

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2453 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 600159513	
Building Address <u>6310 Summer Sunrise Dr.</u> <u>CLARKSVILLE</u> <u>21074</u> <u>Columbia, MD</u>			Property Owner's Name <u>Elizabeth A. Connolly</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>6310 Summer Sunrise Dr.</u>		
Census Tract _____ Subdivision <u>Boarman Est.</u>			City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21074</u>		
Section _____ Area _____ Lot <u>1</u>			Home Phone <u>443-535-0558</u> Work Phone <u>301-728-7898</u>		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>SFD</u>			Contractor Company <u>Rend Custom Building</u>		
Proposed Use <u>SFD</u>			Contact Person <u>Charles Rand</u>		
Estimated Construction Cost \$ <u>12,000</u>			Address <u>Family</u>		
Description of Work <u>deck 18' x 22'</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant _____			License No. _____		
Contact Name _____			Phone _____ Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Height: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Heating System: _____
	Full <input type="checkbox"/>	No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
	# of Heads _____	Other Structure: _____	Sprinkler system: N/A <input type="checkbox"/>
		Dimensions: _____	NFPA #13D <input type="checkbox"/>
		Footings: _____	NFPA #13R <input type="checkbox"/>
		Roof Height: _____	Other: _____
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

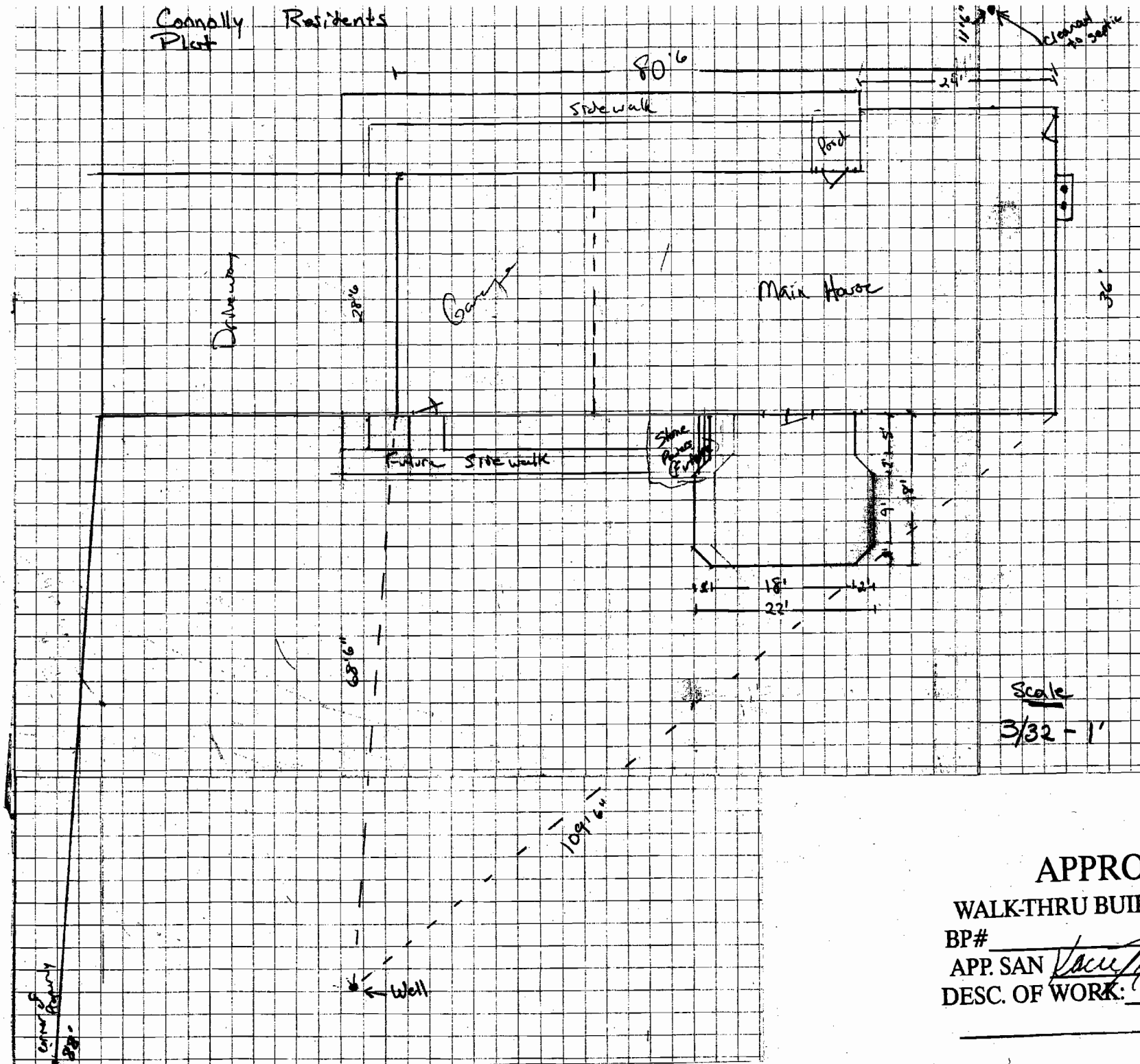
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

<u>Elizabeth A. Connolly</u> Applicant's Signature	<u>Elizabeth A. Connolly</u> Print Name
	<u>5-9-06</u> Date
Title/Company _____	

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

AGENCY			DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION		PROPERTY IDE
Land Development DPZ					Front: _____	Filing fee	\$ _____
State Highway					Rear: _____	Permit fee	\$ _____
Building Official					Side: _____	Excise tax	\$ _____
Dev. Engineering DPZ					Side St. _____	Add'l per. fee	\$ _____
Health			<u>5/9/06</u>	<u>Karen Tame</u>	All minimum setbacks met?	TOTAL FEES	\$ _____
Env. Protection					YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Sediment Control approval required prior to issuance?					Is Erosion Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>	Cash	\$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>					Historic District?	Validation	\$ _____
ONE STOP SHOP: <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>		
Distribution of Copies:					Let Coverage for New Town Zone		
White: Building Official					SDP/first-line approval date		
Green: LOD, DPZ						Accepted by	
Yellow: DED, DPZ							
Pink: Health							
Gold: SHA							

Connolly
Plant Residents



A 25046

6310 Summer Sonnis e Dr.
Columbia, MD. 21044

old address

6311 Trotter Rd.
Clarksville, MD.
21029

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# 25046
APP. SAN Vacu/mon DATE: 5-9-06
DESC. OF WORK: deck