

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

DILP 2018 JUN 27 AM 10:3

Date Received: _____

Permit No.: **B1800236**

Building Address: **6705 WHITEGATE RD**
City: **CLARKSVILLE** State: **MD** Zip Code: **21029**
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: **SINGLE FAMILY RESIDENCE**
Proposed Use: **SINGLE FAMILY RESIDENCE**
Estimated Construction Cost: \$ **100K**
Description of Work: **REMOVAL OF EXISTING BEDROOMS**
745 SQ. FT. + ADDITION PER
PLANS

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	☐ SF Dwelling ☐ 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: _____	☐ Finished Basement
☐ Reinforced Concrete	☐ Unfinished Basement
☐ Structural Steel	☐ Crawl Space
☐ Masonry	☐ Slab on Grade
☐ Wood Frame	No. of Bedrooms: _____
☐ State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
➤ Roadside Tree Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Tree Project Permit # _____	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: **SHAJAHAN JAGTANI**
Address: **6705 WHITEGATE RD**
City: **CLARKSVILLE** State: **MD** Zip Code: **21029**
Phone: **301 467 0492** Fax: _____
Email: **SKjagtani@verizon.net**

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: **Self**
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: **GBL**
Responsible Design Prof.: _____
Address: **P.O. Box 237**
City: **FINESBURG** State: **MD** Zip Code: **21048**
Phone: **410 833 8320** Fax: _____
Email: _____

Utilities
Electric: ☒ Yes ☐ No
Gas: ☐ Yes ☒ No
Water Supply
☐ Public
☒ Private
Sewage Disposal
☐ Public
☒ Private
Heating System
☒ Electric ☒ Oil
☐ Natural Gas ☐ Propane Gas
☐ Other: _____
Sprinkler System:
☐ Yes ☒ 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: **SKjagtani@verizon.net**

Title/Company: _____

Print Name: **SHAJAHAN JAGTANI**

Date: **27 JUN 2018**

JUN 27 2018

LICENSES & PERMITS
DIVISION

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	6/27/18	H. O'Connell

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

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: _____

Filing Fee	\$ 25.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$ 3594
Check	#

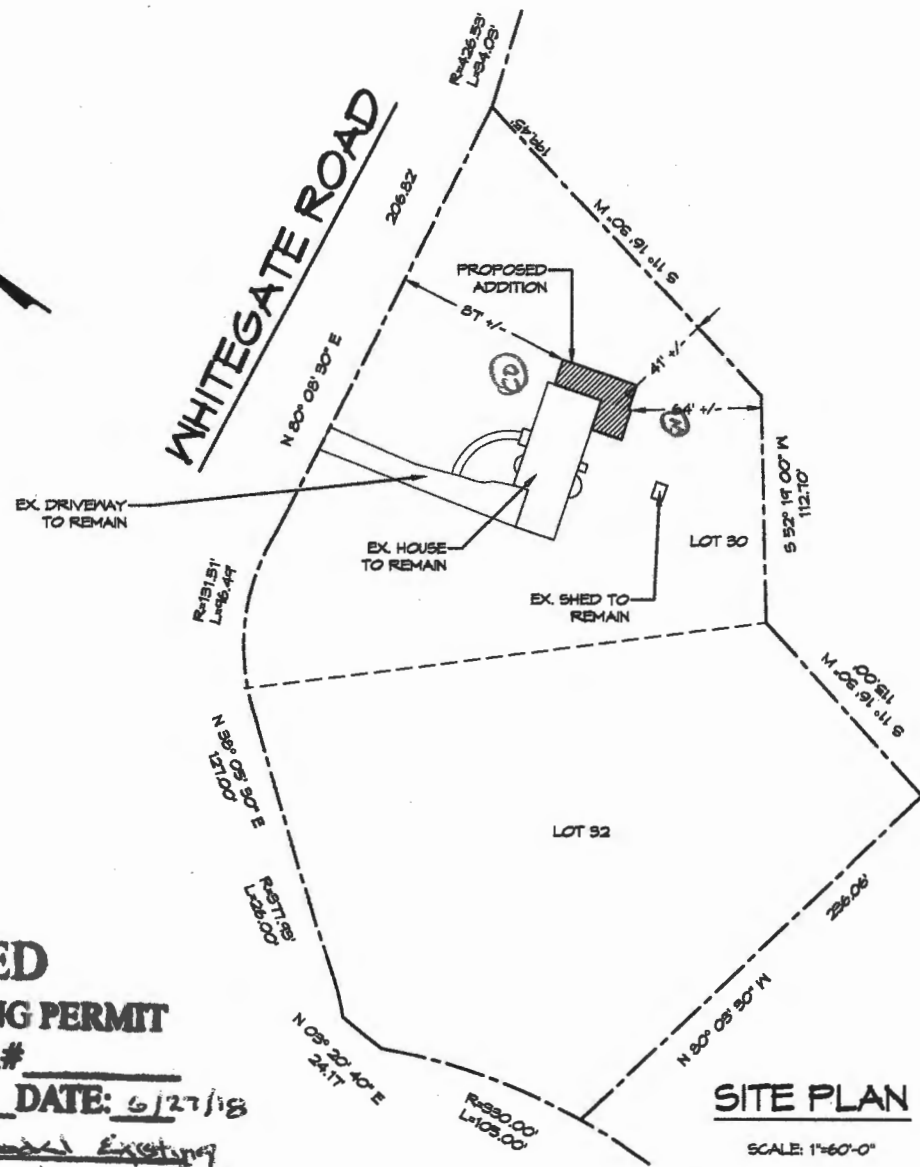
Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



PROJECT ADDRESS:
6705 WHITESATE ROAD
CLARKSVILLE, MD 21024

HOWARD COUNTY, MD

LOTS 30 & 32

EXISTING SITE CONDITIONS
PROVIDED BY:

DULEY AND ASSOCIATES, INC.
14604 ELM ST.
UPPER MARLBORO, MD 20772

COPY

REMODELING & ADDITIONS TO THE JAGTIANI RESIDENCE

APPROVED

WALK-THRU BUILDING PERMIT

BP# B18002367A#

APP. SAN H. Oswald DATE: 6/27/18

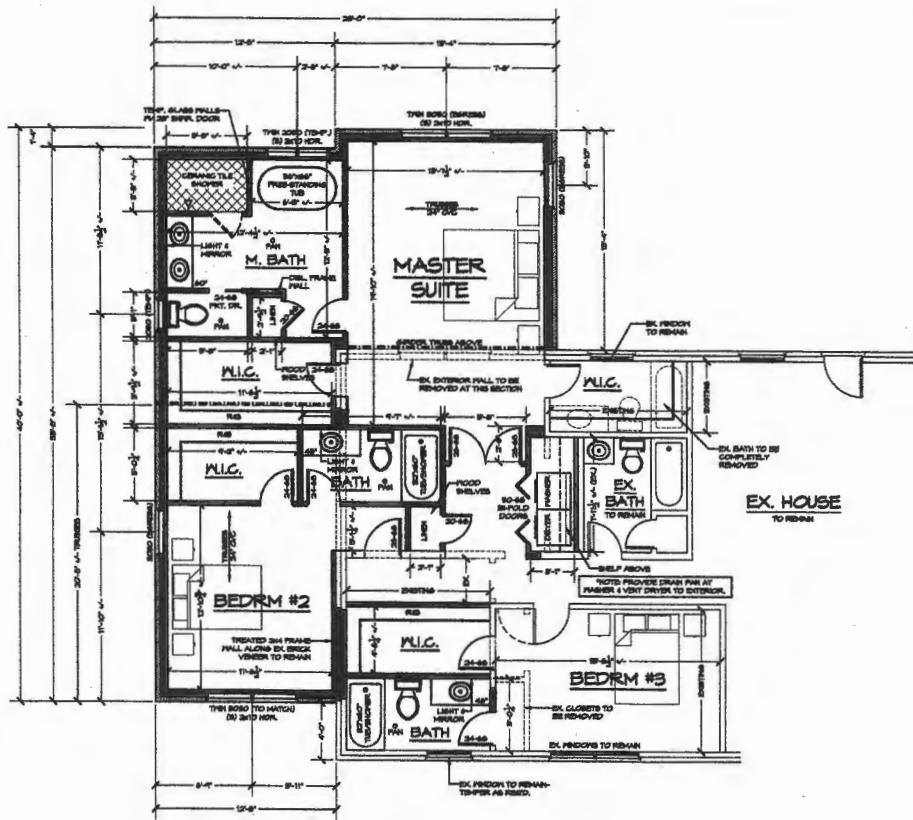
DESC. OF WORK: Remodel Existing
bedrooms (745 sq. ft. addition)

SITE PLAN

SCALE: 1"=60'-0"

FILED JAGTIANI RESIDENCE

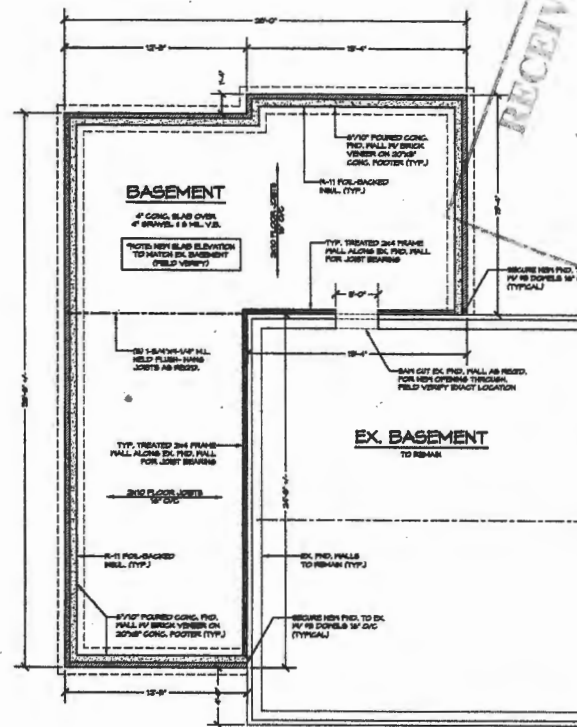
DATE NOTED	DATE	SHEET NO.	DATE
1/2/2018	1/2/2018	1	1/2/2018
GSL CUSTOM BOARD			
FOR THE BOARD OF SUPERVISORS			
FOR THE BOARD OF SUPERVISORS			



ROOMS SHOWN ARE APPROXIMATE AND SERIES (WHERE AVAILABLE)

BRICK LATE SCHEDULE

HEIGHT OF BRICK VENEER					
SPRUE / S	SP	SP	SP	SP	SP
SP 1	SP 1	SP 1	SP 1	SP 1	SP 1
SP 2	SP 2	SP 2	SP 2	SP 2	SP 2
SP 3	SP 3	SP 3	SP 3	SP 3	SP 3
SP 4	SP 4	SP 4	SP 4	SP 4	SP 4
SP 5	SP 5	SP 5	SP 5	SP 5	SP 5



NOTES:
1. ALL 8" MAX. BUCKLE HEIGHT 1/2" OF NON-REINFORCED CONCRETE WALL. 1" MAX. BUCKLE HEIGHT 1/2" OF NON-REINFORCED CONCRETE WALL.

RECEIVED
JUL 11 2018
HOWARD COUNTY HEALTH DEPT.
PROTECTION PROGRAM

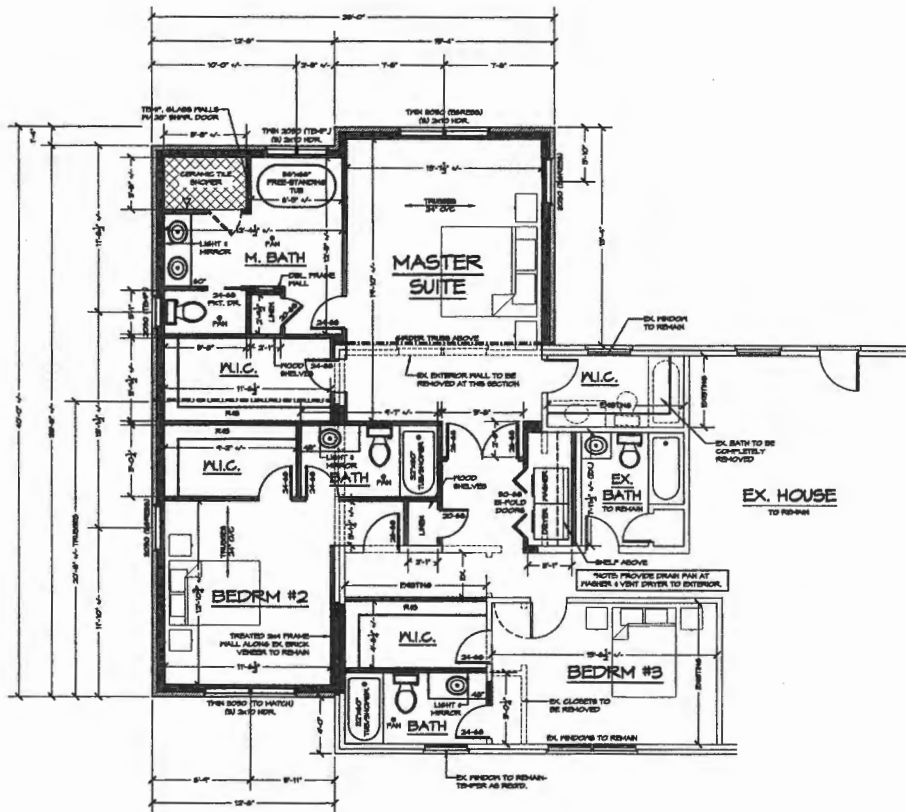
APPROVED
WALK-THRU BUILDING PERMIT
BP# B18002361A#
APP. SAN H. Oswald DATE: 6/27/18
DESC. OF WORK: Remodel existing
bedrooms (795 sq. ft. addition)

PROJECT ADDRESS:
8008 PATENTERS ROAD
CLARKSVILLE, MD. 21031
HOWARD COUNTY, MD.

**REMODELING & ADDITIONS TO
THE JAGTIANI RESIDENCE**

REVISED 5/1/18
REVISED 1/24/2018

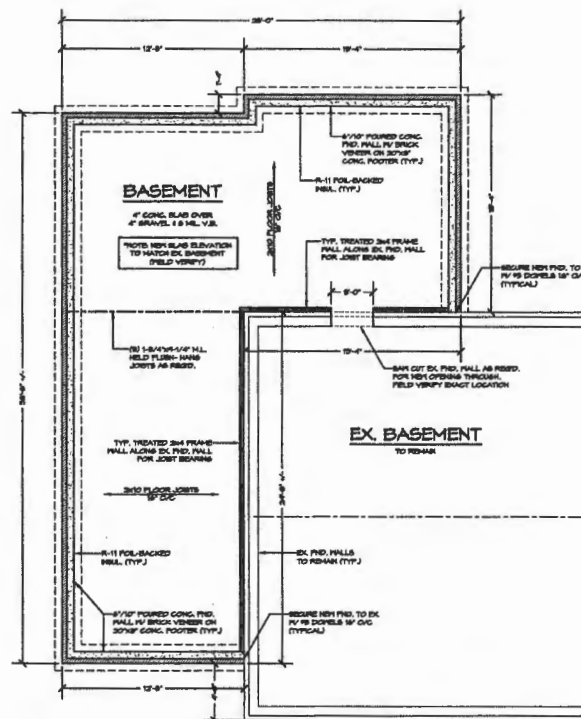
SCALE 1/4" = 1'-0"
DATE 1/2018
SHEET NO. 2 OF 3
GEL CUSTOM HOME
DESIGN INC.
PO BOX 127 HERRING, MD 20634
PHONE: 410-637-4555



PARTIAL PROPOSED FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

ROOM SIZES SHOWN ARE APPROXIMATE AND SHOULD BE VERIFIED BY THE OWNER.



PARTIAL PROPOSED FOUNDATION PLAN

SCALE: 1/4" = 1'-0"

NOTES:
1. ALL EXISTING FOUNDATION WALLS SHALL BE REINFORCED WITH 4" X 4" REINFORCED CONCRETE WALL. 2. ALL EXISTING FOUNDATION WALLS SHALL BE REINFORCED WITH 4" X 4" REINFORCED CONCRETE WALL.

BRICK LATER SCHEDULE

HEIGHT OF BRICK VENEER					
WALL / S	1"	2"	3"	4"	5"
1"	1"	1"	1"	1"	1"
2"	2"	2"	2"	2"	2"
3"	3"	3"	3"	3"	3"
4"	4"	4"	4"	4"	4"
5"	5"	5"	5"	5"	5"

APPROVED

WALK-THRU BUILDING PERMIT

BP# B18002367 A#

APP. SAN W. Oswald DATE: 6/27/18

DESC. OF WORK: Remodel existing
bedrooms (775 sq. ft. addition)

PROJECT ADDRESS:
2018 HARTWELL ROAD
CLANNABROOK, MD 20720
HOWARD COUNTY, MD

REMODELING & ADDITIONS TO
THE JAGTIANI RESIDENCE

REVISED 6/1/2018
REVISED LOCATION

FILED JAGTIANI RESIDENCE

SCALE: 1/4" = 1'-0"

DATE: 1/20/18

SHEET NO.: 3 OF 3

ORL CUSTOM HOME
DESIGN INC.
PO BOX 237 FARMERS, MD 21044
PHONE: 410-453-4300

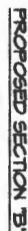
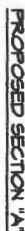
HOWARD COUNTY, MD.

**GBL CUSTOM HOME
DESIGN INC.**
PO BOX 237 FARMERSBURG, MD 21048
PHONE 410-833-8380

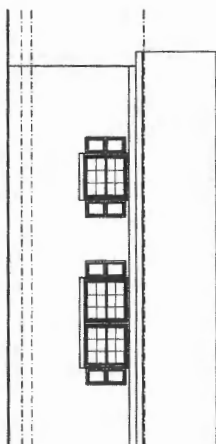
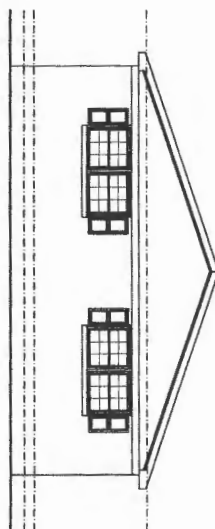
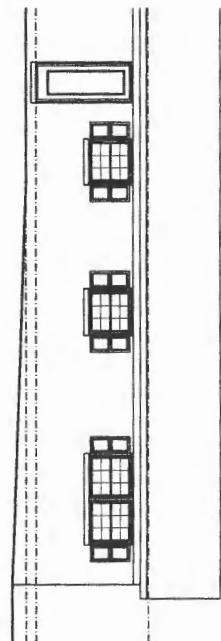
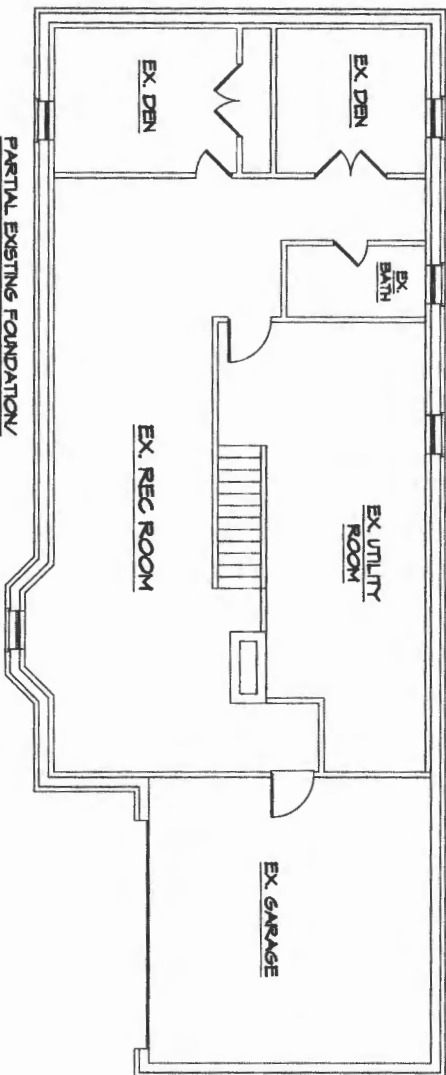
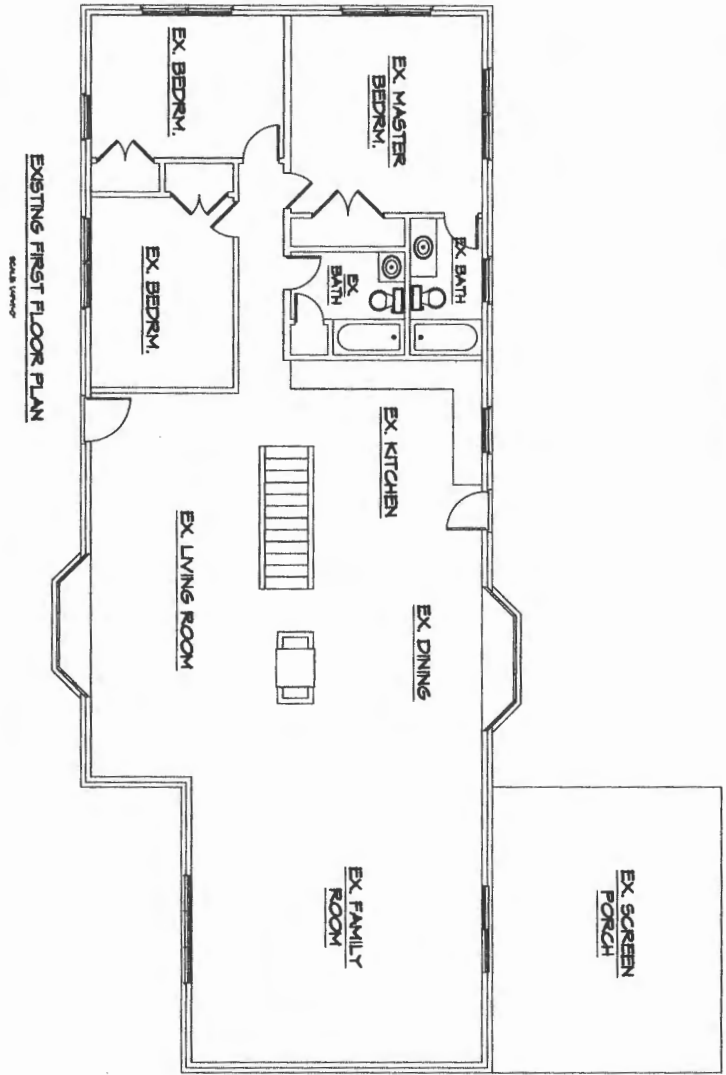
JASTINE ADDITION



LEGEND:
 CL-WF COMMERCIAL STEEL-WALL-POOR
 CL-WP COMMERCIAL STEEL-WALL-FAIR/GOOD
 ST-MU-MU STEEL-MULTI-UNIT
 CL-WF COMMERCIAL STEEL-WALL-POOR
 CL-WP COMMERCIAL STEEL-WALL-FAIR/GOOD
 POOR-GRND POOR-GRND
 AS- 2'x12x8 2'x12x8
 TB-DOOR DOOR (1.5M)



THE 1988-1989 SEASON
THE 1988-1989 SEASON
IS STRONGLY APPROVED, TRUSTED
AND TO BE PRO-ADVANCED AND
CARRY THE BEST, ACTUAL, TRUST
CARRY THE BEST.



REMODELING & ADDITIONS TO THE JAGTIANI RESIDENCE

PROJECT ADDRESS:
COLUMBIA, MD 21046
HARRIS COUNTY, MD

DATE: 1/20/19
SHEET NO. 1 OF 5

GBL CUSTOM HOME
DESIGN INC.
PO BOX 337 FARMERSBURG, MD 21046
PHONE: 410-633-6330

FILE JAGTIANI ADDITION