

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06003975

Building Address 5093 Ten Oaks Rd
Clarksville, MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 61,000

Description of Work Addition 2 story - 516 SF

Extend 2-Bedrooms & 1 Bathroom

over Sunroom

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone 410-799-9600 Fax _____

Property Owner's Name David Kenyan

Address 5093 Ten Oaks Rd

City Clarksville State MD Zip Code 21029

Home Phone 443-535-4111 Work Phone 410-799-9600

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

Phone _____ Fax 410-799-9905

Contractor Company American Remodeling

Contact Person David Kenyan

Address 8176 Lark Brown Rd

City Elkridge State MD Zip Code 21075

License No. 8120442

Phone 410-799-9600 Fax 410-799-9905

Engineer or Architect Company RLL Design

Contact Person Chuck Gray

Address 13040 Old Hanover Rd

City Reisterstown State MD Zip Code 21136

Phone 410-833-1300 Fax 410-833-6803

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame

☐ State Certified Modular

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 Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐

Depth _____ Width _____

1st floor: 60 30

2nd floor: 35 30

Basement: 35 30

Finished Basement ☒ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☒

No. of Bedrooms 4

Height: 20

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: Addition

Dimensions: 38'6" x 14'6"

Footings: 3' x 14'

Roof Height: 20 Feet

☐ State Certified Modular

☒ Manufactured Home

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 ON AND THROUGH THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

David Kenyan
Applicant's Signature
American Remodeling
Title/Company

David Kenyan
Print Name
8/29/06
Date

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>8/30/06</u>	<u>[Signature]</u>	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: \$ _____
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:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

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Section _____ Area _____ Lot _____
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Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Kenyon
Address 5093 Ten Oaks Rd
City Clarksville State MD Zip Code 21029
Home Phone 410-799-9600 Work Phone 410-799-9600
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-799-9600 Fax 410-799-9905

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 17,500
Description of Work Addition for
Bathroom / Changing Area

Contractor Company American Remodeling
Contact Person David Kenyon
Address 8176 Lark Brown Rd
City Elkridge State MD Zip Code 21075
License No. 126442
Phone 410-799-9600 Fax 410-799-9905

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company RLC Design
Contact Person Chuck Cray
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City Reisterstown State MD Zip Code 21136
Phone 410-833-1300 Fax 410-833-6803

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☐ Masonry
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☐ 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 ☐
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Building Characteristics
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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: Changing Room / Bath
Dimensions: 12 x 14
Footings: 11 x 3
Roof Height: 10
☐ 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: _____

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David Kenyon
Applicant's Signature

David Kenyon
Print Name
Date 8/30/06

Title/Company

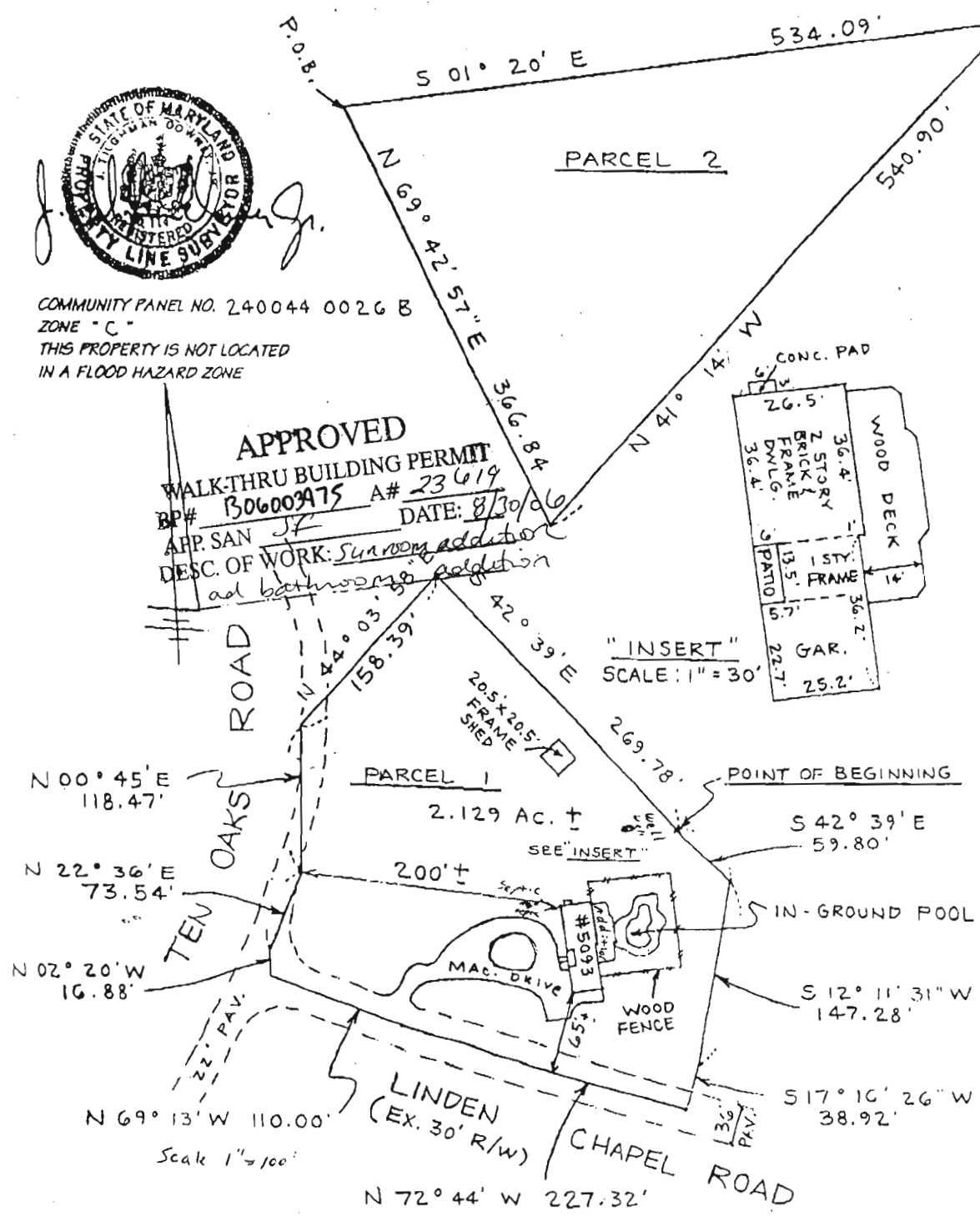
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YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
			Historic District?	Validation \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
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T:\forms\PERMIT.FRM				Gold: SHA



COMMUNITY PANEL NO. 240044 0026 B
ZONE "C"
THIS PROPERTY IS NOT LOCATED
IN A FLOOD HAZARD ZONE

APPROVED
WALK-THRU BUILDING PERMIT
BP# 130600975 A# 23619
APP. SAN JP DATE: 8/30/06
DESC. OF WORK: sunroom addition
and bathroom addition



LOCATION SURVEY
#5093 TEN OAKS ROAD
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED: 4261-352

THE PLAT IS A BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR 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 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. I HEREBY CERTIFY THAT THE LOT SHOWN HEREBY HAS BEEN SURVEYED FOR THE PURPOSE OF LOCATING ALL IMPROVEMENTS ONLY.

FTC8902
SITE RITE SURVEYING, INC.
200 E. JOPPA ROAD
CHESAPEAKE, VA 23041