

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08002795

Building Address 6953 Westcott Place
Clarksville, MD 21029

Property Owner's Name Tom Patz
Address 6953 Westcott Place

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

City Ellicott City State MD Zip Code 21029

Census Tract _____ Subdivision _____

Home Phone (301) 854-2199 Work Phone (443) 285-8200
Applicant's Name & Mailing Address, (if other than stated hereon):

Section _____ Area _____ Lot _____

Phone _____ Fax _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use Single Family Residence

Contractor Company BY OWNER

Proposed Use Single Family Residence

Contact Person Tom Patz

Estimated Construction Cost \$60,000

Description of Work Add 20'x26' Conference
Room w/ Full Basement

Address 6953 Westcott Place

City Clarksville State MD Zip Code 21029

License No. N/A

Phone (301) 854-2199 Fax _____

Occupant or Tenant Tom Patz

Engineer or Architect Company N/A

Contact Name FRED DICKSON

Contact Person _____

Address 3899A Ellicott City College Ave

Address _____

City Ellicott City State MD Zip Code 21043

City _____ State _____ Zip Code _____

Phone (410) 707-0447 Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public	
Gross area, sq. ft. per floor:		Private	
Use group:		Sewage Disposal:	
Construction type:		Public	
Reinforced Concrete		Private	
Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame		Heating System:	
State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full	
		Partial	
		Other Suppression	
		# of Heads	

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth Width		Public	
1st floor:		Private	
2nd floor:		Sewage Disposal:	
Basement:		Public	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms		Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Height:		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units:		Natural Gas <input checked="" type="checkbox"/>	
No. of 1 BR units:		Propane Gas <input type="checkbox"/>	
No. of 2 BR units:		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units:		NFPA #13D	
Other Structure:		NFPA #13R	
Dimensions:		Other:	
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

FRED DICKSON
Applicant's Signature

FRED DICKSON
Print Name

OWNER REP.
Title/Company

9/15/08
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>9/18/08</u>	<u>Michael Smith</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for New Town Zone	
White: Building Official			SDP/Red-line approval date	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

NORTH



LOT 10
MAP OF DOGWOOD
PB 6 PG. 82

APPROVED

WALKTHRU BUILDING PERMIT

BP# 513233-K

APP SAN 18 DATE 9/18/08

DESC OF WORK: 201 X 26'

addition

N/F
EVANS & BAKER
L. 1432 / F. 188

N/F
MCWHIR
L. 1324 /

