

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Walk-Thru

Building Address 7204 Wolverton Ct.
Clarksville MD 21029
 Suites/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Ashley Knolls
 Section _____ Area _____ Lot 84
 Tax Map 41 Parcel 475 Grid 7
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Soo K. Lee
 Address 7204 Wolverton Ct.
 City Clarksville State MD Zip Code 21029
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone 301 854 9786 Fax _____

Existing Use SFD
 Proposed Use SFD w/ Crushed Bemt.
 Estimated Construction Cost \$ 30,000.00
 Description of Work Finish Basement (1200 sq ft)
to include rec. room, full Bathroom
Office, exercise room and
mini bar. Add walked exit.

Contractor Company Robson's Remodeling
 Contact Person Craig Robson
 Address 6821 Korndah Gdns.
 City Highland State MD Zip Code 20777
 License No. 42108
 Phone 854 0521 Fax 854 0542

Occupant or Tenant Same as
 Contact Name owners.
 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 DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private - <u>Shared System</u>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>Powered concrete</u> Roof Height: _____	
_____ State Certified Modular	
_____ Manufactured Home	

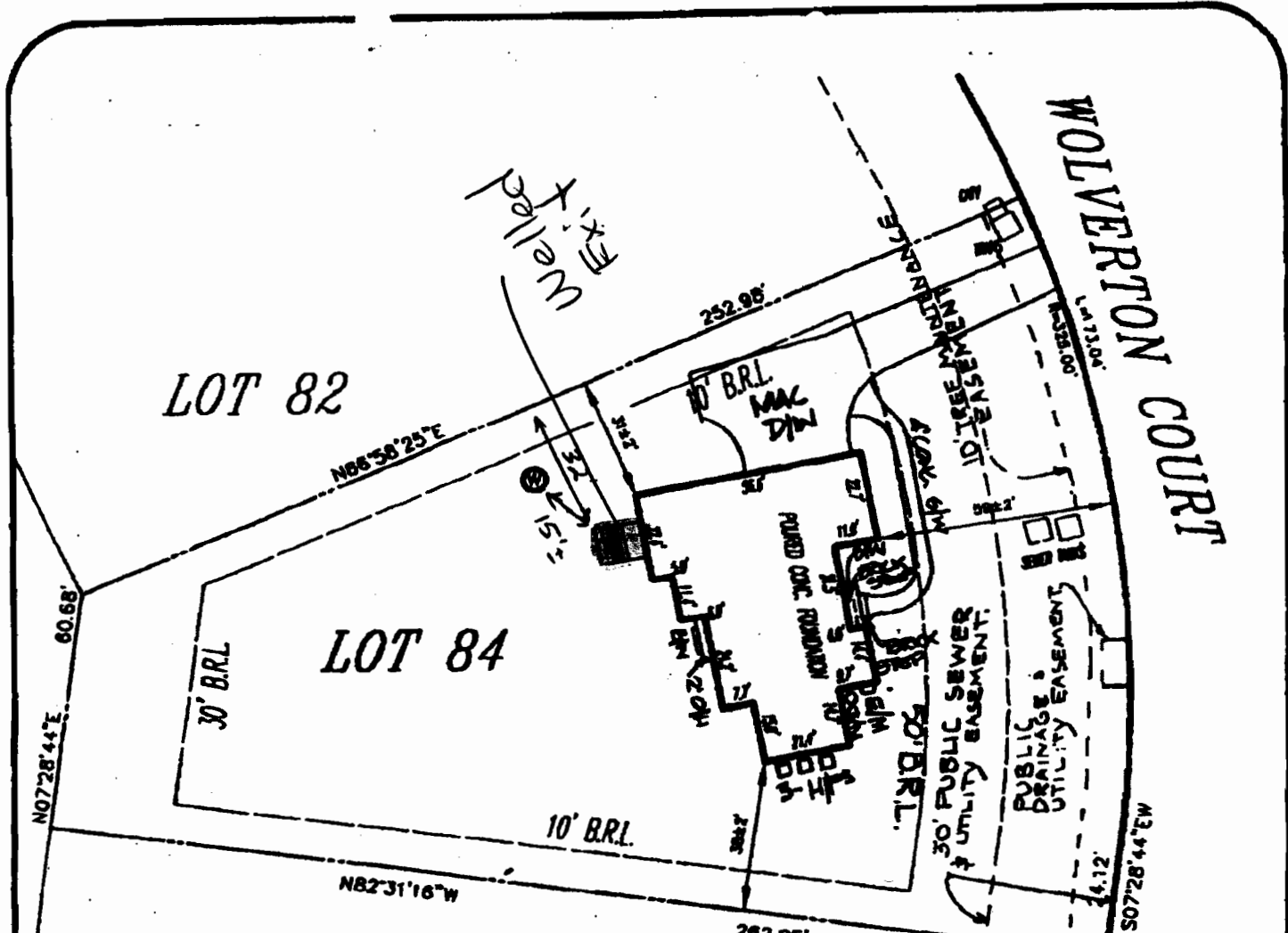
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

[Signature]
 Applicant's Signature
Owner Robsons Remodeling.
 Title/Company

J. Craig Robson
 Print Name
12/14/06
 Date

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

AGENCY		DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ				Front: _____	Filing fee \$ _____
State Highway				Rear: _____	Permit fee \$ _____
Building Official				Side: _____	Excise fee \$ _____
Dev. Engineering DPZ				Side St: _____	Add. per. fee \$ _____
Health	<u>12/14/06</u>	<u>[Signature]</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	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Lot Coverage for NewTown Zone _____	
_____				SDP/Red-line approval date _____	Accepted by _____



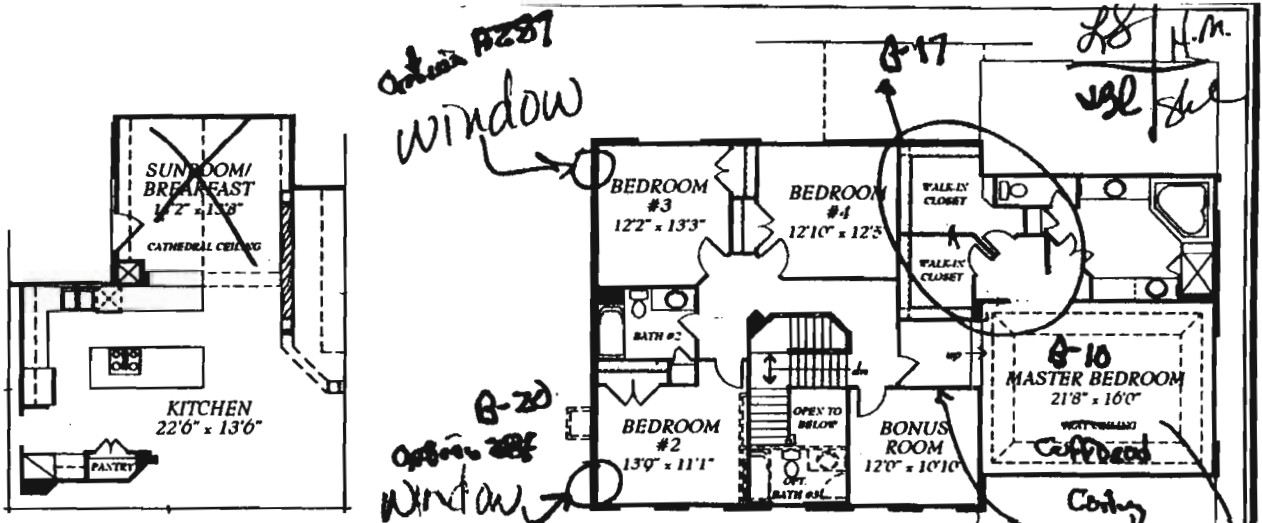
APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# P51135A
 APP. SAN SFD DATE: 12/14/06
 DESC. OF WORK: Finish Basement
Install walled exit

Shared septic system
LEGEND

- | | | | |
|------|--------------|-----|---------------------|
| F/P | = FIREPLACE | O/H | OVERHANG |
| B/W | = BAY WINDOW | H/P | HEAT PUMP/AIR COND. |
| D/W | = DRIVEWAY | G/M | GAS METER |
| CONC | = CONCRETE | E/M | ELECTRIC METER |

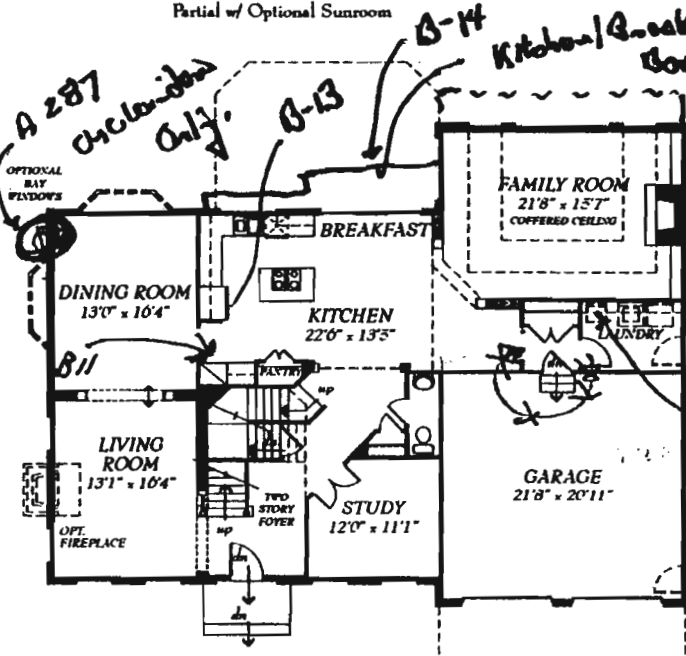
ADDRESS No.: 7204 WOLVERTON COURT
 TOP OF WALL ELEV. = 499.9 FIRST FLOOR ELV. =
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 LOCATION, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING 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 REFINANCING.

LOT 84
ASHLIEGH KNOLLS
 PHASE FOUR



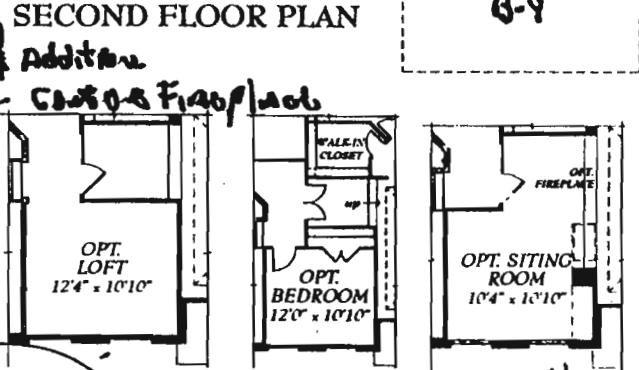
FIRST FLOOR PLAN
Partial w/ Optional Sunroom

SECOND FLOOR PLAN

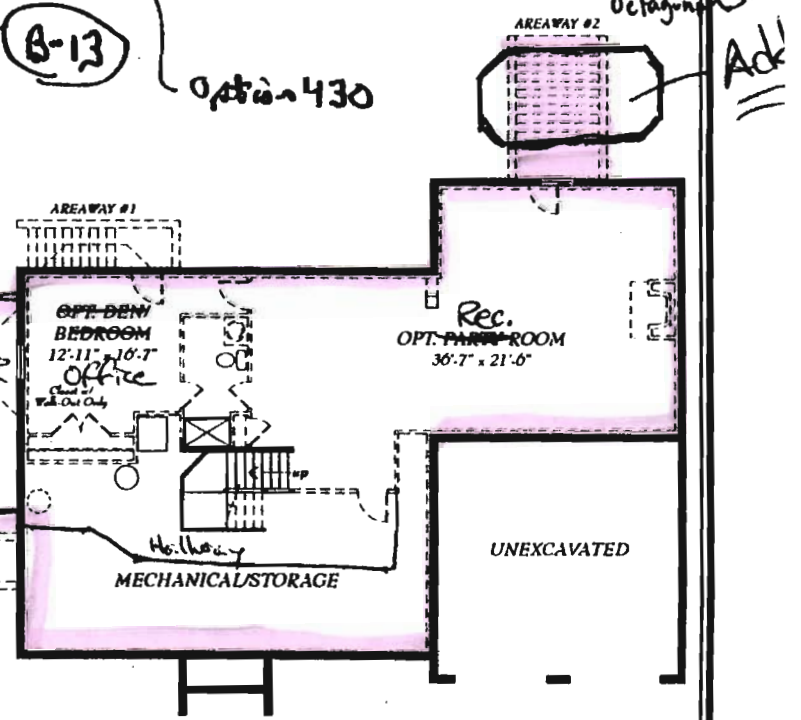


FIRST FLOOR PLAN

- ~~Maple Cabinet 2200~~
- ~~Brass~~
- ~~Hardw Kitchen 1958~~
- ~~All 4 Sided FC 5400~~
- ~~Elevation DB 5600~~



PARTIAL SECOND FLOOR PLANS



BASEMENT PLAN

The Newport



All dimensions are approximate, and are subject to change without notice.
 Floor plans may vary according to elevation.
 Artist's illustrations and plans may show some features that are optional in this community.
 Please see our Sales Manager for details.

100195-05-110697