

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		B09002495 PERMIT NUMBER			
Building Address <u>6126 THOMPSON DR</u> <u>CLARKSVILLE MD 21029</u>		Property Owner's Name <u>AHMAD BAGHERI</u> Address <u>6126 THOMPSON Drive</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>410-313-3127</u> Work Phone <u>410-313-3127</u> Applicant's Name & Mailing Address, (if other than stated herein):					
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Census Tract _____ Subdivision _____		Section _____ Area _____ Lot <u>13</u>			
Tax Map _____ Parcel _____ Grid _____		Zoning _____ Map Coordinates _____ Lot Size _____		Existing Use <u>SHED</u> Proposed Use _____ Estimated Construction Cost \$ _____			
Description of Work _____ _____ _____		Contractor Company <u>Same as Above</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			
Occupant or Tenant _____		Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		BUILDING DESCRIPTION - <u>COMMERCIAL</u>			
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 <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads		BUILDING CHARACTERISTICS SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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 ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ 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 I CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WOR ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONT THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Print Name _____

Title/Company _____

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 Officials			
Dev. Engineering, DPZ			
Health	5/14/10	M. Davis	
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 _____

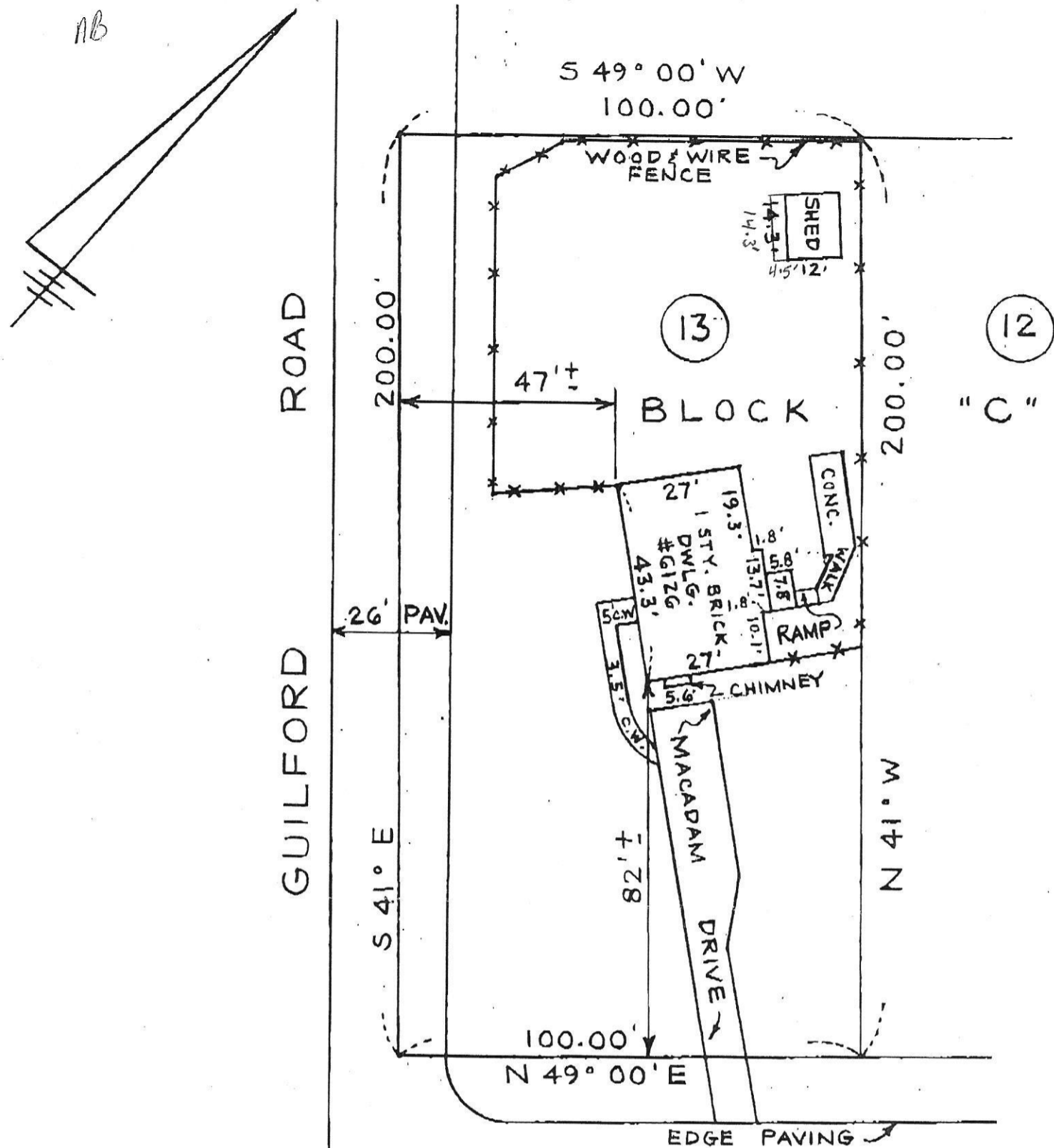
PROPERTY ID #

Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ 100.00
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ 87.2
Check # 872
Validation # _____

Accepted by _____

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T:\Operations\Updated forms

18414



THOMPSON DRIVE
(50' R/W)
22' PAVING

THE LOT SHOWN HEREON IS IN FLOOD
ZONE C PER F.E.M.A. FLOOD INSURANCE
RATE MAP PANEL # 240044 0032 B

The plat is of benefit to a consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.

H

**HICKS ENGINEERING
ASSOCIATES, INC.**

ENGINEERS, SURVEYORS & PLANNERS
200 EAST JOPPA ROAD - SUITE 402
TOWSON, MARYLAND, 21288
TELEPHONE: (410) 494-0001

LOCATION DRAWING OF
#6126 THOMPSON DRIVE
LOT 13 - BLOCK "C" "HERITAGE
HEIGHTS" SECTION ONE P.B. 4/14
HOWARD COUNTY, MD.
DEED REF: 2702 - 434

DATE: 6/15/07 SCALE: 1" = 30' FILE:

VARIANCE REQUEST

TO: MR MIKE DAVIS

my address is 6126 Thompson DR CLARKSVILLE, MD 21029.


I APPLIED FOR Addition shed w/ permit #B09002495 on Sep 21-2009, since then my permit been held by your DEPARTMENT and they indicated that the Best way is to hook up the water & sewer system or find the certification perk. as of this time is to hard for me to come up with this situation because it cost too much money.

I am requesting a variance because I only want to extend my shed 4.5 feet by 14.3.

Please be concern on my Request.

Thank you

Ahmad Bagheri


4-9-10

(443) 864-9468 cell

5/14/2010

No variance req'd

C 250A
App. B.P.

M. J. Davis

VARIANCE REQUEST

My address is 6126 Thompson Drive, Clarksville, Maryland 21029 and I recently applied for a walk-thru permit. The permit was denied due to the fact that I am near a water and sanitary sewer main line. I am requesting a variance because I only want to extend my shed by 5.8 feet on each side of my shed.

Ahmad Bagheri /



Date: 8-20-2009

(443) 864-9468 - Cell

-76°56'29"



39°12'12"

39°12'12"

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this report or the information contained herein or derived therefrom. The user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this information. There are no oral agreements or warranties relating to the use of this report.

-76°56'29"

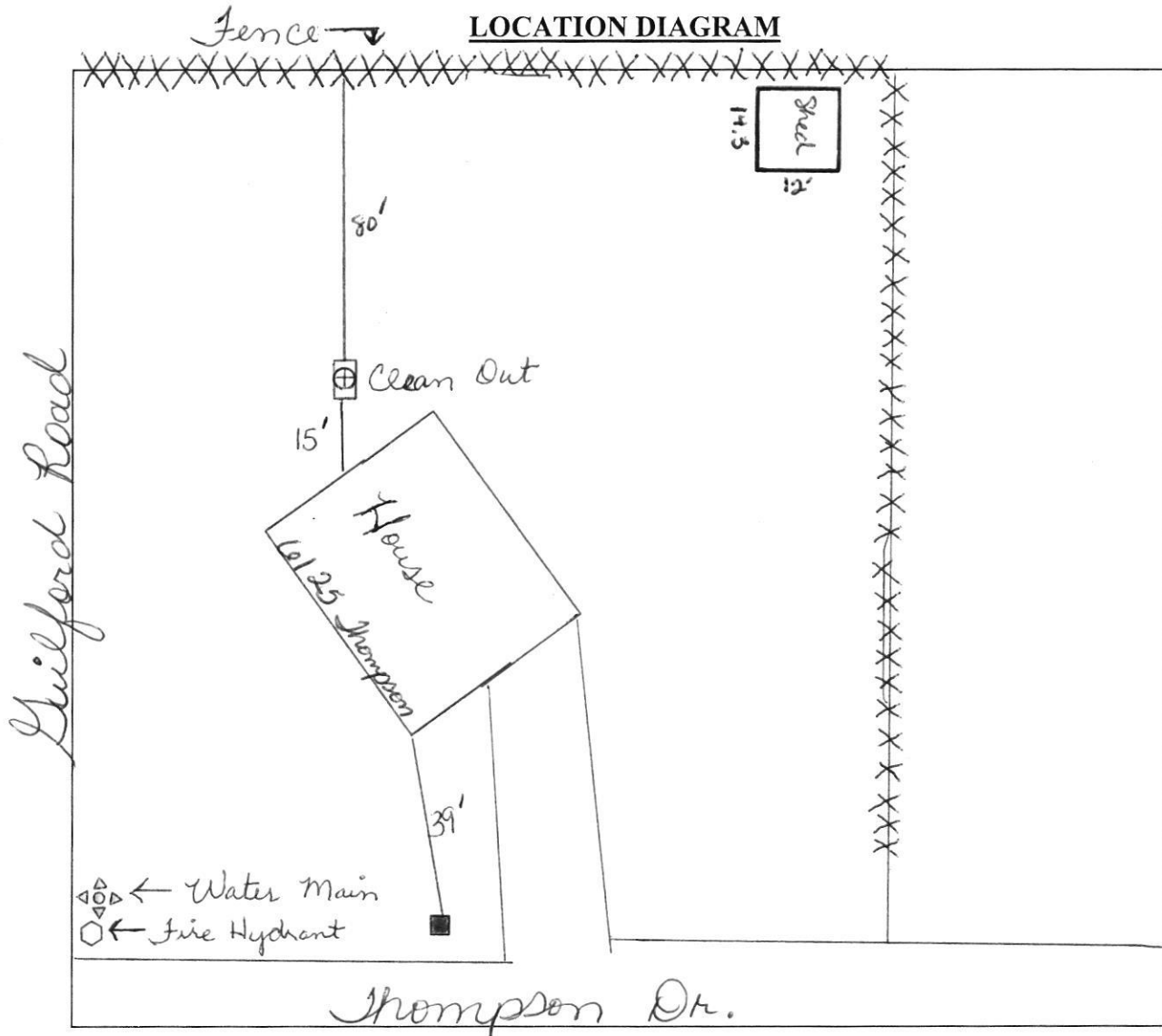
GIS
Howard County

**Howard County**
M A R Y L A N D

By:
Office:
Map Width: 660.00 ft.
Print Date: 8/24/2009

SITE INSPECTION SHEET

OWNER: Ahmad Bagheri PHONE #: (410) 531-8077
ADDRESS: 6126 Thompson Drive CONTRACTOR: _____
Clarksville, MD 21029 WELL TAG #: No Tag
SUBDIVISION: _____ LOT: 13 COUNTY #: Howard County
PROPOSAL: Addition to Shed



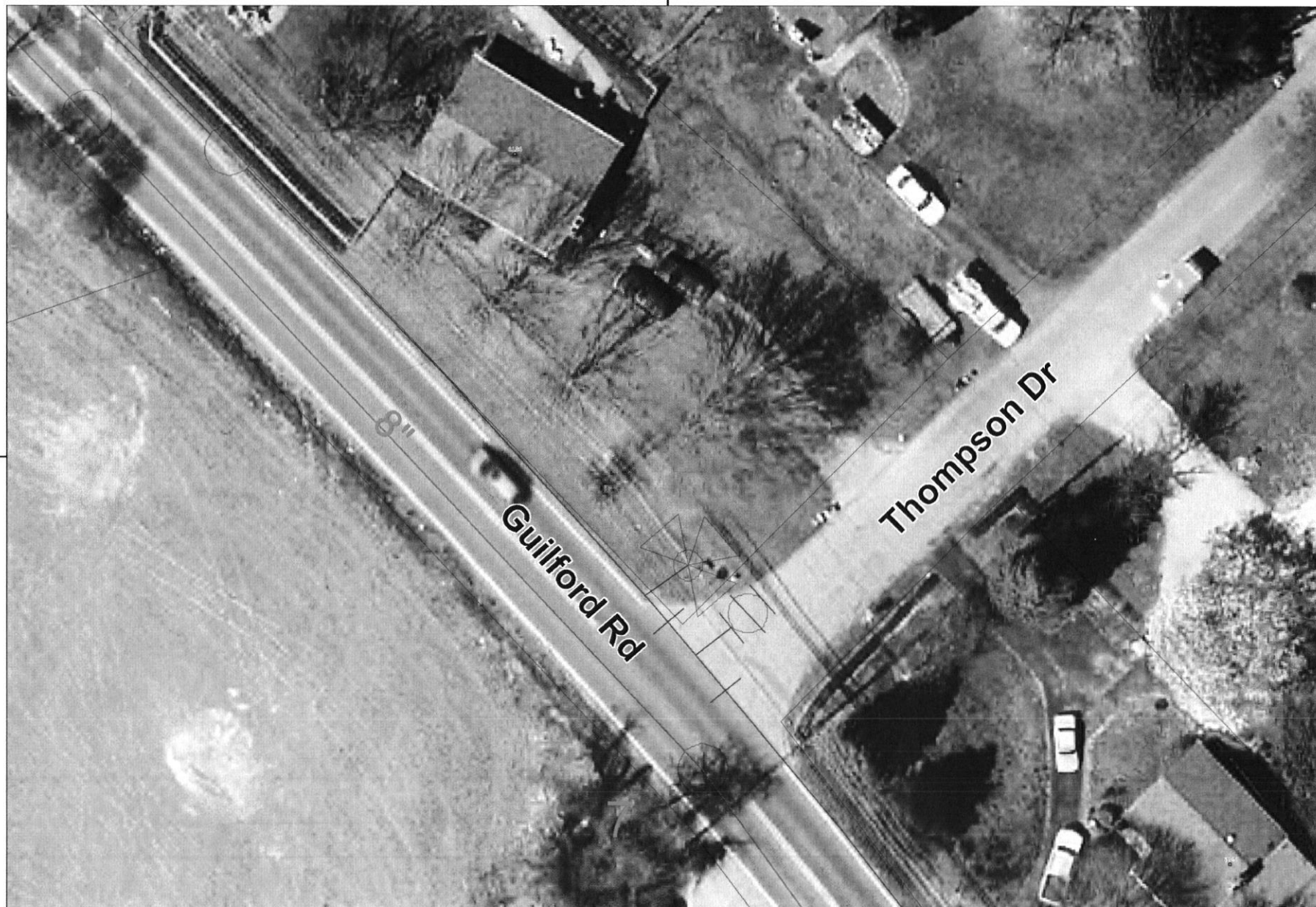
COMMENTS: After my site visit to the property I discovered that the applicant located near a water and sewer main. According^{was} to Howard County Protocol I am recommending that the applicant connect to water and sewer.

DATE: 8-19-09 INSPECTOR: Rana Bernard

-76°56'28"



39°12'12"



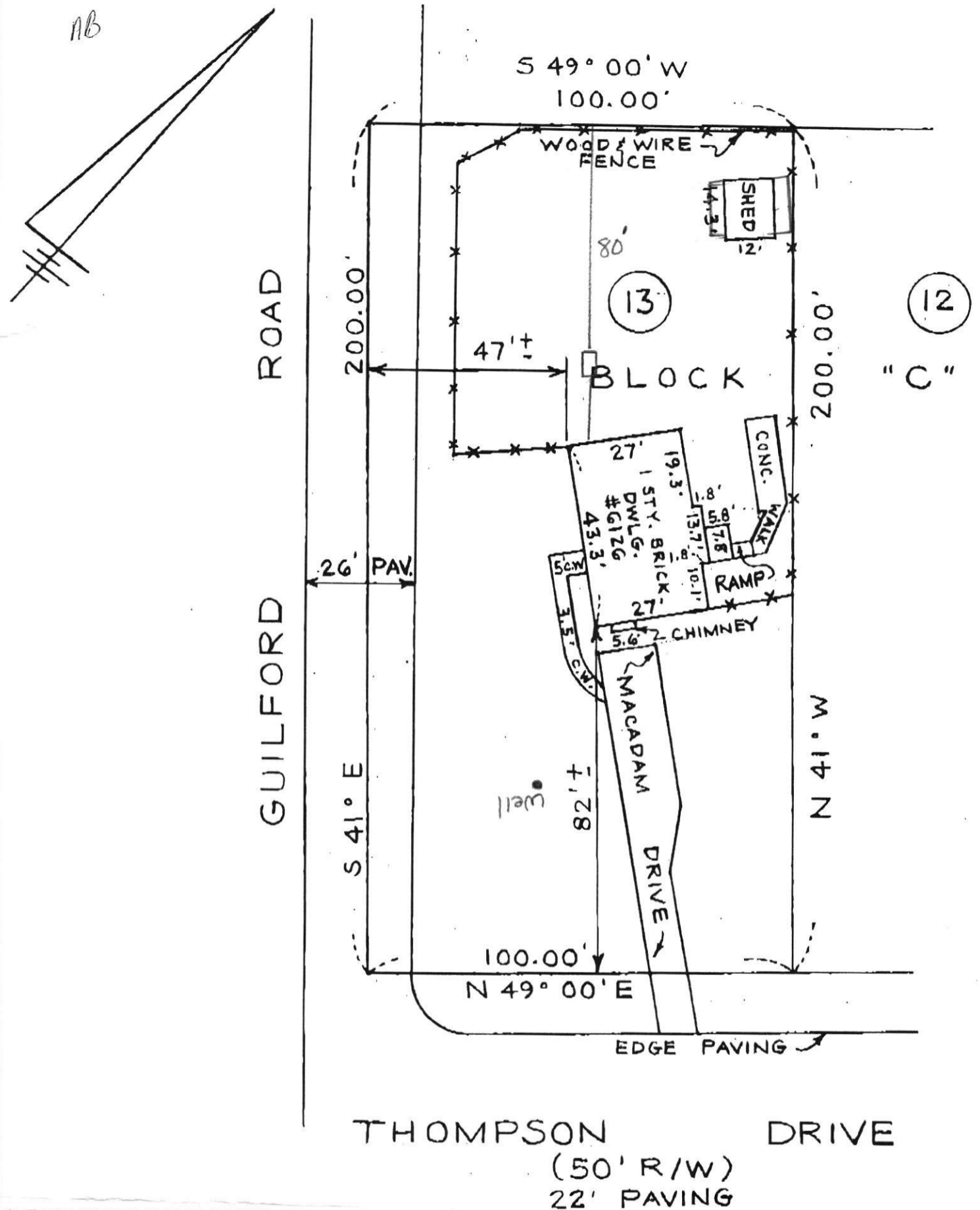
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-76°56'28"

Howards County

By:
Office:
Map Width: 330.00 ft.
Print Date: 8/24/2009



THE LOT SHOWN HEREON IS IN FLOOD
ZONE C PER F.E.M.A. FLOOD INSURANCE
RATE MAP PANEL # 240044 0032 B

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Applicant's Signature <u>[Signature]</u>	Print Name <u>AHMAD BAGHERI</u>
Title/Company <u>TITLE</u>	Date <u>8-13-09</u>

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
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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			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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