

B11002290

Building Address: 7000 WOODSCAPE DR.
CLARKSVILLE, MD. 21029

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 10,000.00

Description of Work: WOOD FRAMED 3-CAR DETACH-
ED GARAGE WITH STORAGE LOFT
2,150 S.F.

Occupant or Tenant: NAYAB SIDDIQUI

Was tenant space previously occupied? Yes No

Contact Name: NAYAB SIDDIQUI

Address: 7005 WOODSCAPE DR.

City: Clarksville State: MD Zip Code: 21029

Phone: 410-707-6941 Fax: _____

Email: _____

Property Owner's Name: NAYAB SIDDIQUI

Address: 7005 WOODSCAPE DR.

City: Clarksville State: MD Zip Code: 21029

Home Phone: 410-707-6941 Work Phone: _____

Applicant's Name & Mailing Address (if other than stated herein):
Clifford Walcott
9900 Rt 108, # 203, Columbia, MD 21045

Phone: 410-740-0634 Fax: 410-740-0573

Email: cwalcott@cwarchinc.com

Contractor Company: OWNER

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: CW Architects, Inc.

Responsible Design Prof.: Clifford Walcott

Address: 9900 Rt. 108, # 203

City: Columbia State: MD Zip Code: 21045

Phone: 410-740-0634 Fax: 410-740-0573

Email: cwalcott@cwarchinc.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water/Supply</u>
Depth _____ Width _____	<input type="checkbox"/> Public
1 st floor: <u>26'</u> <u>36'</u>	<input type="checkbox"/> Private
2 nd floor: <u>34'</u> <u>36'</u>	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<input type="checkbox"/> Manufactured Home	

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: Clifford Walcott

Print Name: Clifford Walcott

Address: cwalcott@cwarchinc.com

Date: 8/23/11

Employer: Pres./CW Architects

Title/Company: _____

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>8-21-11</u>	<u>W. S. Smith</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

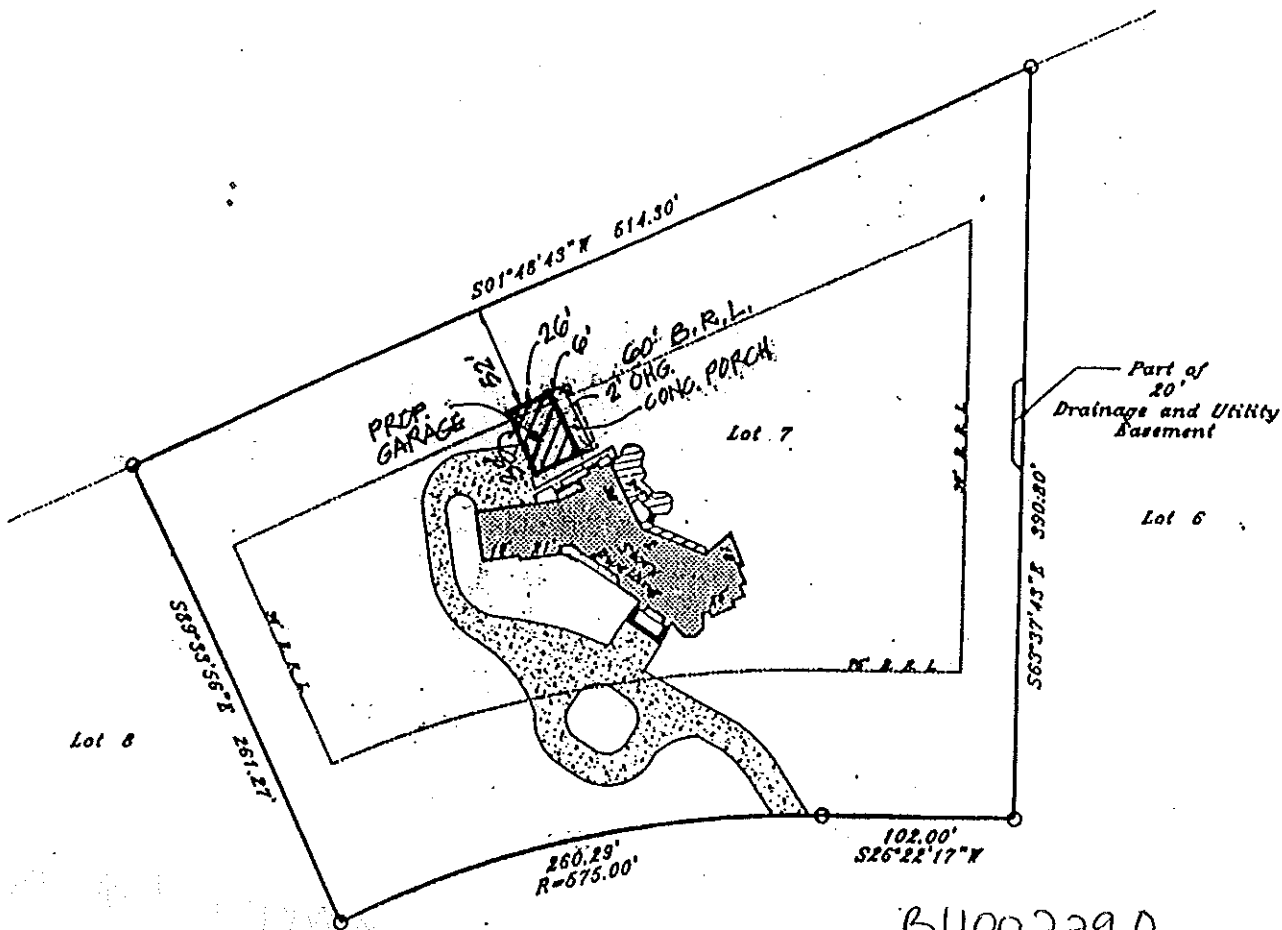
Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CASH



B11002290
 garage OK HS
 8-9-11

WOODSCAPE DRIVE
 Scale: 1" = 100.0'

RECEIVED
 AUG 11 2011
 PLANNING DEPARTMENT
 1500 WOODSCAPE DRIVE
 WOODBRIDGE, VA 22191