DEPARTMENT OF [illegible] AND PERMITS
[illegible]
[illegible] CITY, MD [illegible]
[illegible] INSPECTIONS [illegible]
AUTOMATED INFORMATION [illegible]

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0800043

Building Address 13008 Twelve Trees Ct Clarksville MD

Suite/Apt. #: ______ SDP/WP/Petition #: ______

Census Tract ______ Subdivision Twelve Hills

Section ______ Area ______ Lot ~~28~~ 12

Tax Map 28 Parcel ______ Grid ______

Zoning RR Map Coordinates ______ Lot size 3.25 Ac

Existing Use Single Family Dwelling

Proposed Use Single Family Dwelling

Estimated Construction Cost $ 80,000

Description of Work Extend rear of house 8' Rebuild existing Screen Porch moved 8'

Property Owner's Name Anne & Craig Rosenstein

Address 13008 Twelve Trees Ct

City Clarksville State MD Zip Code ______

Home Phone (301)854-9785 Work Phone (301)864-4206

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

Phone 301 854 9785 Fax ______

Contractor Company Fred C Dickson Co Inc

Contact Person Fred Dickson

Address 4553 Roop Rd

City Mt Airy State MD Zip Code 21771

License No 0801 0087576

Phone (410) 875-2115 Fax ~~(410)~~ (866) 883 6701

Occupant or Tenant ______

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Engineer or Architect Company ______

Contact Person N/A

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
- ___ Reinforced Concrete
- ___ Structural Steel
- ___ Masonry
- ___ Wood Frame

___ State Certified Modular

Utilities

Water Supply:
- ___ Public
- ___ Private

Sewage Disposal:
- ___ Public
- ___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
- ___ Full
- ___ Partial
- ___ Other Suppression
- ___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: ______

___ State Certified Modular
___ Manufactured Home

Utilities

Water Supply:
- ___ Public
- X Private

Sewage Disposal:
- ___ Public
- X Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
- ___ NFPA #13D
- ___ NFPA #13R
- ___ 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 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.

[signature] — *Applicant's Signature*

Fred Dickson — *Print Name*

Fred C Dickson Co Inc — *Title/Company*

01/09/08 — *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	1-9-08	[signature]
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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#:

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by ______

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

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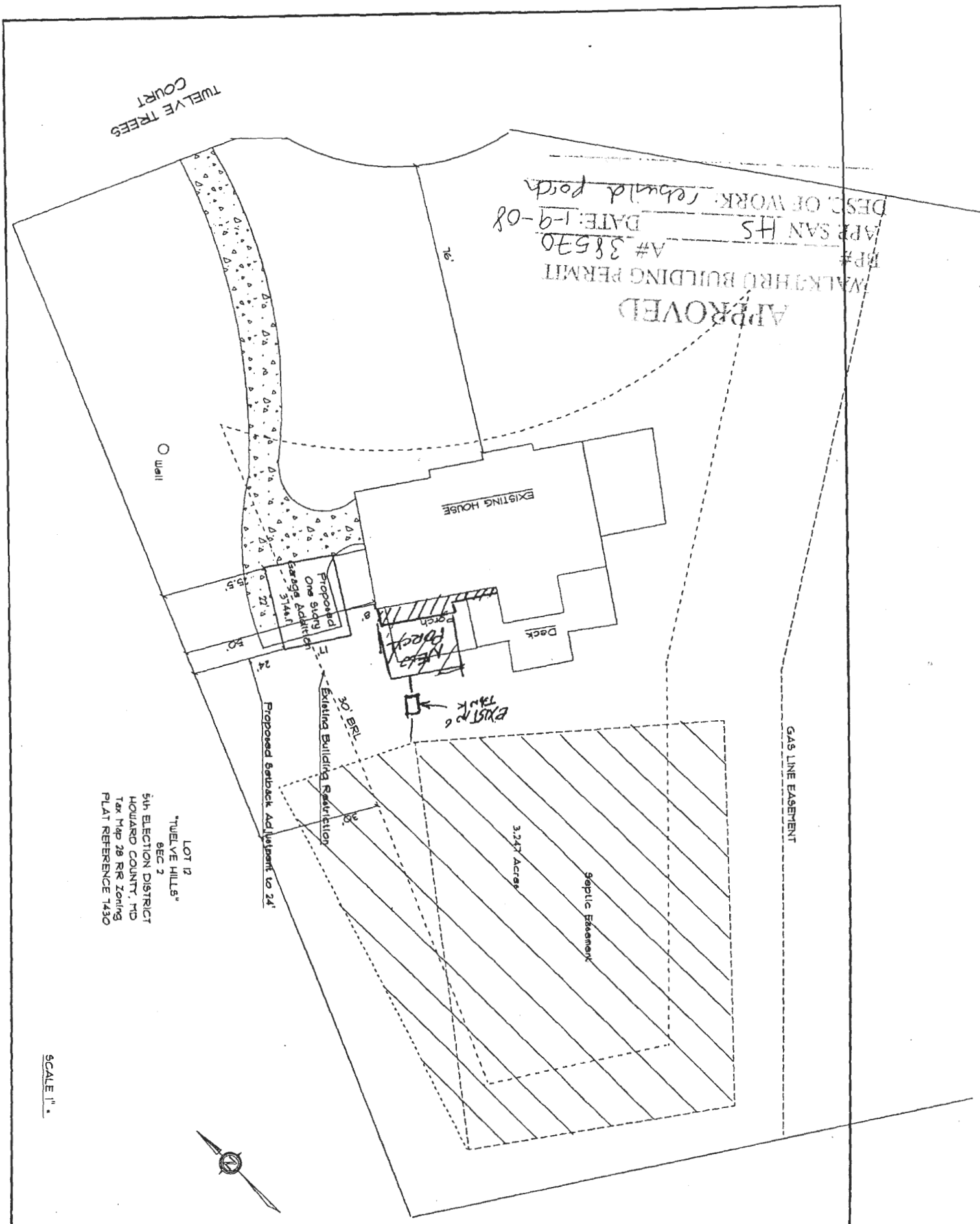
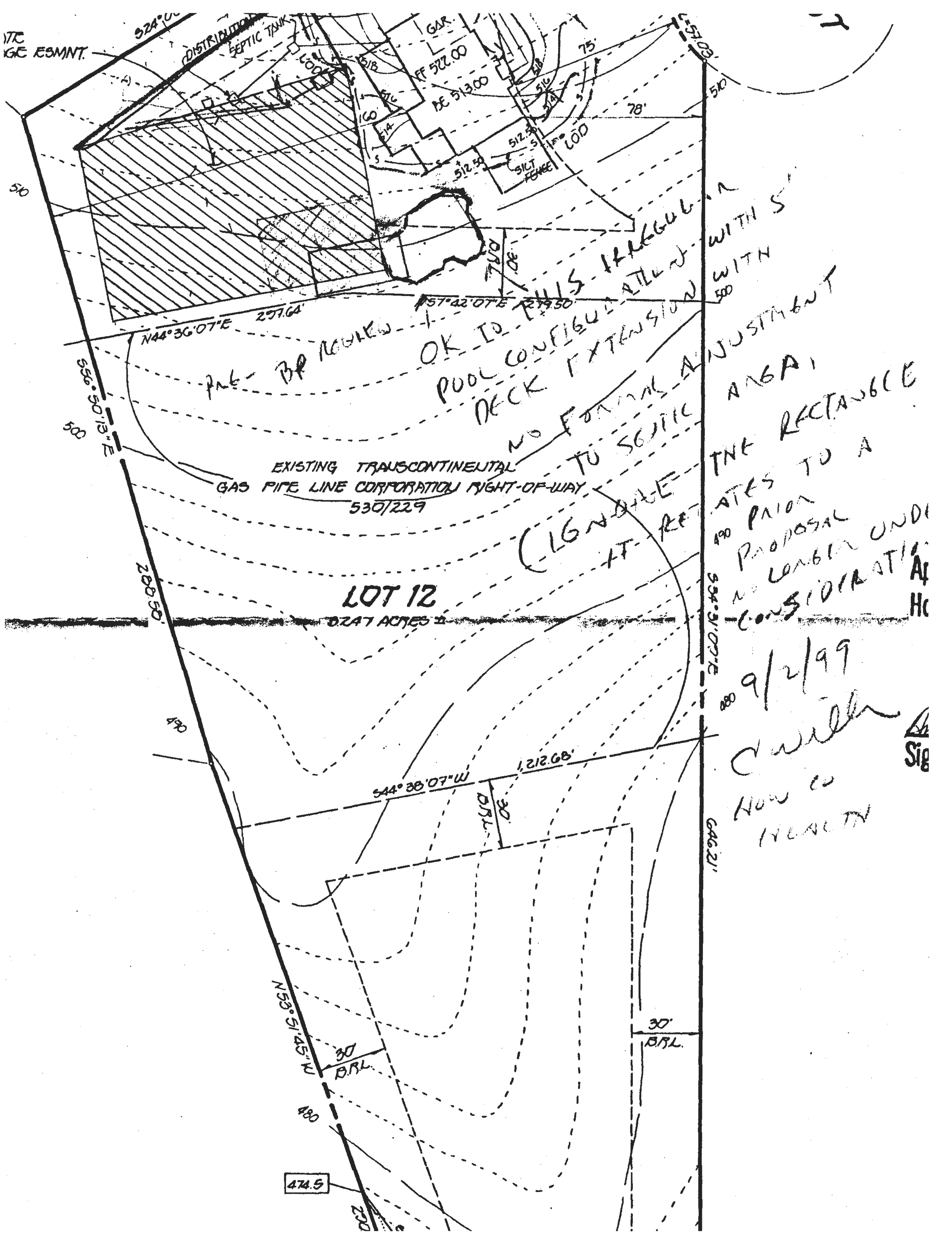


FRED C. DICKSON CO., INC. HBBR No. 407 www.fredcdickson.com HIC No. 87876 PO BOX 78 MT. AIRY, MD 21771 410.875.715 FAX 866.883.6301 HHB No. 407	ROSENTSTEIN SITE PLAN	13008 TWELVE TREES CT.	SCALE: 1" = 100'	DATE: 12.11.07	PAGE 1 OF 1
			DRAWN BY: FCD	REVISION:	
			APPROVED:		


SEPTIC TANK
DISTRIBUTION
GAR.
FF 522.00
BE 513.00
SILT FENCE
LOD
N44°36'07"E 257.64'
57°42'07"E 279.50'
S56°50'13"E
BRL
EXISTING TRANSCONTINENTAL GAS PIPE LINE CORPORATION RIGHT-OF-WAY 530/229
LOT 12
0.247 ACRES ±
S44°38'07"W 1,212.68'
N53°51'45"W
646.21'
474.5
PRE- BP REVIEW - OK TO THIS IRREGULAR POOL CONFIGURATION WITH 5' DECK EXTENSION WITH NO FORMAL ADJUSTMENT TO SEPTIC AREA.
(IGNORE THE RECTANGLE IT RELATES TO A PRIOR PROPOSAL NO LONGER UNDER CONSIDERATION
9/2/99
HOW CO HEALTH