

PERMIT NUMBER: B 23003065

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 5609 Trotter Rd
City:
Subdivision/Village/Complex Name:
Lot:
Tax Map:
Parcel:
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:
Proposed Use: HIT TUB
Estimated Cost: \$ 500.00
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records):
Owner's Street Address:
City:
State:
Zip Code:
Phone:
Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:
Contact Name:
Street Address:
City:
State:
Zip Code:
Phone:
Email:

CONTRACTOR INFORMATION REQUIRED

Business Name:
Licensee's Name:
License #:
Street Address:
City:
State:
Zip Code:
Phone:
Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:
Name:
Street Address:
City:
State:
Zip Code:
Phone:
Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
Rooms: # Full Baths: # Half Baths: # Fireplaces:
Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE
DATE SIGNED: 8/17/20

FOR OFFICE USE ONLY

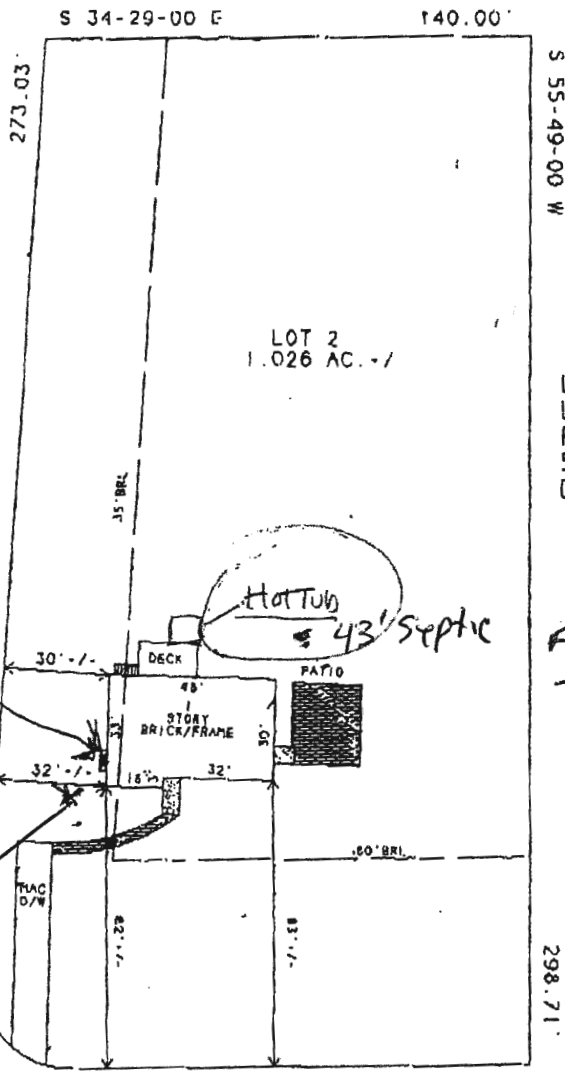
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR DPZ DED Health MLR 8/14/20 SHA CID
SUBMITTAL FEES: 55.00 PAYMENT: ACCEPTED BY:

5770/LT-6238
 5609 TROTTER RD.
 CLARKSVILLE, MD. 21029
 DATE: 03/21/03

AFFORDABLE
AS D ita
 1158 BOOTH BAY HARBOUR
 Pasadena MD. 21122
 (410)-360-9464

CONCRETE
 BRICK



New Meter
 Same location
 As Existing

GAS Meter

LOT 2
 1.026 AC. +/-

Hot Tub
 43' Septic

LOCATION DRAWING OF
 LOT 2 CRISWOOD MANOR
 PLAT BK. 5 PG. 52
 5 DIST. HOWARD. CO. MD.
 DEED REF. #1087/315

LOT 1
 From corner of Hot Tub
 To Septic is 43'



Well

R-25.00'
 A-42.03'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON, AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON, AND THAT THE IMPROVEMENTS APPEAR TO BE IN FLOOD ZONE C. THIS SURVEY IS TO ESTABLISH THESE ABOVE GROUND IMPROVEMENTS ONLY AND NOT INTENDED TO FIND UNDERGROUND UTILITIES OR OTHER INSTALLATIONS. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1'-1".

GENERAL NOTES:

- 1) THIS PLAT IS OF BENEFIT TO THE CONSUMER ONLY IN SO FAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH A CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING.
- 2) THIS PLAT IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR ANY OTHER FUTURE IMPROVEMENTS.
- 3) THIS PLAT 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 RE-FINANCING.



THIS PLAT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF ESTABLISHING PROPERTY LINES!!!
 THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

Jack K. Baker 3-24-03
 Property Line Surveyor # 178-B DATE

Ww 4, MD. v...

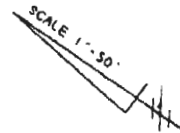
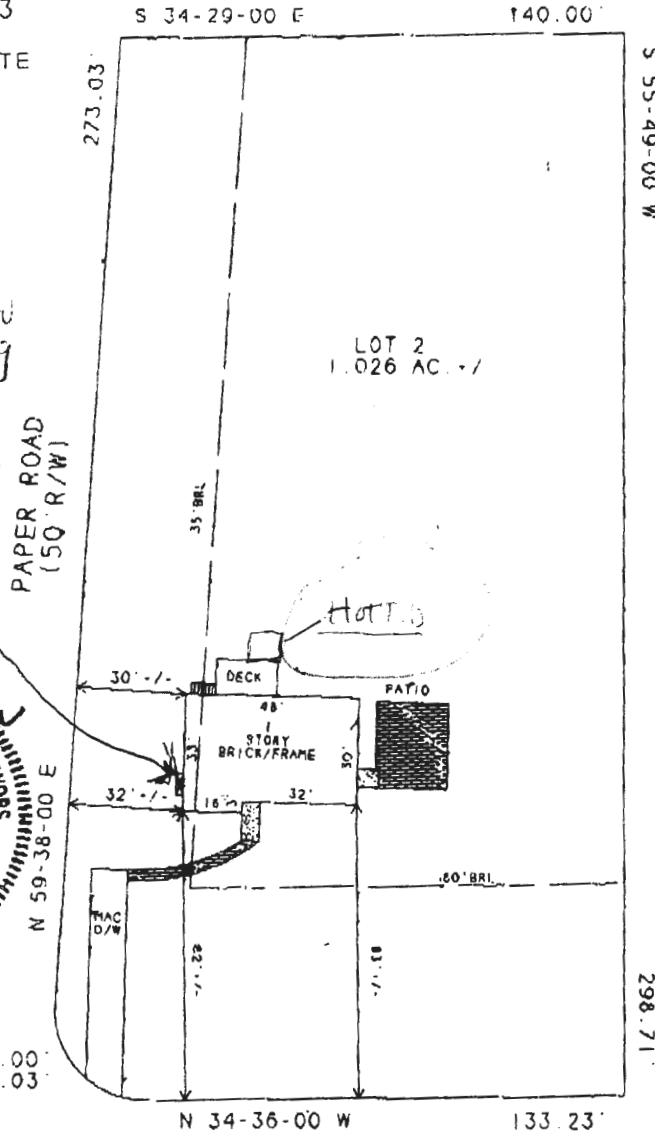
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 5609 TROTTER RD.
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 (410)-360-9464

 - CONCRETE
 - BRICK

New Meter
 - Same location
 as existing

GAS Meter



LOCATION DRAWING OF
 LOT 2 CRISWOOD MANOR
 PLAT BK. 5 PG. 52
 5 DIST. HOWARD, CO. MD.
 DEED REF. #1087/315

LOT 1



R-25.00'
 A-42.03'

N 34-36-00 W 133.23'

TROTTER ROAD
 (60' R/W)

SURVEYOR'S CERTIFICATE

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GENERAL NOTES:

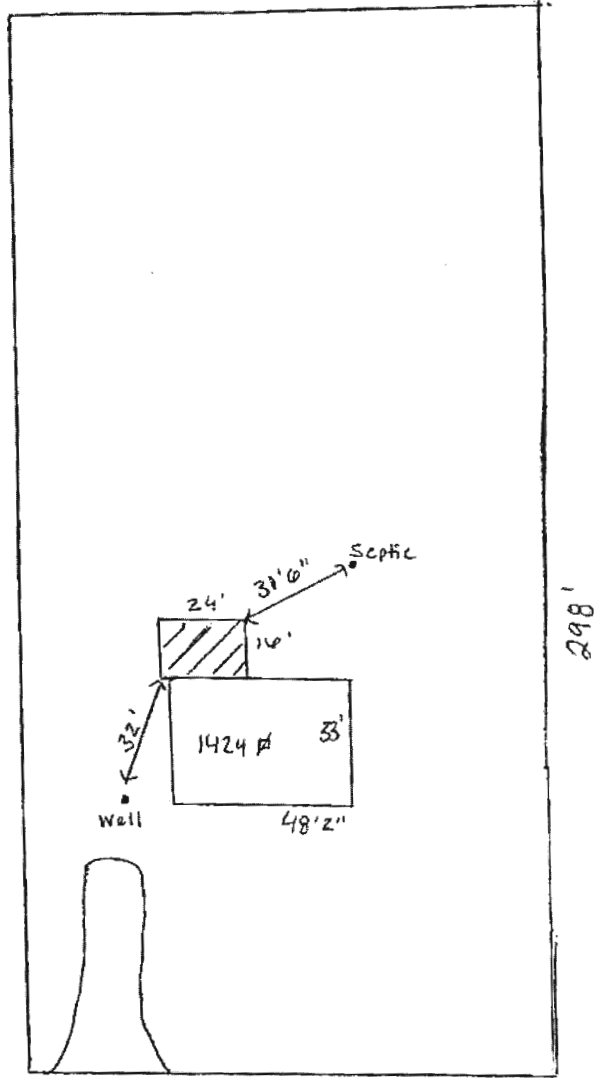
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Jack K. Baker
 Property Line Surveyor # 178-B

3-24-03
 DATE



5609 TROTTER RD
 1" = 50'

*Site Visit
 was need to
 confirm.
 DB No fill
 found
 on
 Property*

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN O. B. ... DATE: 8-12-10
 DESC. OF WORK: 16 x 24 Deck
As shown

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1100 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION DECK	PERMIT NUMBER B10002603
Building Address 5609 Trotter RD Clarksville MD 21029		Property Owner's Name Maxie New + J Connelly Address 5609 TROTTER RD City Clarksville State MD Zip Code 21029 Home Phone 703 856-6712 Work Phone 703 856-6712 Applicant's Name & Mailing Address, (if other than stated herein): 703 856-6712	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____ Existing Use Deck - Replacement deck Proposed Use Deck Estimated Construction Cost \$ 1,784 Description of Work Cost - SASET ATTACHED 16x24 DECK		Contractor Company _____ Contact Person J Connelly Address Owner City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company _____ Contact Person J Connelly Address Same 5609 Trotter RD City Clarksville State MD Zip Code 21029 Phone 703 856-6712 Fax _____	
Occupant or Tenant _____ Contact Name J Connelly Address 5609 TROTTER RD City Clarksville State MD Zip Code 21029 Phone 703 856-6712 Fax _____			

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: 1 Gross area, sq. ft. per floor: _____ Use group: Home Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: 47'8" 1 st floor: _____ 2 nd floor: _____ Basement: YES SAME Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawd space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: 3 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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Applicant's Signature: *[Signature]*
 Email Address: cisso.ca@yahoo.com
 Print Name: John Connelly

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	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$	5
State Highways			Rear: _____	\$	
Building Officials			Side: _____	\$	
Dev. Engineering, DPZ			Side St: _____	\$	
Health 8-10-10 DBernard			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? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$	
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check #	
			Lot Coverage for New Town Zone _____	Validation #	
			SDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP:

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

14066-