

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 300143384 *JAB*

Building Address 6396 Guilford Rd.
Clarksville Md 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 60502 Subdivision SPG Valley Farms
 Section _____ Area _____ Lot 17
 Tax Map 35 Parcel 305 Grid 19
 Zoning R100 Map Coordinates _____ Lot size 533ac.

Property Owner's Name Allen Lokus
 Address 6396 Guilford Rd
 City Clarksville State Md Zip Code 21029
 Home Phone 301 854-2371 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Contractor
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use ADDITION TO SFD
 Estimated Construction Cost \$ 50,000.
 Description of Work convert existing bedroom, mudroom, garage into bedroom, mudroom, bathroom. Add garage and shop.

Contractor Company PATUXENT BUILDERS INC.
 Contact Person Jerry Rushing
 Address 2435 Duvall Rd.
 City Woodbine State Md Zip Code 21797
 License No. 363
 Phone 410 489 0833 Fax 410 489 0834

Occupant or Tenant owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>26</u> Width <u>84</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

Jerry P. Kelly
 Applicant's Signature
PRES. PATUXENT BUILDERS INC.
 Title/Company

Jerry Rushing
 Print Name
8/1/03
 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	<u>8/18/03</u>	<u>Jelly</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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#: 55122
 Filing fee \$ 23.00
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 1517
 Validation # 25156
 Accepted by [Signature]

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



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 28, 2005

Mr. & Mrs. Lohaus
6396 Guilford Road
Clarksville, MD 21029

Re: Proposed Detached Art Studio
6396 Guildford Road
BP# 00156957

Dear Mr. & Mrs. Lohaus,

Our office has received the above mentioned permit for a one story detached art studio with a bathroom. In order to process your permit, our office will need to review a floor plan, a SCALED drawing, and a proposed sanitary line from the building to the existing septic with elevations and slope identified. Also note, that if the detached art studio has the potential of a future occupant converting this structure to an in-law apartment, our office will require a percolation test to identify an additional 10,000 square feet of septic disposal area.

If you have any questions, do not hesitate to contact me at 410-313-1775. Thank you for your time in this important matter.

Sincerely,

Kacie Noonan, R. S.
Well & Septic Program

KN

Cc: file

Martha Lohaus
6396 Guilford Road
Clarksville, MD 21029

12/29/05

re: BP# 00156957
Lohaus- art studio

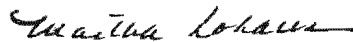
Dear Ms. Noonan,

I received your letter and contacted Ken Williams, the potential contractor, to supply you with the additional details needed for the consideration of the art studio.

Also, I have no intention of converting this structure to any kind of in-law apartment but just want to have use of it as a studio.

I thank you for your consideration and look forward to hearing from you.

Sincerely,



Martha Lohaus

mlohaus@hotmail.com
#301-854-1055

From: "Kacie Noonan" <knoonan@mail.co.ho.md.us>
To: "Martha Lohaus" <mlohaus@hotmail.com>
CC:
Date: Tue, 3 Jan 2006 12:37:37 -0500
Subject: **re: BP# 00156957 Lohaus- detached personal art studio**

Thank you for your explanation, however, our concern at the health department is that any potential future owner may try to convert the studio into an in-law suite. Have you submitted floor drawings of the interior layout? I will pull your file to review it now.

-kc

----- Original Message -----

From: "Martha Lohaus" <mlohaus@hotmail.com>
Date: Thu, 29 Dec 2005 10:25:21 -0500

>
>Dear Ms. Noonan,
>
> I received your letter and contacted Ken Williams, the
>potential contractor, to supply you the additional details needed for
>consideration of the studio.
>
> Also, I have no intention of converting this structure to
>any kind of "in-law" apartment but just have it to use as a painting
>studio.
>
> Thank you for your consideration and I look forward to
>hearing from you.

Sincerely,

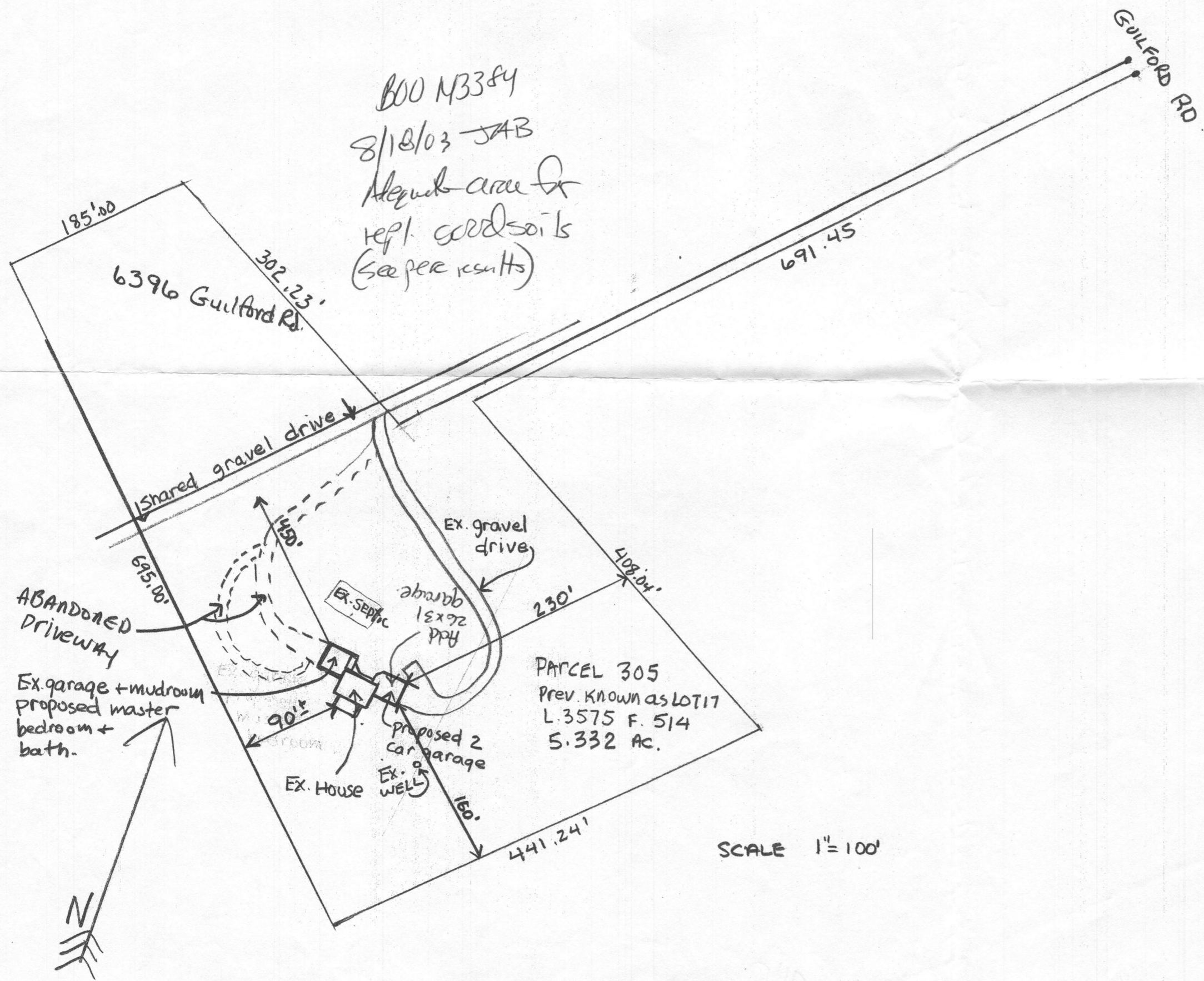
Martha Lohaus

>
>
> mlohaus@hotmail.com or #301-854-1055
>
> re: BP# 00156957 Lohaus studio
>
>
>

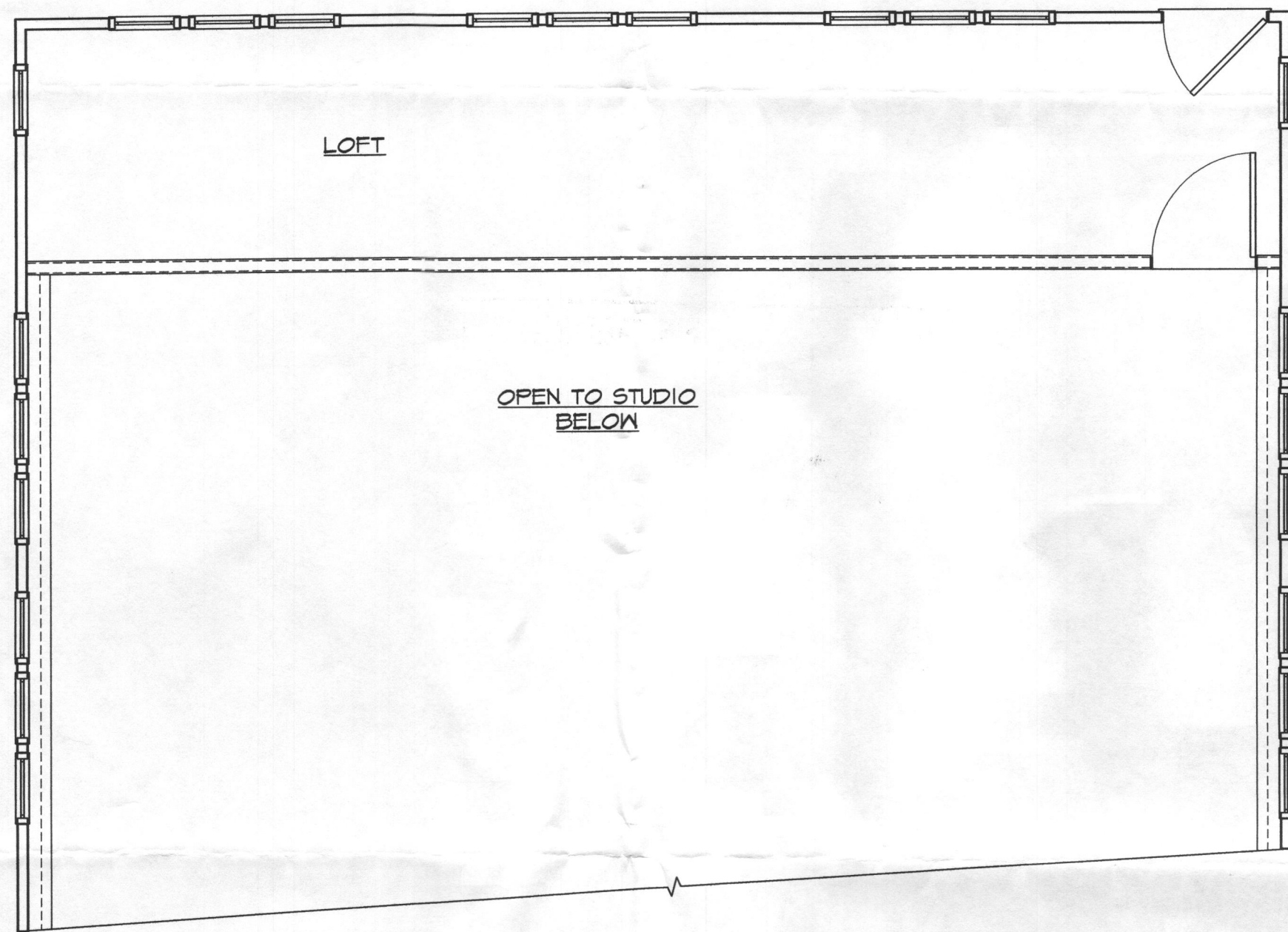
LOHAUS PROJECT

PLOT PLAN

NOTES

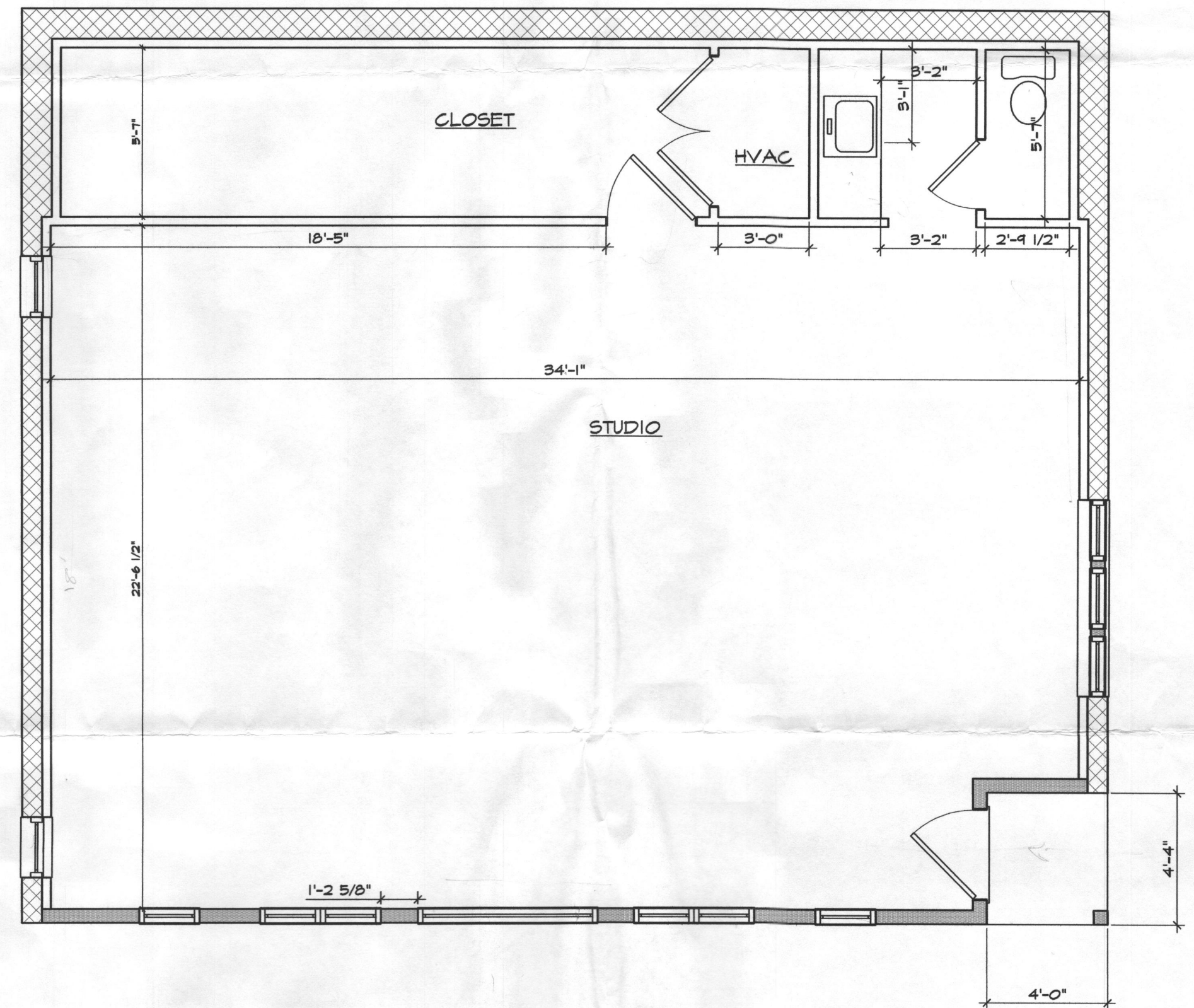


MAP 35	GRID 19	PARCEL 305	SUBDIV	SECT	BLOCK	LOT 17	GROUP 81	PLAT NO: PLAT REF:
OWNER ALLAN W. & MARTHA N. LOHAUS 6396 GUILFORD ROAD CLARKSVILLE, MARYLAND 21029-1523 301-854-2371					CONTRACTOR PATUXENT BUILDERS, INC 410-489-0833			
					DRAFTER PRECISION HOME DESIGN SVCS 410-799-4546			



LOFT PLAN

1/4"=1'-0"



FLOOR PLAN

1/4"=1'-0"

LOHAUS STUDIO		
CLARKSVILLE, MD		
SCALE 1/4"=1'-0"		DRAWN BY
DATE 10/28/05		REVISED
Donna Anastasi - CAD Drafting Service		
1818 Quebec Street, Severn, MD 21144		410-519-7200
FLOOR PLANS		DRAWING NUMBER
		A3 OF 4