

DEPT. 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 B09002452																																																																									
Building Address <u>11902 Simpson Rd</u> <u>Clarksville, MD 21029</u>		Property Owner's Name <u>Suzanne Jordan</u> Address <u>11902 Simpson Rd</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>301-384-6010</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>Matney Construction Services</u> <u>P.O. Box 1018</u> <u>MT Airy, MD 21771</u> Phone _____ Fax _____ <u>301-854-4812</u> <u>410-635-2964</u>		Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Simpson Woods</u> Section _____ Area <u>2</u> Lot <u>2</u> Tax Map <u>41</u> Parcel <u>414</u> Grid <u>8</u> Zoning _____ Map Coordinates _____ Lot Size <u>1.06 ac</u>																																																																									
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>15000.00</u> Description of Work <u>Deck off Rear of Home</u> <u>36'x16'</u> Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Contractor Company <u>Matney Construction Ser</u> Contact Person <u>Rick Matney</u> Address <u>P.O. Box 1018</u> City <u>MT Airy</u> State <u>MD</u> Zip Code <u>21771</u> License No. <u>84786</u> Phone <u>301-854-4812</u> Fax <u>410-635-2964</u> Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____																																																																											
BUILDING DESCRIPTION - COMMERCIAL <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Building Characteristics</th> <th style="width:50%;">Utilities</th> </tr> <tr> <td>Height: _____</td> <td>Water Supply: _____</td> </tr> <tr> <td>No. of stories: _____</td> <td>Public _____</td> </tr> <tr> <td>Gross area, sq. ft. per floor: _____</td> <td>Private _____</td> </tr> <tr> <td>Use group: _____</td> <td>Sewage Disposal: _____</td> </tr> <tr> <td>Construction type: _____</td> <td>Public _____</td> </tr> <tr> <td>Reinforced Concrete _____</td> <td>Private _____</td> </tr> <tr> <td>Structural Steel _____</td> <td>Electric Yes ☐ No ☐</td> </tr> <tr> <td>Masonry _____</td> <td>Gas Yes ☐ No ☐</td> </tr> <tr> <td>☒ Wood Frame _____</td> <td>Heating System: _____</td> </tr> <tr> <td>State Certified Modular _____</td> <td>Electric ☐ Oil ☐</td> </tr> <tr> <td></td> <td>Natural Gas ☐</td> </tr> <tr> <td></td> <td>Propane Gas ☐</td> </tr> <tr> <td></td> <td>Sprinkler system: N/A ☐</td> </tr> <tr> <td></td> <td>Full _____</td> </tr> <tr> <td></td> <td>Partial _____</td> </tr> <tr> <td></td> <td>Other Suppression _____</td> </tr> <tr> <td></td> <td># of Heads _____</td> </tr> </table>		Building Characteristics	Utilities	Height: _____	Water Supply: _____	No. of stories: _____	Public _____	Gross area, sq. ft. per floor: _____	Private _____	Use group: _____	Sewage Disposal: _____	Construction type: _____	Public _____	Reinforced Concrete _____	Private _____	Structural Steel _____	Electric Yes ☐ No ☐	Masonry _____	Gas Yes ☐ No ☐	☒ Wood Frame _____	Heating System: _____	State Certified Modular _____	Electric ☐ Oil ☐		Natural Gas ☐		Propane Gas ☐		Sprinkler system: N/A ☐		Full _____		Partial _____		Other Suppression _____		# of Heads _____	BUILDING DESCRIPTION - RESIDENTIAL <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Building Characteristics</th> <th style="width:50%;">Utilities</th> </tr> <tr> <td>SF Dwelling ☒ SF Townhouse ☐</td> <td>Water Supply: _____</td> </tr> <tr> <td>Depth _____ Width _____</td> <td>Public _____</td> </tr> <tr> <td>1st floor: <u>1245</u></td> <td>Private ☒</td> </tr> <tr> <td>2nd floor: _____</td> <td>Sewage Disposal: _____</td> </tr> <tr> <td>Basement: <u>1200</u></td> <td>Public _____</td> </tr> <tr> <td>Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐</td> <td>Private ☒</td> </tr> <tr> <td>No. of Bedrooms <u>2</u></td> <td>Electric Yes ☒ No ☐</td> </tr> <tr> <td>Multi-family dwellings: _____</td> <td>Gas Yes ☐ No ☐</td> </tr> <tr> <td>No. of efficiency units: _____</td> <td>Heating System: _____</td> </tr> <tr> <td>No. of 1 BR units: _____</td> <td>Electric ☒ Oil ☐</td> </tr> <tr> <td>No. of 2 BR units: _____</td> <td>Natural Gas ☐</td> </tr> <tr> <td>No. of 3 BR units: _____</td> <td>Propane Gas ☐</td> </tr> <tr> <td>Other Structure: _____</td> <td>Sprinkler system: N/A ☒</td> </tr> <tr> <td>Dimensions: _____</td> <td>NFPA #13D _____</td> </tr> <tr> <td>Footings: _____</td> <td>NFPA #13R _____</td> </tr> <tr> <td>Roof: _____</td> <td>Other: _____</td> </tr> <tr> <td>State Certified Modular _____</td> <td></td> </tr> <tr> <td>Manufactured Home _____</td> <td></td> </tr> </table>		Building Characteristics	Utilities	SF Dwelling ☒ SF Townhouse ☐	Water Supply: _____	Depth _____ Width _____	Public _____	1 st floor: <u>1245</u>	Private ☒	2 nd floor: _____	Sewage Disposal: _____	Basement: <u>1200</u>	Public _____	Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐	Private ☒	No. of Bedrooms <u>2</u>	Electric Yes ☒ No ☐	Multi-family dwellings: _____	Gas Yes ☐ No ☐	No. of efficiency units: _____	Heating System: _____	No. of 1 BR units: _____	Electric ☒ Oil ☐	No. of 2 BR units: _____	Natural Gas ☐	No. of 3 BR units: _____	Propane Gas ☐	Other Structure: _____	Sprinkler system: N/A ☒	Dimensions: _____	NFPA #13D _____	Footings: _____	NFPA #13R _____	Roof: _____	Other: _____	State Certified Modular _____		Manufactured Home _____	
Building Characteristics	Utilities																																																																												
Height: _____	Water Supply: _____																																																																												
No. of stories: _____	Public _____																																																																												
Gross area, sq. ft. per floor: _____	Private _____																																																																												
Use group: _____	Sewage Disposal: _____																																																																												
Construction type: _____	Public _____																																																																												
Reinforced Concrete _____	Private _____																																																																												
Structural Steel _____	Electric Yes ☐ No ☐																																																																												
Masonry _____	Gas Yes ☐ No ☐																																																																												
☒ Wood Frame _____	Heating System: _____																																																																												
State Certified Modular _____	Electric ☐ Oil ☐																																																																												
	Natural Gas ☐																																																																												
	Propane Gas ☐																																																																												
	Sprinkler system: N/A ☐																																																																												
	Full _____																																																																												
	Partial _____																																																																												
	Other Suppression _____																																																																												
	# of Heads _____																																																																												
Building Characteristics	Utilities																																																																												
SF Dwelling ☒ SF Townhouse ☐	Water Supply: _____																																																																												
Depth _____ Width _____	Public _____																																																																												
1 st floor: <u>1245</u>	Private ☒																																																																												
2 nd floor: _____	Sewage Disposal: _____																																																																												
Basement: <u>1200</u>	Public _____																																																																												
Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐	Private ☒																																																																												
No. of Bedrooms <u>2</u>	Electric Yes ☒ No ☐																																																																												
Multi-family dwellings: _____	Gas Yes ☐ No ☐																																																																												
No. of efficiency units: _____	Heating System: _____																																																																												
No. of 1 BR units: _____	Electric ☒ Oil ☐																																																																												
No. of 2 BR units: _____	Natural Gas ☐																																																																												
No. of 3 BR units: _____	Propane Gas ☐																																																																												
Other Structure: _____	Sprinkler system: N/A ☒																																																																												
Dimensions: _____	NFPA #13D _____																																																																												
Footings: _____	NFPA #13R _____																																																																												
Roof: _____	Other: _____																																																																												
State Certified Modular _____																																																																													
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 Rick Matney Print Name Rick Matney
 Title/Company Owner, Matney Construction Services Inc Date 9/2/09

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per fee \$ _____
Health	<u>9/16/09</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit Required?	Balance due \$ _____
YES ☐ NO ☐			YES ☐ NO ☐	Check # _____
CONTINGENCY CONSTRUCTION START: ☐			Historic District?	Validation # _____
ONE STOP SHOP: ☐			YES ☐ NO ☐	
			Lot Coverage for New Town Zone	Accepted by _____
			SDP/Red-line approval date _____	

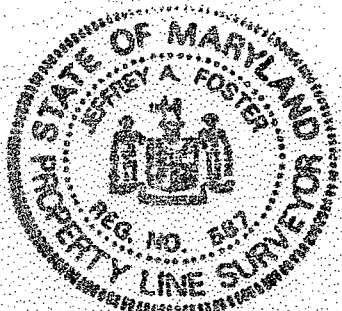
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\Operations\Updated forms

APPROVED
WALK-THRU BUILDING PERMIT

BP# 88
APP. SAN 88
DESC. OF WORK: deck 36 x 16 and deck 12 x 12 both elevated.

Notes

1. Flood zone "C" per H.U.D. panel No. 0038B.
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 1 foot.
Fences, if shown, have been located by approximate methods.



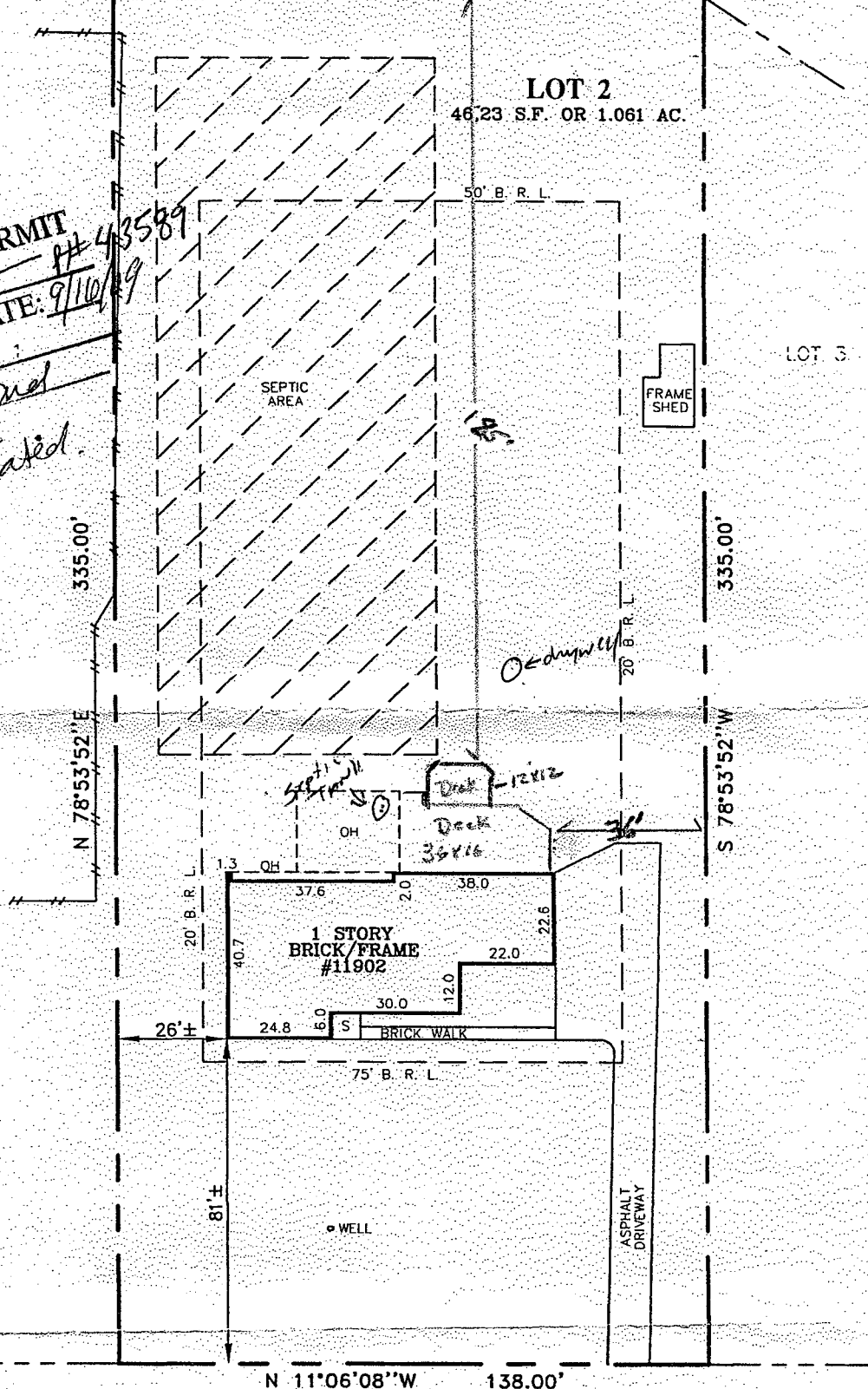
LOCATION DRAWING

LOT 2

**SECTION 1, AREA 1
SIMPSON WOODS**

HOWARD COUNTY, MARYLAND

LOT 2
46,23 S.F. OR 1.061 AC.



SIMPSON ROAD

SURVEYOR'S CERTIFICATE

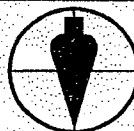
"THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION."

Jeffrey A. Foster
MARYLAND PROPERTY LINE SURVEYOR REG. NO. **587**

REFERENCES

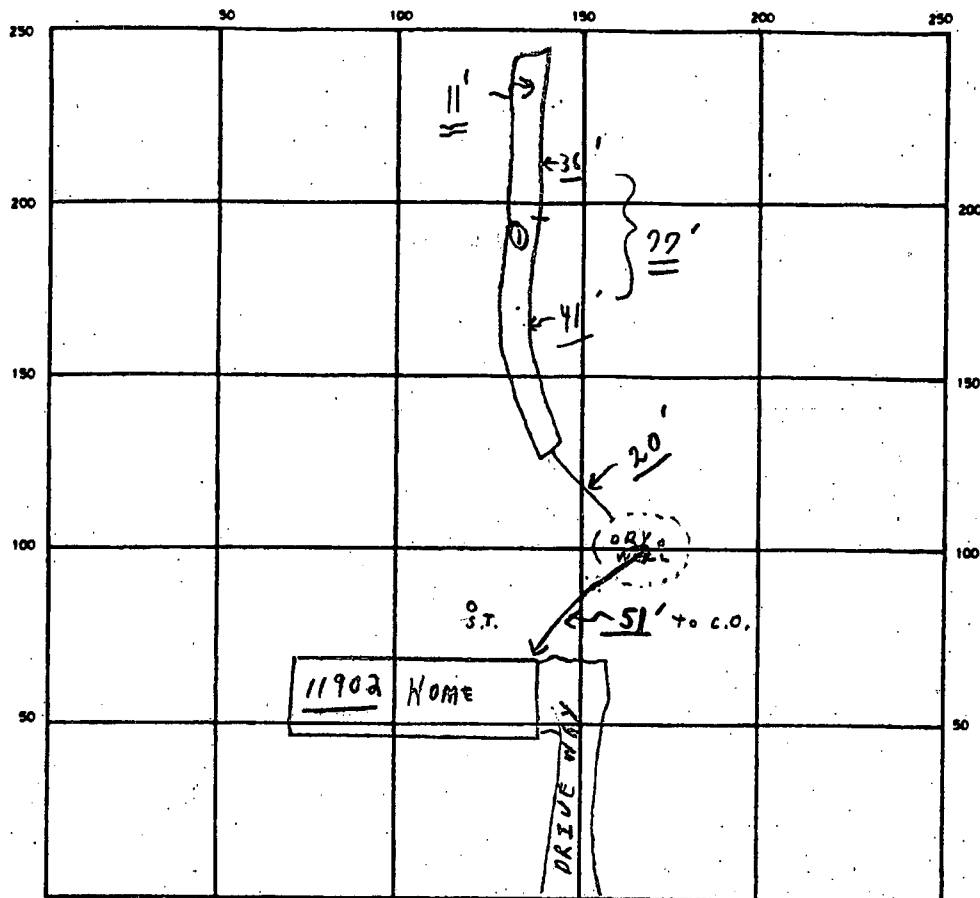
PLAT BK.
PLAT NO. 3754

LIBER 5394
FOLIO 101



SNIDER & ASSOCIATES
SURVEYORS - ENGINEERS
LAND PLANNING CONSULTANTS
20270 Goldenrod Lane, Suite 110
Germantown, Maryland 20876
301/948-5100, Fax 301/948-1286

DATE OF LOCATIONS	SCALE: 1" = 40'
WALL CHECK:	DRAWN BY: P.Y.
HSE. LOC.: 11-17-05	JOB NO.: 06-8491



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← SIMPSON ROAD. →

SEPTIC TANK. LEVEL N/A = [covered] Existing CLEANOUTS N/A = Existing - ok

DISTRIBUTION BOX. LEVEL N/A

DRAIN FIELD/TILE FIELD. DEPTH 11' ± avg FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 7 ± FT. TOTAL LENGTH 77' FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 539 ± SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

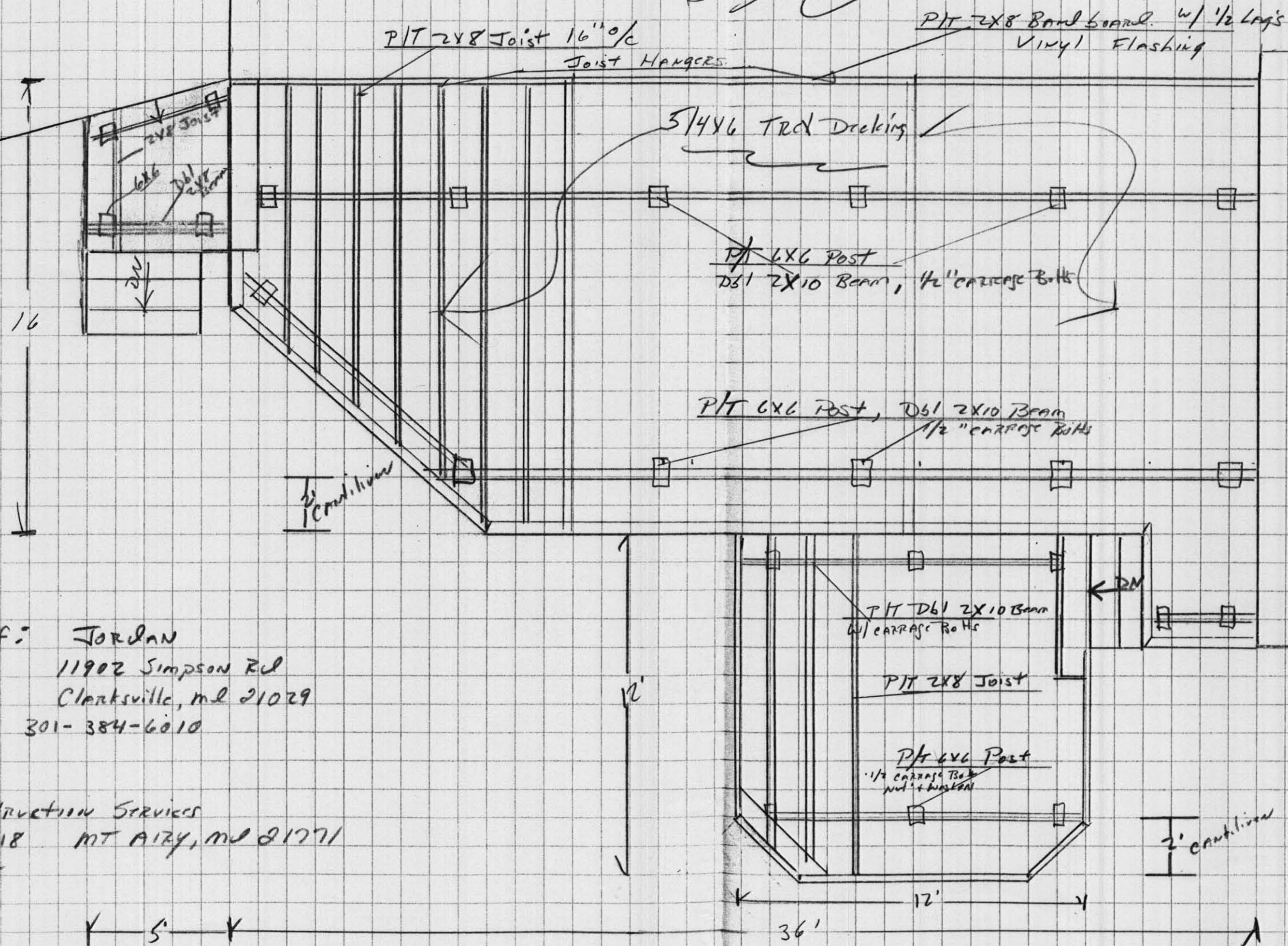
ABSORBENT AREA 539 ± SQ. FT.

REMARKS P.M. 12/15/88 ① Partial - trench (partially dug at rear of property, all water wells 100' from repair.
P.M. ② Trench repair complete, OK TO COVER ALL WORK - FINAL. C.B.S.

DATE SYSTEM APPROVED 12/15/88 INSPECTOR Charles Bryan, Speaker

DRIVEWAY

Existing House



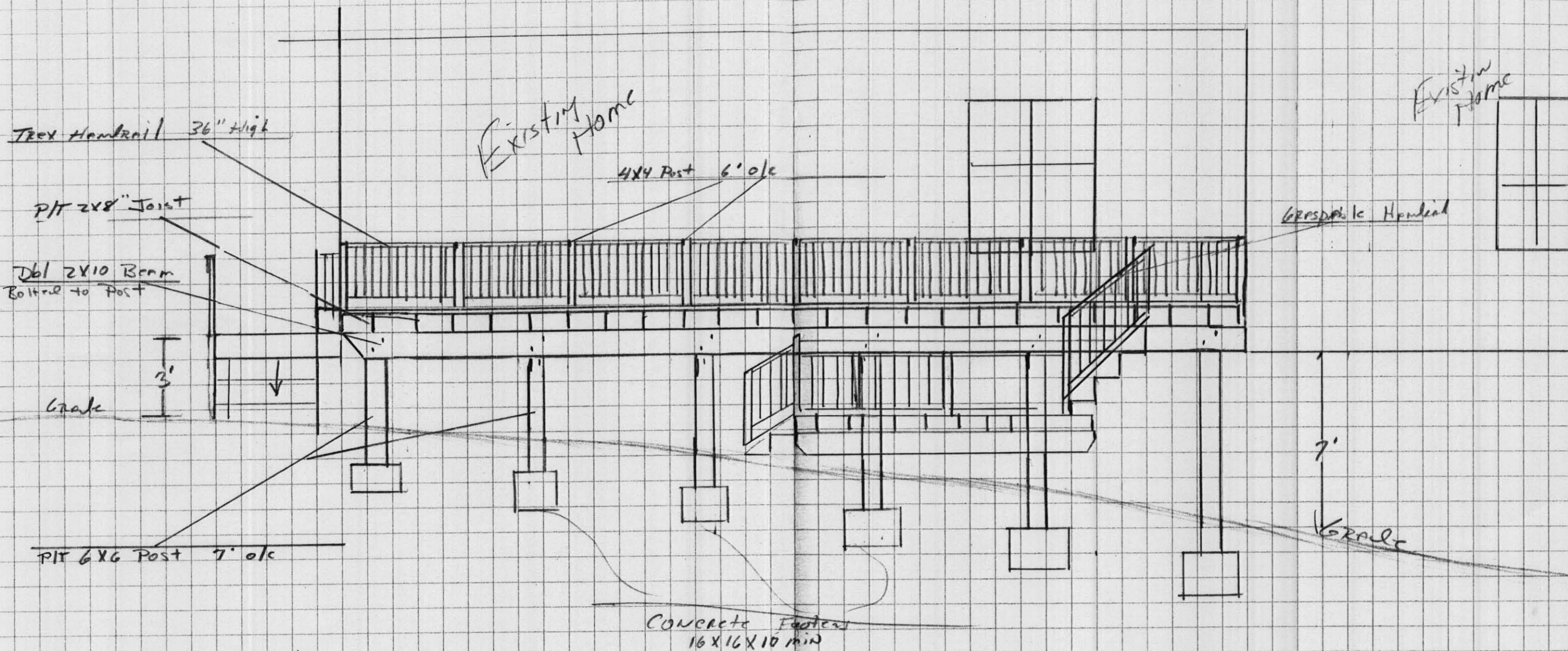
Resident of: JORDAN
11902 Simpson Rd
Clarksville, MD 21029
301-384-6010

Matney Construction Services
P.O. Box 1018 MT AIRY, MD 21771
301-854-4812

MHC 89780

5'

Framing Detail



Resident of: JORDAN
 11902 SIMPSON RD
 CLARKSVILLE, MD 21029
 301-384-6010

MATNEY CONSTRUCTION SERVICES INC
 P.O. BOX 1018 MT AIRY, MD 21771
 301-854-4812

MHIC 89780