

DEPT. 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		B090010060 PERMIT NUMBER			
Building Address <u>6994 WASTCOTT ROAD</u> <u>CLARKSVILLE, MD 21025</u>		Property Owner's Name <u>James Low</u> Address <u>6994 WASTCOTT ROAD</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21025</u> Home Phone <u>301-854-1255</u> Work Phone <u>301-717-5090</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>Same</u>					
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>ASHLAND</u> <u>CHURCH</u> Section <u>1</u> Area <u>3 ACRES</u> Lot <u>#2</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size <u>214' x 610'</u>		Phone _____ Fax _____					
Existing Use <u>RESIDENTIAL</u> Proposed Use <u>RESIDENTIAL</u> Estimated Construction Cost \$ <u>12,000</u>		Contractor Company _____ Contact Person <u>SALE</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____					
Description of Work <u>1) CONST 16'x16' CONCRETE PAD</u> <u>2) CONSTRUCT 8'x16' DRAIN</u> <u>3) CONSTRUCT RETAINING WALL</u> <u>UNDER DRAIN</u> Occupant or Tenant <u>JAMES LOW</u>		Engineer or Architect Company _____ Contact Person <u>SALE</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____					
Contact Name <u>JAMES LOW</u> Address <u>6994 WASTCOTT ROAD</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21025</u> Phone <u>301-854-1255</u> Fax _____							
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL				
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular		Utilities Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: 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 SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>36' x 43'</u> 2 nd floor: <u>36' x 43'</u> Basement: <u>36' x 43'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> 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: _____ _____ State Certified Modular _____ Manufactured Home		Utilities Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> 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 James Low Print Name James Low
 Title/Company _____ Date 5/13/2009

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY

- FOR OFFICE USE ONLY -

AGENCY <u>Land Development, DPZ</u> State Highways _____ Building Officials _____ Dev. Engineering, DPZ _____ Health <u>5/13/09</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNATURE APPROVAL <u>[Signature]</u> DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	PROPERTY ID # _____ Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\Operations\Updated forms

HALL SHOP RD.
30' R/W

APPROVED

WALK-THRU BUILDING PERMIT

BP# A# 40709

APP. SAN LL DATE: 5/13/09

DESC. OF WORK: 16 X 16 covered arch

“INSERT”
SCALE: 1"=30'

LOCATION SURVEY
NO. 6994 WESTCOTT PLACE
LOT 2 SECTION 1
ASHLEIGH GREENE SUBDIVISION
C.M.P. NO. 8726
5TH ELECTION DISTRICT
HOWARD COUNTY, M.D.
DEED REF. 2118/570

FOR DETAILS
(SEE INSERT ABOVE)



THE PLAT IS A BENEFIT TO THE 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. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. I HEREBY CERTIFY THAT THE LOT SHOWN HEREBY HAS BEEN SURVEYED FOR THE PURPOSE OF LOCATING ALL IMPROVEMENTS ONLY.

WESTCOTT PLACE

CONNECTED SYSTEM
PRESERVE AREA

#01-1789

SITE RITE SURVEYING, INC.
200 E. JOPPA ROAD
SHELL BUILDING, ROOM 101
TOWSON, MD 21286
(410)828-9060

DRAWN BY
G.O.S.

SURVEYED BY.
L.B.

CHECKED BY
V. J. M.

SCALE:
1"=100'

DATE
7-20-2001

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07002121

Building Address
6994 WESTCOTT PLACE
CLARKSVILLE, MD 21029

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

Census Tract _____ Subdivision
ASHLEY GREEN

Section #1 Area _____ Lot #2

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 3 ACRES

Property Owner's Name
JAMES LOWE

Address
6994 WESTCOTT PLACE

City CLARKSVILLE State MD Zip Code 21029

Home Phone 301-854-1255 Work Phone 301-585-010

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

Phone _____ Fax _____

Existing Use
RESIDENTIAL

Proposed Use
RESIDENTIAL

Estimated Construction Cost \$2000

Description of Work
CONSTRUCT NEW BACK
COVERED PORCH ON SOUTH (GARAGE
SIDE) OF HOUSE 150 SF TOTAL

Contractor Company
OWNER

Contact Person
JAMES LOWE

Address
SPR AS ASOWN

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant
OCCUPANT

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

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
Reinforced Concrete
Structural Steel
Masonry
Wood Frame
State Certified Modular

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

Utilities

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

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:

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Applicant's Signature
JAMES LOWE

Title/Company

Print Name
JAMES LOWE

Date
5/31/2007

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 5/31/2007 R. Buell

Fine Protection

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

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies-
T:\forms\PERMIT.FRM

DPZ SETBACK INFORMATION

PROPERTY ID#

Front: _____ Filing fee \$ _____

Rear: _____ Permit fee \$ _____

Side: _____ Excise tax \$ _____

Side St.: _____ Add'l per. fee \$ _____

All minimum setbacks met? YES ☐ NO ☐ TOTAL FEES \$ _____

Is Entrance Permit required? YES ☐ NO ☐ Sub-total paid \$ _____

Historic District? YES ☐ NO ☐ Check \$ _____

SDP/Red-line approval date _____ Validation # _____

Lot Coverage for NewTown Zone _____

Accepted by _____

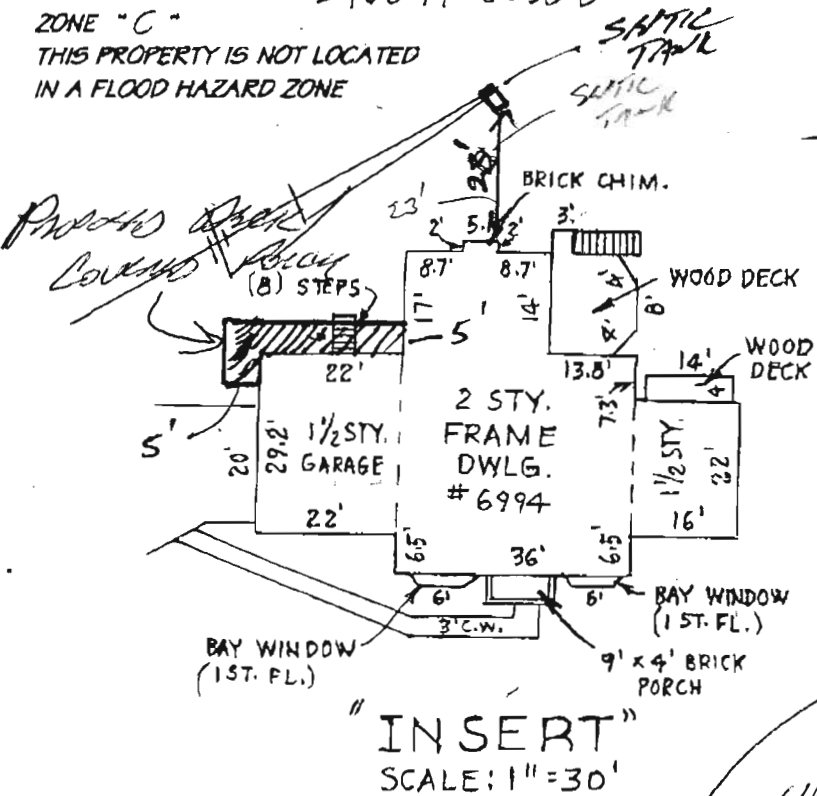
Yellow: DED, DPZ

Pink: Health

Gold: SHA

Rev. 11/4/04

COMMUNITY PANEL NO. 240044 0038 B
ZONE "C"
THIS PROPERTY IS NOT LOCATED
IN A FLOOD HAZARD ZONE



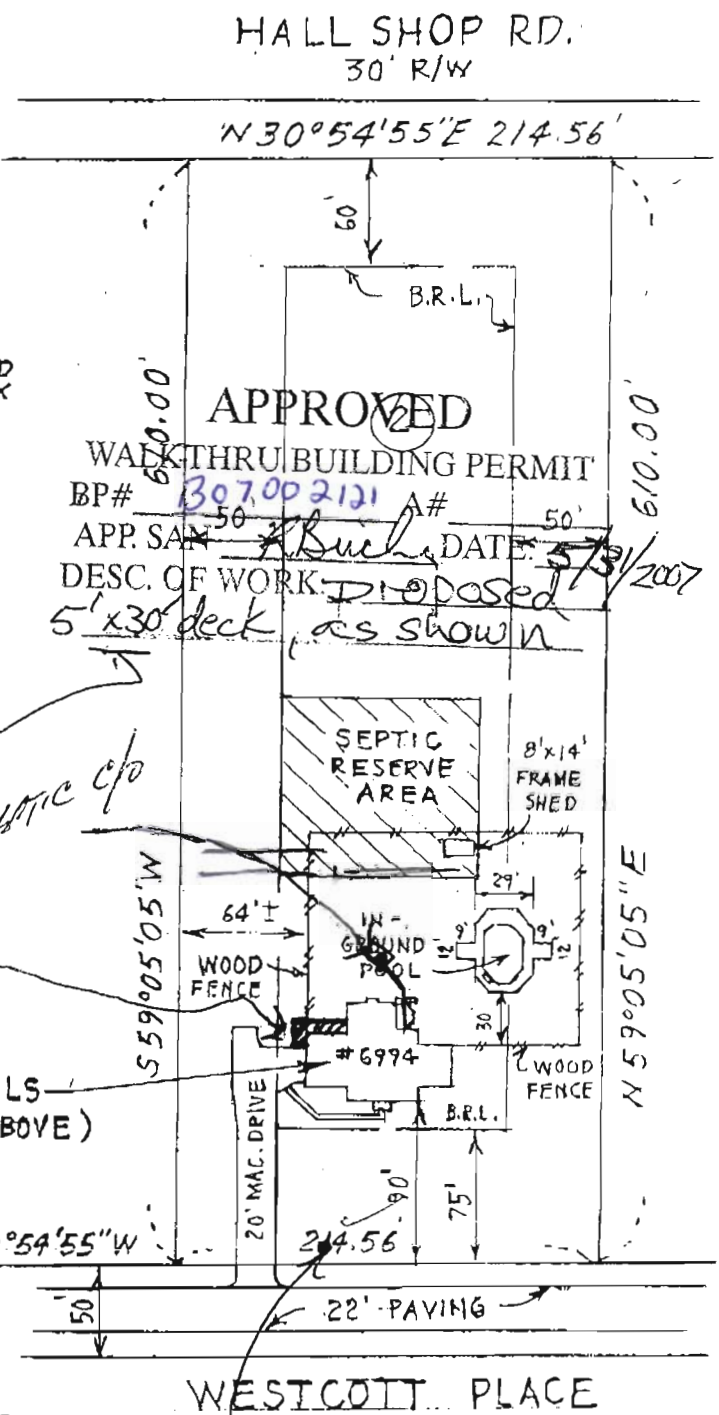
"INSERT"
SCALE: 1"=30'

LOCATION SURVEY
NO. 6994 WESTCOTT PLACE
LOT 2 SECTION 1
ASHLEIGH GREENE SUBDIVISION
C.M.P. NO. 8726
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED REF. 2118/570



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BEEN SURVEYED FOR THE PURPOSE OF LOCATING ALL IMPROVEMENTS ONLY.

DRAWN BY	SURVEYED BY	CHECKED BY	SCALE	DATE
G.O.S.	L.B.	V.J.M.	1"=100'	7-20-2001



WESTCOTT PLACE

SITE RITE SURVEYING, INC.
200 E. JOPPA ROAD
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(410)828-9060