DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B08003183

Building Address 5205 Sheppard Ln Clarksville Md 21029

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

Census Tract _____ Subdivision _____

Section _____ Area 5.79 Ac Lot 13

Tax Map 29 Parcel 356 Grid 19

Zoning _____ Map Coordinates _____ Lot size 5.79 AC

Property Owner's Name David Schwartz

Address 5205 Sheppard Ln

City Clarksville State Md Zip Code 21029

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD with Tank

Estimated Construction Cost $ 1000

Description of Work Install (1) 500 UG Propane tank and run 1/2" lines as per NFPA 54.58

Contractor Company Michael Welding & Mechanical

Contact Person Robert J Michel Sr

Address 2518 Greene Rd

City Baldwin State Md Zip Code 21013

License No. 79061

Phone 410 692 5416 Fax _____

Occupant or Tenant David Schwartz

Contact Name David Schwartz

Address 5205 Sheppard Ln

City Clarksville State Md Zip Code 21029

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 _____
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
__✓__ 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.

Applicant's Signature

Robert J Michel
Print Name

Michael Welding & Mechanical Repair
Title/Company

10/3/08
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	10/22/08	
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 _____

PROPERTY ID#:

Filing fee	$ 110.00
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by _____

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

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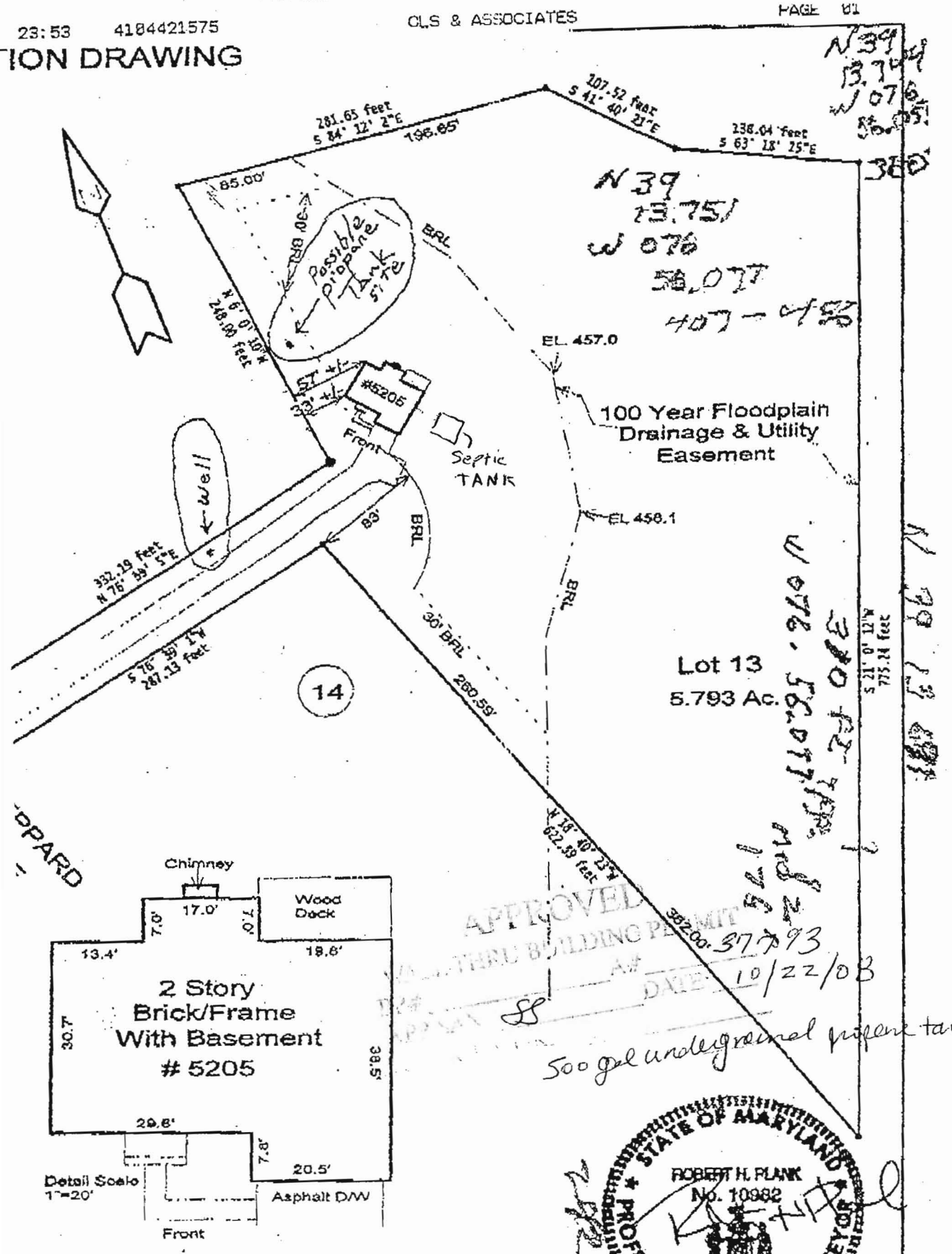
Rev. 11/4/04

TION DRAWING



crete Sidewalk
crete Driveway
e Stoop
e Porch
ing
Deck
Porch
g Restriction Line

EPPARD LANE
VILLE, MARYLAND 21029
loward County)

100.00 feet
Scale:

This is to certify that we have

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1855
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B09002298

Building Address 5205 Sheppard La. Clarksville, MD 21029

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

Census Tract 605101 Subdivision Clearview Estates

Section 1 Area _____ Lot 13

Tax Map 29 Parcel 356 Grid 19

Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name DAVID SWARTZ

Address 5205 Sheppard La.

City Clarksville State MD Zip Code 21029

c - 240-463-8002

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/sunroom addn. & extend deck

Estimated Construction Cost $ 60,000

Description of Work Bld sunroom w/cold room beneath And ext. deck to end of sunroom

Contractor Company NU-Homes Inc

Contact Person Judy Filcheck

Address 10630 Little Patuxent Pky #146

City Columbia State MD Zip Code 21044

License No. MHBR311

Phone 410-730-2100 Fax 410-730-2011

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

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_____ Manufactured Home

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✓ 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:

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Judy Filcheck, office Mgr.
Applicant's Signature

Judy Filcheck
Print Name

NU-Home, Inc
Title/Company

9-2-2009
Date

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

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AGENCY	DATE	SIGNATURE APPROVAL
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State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	9/2/09	
Fire Protection		

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CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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Rear: _____
Side: _____
Side St.: _____

All minimum setbacks met?
YES ☐ NO ☐

Is Entrance Permit required?
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Historic District?
YES ☐ NO ☐

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

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