

Building Address 13060 TWELVE HILLS RD
CLARKSVILLE, MD 21029

Suite/Apt. #: _____ SDPWP/Petition #: _____

Census Tract 005101 Subdivision TWELVE HILLS

Section 3 Area _____ Lot 52

Tax Map 28 Parcel 381 Grid _____

Zoning _____ Map Coordinates _____ Lot size 3 AC.

Existing Use RESIDENTIAL

Proposed Use FRONT PORCH REBUILD, NEW SIDE

Estimated Construction Cost \$ 12,000 5,000 PERCH

Description of Work REPLACE FRONT PORCH REMOVED
FOR STRUCTURE MOVE 9'x40' 7 STEPS
ADD SIDE PORCH 4'x6' 7 STEPS

Property Owner's Name GLENN C. BOWMAN

Address SAME AS BUILDING ADDRESS

City _____ State _____ Zip Code _____

Home Phone 410-381-2575 Work Phone _____

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

Phone _____ Fax _____

Contractor Company SUNRISE CUSTOM CARPENTRY

Contact Person FRED GOSNAGE

Address _____

City BALTIMORE State MD Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company BASS DESIGN

Contact Person KEVIN BASS

Address 600 CHAIRING CROSS RD

City BALTIMORE State MD Zip Code 21229

Phone 410-747-6262 Fax _____

Occupant or Tenant GLENN C. BOWMAN

Contact Name GLENN C. BOWMAN

Address AS ABOVE

City _____ State _____ Zip Code _____

Phone 410-381-2575 410-381-2576

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|--|--|---|--|
| <u>Building Characteristics</u> | <u>Utilities</u> | <u>Building Characteristics</u> | <u>Utilities</u> |
| Height: _____ | Water Supply: _____ Public _____ Private _____ | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1st floor: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| _____ State Certified Modular | | Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ 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; (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.

Glenn C. Bowman
Applicant's Signature
Owner
Title/Company

Glenn C. Bowman
Print Name
4-11-07
Date

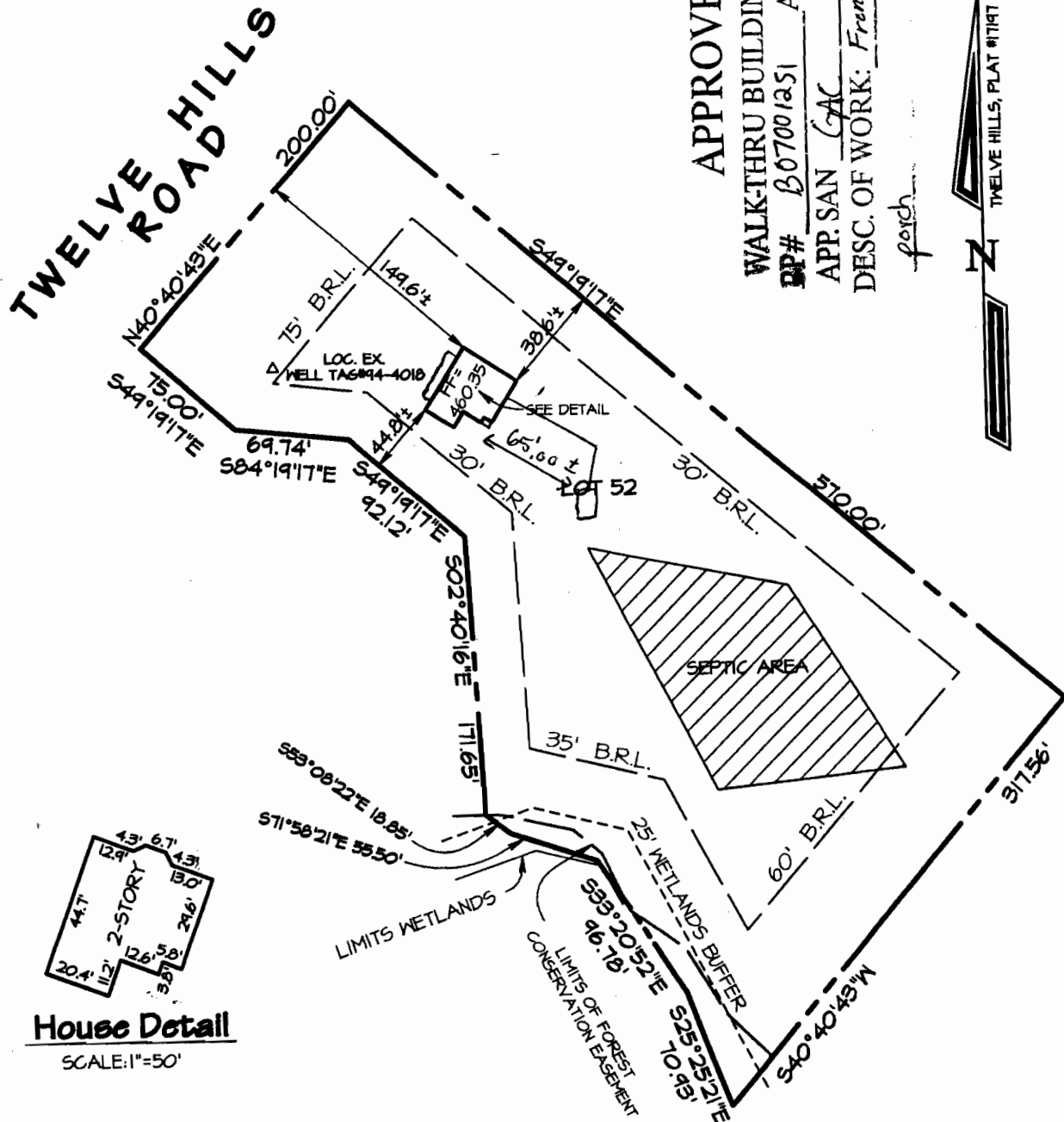
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY.

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|--------------------------|------------------------|---|-------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ |
| Health | <u>4/12/2007</u> | <u>Glenn C. Bowman</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Check \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation \$ _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | | Accepted by _____ |
| Distribution of Copies: _____ | White: Building Official | Green: LDD, DPZ | Yellow: DED, DPZ | Pink: Health |
| T:\forms\PERMIT.FRM | | | | Gold: SHA |

Rev. 11/4/04

NOTES

1. THIS DRAWING IS OF BENEFIT TO A 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.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE 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.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES WITH A LEVEL OF ACCURACY OF +/- 0.1'.
5. THIS DRAWING WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.
6. BUILDING SETBACK LINES SHOWN HEREON WERE TAKEN FROM THE RECORD PLAT. THE SURVEYOR'S LIABILITY IS NOT GUARANTEED.
7. LEVEL OF ACCURACY OF BUILDING DIMENSIONS IS +/- 0.1'.



House Detail
SCALE: 1"=50'

SURVEYORS CERTIFICATE

THIS FOUNDATION CERTIFICATION HAS BEEN PREPARED IN ACCORDANCE WITH THE "MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS" AS ADOPTED BY THE STATE OF MARYLAND.

Brian R. Dietz
BRIAN R. DIETZ

PROFESSIONAL LAND SURVEYOR NO. 21080

ONLY PLATS WITH THE SURVEYOR'S EMBOSSED SEAL ARE GENUINE, TRUE AND CORRECT COPIES.

1. LOT 52
PLAT OF TWELVE HILLS
PLAT No. 17197

8-28-06

BRIAN R. DIETZ
PROFESSIONAL LAND SURVEYOR #21080
8119 OAKLEIGH ROAD
BALTIMORE MD. 21234
Ph 410-661-3160
Fax 410-661-3163

FOUNDATION CERTIFICATION
of
13060
TWELVE HILLS ROAD
HOWARD COUNTY, MD.

DRAWN: RGF

FIELD: RGF

DATE: 08-28-06

JOB NO. 06050

SCALE: 1"=100'