

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

BO9000152

Building Address 11795 BRADON WOOD  
CLARKSVILLE, MD 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name TIMOTHY J. SOSINSKI  
Address 11795 BRADON WOOD  
City CLARKSVILLE State MD Zip Code 21029  
Phone 410 531 5617 Phone 410 730 2300(w)  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410 730 2796

Existing Use RESIDENCE  
Proposed Use SHED FOR TRACTOR STORAGE  
Estimated Construction Cost \$ \_\_\_\_\_  
Description of Work 12x20 Open Shed

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: 12' to roof peak  
No. of stories: 1  
Gross area, sq. ft. per floor: 240  
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 Characteristics**  
SF Dwelling  SF Townhouse   
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: \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Footings: \_\_\_\_\_  
Roof Height: \_\_\_\_\_  
 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:

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 HERETO; (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.

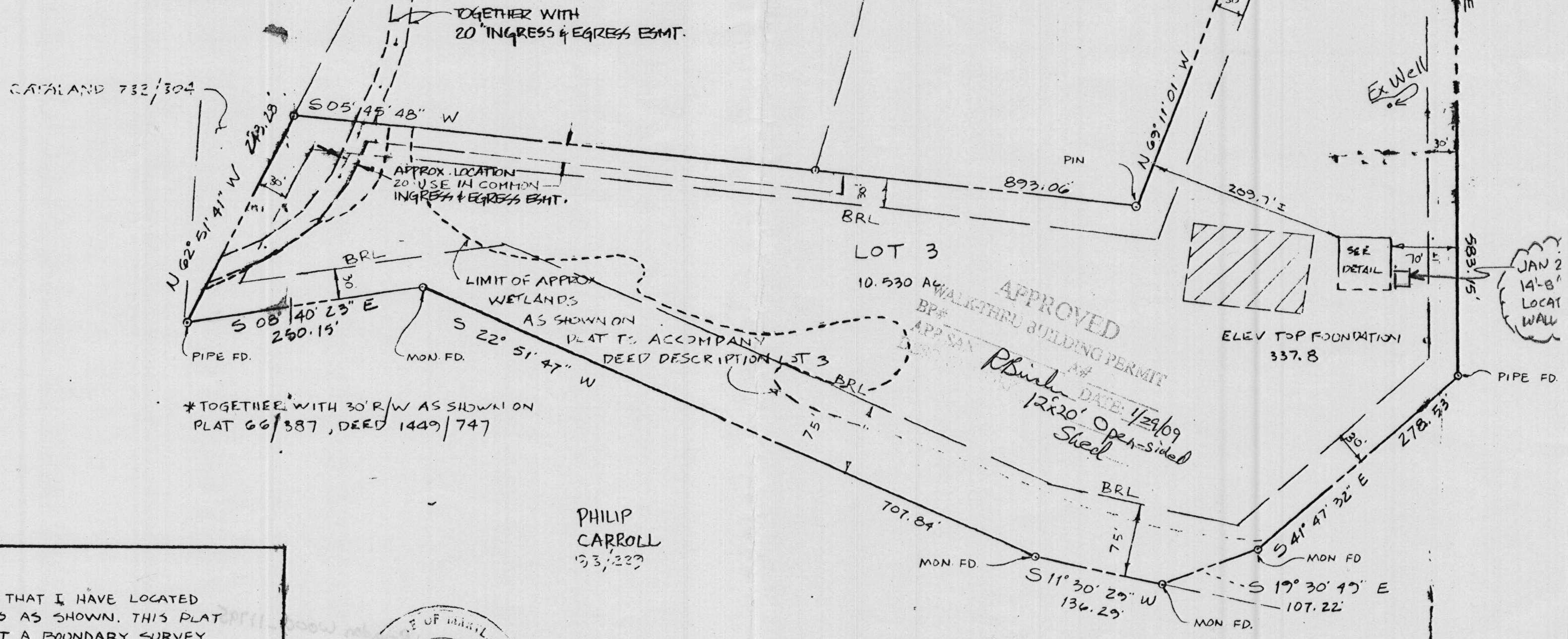
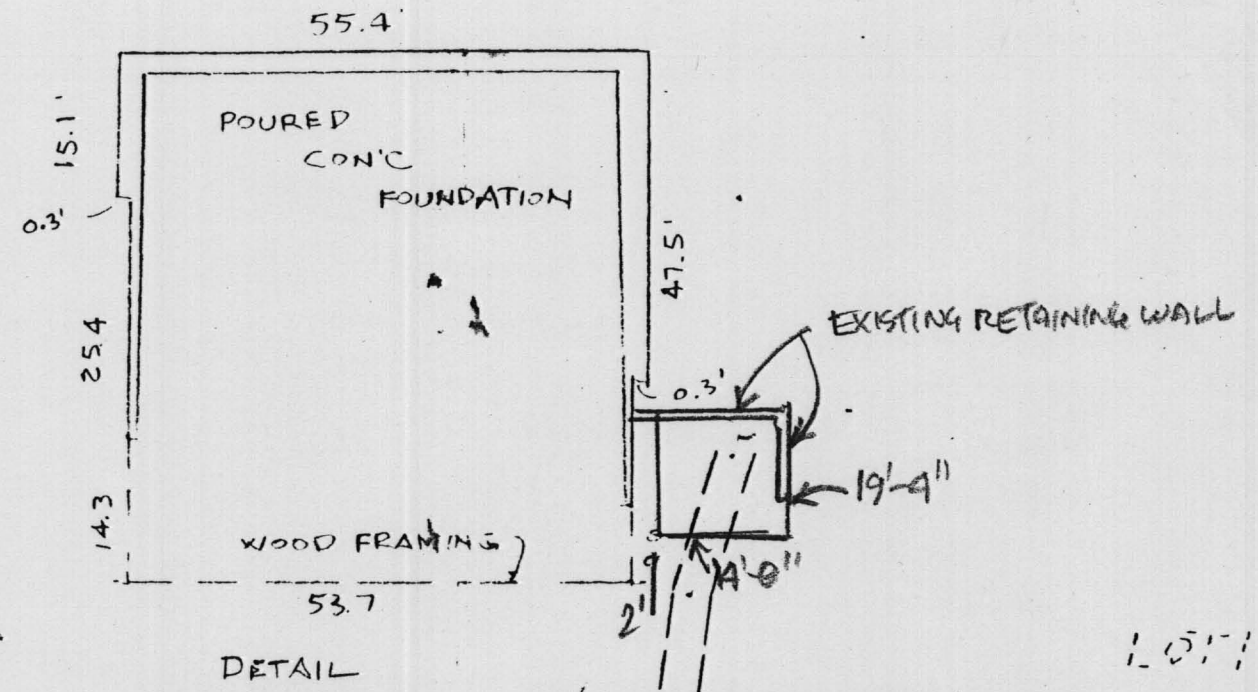
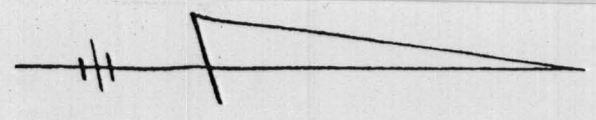
[Signature]  
Applicant's Signature  
Title/Company \_\_\_\_\_

TIMOTHY J SOSINSKI  
Print Name  
1/29/09  
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>1/29/2009</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 New Town Zone _____	
White: Building Official				SDP/Recl-line approval date _____	Accepted by _____
Green: LDD, DPZ					
Yellow: DED, DPZ					
Pink: Health					
Gold: SHA					

CHAPEL WOODS II  
 J.J.M. PART.  
 1449/747



\* TOGETHER WITH 30' R/W AS SHOWN ON PLAT 66/387, DEED 1449/747

PHILIP CARROLL  
 13/227

APPROVED  
 WALKTHRU BUILDING PERMIT  
 DATE: 1/29/09  
 12x20' Open-Sided  
 Steel



IFY THAT I HAVE LOCATED  
 ENTS AS SHOWN. THIS PLAT  
 SENT A BOUNDARY SURVEY  
 E USED TO ESTABLISH PROPERTY  
 VERS.