DEPARTMENT 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 B0003046

Building Address 6713 White Gate Rd
Clarksville Md 21029

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

Census Tract _____ Subdivision Clarksville Ridge

Section 3 Area _____ Lot 33

Tax Map 35 Parcel 203 Grid 21

Zoning Map Coordinates Lot size

Property Owner's Name Michael Boris

Address 6713 White Gate Rd

City Clarksville State Md Zip Code 21029

Home Phone 410-531-0083 Work Phone 410-520-4441

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

Phone 410-531-0083 Fax 410-531-3656

Existing Use 3 BEDROOMS + GARAGE

Proposed Use 4 BEDROOMS + GARAGE

Estimated Construction Cost $ 88,000

Description of Work ENLARGE M.BD + 2ND. BD.
ENLARGE GARAGE UNDER BEDROOMS
20' x 30'

Contractor Company MICHAEL BORIS

Contact Person JAMES MARTZ

Address 501 BRUCE AVE

City ODENTON State MD. Zip Code 21113

License No. 7693

Phone 410-551-4221 Fax 410-551-2148

Occupant or Tenant MICHAEL T. BORIS

Contact Name MICHAEL BORIS

Address 6713 WHITEGATE RD

City CLARKSVILLE State MD. Zip Code 21029

Phone 410-531-0083 Fax 410-531-3656

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

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 ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:	20'	30'
2nd floor:		
Basement:	20'	30'

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐ GARAGE
No. of Bedrooms 3
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: _____
Dimensions: _____
Footings: _____
Roof Height: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
__X__ Private
Sewage Disposal:
____ Public
__X__ 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

Title/Company

MICHAEL T. BORIS
Print Name

5-10-06
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 Official		
Dev. Engineering, DPZ		
Health	5/5/06	
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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 1011
Validation	#

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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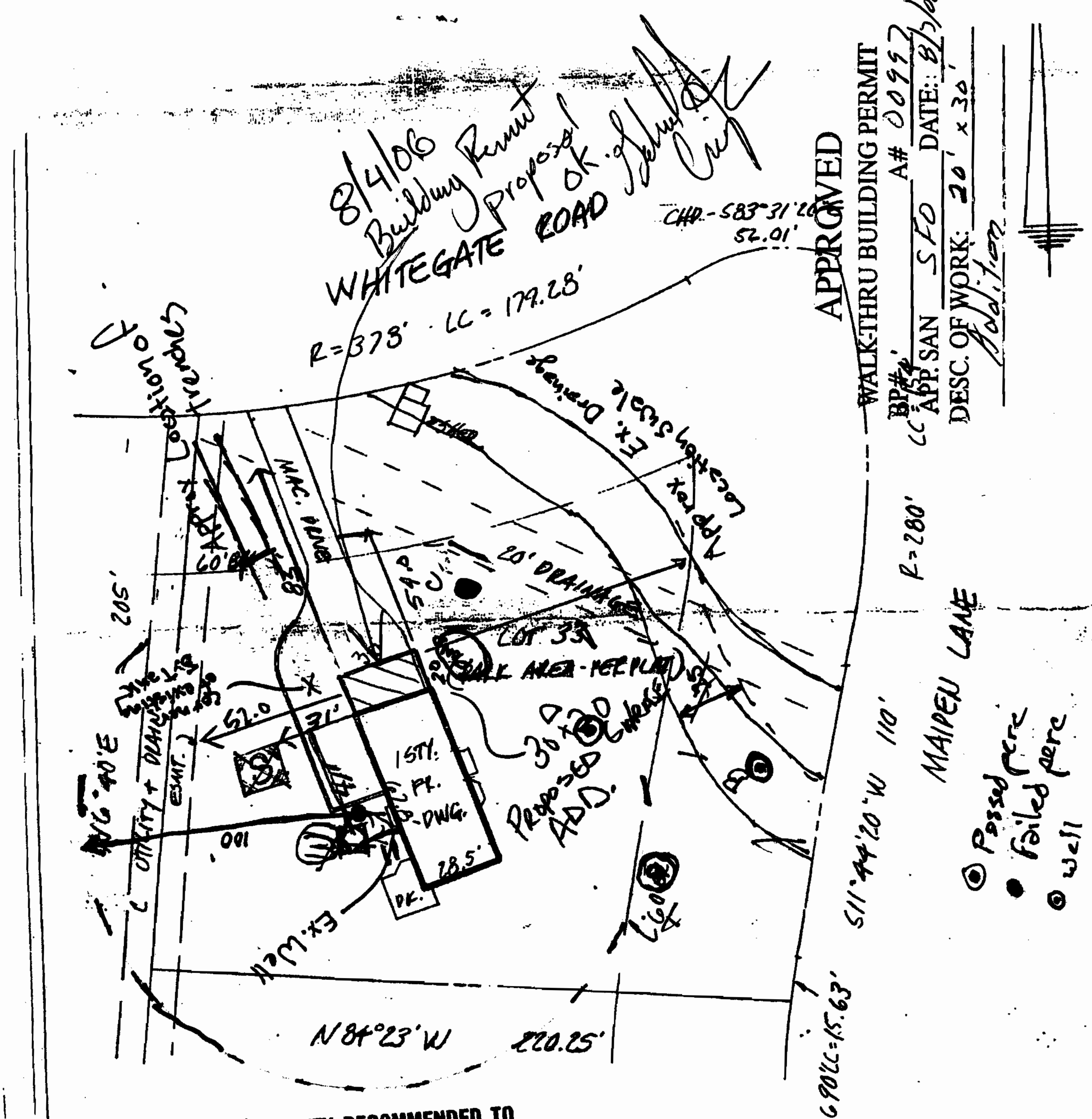
Rev. 11/4/04



PROPERTY LINE SURVEY RECOMMENDED TO DETERMINE THE EXACT LOCATION OF IMPROVEMENTS AND/OR ENCROACHMENTS, IF ANY.

W = WELL

[S] = SEPTIC

NOTE: THIS PROPERTY LIES IN FLOOD ZONE C. AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM

1" = 50'

STATE OF MARYLAND GRADEN A. ROGERS