DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B08000043

Trees

Building Address 13008 Twelve Trees Ct Clarksville MD 21029

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

Census Tract 605101 Subdivision Twelve Hills

Section _____ Area ~~5.4AC~~ Lot 12

Tax Map 28 Parcel _____ Grid 28-16

Zoning RR-DEO Map Coordinates _____ Lot size 3.4 AC

Property Owner's Name Craig Rosenstein

Address 13008 Twelve Trees Ct

City Clarksville State MD Zip Code 21029

Home Phone 301 854 9785 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Single Family Dwelling

Estimated Construction Cost $ 50,000

Description of Work ADD LAUNDRY RM ON CRAWL SPACE AND ~~one~~ Attached one car garage (12'x 24')

Contractor Company Fred C Dickson CORP

Contact Person Fred Dickson

Address 4593 Rosso Rd

City Mt Airy State MD Zip Code 21771

License No. 08050122397

Phone (410) 875-2115 Fax _____

Occupant or Tenant Craig Rosenstein

Contact Name Craig Rosenstein

Address SAME AS ABOVE

City _____ State _____ Zip Code _____

Phone 301 854 9785 Fax _____

Engineer or Architect Company _____

Contact Person _____

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.

Applicant's Signature

FRED DICKSON
Print Name

Title/Company

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	1/17/08	
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 New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee	$
Permit fee	$
Excise tax	$
Add'l par. 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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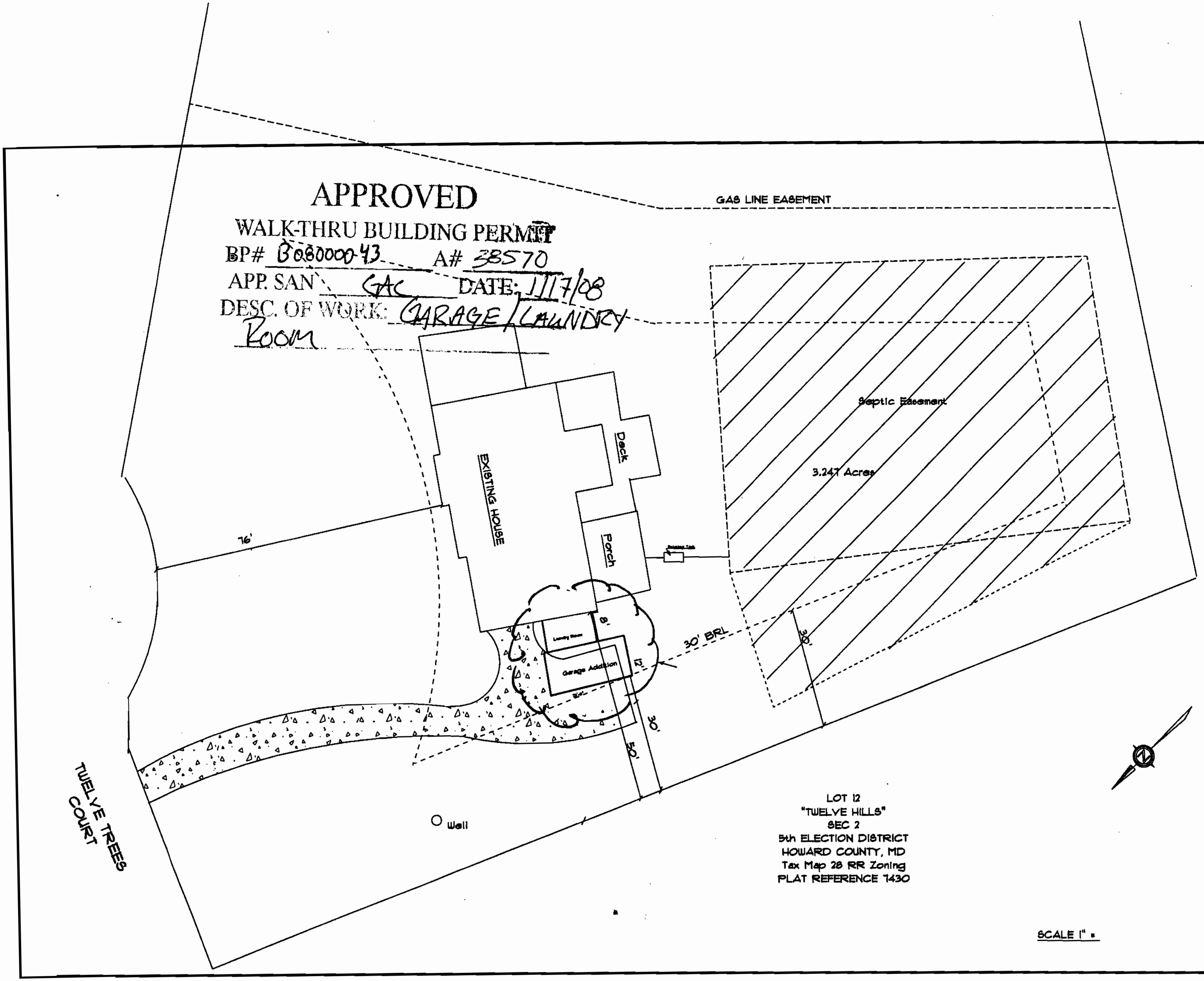
Rev. 11/4/04

APPROVED

WALK-THRU BUILDING PERMIT
BP# B080000-43 A# 38570
APP. SAN GAC DATE: 1/17/08
DESC. OF WORK: GARAGE/LAUNDRY ROOM



ROSENTSTEIN
SITE PLAN

13008 TUELVE TREES CT.

SCALE: 1" = 100'
DATE: 12.11.07
DRAWN BY: FCD
REVISION:
APPROVED:
PAGE 1 OF 1

FRED C. DICKSON CO., INC.
MHBR No. 402
www.fcdicksonco.com
MHC No. 8T876
PO BOX 78 MT. AIRY, MD 21771
410.878.7818 FAX 866.863.6301
MHB No. 402

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1880
AUTOMATED INFORMATION (410) 313-3600

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 12

Tax Map 28 Parcel _____ Grid _____

Zoning RR Map Coordinates _____ Lot size 3.25 Ac

Existing Use Single Fam. Dwelling

Proposed Use Single Fam. 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) 261-4200

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 4573 Roop Rd

City Mt Airy State MD Zip Code 21771

License No 08010087576

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

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company N/A

Contact Person _____

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.

Applicant's Signature

Print Name Fred Dickson

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	
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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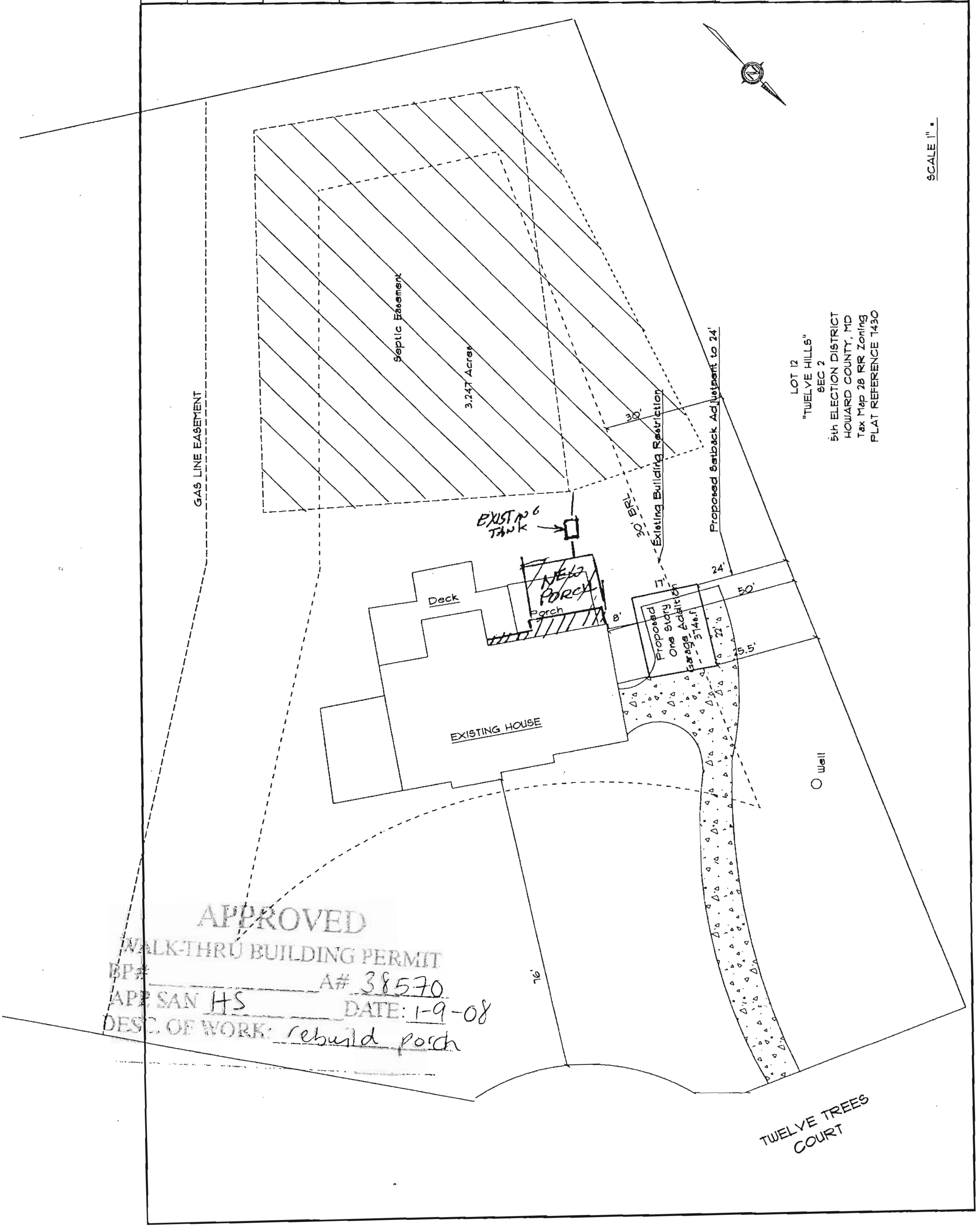
Rev. 11/4/04

FRED C. DICKSON CO., INC.

ROSENTSTEIN SITE PLAN

13008 TWELVE TREES CT.

SCALE: 1" = 100' | DATE: 12.11.07 | DRAWN BY: FCD | REVISION: | APPROVED: | PAGE 1 OF 1



APPROVED
WALK-THRU BUILDING PERMIT
BP#________ A# 38570
APP SAN HS DATE: 1-9-08
DESC. OF WORK: rebuild porch

)N PLAN.

.IZE THE SITE.

SSION IS GRANTED FROM
VE SEDIMENT CONTROLS
AREAS.

REDISTURBED

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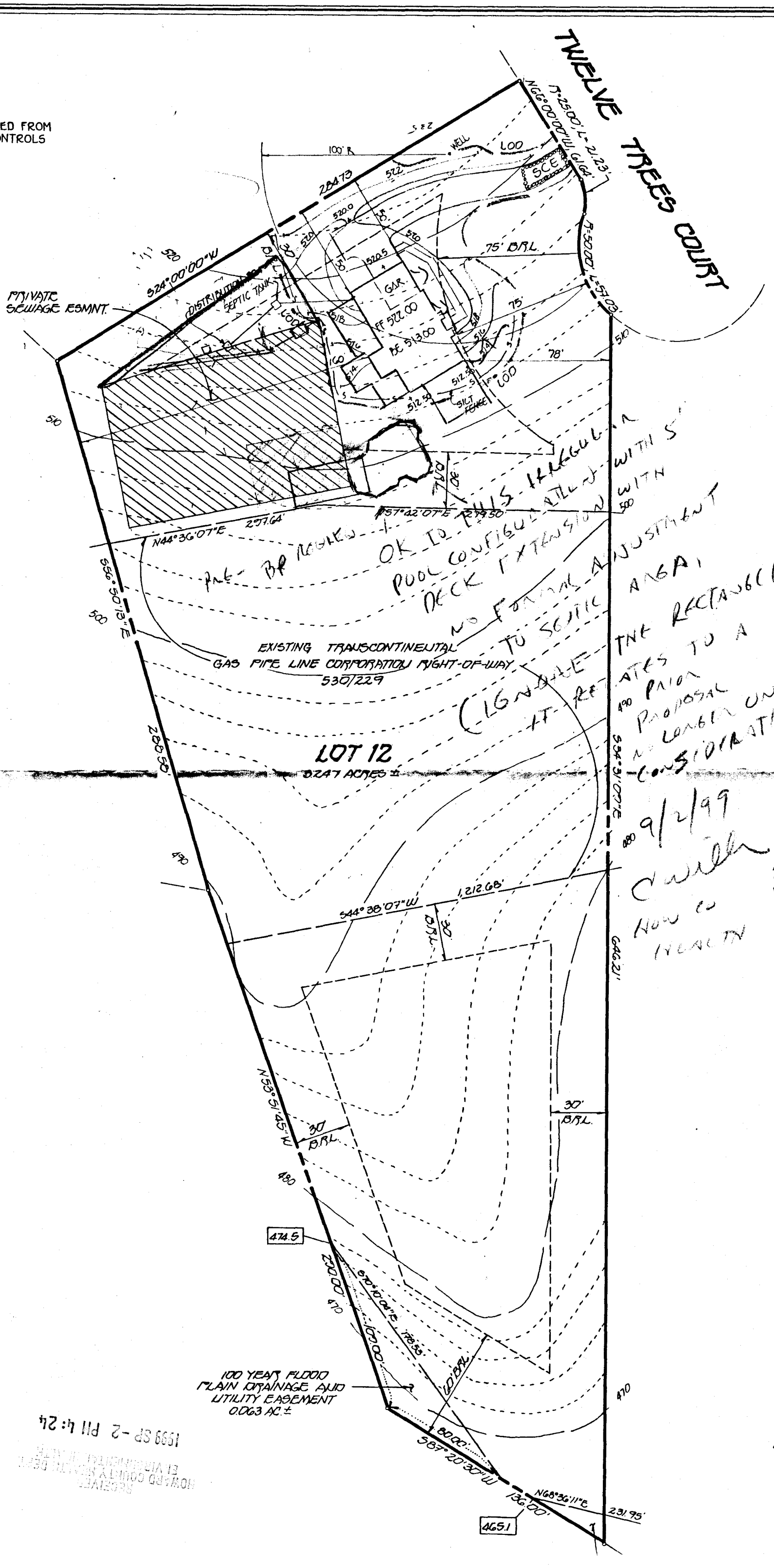

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT
   No.
2. PROPOSED 1500 GALLON SE
3. A. FIRST FLOOR ELEVATION
   B. BASEMENT ELEVATION:
   C. INVERT OF SEPTIC SYST
   D. INVERT IN AT SEPTIC T
   E. INVERT OUT AT SEPTIC
   F. PROPOSED GRADE OVER
   G. INVERT AT DISTRIBUTIO
   H. EXISTING GROUND OVER
4. LENGTH OF TRENCH TO BE
   ISSUANCE.
5. CONTRACTOR / BUILDER T
   ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SE
7. MANHOLE CLEAN
   SEPTIC TANK

Approved Septic Syst
Howard County Healt

9/2/99

Signature

PLOT P
TO ACCOMPANY APP
BUILDING P

TWELVE

SECTION TW
LOT 12
TAX MAP 28 PART O

1999 SEP -2 PM 4:24

IN PLAN.

LIZE THE SITE.

SSION IS GRANTED FROM
VE SEDIMENT CONTROLS
AREAS.

REDISTURBED

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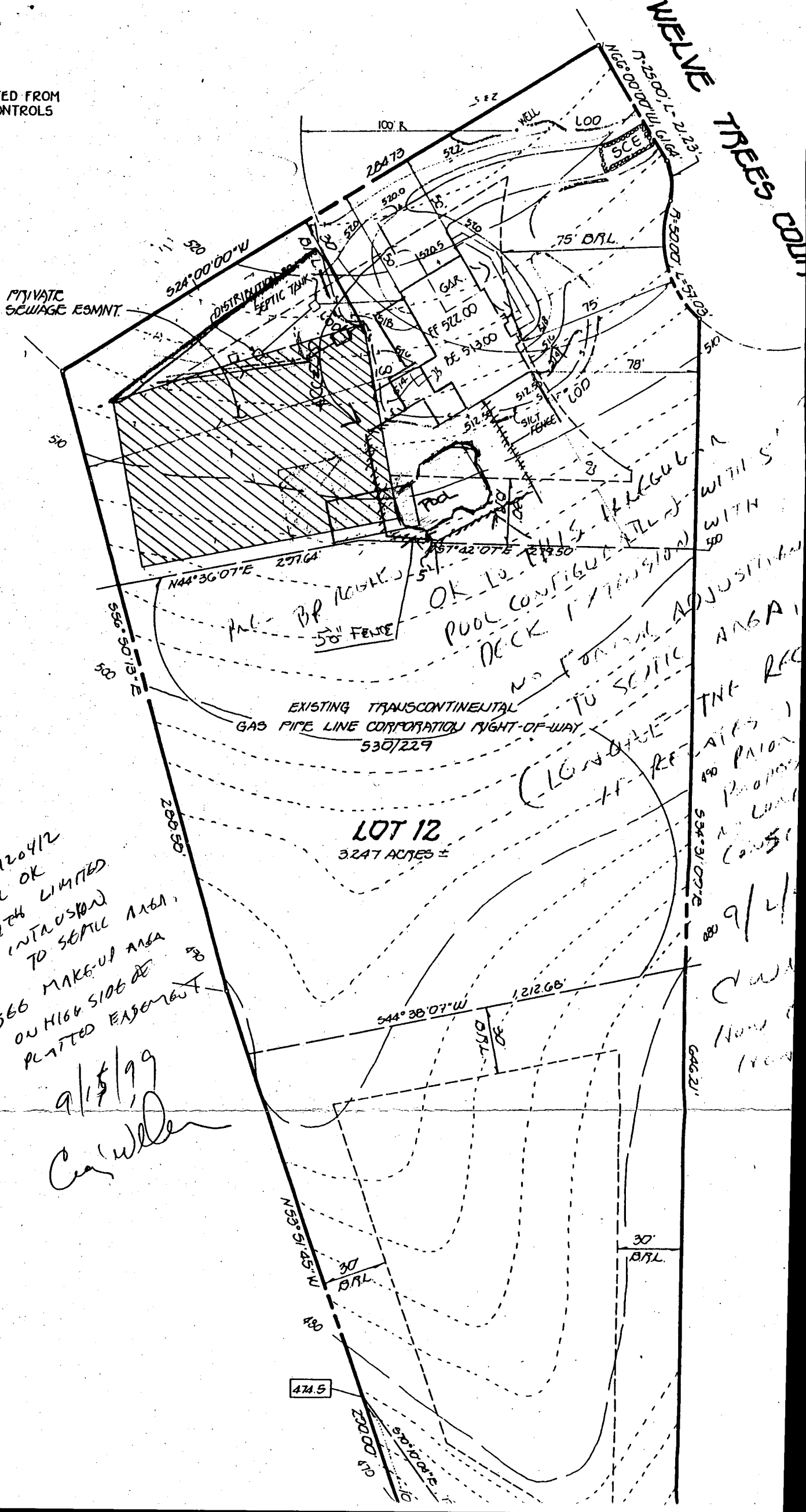

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00121063

Building Address 13008 Twelve Trees Ct.
Clarksville MD 21029

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

Census Tract 6051.01 Subdivision Twelve Hills

Section 2 Area ______ Lot 12

Tax Map 28 Parcel 331 Grid 16

Zoning RR Map Coordinates 1162 Lot size ______

Property Owner's Name Craig & Anne Rosenstein

Address 13008 Twelve Trees Ct.

City Clarksville State MD Zip Code 21029

Home Phone 301 [illegible] Work Phone ______

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

Phone ______ Fax ______

Existing Use [illegible]

Proposed Use [illegible]

Estimated Construction Cost $ 163,000.00

Description of Work build 1 story sunroom addition off side of existing home on post & pier. Finish basement to make fam room w/ optional bath

Contractor Company [illegible]

Contact Person Betty

Address [illegible]

City Columbia State MD Zip Code [illegible]

License No. [illegible]

Phone [illegible] Fax [illegible]

Occupant or Tenant [illegible]

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Engineer or Architect Company ______

Contact Person ______

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:	21	24
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms ______

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: [illegible]
Footings: [illegible]
Roof: [illegible]

___ State Certified Modular
___ Manufactured Home

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 ☐
___ 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.

Betty L Weitzenamt
Applicant's Signature

Betty L Weitzenamt
Print Name

Starroom Design Build
Title/Company

10-27-98
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	[illegible]	[illegible]
Dev. Engineering, DPZ		
Health	10/27/98	Mark E. [illegible]
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#: 25713

Filing fee	$ [illegible]
Permit fee	$ [illegible]
Excise tax	$ [illegible]
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ [illegible]
Balance due	$
Check	# [illegible]
Validation	#

Accepted by ______

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

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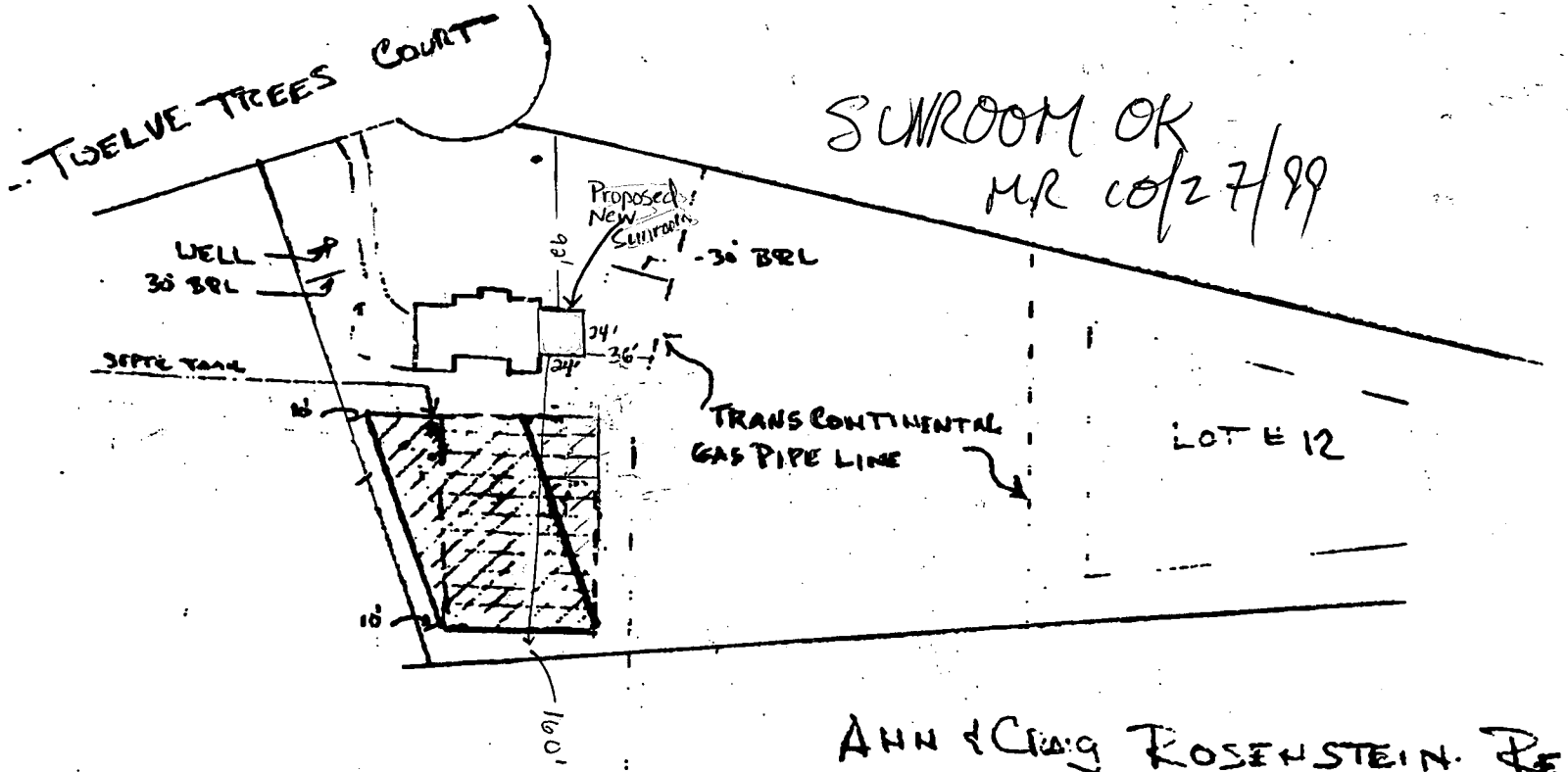


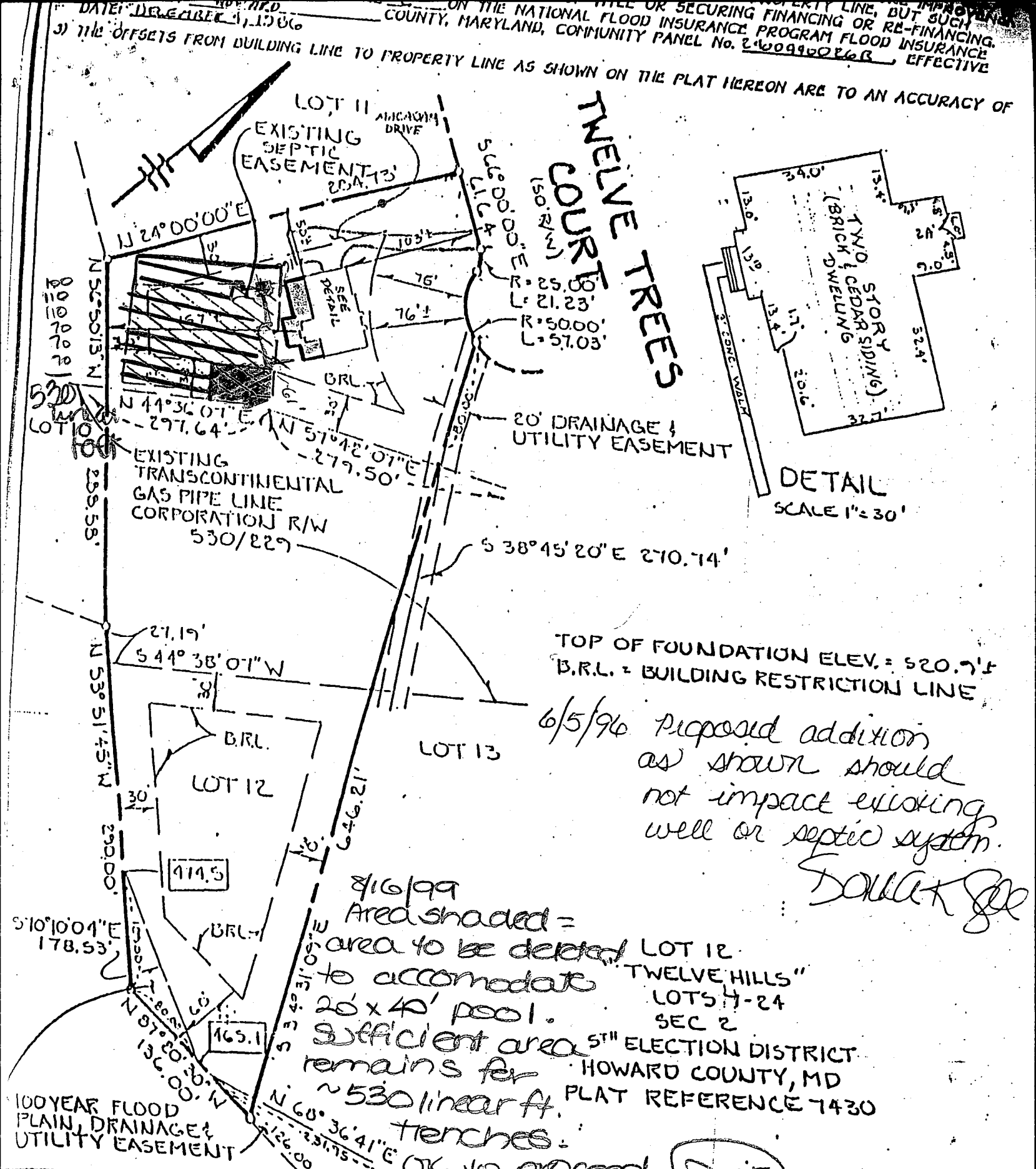
ANN & CRAIG ROSENSTEIN RESIDENCE
LOT 12 SECTION A 7530 13009 TWELVE TR
TWELVE HILLS CLARKSVILLE MD
SCALE 1"=100'0"

DATE: DECEMBER 1, 1996

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF

TITLE OR SECURING FINANCING OR RE-FINANCING.

ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE COUNTY, MARYLAND, COMMUNITY PANEL No. 2400990026B, EFFECTIVE



TOP OF FOUNDATION ELEV. = 520.7'±
B.R.L. = BUILDING RESTRICTION LINE

6/5/96 Proposed addition as shown should not impact existing well or septic system.

DONALD GEE

8/16/99
Area shaded = area to be deeded to accomodate 20'x40' pool. Sufficient area remains for ~530 linear ft. trenches.

OK to proceed w/ proposal. DKS

LOT 12
"TWELVE HILLS"
LOTS 4-24
SEC 2
5TH ELECTION DISTRICT
HOWARD COUNTY, MD
PLAT REFERENCE 7430

MEHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

STATE OF MARYLAND
CHARLES J. CROVO

HOUSE LOCATIO
DRAWING

FOUNDATION LOCATION