

HOWARD COUNTY DEPARTMENT OF PUBLIC UTILITIES 1111 WEST CITY STREET, SUITE 200, CLARKSVILLE, MD 21029 PHONE: (410) 313-2000 FAX: (410) 313-2010 AUTOMATIC CALL FORWARDING: (410) 313-2010		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B09003120	
Building Address <u>6995 WESTCOTT PLACE</u> <u>CLARKSVILLE, MD. 21029</u>		Property Owner's Name <u>BARNEY CARLIN</u> Address <u>6995 WESTCOTT PLACE</u>		City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>301-854-9004</u> Work Phone <u>301-854-2210</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____	
Suite/Apt. #: _____ SDP/WWP/Petition #: _____		City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>			
Census Tract _____ Subdivision _____		Home Phone <u>301-854-9004</u> Work Phone <u>301-854-2210</u>			
Section _____ Area _____ Lot _____		Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____			
Tax Map _____ Parcel _____ Grid _____		Contractor Company <u>EVERGREEN FENCE & DECK</u>		Contract Person <u>MARK DILLON</u> Address <u>P.O. Box 274</u> City <u>BROOKVILLE</u> State <u>MD</u> Zip Code <u>20833</u> License No. <u>49311</u> Phone <u>301-774-2211</u> Fax <u>301-774-3028</u>	
Zoning _____ Map Coordinates _____ Lot size _____		Contact Person <u>MARK DILLON</u>			
Existing Use <u>SFD</u> Proposed Use <u>Same with Deck</u> Estimated Construction Cost \$ <u>13,400</u>		Address <u>P.O. Box 274</u>			
Description of Work <u>INSTALL 2 GROUND</u> <u>LEVEL DECKS 16'X18' AND</u> <u>4'X10'</u>		City <u>BROOKVILLE</u> State <u>MD</u> Zip Code <u>20833</u> License No. <u>49311</u> Phone <u>301-774-2211</u> Fax <u>301-774-3028</u>			
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 Characteristics ☒ SF Dwelling ☐ SF Townhouse ☐ 1st floor: <u>Depth</u> _____ <u>Width</u> _____ 2nd floor: _____ Basement: _____ ☐ Finished Basement ☐ Unfinished Basement ☐ ☐ Crawlspace ☐ 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 ☐ 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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Mark Dillon</u> Applicant's Signature	<u>MARK DILLON</u> Print Name
Title/Company _____	Date _____

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

AGENCY _____ DATE _____ SIGNATURE APPROVAL _____ Land Development DPZ _____ State Highways _____ Building Official _____ Health <u>11/18/09</u> <u>[Signature]</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES ☐ NO ☐ CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐ Distribution of Copies: _____ White: Building Official Green: LDD, DPZ	DPZ SETBACK INFORMATION Front: _____ Filling fee \$ _____ Rear: _____ Permit fee \$ _____ Side: _____ Excise tax \$ _____ All minimum setbacks met? YES ☐ NO ☐ Is Entrance Permit required? YES ☐ NO ☐ Historic District? YES ☐ NO ☐ Lot Coverage for New Town Zone _____ SOP/Red-line approval date _____ Yellow: DED, DPZ Pink: Health Gold: SHA	PROPERTY ID# _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check \$ _____ Validation \$ _____ Accepted by _____
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Rev. 11/4/04

APPROVED

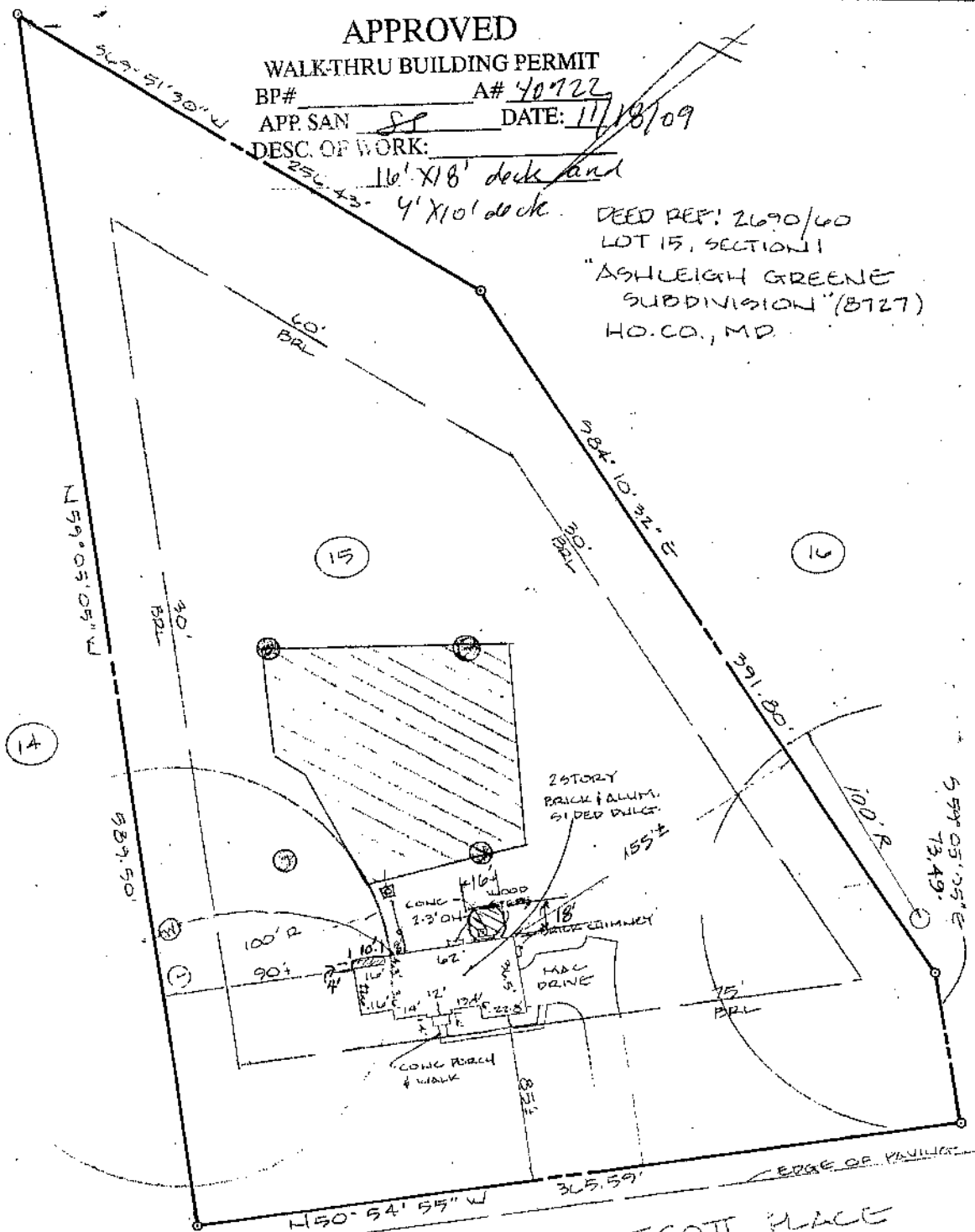
WALK-THRU BUILDING PERMIT

BP# _____ A# 40722
 APP. SAN SS DATE: 11/18/09
 DESC. OF WORK:

16' X 18' deck and
4' X 10' deck

DEED REF: 2690/60
 LOT 15, SECTION 1

"ASHLEIGH GREENE
 SUBDIVISION" (B727)
 HO. CO., MD.



I have examined Flood Insurance Rate Map Panel Number 240044/0038B for the subject property and it appears to lie within Zone "C" per said Map.
 The information shown on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they are erected unless otherwise noted and is not to be used to establish property lines or corners.

LOCATION SURVEY

#6995 WESTCOTT PLACE

J.S. DALLAS, INC.

Surveying & Engineering
 4932 Hazelwood Avenue Baltimore, Md. 21206
 (410) 866-2001

Date: 12/14/93

Scale: 1"=60'

Job Number: CHI 229

Drawn By: TE

Checked By: JSD

