



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: 7217 WOLVERTON CT
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: ASHLEY KNOLLS
Section: _____ Area: _____ Lot: 94
Tax Map: 0041 Parcel: 0475 Grid: 0007
Zoning: _____ Map Coordinates: _____ Lot Size: 33k ft²

Existing Use: NA
Proposed Use: DECK & SCREENED PORCH
Estimated Construction Cost: \$ 25,000
Description of Work: REMOVE EXISTING DECK & REPLACE W/NEW DECK & SCREENED PORCH W/NO ELECT, W/STAIRS
Occupant or Tenant: 23x16 & 12x16 = 560 ft²

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

Property Owner's Name: DAVID & ALISON MARTIN
Address: 7217 WOLVERTON CT
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: 410 241 2983 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: FRONTIER DECK BLDS
Contact Person: ANDREW MENZ
Address: 4511 SUN BERRY DR
City: FUNKSBURG State: MD Zip Code: 21048
License No.: 57321
Phone: 410 781 7500 Fax: _____
Email: AMENZ@COMCAST.NET

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

| Commercial Building Characteristics | Residential Building Characteristics |
|--|--|
| Height: <u>8'</u> | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: <u>1</u> | Depth _____ Width _____ |
| Gross area, sq. ft./floor: <u>560</u> | 1 st floor: _____ |
| Area of construction (sq. ft.): <u>560</u> | 2 nd floor: _____ |
| Use group: _____ | Basement: _____ |
| Construction type: | <input type="checkbox"/> Finished Basement |
| <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 |

| Utilities | |
|---|--|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private <u>COMMUNITY</u> | |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: _____ | |
| Sprinkler System: | |
| <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: [Signature]
Email Address: AMENZ@COMCAST.NET
Title/Company: LABORER, FDB

Print Name: ANDREW MENZ
Date: 7/20/16

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>7-20-16</u> | <u>[Signature]</u> |

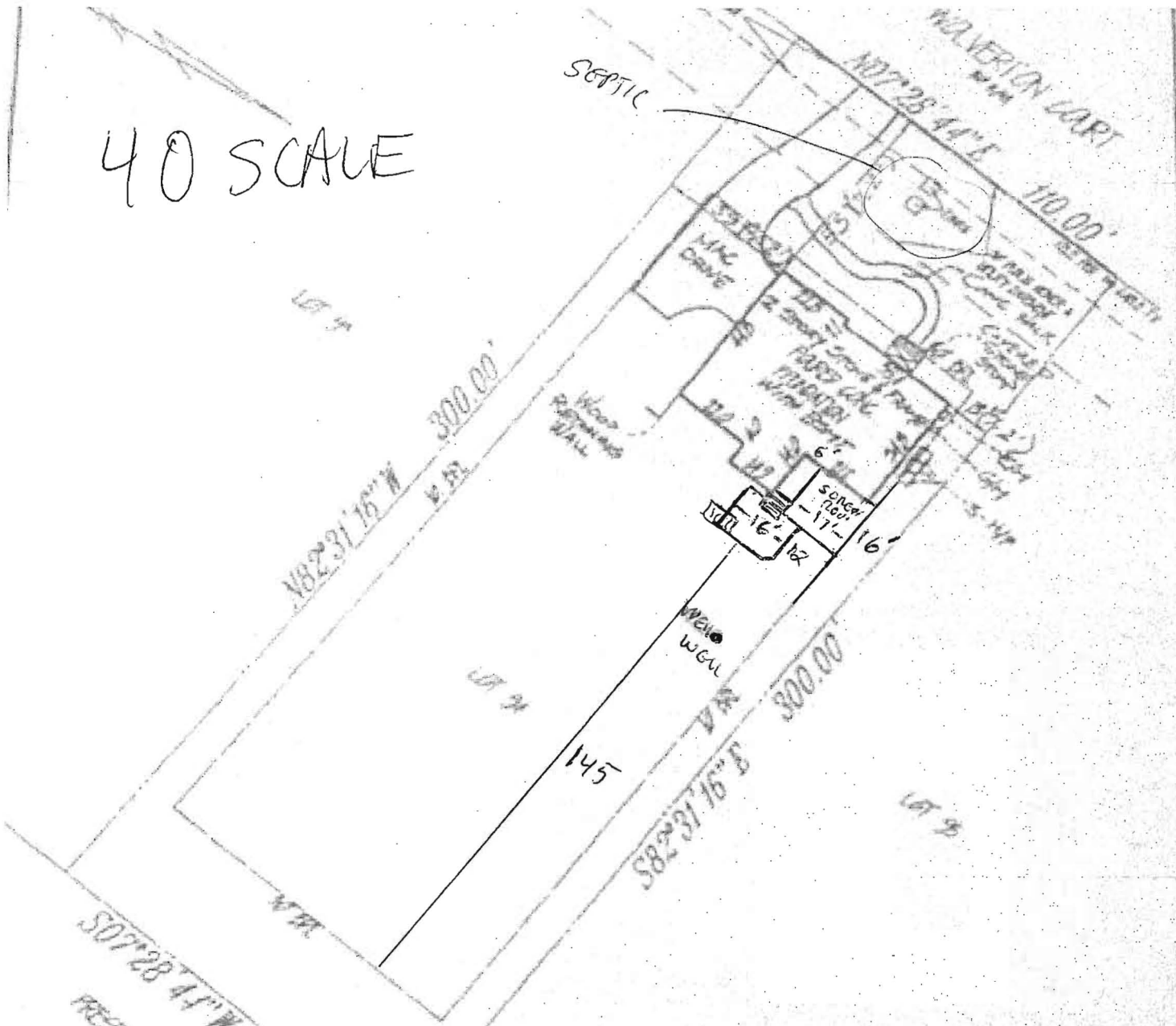
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

| 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 | # |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

40 SCALE



LEGEND

- | | | | |
|-------|--------------|-----|-----------------------|
| F/P | = FIREPLACE | O/H | = OVERHANG |
| B/W | = BAY WINDOW | H/P | = HEAT PUMP/AIR COND. |
| D/W | = DRIVEWAY | G/M | = GAS METER |
| CONC. | = CONCRETE | E/M | = ELECTRIC METER |

ADDRESS No.: 7217 WOLVERTON COURT
 TOP OF WALL ELEV. = 498.07 FIRST FLOOR ELEV. = N/A
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN DBernard DATE: 7-20-16
 DESC. OF WORK: 23 x 11, Deck
Screened Porch - 12 x 16 (560ft²)
Approved as Shown

ASHLEIGH KNOLLS

PHASE FOUR

PLAT No. 11839