

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

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

Permit Number:

Building Address: 5200 TEN OAKS RD  
CLARKSVILLE 21029

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: 6051.01 Subdivision: —

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: C, D

Tax Map: 28 Parcel: 157 Grid: 14

Zoning: RR-DEO Map Coordinates: 4833/DA Lot Size: ~9A

Existing Use: SF RESIDENCE

Proposed Use: SAME

Estimated Construction Cost: \$ 100,000

Description of Work: ADD PORCH, MOVE LAUNDRY  
CHANGE TO N/A FROM PROPOSED, MOVE/ADD  
WALLS, COSMETICS

Occupant or Tenant: OCCUPANT

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: SCOTT ASTERBURN

Address: 5200 TEN OAKS RD

City: CLARKSVILLE State: MD Zip Code: 21029

Phone: 443 829 9223 Fax: \_\_\_\_\_

Email: SARTERBURN@THEPAINTMAKER  
GROUP.COM

| 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             |
| <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:   |

Property Owner's Name: SCOTT ASTERBURN

Address: SAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: 4103198591 Work Phone: 443 829 9222

Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: SAME

Contractor Company: OWNER

Contact Person: SCOTT ASTERBURN

Address: SAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Phone: 443 829 9222

Email: SAME

Engineer/Architect Company: SINEX DESIGN

Responsible Design Prof.: ROXANA SINEX

Address: 8600 FUNDAY ST

City: SAVAGE State: MD Zip Code: 20763

Phone: 301-776-8285

Email: \_\_\_\_\_

| 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 <sup>st</sup> floor: <u>SEE PLANS</u>   | <input checked="" type="checkbox"/> Private                                   |
| 2 <sup>nd</sup> floor: <u>SEE PLANS</u>   | <u>Sewage Disposal</u>  |
| Basement:   | <input type="checkbox"/> Public   |
| <input type="checkbox"/> Finished Basement  | <input checked="" type="checkbox"/> Private                                   |
| <input checked="" type="checkbox"/> Unfinished Basement                               | Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Crawl Space                                       | Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input checked="" type="checkbox"/> Slab on Grade                                     | <u>Heating System</u>   |
| No. of Bedrooms: <u>5</u>   | <input type="checkbox"/> Electric   |
| <u>Multi-family Dwelling</u>  | <input type="checkbox"/> Oil  |
| No. of efficiency units:  | <input checked="" 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 SO 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: SCOTT ASTERBURN Print Name: SCOTT ASTERBURN

Email Address: SARTERBURN@THEPAINTMAKER Date: 9/12/11

Title/Company: OWNER GROUP.COM

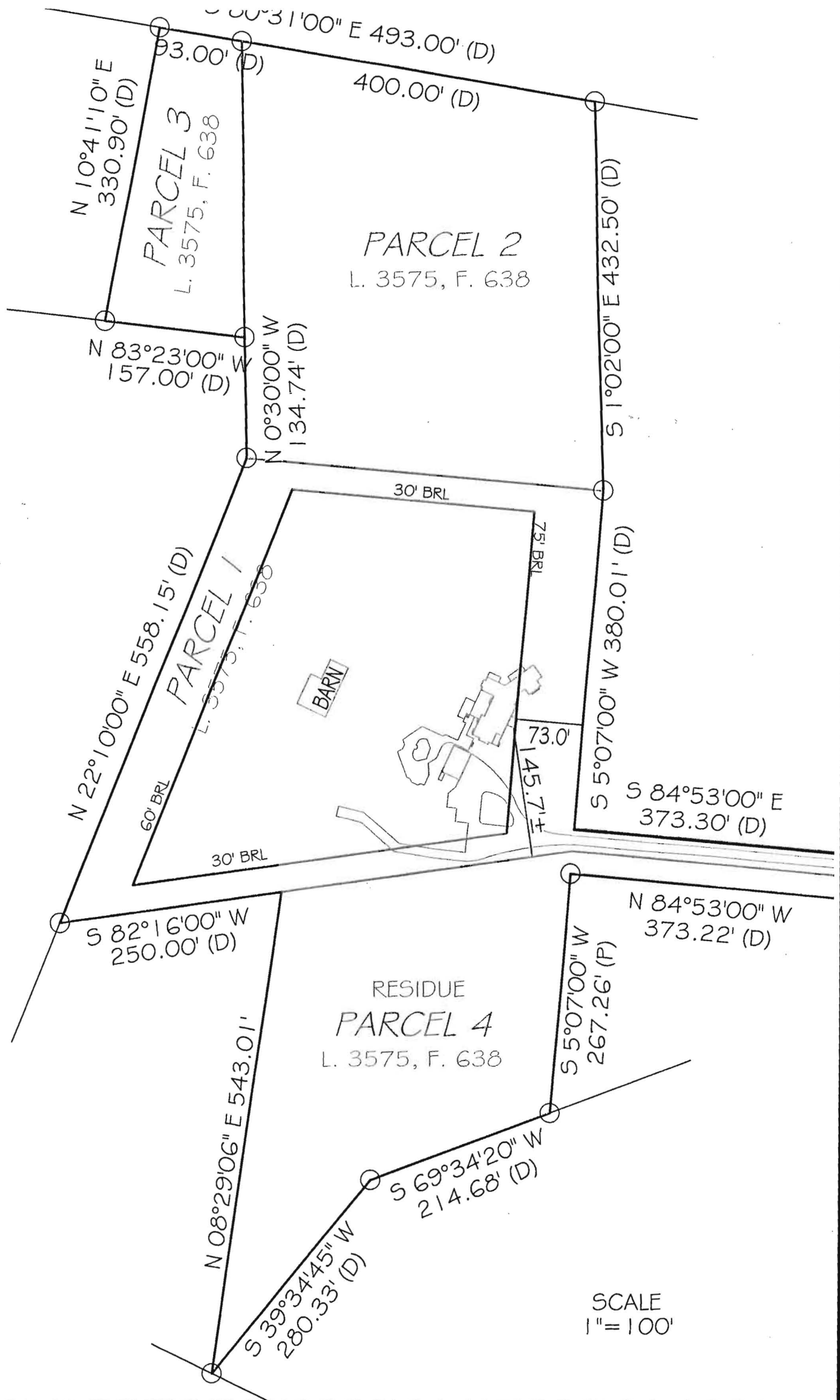
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

| AGENCY             | DATE           | SIGNATURE OF APPROVAL |
|--------------------|----------------|-----------------------|
| State Highways     |                |                       |
| Building Officials |                |                       |
| PSZA (Zoning)      |                |                       |
| PSZA (Engineering) |                |                       |
| Health             | <u>9-15-11</u> | <u>William Scott</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     | \$ |



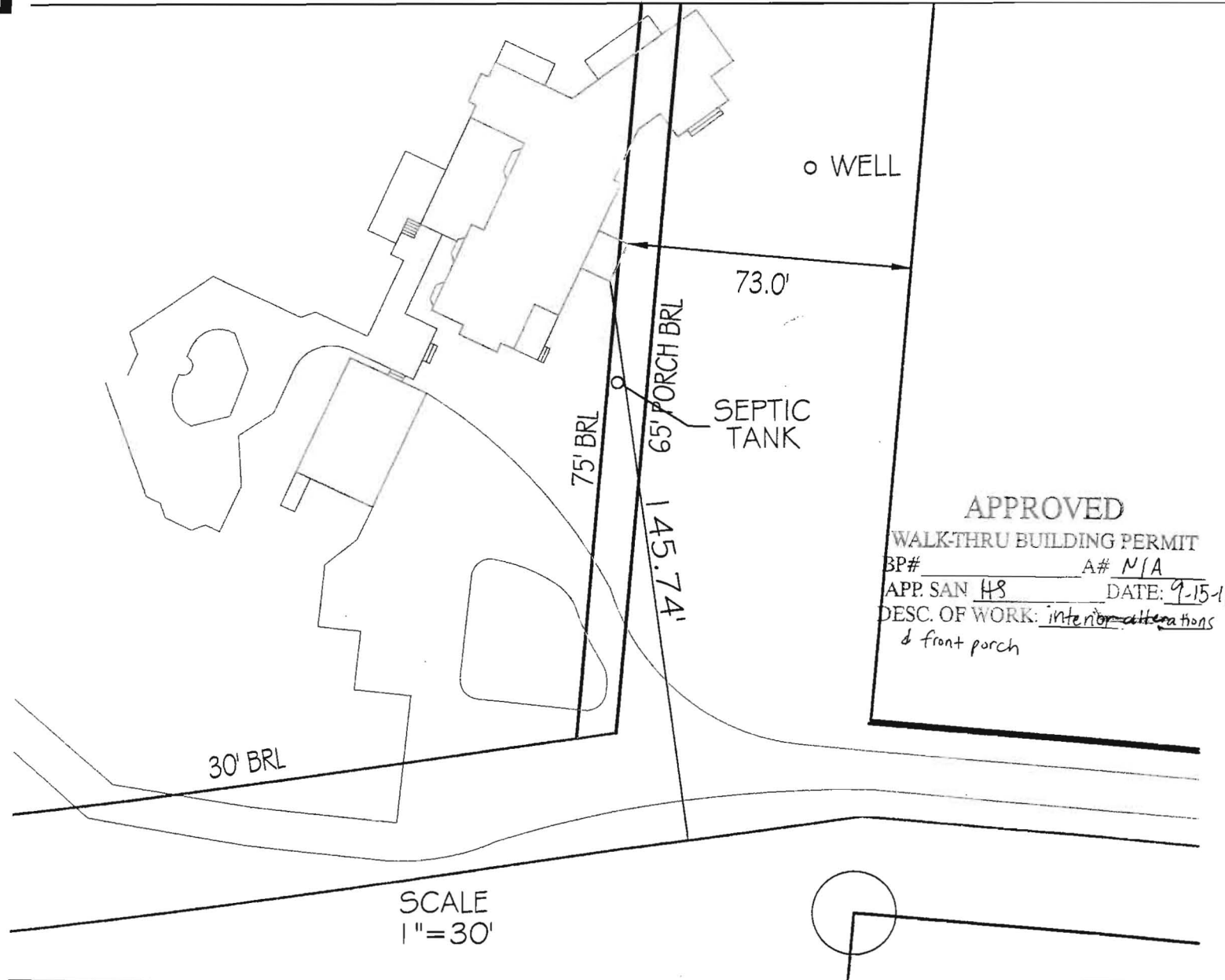
ARTERBURN HOUSEHOLD SURVEY  
 1200 TEN OAKS ROAD  
 CLARKSVILLE, MD 21029

PORCH

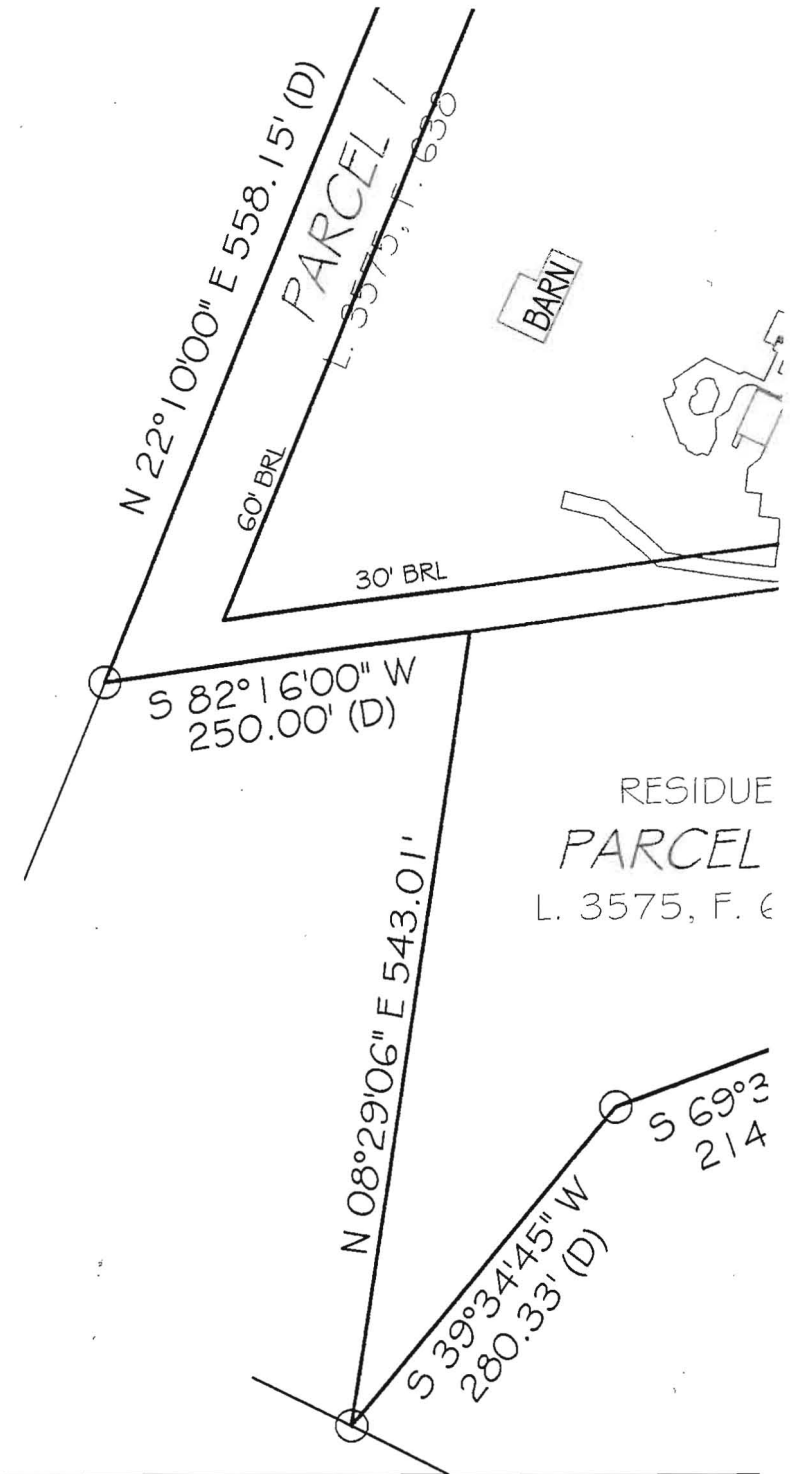
# HOUSE DETAIL

NO SCALE

11  
7.5



TBACKS RR-DEO ZONING

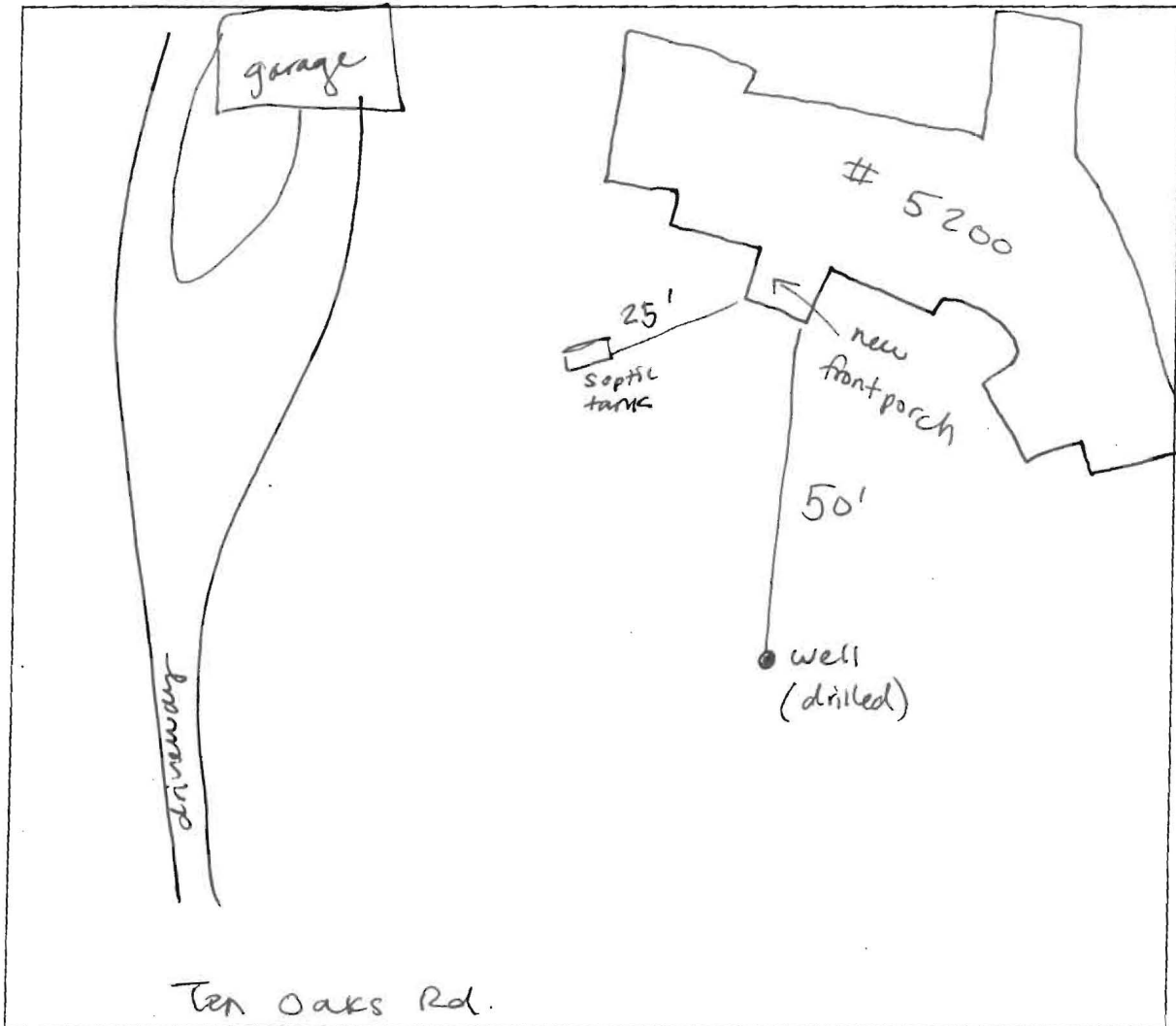


ARTERBURN HOUSEHOLD SURVEY

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 5200 Ten Oaks Rd CONTRACTOR: \_\_\_\_\_  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: interior alterations & front porch

LOCATION DIAGRAM



COMMENTS: no records found for this property. Site inspection  
made to confirm well and septic tank locations for  
building permit

DATE: 9-15-11 INSPECTOR: HS / DB