

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 12119 SUDBURY COURT
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 SINGLE FAMILY HOME

Proposed Use SAME WITH FAMILY, GAME EXERCISE R.

Estimated Construction Cost \$ DETACHED GARAGE ADDITION

25,000.00

Description of Work _____

FAMILY, GAME ROOM, EXERCISE ADDITION

823 SF. DETACHED GARAGE ADDITION

984 SF. GARAGE (SEE PLANS)

Occupant or Tenant DOUGLAS & BARBARA SHAPIRO

Contact Name SAMUE

Address 12119 SUDBURY CT

City CLARKSVILLE State MD Zip Code 21029

Phone _____ Fax _____

Property Owner's Name DOUGLAS & BARBARA SHAPIRO

Address 12119 SUDBURY COURT

City CLARKSVILLE State MD Zip Code 21029

Home Phone 301 854 2997 Work Phone 410 991 6150

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

Phone _____ Fax _____

Contractor Company COSENTINO REMODELING

Contact Person WAYNE COSENTINO

Address 12107 MAYHUR TRAIL

City MARIOTTVILLE State MD Zip Code 21104

License No. 16414

Phone 410 442 0000 Fax 410 442 5765

Engineer or Architect Company ALSA SCHMIDT ARCHITECT INC.

Contact Person ALSA SCHMIDT

Address 2739 THORNBROOK ROAD

City ELICOTT CITY State MD Zip Code 21104

Phone 410 461 3462 Fax SAME

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: _____

2nd floor: SEE PLANS

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: SEE PLANS

Dimensions: _____

Footings: _____

Roof Height: _____

____ 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature John J. Cosentino

Print Name John J. Cosentino

Date 6/19/08

Title/Company _____

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 6/18/08 John J. Cosentino

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies:

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\home\PERMIT.FRM

DPZ SETBACK INFORMATION

PROPERTY ID#:

Front: _____

Filing fee \$

Rear: _____

Permit fee \$

Side: _____

Excise tax \$

Side St: _____

Add'l per. fee \$

All minimum setbacks met?

TOTAL FEES \$

YES ☐ NO ☐

Sub-total paid \$

Is Entrance Permit required?

Balance due \$

YES ☐ NO ☐

Check #

Historic District?

Validation #

YES ☐ NO ☐

Lot Coverage for New Town Zone

SDP/Red-line approval date

Accepted by

12119 SUDBURY COURT
LOT 21

ASHLEIGH GREENE
SUBDIVISION

SECTION 1

LOTS 1 THRU 27

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A# 49451

APP#

DATE: 6/18/08

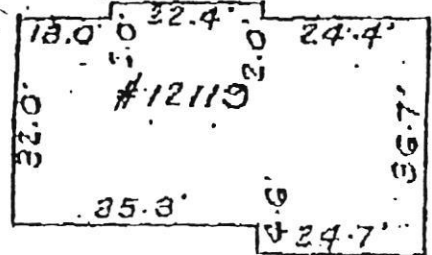
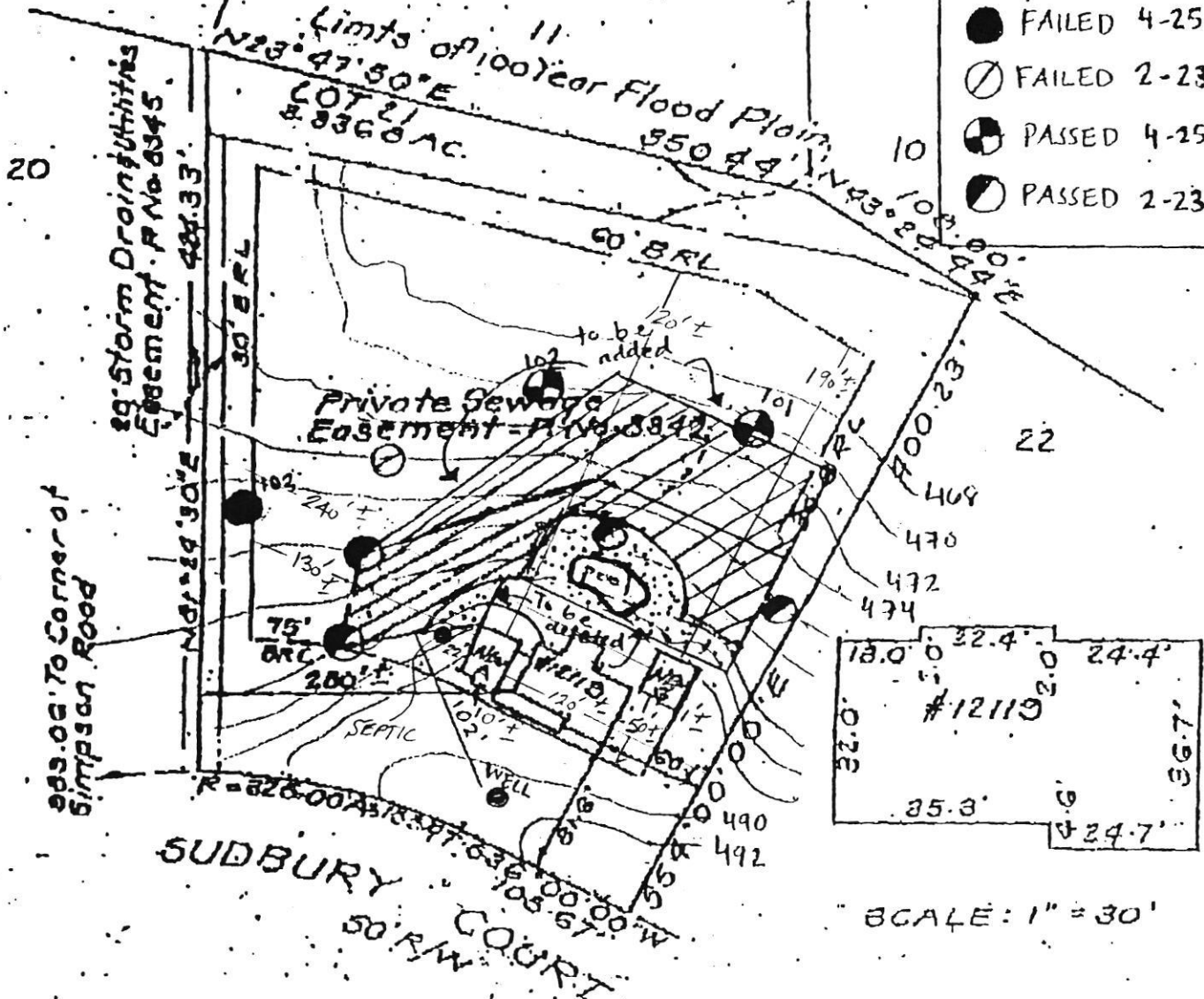
DESCRIPTION

Addition +

detrached garage

Wall Check: 1-10-90
Top of Wall E: 492.7

- FAILED 4-25-08
- FAILED 2-23-88
- ◐ PASSED 4-25-08
- ◑ PASSED 2-23-88



SCALE: 1" = 30'

00-001 Serial No. 28499

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a boundary survey and that unless otherwise shown, there are no encroachments.

CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY COLUMBIA, MD. 21048
(301) 381-7500-BALTO. • (301) 621-8100-WASH.

REFERENCE	DRAWN BY	CHECKED BY
Plan # 8345	SNP	KWC
DATE 1-10-90	FILE NO.	
SCALE 1" = 100'	1610-W	

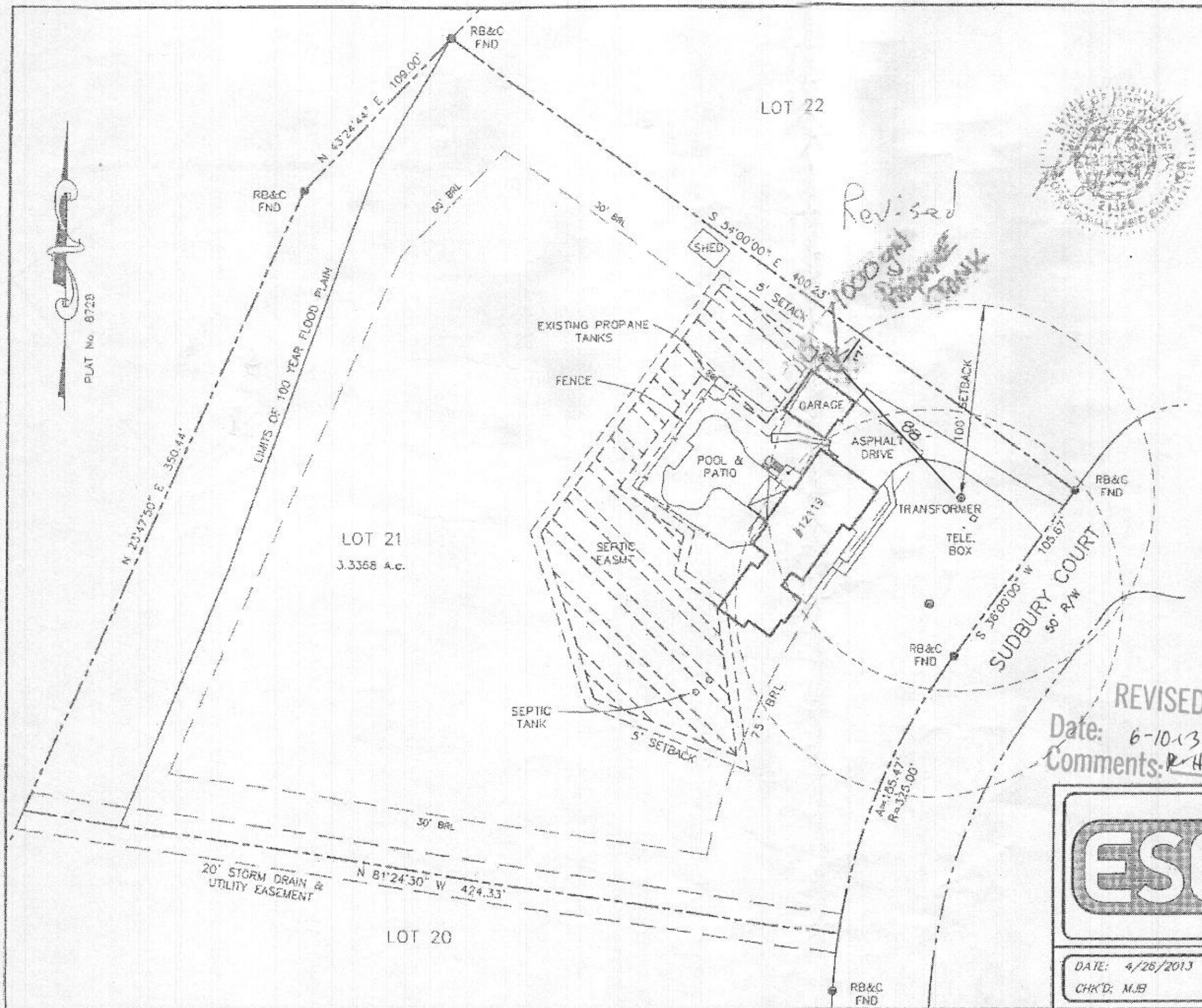
Revised Percolation Certification Plan

12119 Sudbury Ct. Clarksville, MD 21029

Douglas & Barbara Shippe 301-854-2997

613001934

PLAT No. 8728



- WELL SETBACK FOR PROPANE
- SEPTIC SETBACK FOR PROPANE
- SEPTIC EASEMENT PER HEALTH DEPARTMENT RECORDS



[Signature]
 21328 09/29/13
 SIGNATURE: MICHAEL J. DOUTS REG. LIC. NO. DATE

PROFESSIONAL CERTIFICATION: I HEREDY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 21328, EXPIRATION DATE 1/8/15.

NOTES:
 THIS ASBUILT IS BASED ON FIELD LOCATION & DOCUMENTS PROVIDED BY CLIENT & HEALTH DEPARTMENT

SETBACKS SHOW ARE PER HOWARD COUNTY HEALTH DEPARTMENT FOR BELOW GROUND LIQUID PROPANE TANKS.

ADDRESS: #12119 SUDBURY COURT
 CLARKSVILLE, MD 21029

ASBUILT
 LOT #21
ASHLEIGH GREENE SUBDIVISION
 LIBER 2380, FOLIO 515
 PLAT No. 8728
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

REVISED
 Date: 6-10-13
 Comments: R. Health

ESE

Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-1870

DATE: 4/26/2013	SCALE: 1"=50'	FILE:
CHK'D: MJB	JOB#: DOUTS	DRAWN: CER

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B080017715	
Building Address 12119 SUDBURY COURT CLARKSVILLE MD 21029			Property Owner's Name DUGLAS : LINDA SHIPLE		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 12119 SUDBURY COURT		
Census Tract _____ Subdivision Ashleigh Green			City CLARKSVILLE State MD Zip Code 21029		
Section 1 Area _____ Lot 21			Home Phone 301 851 2997 Work Phone 410 991 6150		
Tax Map 4 Parcel 458 Grid 1			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use SINGLE FAMILY HOME			Contractor Company CASSENTINO REMODELING		
Proposed Use SAME WITH FAMILY GAME EXERCISE			Contact Person WAYNE CASSENTINO		
Estimated Construction Cost \$ 25,000.00			Address 12107 MAINTAIN TRAIL		
Description of Work FAMILY GAME ROOM, EXERCISE ADDITION			City MARIOTTSVILLE State MD Zip Code 21104		
823 SF, DETACHED GARAGE ADDITION			License No. 16414		
984 SF GARAGE (SEE PLANS)			Phone 410 412 0000 Fax 410 412 5765		
Occupant or Tenant DUGLAS : LINDA SHIPLE			Engineer or Architect Company ADA SCHMIDT ARCHITECT, INC.		
Contact Name SMITH			Contact Person ADA SCHMIDT		
Address 12119 SUDBURY CT			Address 2739 THUNDERBROOK PARK		
City CLARKSVILLE State MD Zip Code 21029			City ELICOTT CITY State MD Zip Code 21119		
Phone _____ Fax _____			Phone 410 613 1662 Fax SAME		

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

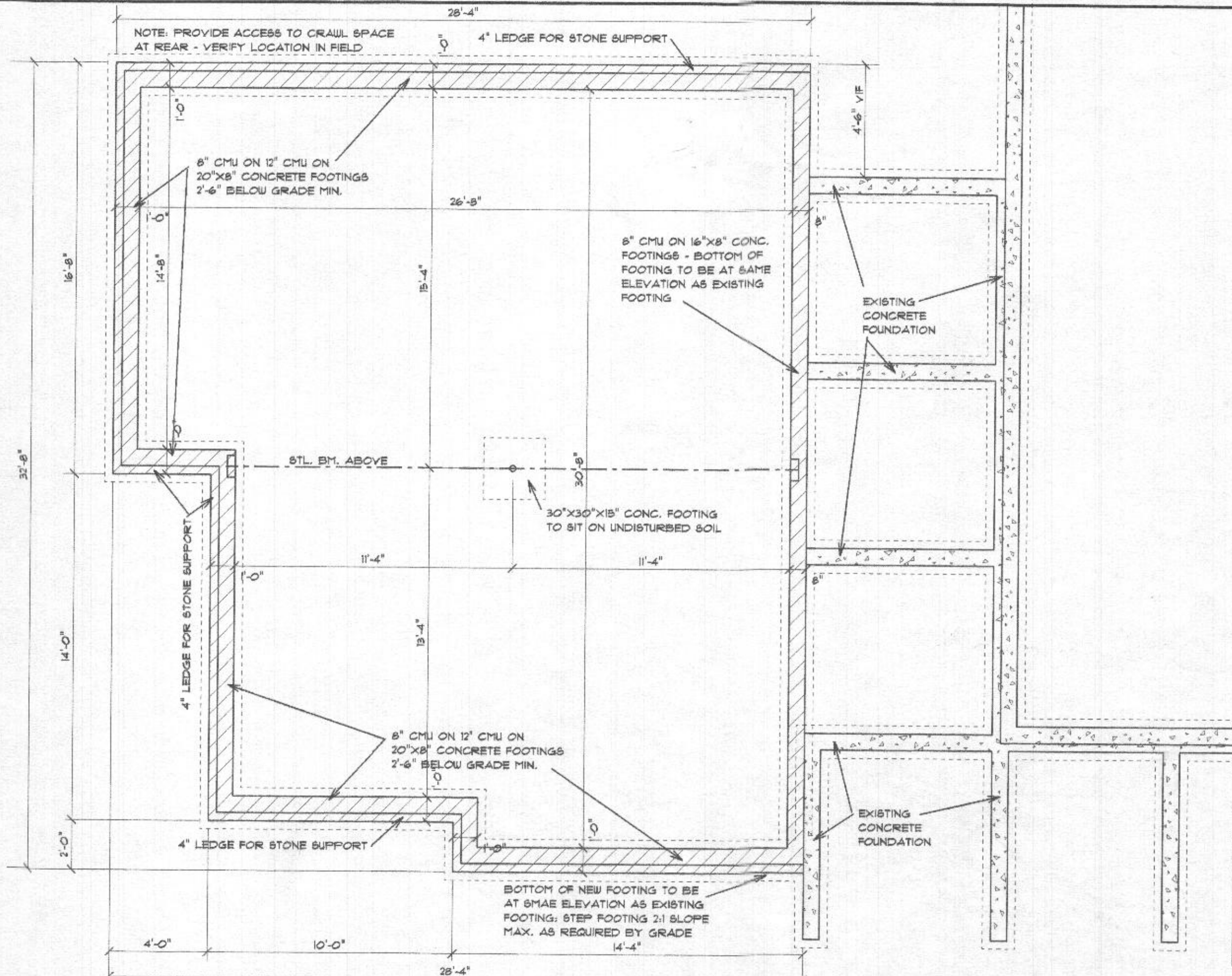
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Applicant's Signature _____ Print Name _____

Title/Company _____ Date _____

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 \$ 25.00	
State Highways						Rear: _____		Permit fee \$	
Building Official						Side: _____		Excise tax \$	
Dev. Engineering, DPZ						Side St.: _____		Add'l per. fee \$	
Health						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 # 2112	
CONTINGENCY CONSTRUCTION START: ☐						Historic District?		Validation #	
ONE STOP SHOP: ☐						YES ☐ NO ☐			
Distribution of Copies:		White: Building Official		Green: LDD, DPZ		Yellow: DED, DPZ		Pink: Health	
T:\forms\PERMIT.FRM								Gold: SHA	



FOUNDATION PLAN

NOTE: VERIFY ALL DIMENSIONS IN FIELD.

SHIPE RESIDENCE ADDITION - HOWARD COUNTY, MD

AJA SCHMIDT ARCHITECT, INC.
ELLCOTT CITY, MARYLAND

DATE:

12/17/07

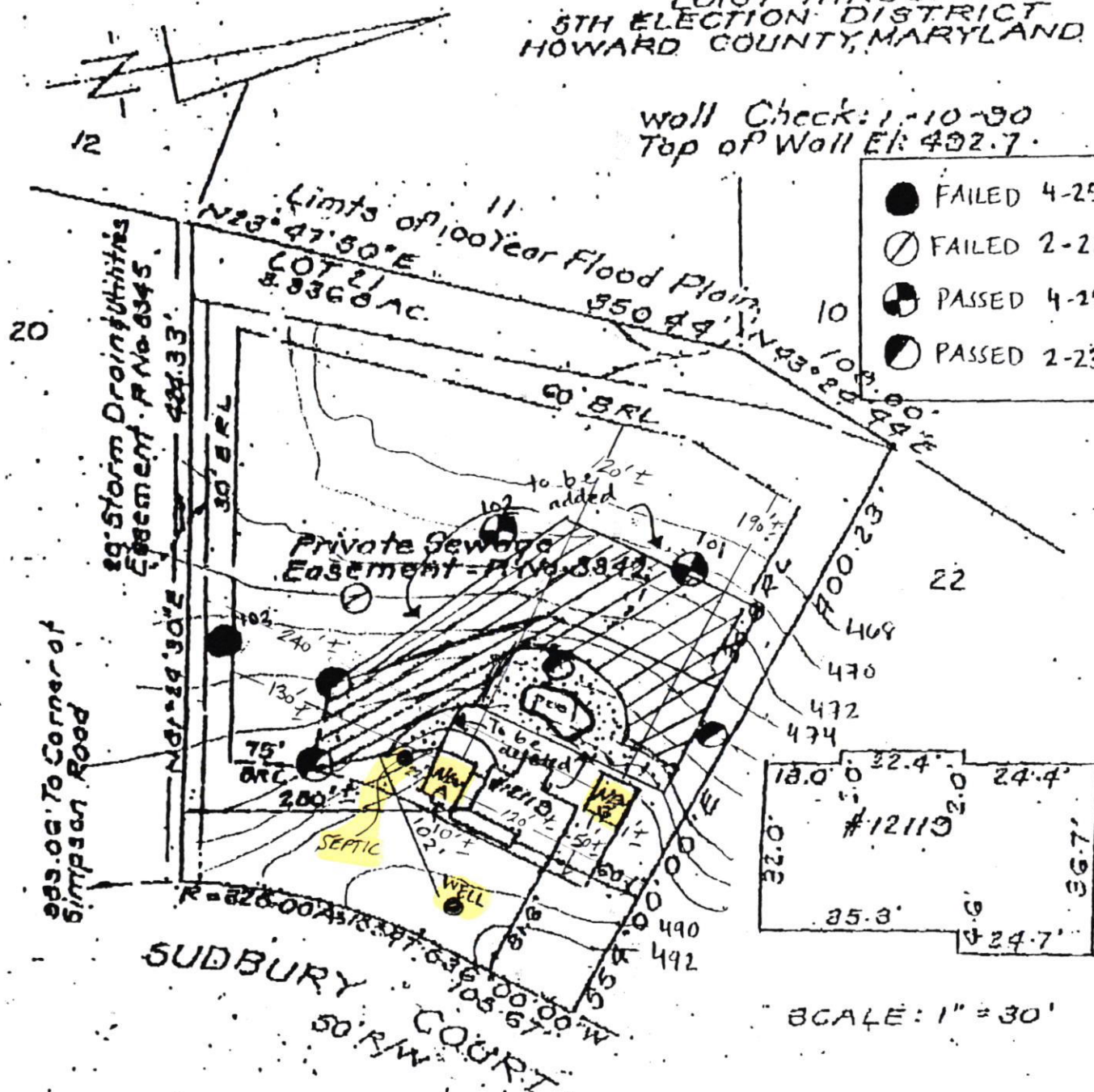
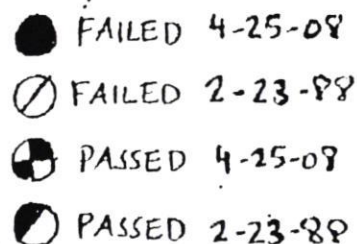
SCALE:

1/4"=1'-0"

A1

SECTION 1
LOTS 1 THRU 27
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Wall Check: 1-10-90
Top of Wall E: 422.7.



00-001 Serial No. 28499

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a boundary survey and that unless otherwise shown, there are no encroachments.

CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY COLUMBIA, MD. 21046
(301) 381-7500-BALTO. • (301) 621-8100-WASH.

REFERENCE

DRAWN BT5NP

CHECKED BY KWC

Plot
A6.8345

DATE 1-10-50

FILE NO.

SCALE 1" = 100'

1610-W

Revised Percolation Certification Plan

12119 Sudbury Ct. Clarksville, MD 21029

Douglas & Barbara Shippe 301-854-2997