

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Walk thru
 Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

Building Address: 12614 GROVEWOOD CT
CLARKSVILLE, MD 21029

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

Census Tract: _____ Subdivision: PRESERVE @ CLARKSVILLE

Section: _____ Area: _____ Lot: 11

Tax Map: 34 Parcel: 77 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: 43,021 SF

Existing Use: SF RESIDENCE

Proposed Use: _____

Estimated Construction Cost: \$ 70,000

Description of Work: 16'x22' COVERED PATIO/PORCH
w/ 9'x16' ENCLOSED SHED

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: SHAWN + LUSAN ABRAMS

Address: 12614 GROVEWOOD CT

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: 410 531 6049 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: RHINE LANDSCAPING

Contact Person: DAN MURPHY

Address: PO BOX 1825

City: SYKESVILLE State: MD Zip Code: 21784

License No.: MHIC # 121739

Phone: 410 442 2445 Fax: 410 489 4312

Email: dan@rhinelandscaping.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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
Construction type:	Heating System
<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	Sprinkler System:
<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:	<input checked="" type="checkbox"/> Private
2 nd floor:	<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 type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms:	<input type="checkbox"/> Electric
Multi-family Dwelling	<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.

Dan Murphy
 Applicant's Signature
dan@rhinelandscaping.com
 Email Address
LANDSCAPE ARCHITECT
 Title/Company

DAN MURPHY
 Print Name
3-4-15
 Date

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>3-4-15</u>	<i>D. Bernard</i>
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

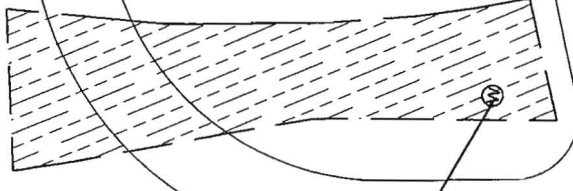
Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

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



S 31°24'08" W
4.99'
R = 270.00'
L = 103.44'



Ex. Well
HO-95-0233

50' BRL

Lot 11 - Preserve at Clarksville
Plat #19217
43,021 SF +/-
12614 Grovewood Ct.

22'-2" 9'

47'-4"

N 79°26'48" W
237.34'

10' BRL

Ex. Septic Tank

Ex. Covered Patio
New Covered Patio

Ex. Patio

New Shed
9' x 16'

S 62°26'46" E
292.18'

10' BRL

109'-9"

Ex. SDA
10,019 SF

30' BRL

APPROVED

WALK-THRU BUILDING PERMIT

APP#

A#

APP. SAN DBernard DATE: 3-4-15
DESC. OF WORK: 16' X 22" Covered
Patio/Porch w/ 9' x 16'

SITE PLAN

SCALE: 1" = 30'-0"

MARCH 4, 2015

Enclosed Sheet
Approved As Shown

238.76'

S 62°12'26" E

Building Address: 12614 GROVEWOOD CT
CLARKSVILLE MD 21029

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

Census Tract: _____ Subdivision: PRESERVE @ CLARKSVILLE

Section: _____ Area: _____ Lot: 11

Tax Map: 34 Parcel: 77 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: 43,021 SF

Existing Use: SF RESIDENCE

Proposed Use: _____

Estimated Construction Cost: \$ 65,000

Description of Work: 16' x 40' INGROUND
SWIMMING POOL + FENCE

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: SHAWN + LUSAN ABRAMS

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Engineer/Architect Company: _____

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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>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<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 type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input 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	

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Dan Murphy
 Applicant's Signature
dane@rhinelandscaping.com
 Email Address
LANDSCAPE ARCHITECT
 Title/Company

DAN MURPHY
 Print Name
3-4-15
 Date

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>3-4-15</u>	<u>DBurns</u>
Fire Protection		

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

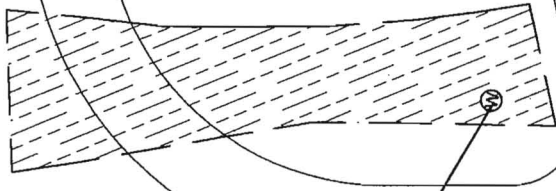
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot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

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



S 31°24'08" W
4.99'

R = 270.00'
L = 103.44'



Ex. Well
HO-95-0233

50' BRL

Lot 11 - Preserve at Clarksville
Plat #19217
43,021 SF +/-
12614 Grovewood Ct.

Pool Equipment Located
in Shed

Ex. Septic
Tank

Ex. Covered Patio
New Covered Patio

Ex. Patio

16'

20'

40'

33'-11"

Prop. Inground
Swimming Pool

Prop. Retaining Walls
35" Max. Ht.

Prop. Fence

Ex. SDA
10,019 SF

74'

S 52°26'46" E
292.18'

10' BRL

N 79°28'48" W
237.34'

10' BRL

30' BRL

238.76'

S 59°41'26" E

APPROVED

WALK-THRU BUILDING PERMIT

APP. SAN D Bernard DATE: 3-4-15
DESC. OF WORK: 16' x 40' Inground
Swimming Pool & Fence

SITE PLAN

SCALE: 1" = 30'-0"

MARCH 4, 2015

Approve as Shown

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 1430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS: (410) 313-2855 INSPECTIONS: (410) 313-1810 AUTOMATED INFORMATION: (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00-1439	
Building Address <u>Duchy Grove Court</u> <u>Cherry Hill, MD 21024</u>			Property Owner's Name <u>Dighton L. Smith</u> Address <u>1330 Woodside Court Suite A</u>		
Suits/Apt. #: _____ SDPAWP/Petition #: _____ Census Tract _____ Subdivision <u>Belair Hills</u>			City <u>Belair</u> State <u>MD</u> Zip Code <u>21016</u>		
Section _____ Area _____ Lot <u>11</u> Tax Map <u>35</u> Parcel <u>77</u> Grid <u>11</u>			Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning <u>R2</u> Map Coordinates _____ Lot size <u>4307174</u>			Phone <u>410 995 6736</u> Fax <u>410 381 8747</u>		
Existing Use <u>Commercial</u> Proposed Use <u>Commercial</u> Estimated Construction Cost \$ <u>1,000,000</u>			Contractor Company <u>Tracy Thompson Builders</u> Contact Person <u>Tracy Thompson</u> Address <u>1330 Woodside Court Suite A</u>		
Description of Work <u>Remodeling of existing commercial building</u> <u>to include new kitchen, restrooms, and</u> <u>mechanical systems.</u>			City <u>Belair</u> State <u>MD</u> Zip Code <u>21016</u> License No. _____ Phone <u>410 995 6736</u> Fax <u>410 381 8747</u>		
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	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<u>Building Characteristics</u> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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 _____ Print Name _____
 Title/Company _____ Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DEPT. 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	7/28/00	R. B. ...	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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Check \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation \$ _____	
ONE STOP SHOP: <input type="checkbox"/>			Historic District?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone		
			SDP/Red-line approval date	Accepted by _____	
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:Forms/PERMIT.FRM					Rev. 11/4/04