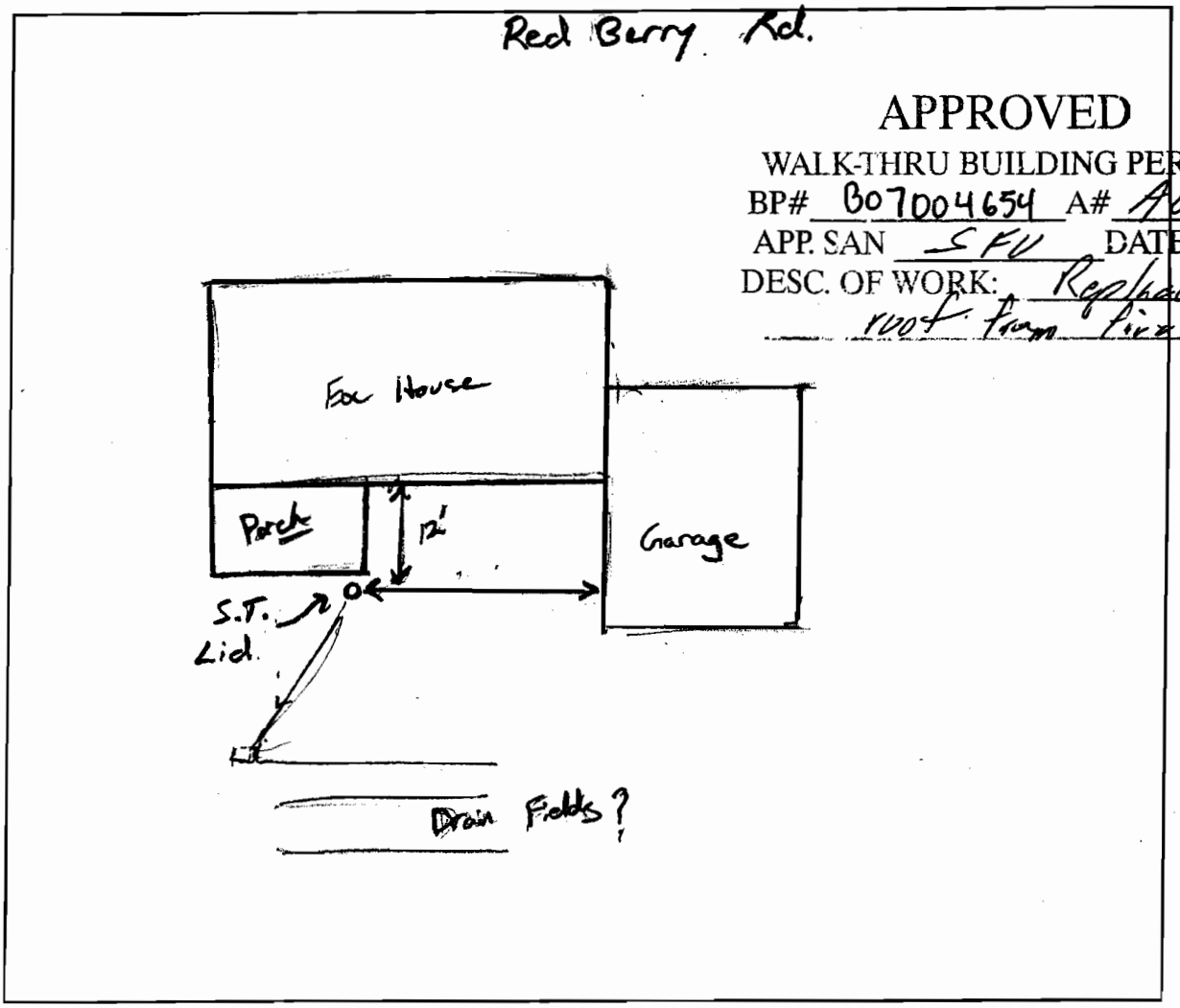
ADDRESS: 6817 Redberry Rd. **CONTRACTOR:**

WELL TAG #: ?

SUBDIVISION: **LOT:** **COUNTY #:** (13)

PROPOSAL: Fire Damage to interior and exterior of dwelling

LOCATION DIAGRAM



COMMENTS: No noticable damage to outside of house or septic. Well could not be found. (KW)

DATE: 11/16/07 INSPECTOR: K. Wolf

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) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00118833

Building Address 6817 Redberry RD
Clarksville MD 21029
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6051.02 Subdivision DOGWOOD
Section N/A Area N/A Lot 5
Tax Map 41 Parcel 205 Grid 2
Zoning RR-DEO Map Coordinates 14G11 Lot size

Property Owner's Name Shulman, Allan
Address 6817 Redberry RD
City Clarksville State MD Zip Code 21029
Home Phone 854-2470 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use SFD
Proposed Use Same with Addition
Estimated Construction Cost $ 3,723.00
Description of Work Enclose existing side porch 11x16
No Heat/AC

Contractor Company Patio Enclosure Inc
Contact Person R.L. Tice
Address 224 8th Ave NW
City Glen Burnie State MD Zip Code 21061
License No. 12744
Phone 760-1919 Fax

Occupant or Tenant Same as owner
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:	11	19
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms ___

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:

___ 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 CO 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature R.L. Tice Agent
Title/Company
Print Name R.L. Tice
Date 6/10/99

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ	6/22/99	[signature]
State Highways		
X Building Official		[initials]
X Dev. Engineering, DPZ	7/19/99	Mark E. Rifkin
X Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

DPZ SETBACK INFORMATION
Front: 60' min
Rear: 30' min
Side: 10' min
Side St.: NA
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 ___

PROPERTY ID#: 41765
Filing fee $ 25.00
Permit fee $
Excise tax $
Sub-total paid $
Add'l permit fee $
TOTAL FEES $
Balance due $
Check # 158
Validation # 2234

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Accepted by [initials]

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

Rev. 10/15/98

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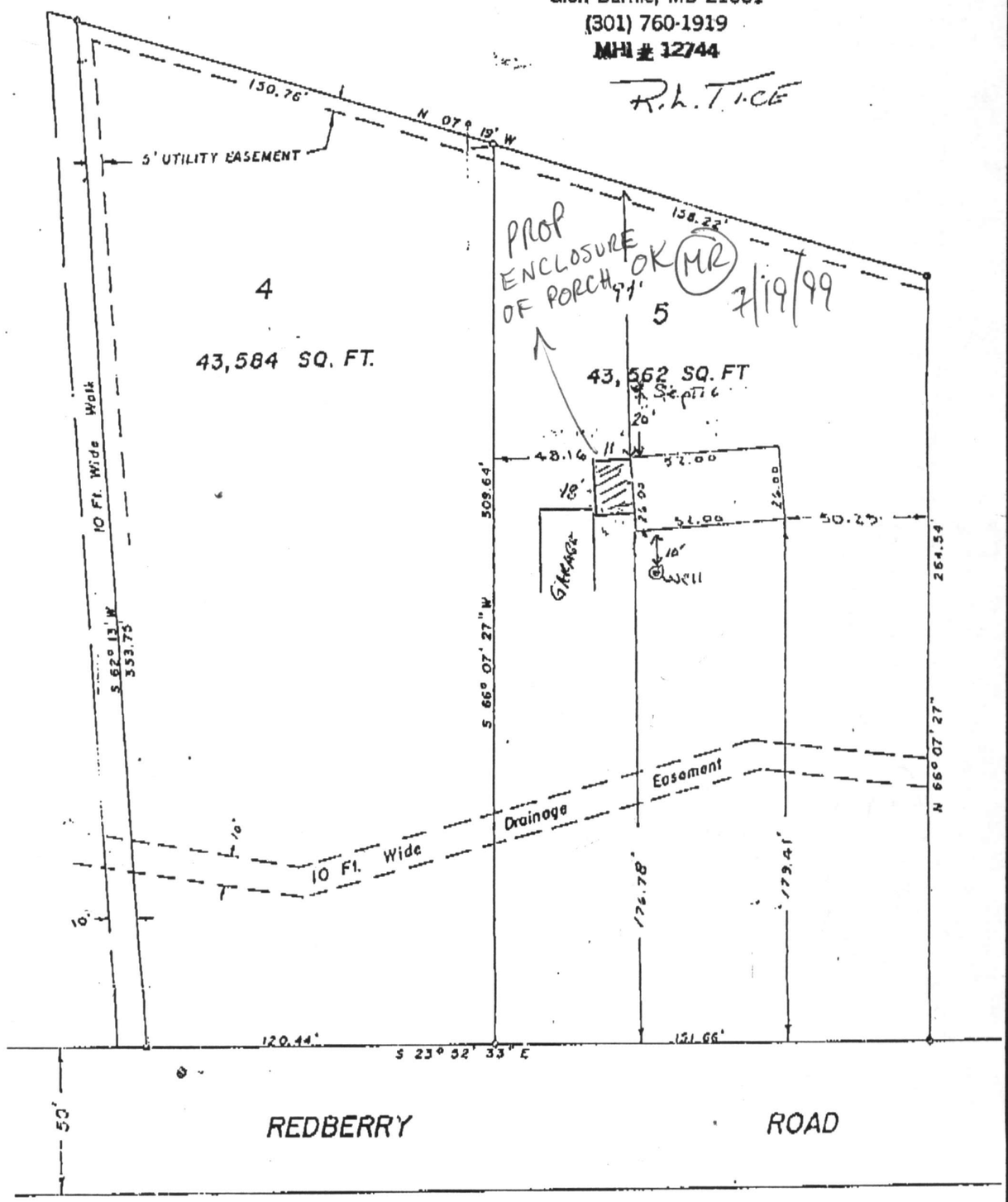
Att: MARK A00795 7/14/99

PATIO ENCLOSURES, INC.
224 8th Avenue, N.W.
Glen Burnie, MD 21061
(301) 760-1919
MHI # 12744

R.L.T. ICE



Shulman, Allan
6817 Redberry RD
Clarksville MD 21029
B00118833

9884
6/10/98

LOCATION SURVEY
OF
LOTS 4 & 5 DOGWOOD
FIFTH ELECTION DISTRICT OF HOWARD COUNTY
CLARKSVILLE, MARYLAND
SCALE: 1 IN. = 50 FT. JANUARY 2, 1962

ENGINEERS CERTIFICATE

I hereby certify that the improvements shown hereon have been located by a transit-tape survey and there are no

INDEXED 05-366917

file [illegible]

Indexed 2/17/61 9:30

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 02680

A 00795

A 00795

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 7/8/60

Send receipt 5.00 for relief 2-7-61.

Carl Wilson

Frank Robbins IS PERMITTED TO INSTALL X ALTER

ADDRESS Simpsonville PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

6817

SUBDIVISION Dogwood ROAD Redberry LOT 5

PROPERTY OWNER Shulman, Allen

ADDRESS 12510 Atherton Drive., Silver Spring

SPECIFICATIONS

DRAIN FIELD X DEPTH 3 FEET, BOTTOM AREA 544 SQ. FT.

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

2-17-61 750 gal.

SEPTIC TANK CAPACITY [illegible] GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER System must be installed in area that passed perc. test.

2-17-61 One 20 ft by 30 long leaching bed located in rear of lot, 30 ft from rear house wall, depth of bed 6 x 7 ft.

PLANS APPROVED BY James E. Hennigan DATE 4/22/59

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMIT SIGNED

RETURNED 7-19-99

Serial #BH 118833

enclose existing side porch

245339-B