



Walk Thru Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 9-5-14

Permit No.: _____

Building Address: 5914 Trotter Road
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: ? Subdivision: 0000
 Section: _____ Area: ? Lot: 36/5.551A
 Tax Map: 0035 Parcel: 0014 Grid: 0002
 Zoning: Residential Map Coordinates: ? Lot Size: 5.551A
 Deed Reference: /10978/00530
 Existing Use: Home
 Proposed Use: Home
 Estimated Construction Cost: \$ 8,000.00
 Description of Work: expand existing deck to length of kitchen
28'6" x 13'9" 340 sq. ft.
 Occupant ~~or Tenant~~: Jacquelyn + Anne Hoke
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Jacquelyn Hoke
 Address: 5914 Trotter Road
 City: Clarksville State: MD Zip Code: 21029
 Phone: 410 212-3236 Fax: 410 234-1413
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Anne Hoke
 Address: 5914 Trotter Rd
 City: Clarksville State: MD Zip Code: 21029
 Phone: 410 212-3236 Fax: 410 234-1413
 Email: _____
 Contractor Company: Home Owner
 Contact Person: Not
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: Applicable
 Engineer/Architect Company: Home Owner
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: Applicable

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: <u>~1,679</u>
Area of construction (sq. ft.):	2 nd floor: <u>~1,679</u>
Use group:	Basement: <u>~1,679</u>
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms:
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units:
Roadside Tree Project Permit #	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
	Footings:
	Roof:
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

NOT APPLICABLE expanding to existing deck

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: [Signature] Print Name: Sally S. CAUDILL
 Email Address: ANNIE.HOKELAW@GMAIL.COM Date: 9-4-14
 Title/Company: ANNE HOKE LAW@GMAIL.COM

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9-5-14</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

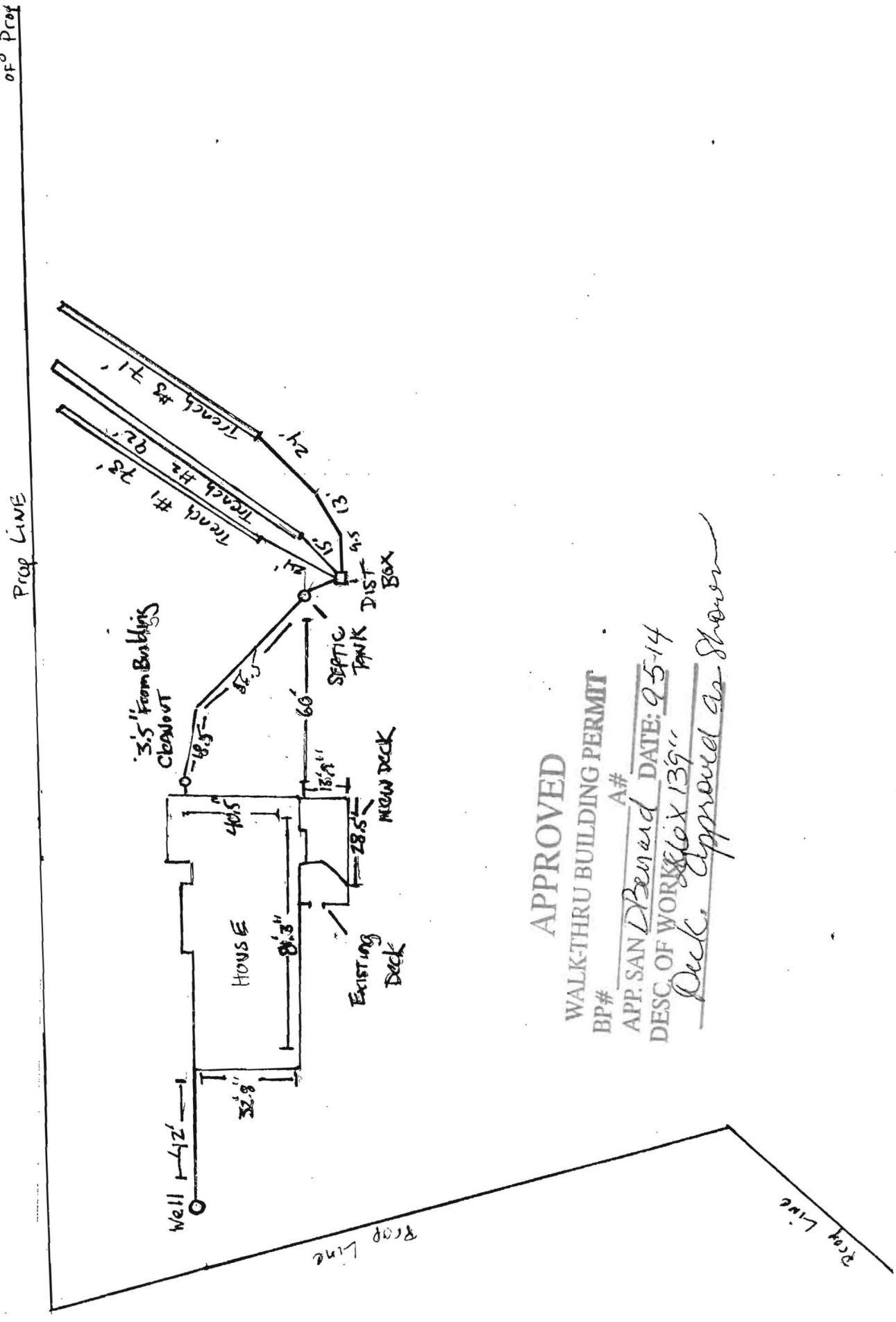
Filing Fee	\$ <u>55.00</u>
Permit Fee	\$ <u>55.00</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>189</u>

5914 TROTTEK Rd
 CLARKSVILLE, MD
 21029

1 Inch = 40 Ft



+152' →
 TO Edge
 OF Prop



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN D. Bernard DATE: 9-5-14
 DESC. OF WORK: Deck, 8'6" x 139"
 Deck, Approved as shown