



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: _____

Permit No.: _____

Building Address: 7108 CARLISLE COURT
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: ASHLEIGH KNOLLS
Section: _____ Area: _____ Lot: 42
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: S.F.D.
Proposed Use: S.F.D. - ADD 2ND FL. BATHROOM
Estimated Construction Cost: \$ 29000
Description of Work: REMOVE BEDROOM CLOSETS
TO ADD BATHROOM + NEW CLOSETS

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Property Owner's Name: GREENWOOD, RITA & HELEN
Address: 7108 CARLISLE CT.
City: HIGHLAND State: MD Zip Code: 21029
Phone: 301 854-1854 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: PETIT CONSTRUCTION, INC.
Contact Person: C. B. PETIT, JR.
Address: 7560 GREENWOOD DR.
City: HIGHLAND State: MD Zip Code: 20777
License No.: MHC 31911
Phone: 301 854-2477 Fax: _____
Email: PETITCONSTRUCT@GMAIL.COM

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

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: C. B. PETIT, JR. Print Name: C. B. PETIT, JR.
Email Address: PETITCONSTRUCT@GMAIL.COM Date: _____
Title/Company: OWNER - PETIT CONSTRUCTION, INC.

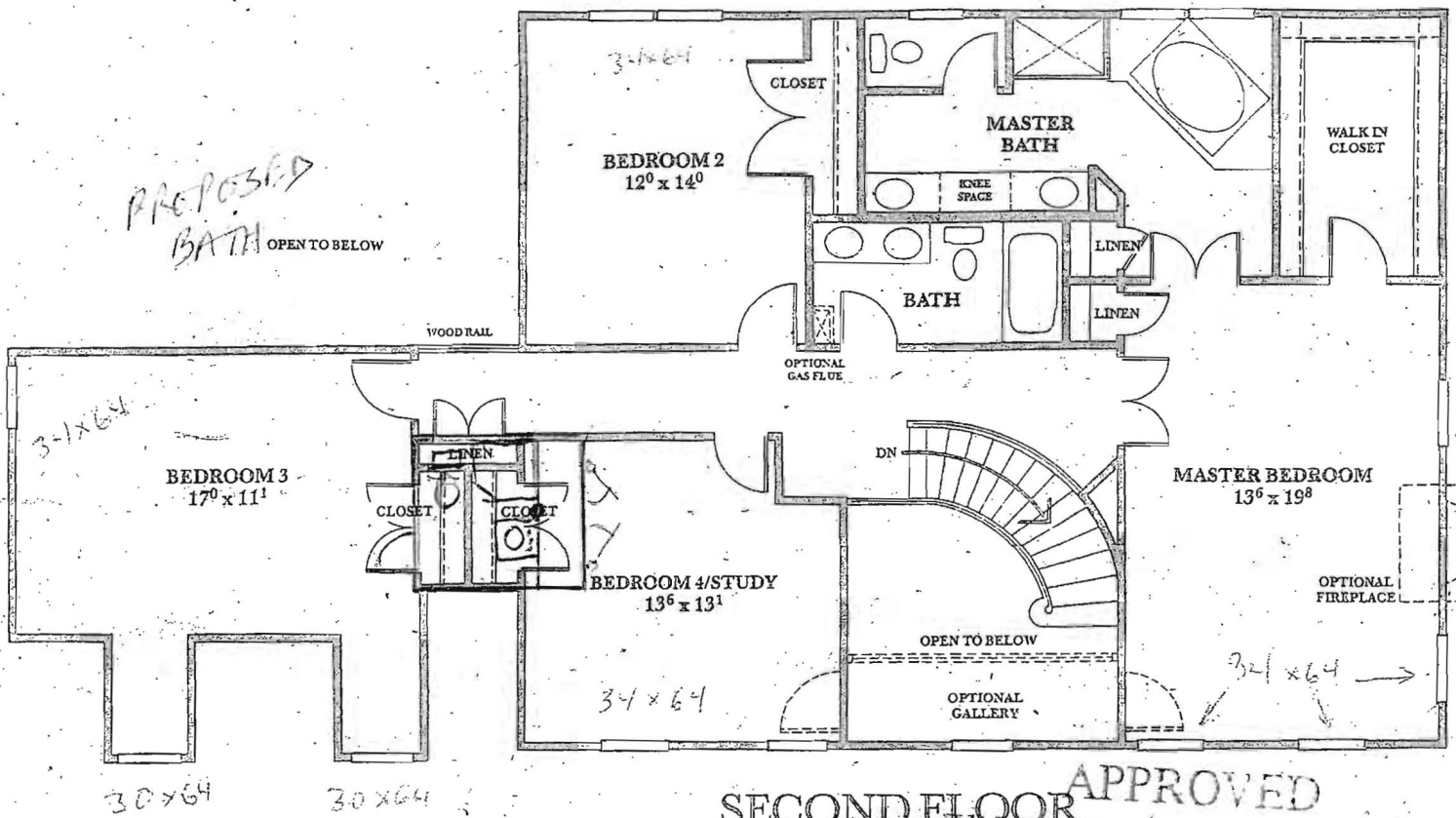
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/27/16</u>	<u>H. OSWALD</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



SECOND FLOOR APPROVED
WALK-THRU BUILDING PERMIT
(REVE/BP#)

APP. SAN. H. Oswald DATE: 6/23/16
DESC. OF WORK: Install full
bathroom in between BR3 & BR4

©11/92 Mt. Vernon

Renderings and floor plans are the artist's conception. Details and dimensions may differ from actual plans. Standard and optional features may vary. Winchester Homes reserves the right to initiate changes without prior notice. See Community Sales Manager for information.

The Mt. Vernon



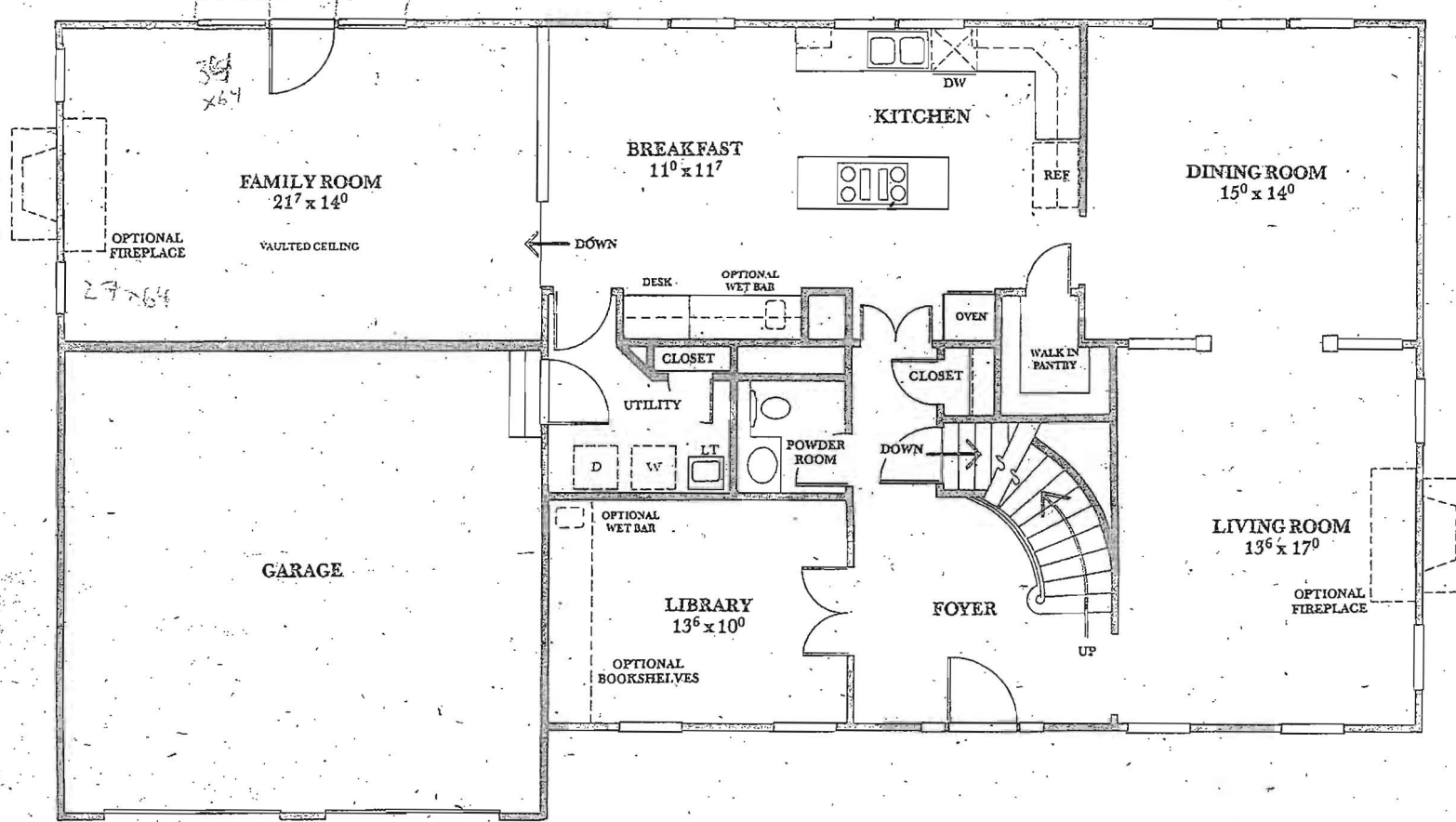
Artist's Conception

Colonial Design
07MT02

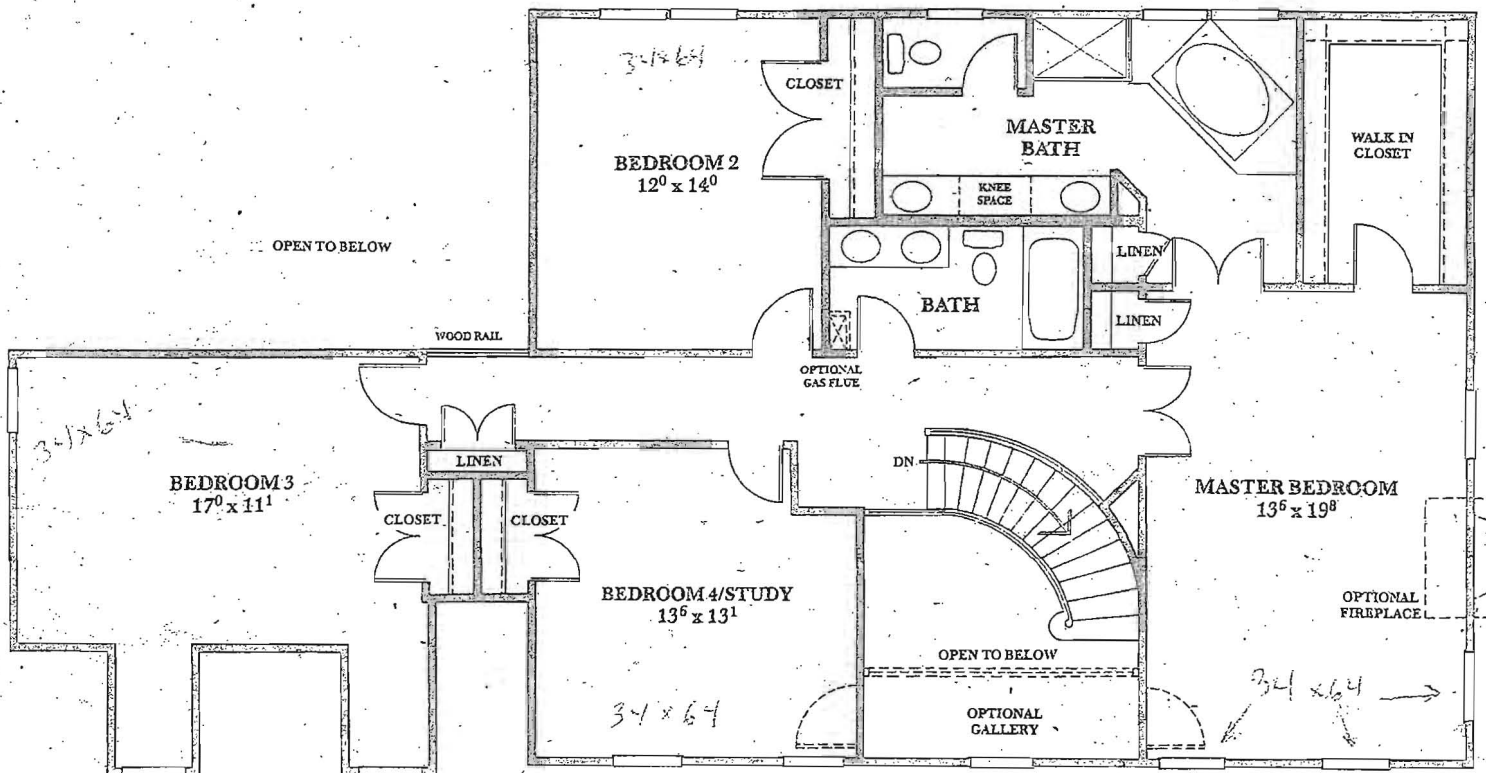
Winchester
Homes



Weyerhaeuser



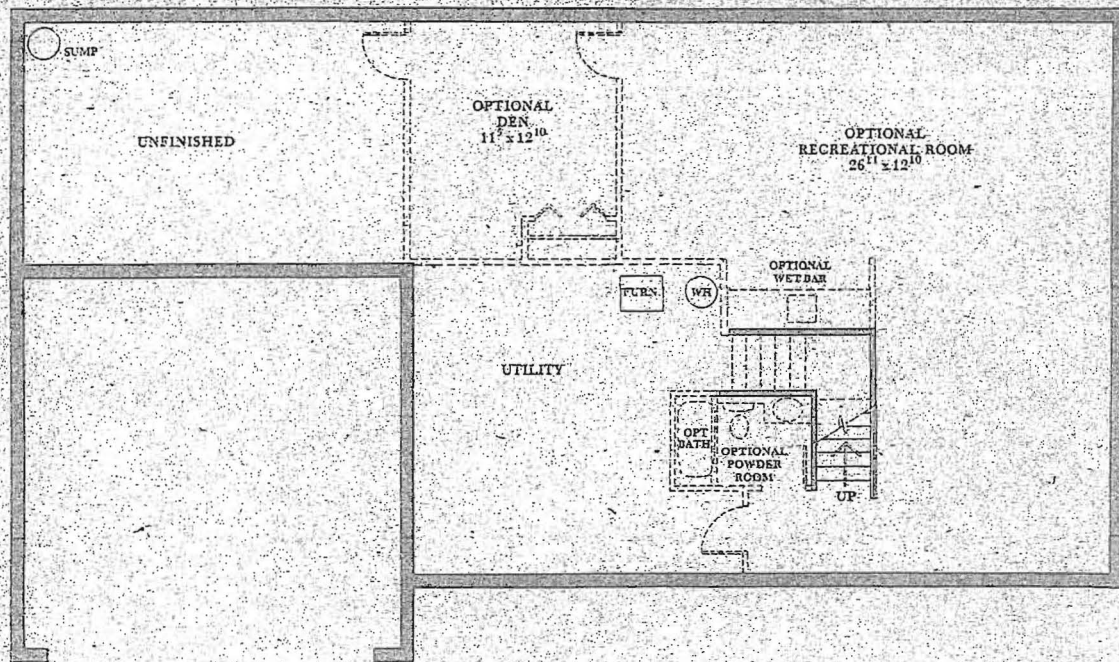
FIRST FLOOR



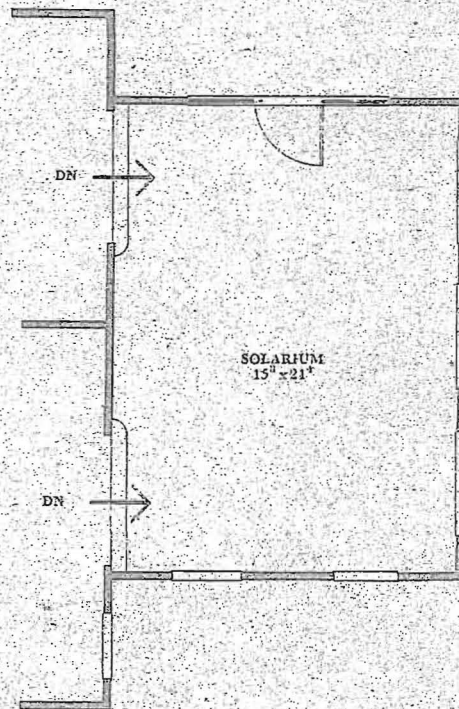
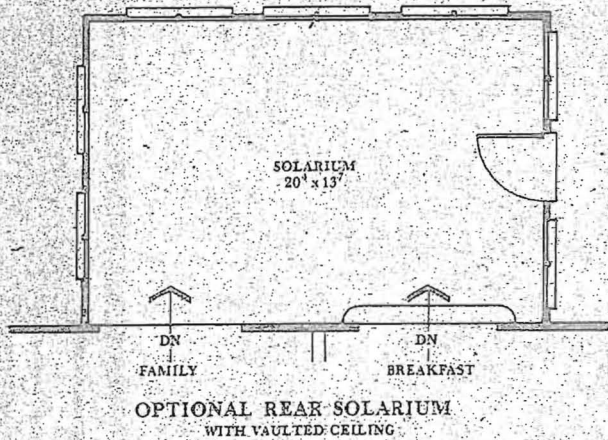
SECOND FLOOR

The Mt. Vernon

OPTIONAL PLANS



FINISHED LOWER LEVEL



* Lower level exits and windows vary upon site conditions. Check with Community Sales Manager for details.

Winchester
Homes



Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, June 21, 2016 11:26 AM
To: 'petitconstruct@gmail.com'
Subject: 7108 Carlisle Court

Hi Boyd:

The bedroom capacity is 4 per residence. As discussed, we will need to see a copy of the existing floor plans of the entire house plus proposed changes for this building permit review.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)