

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		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B09002911
Building Address <u>11529 Crows Nest Road</u> <u>Clarksville, MD 21029</u>		Property Owner's Name <u>Marty Madden</u> Address <u>11529 Crows Nest Road</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>410 309 4161</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>Mark Sporch</u> <u>5604 Freshair Lane</u> <u>Columbia, MD 21044</u> Phone <u>410 245 7417</u> Fax _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Contractor Company <u>Outdoor Architects</u> Contact Person _____ Address <u>Same as Above</u> City _____ State _____ Zip Code _____ License No. <u>79271</u> Phone _____ Fax _____	
Existing Use _____ Proposed Use <u>12' x 20' Gazebo</u> Estimated Construction Cost \$ <u>10,000.00</u> Description of Work <u>Build Post &amp; Beam System for 12' x 20' Gazebo to sit on.</u> Occupant or Tenant <u>Marty Madden</u> Contact Name <u>Mark Sporch</u> Address <u>5604 Freshair Lane</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> Phone <u>410 245 7417</u> Fax <u>410 730 0053</u>		Engineer or Architect Company <u>NA</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

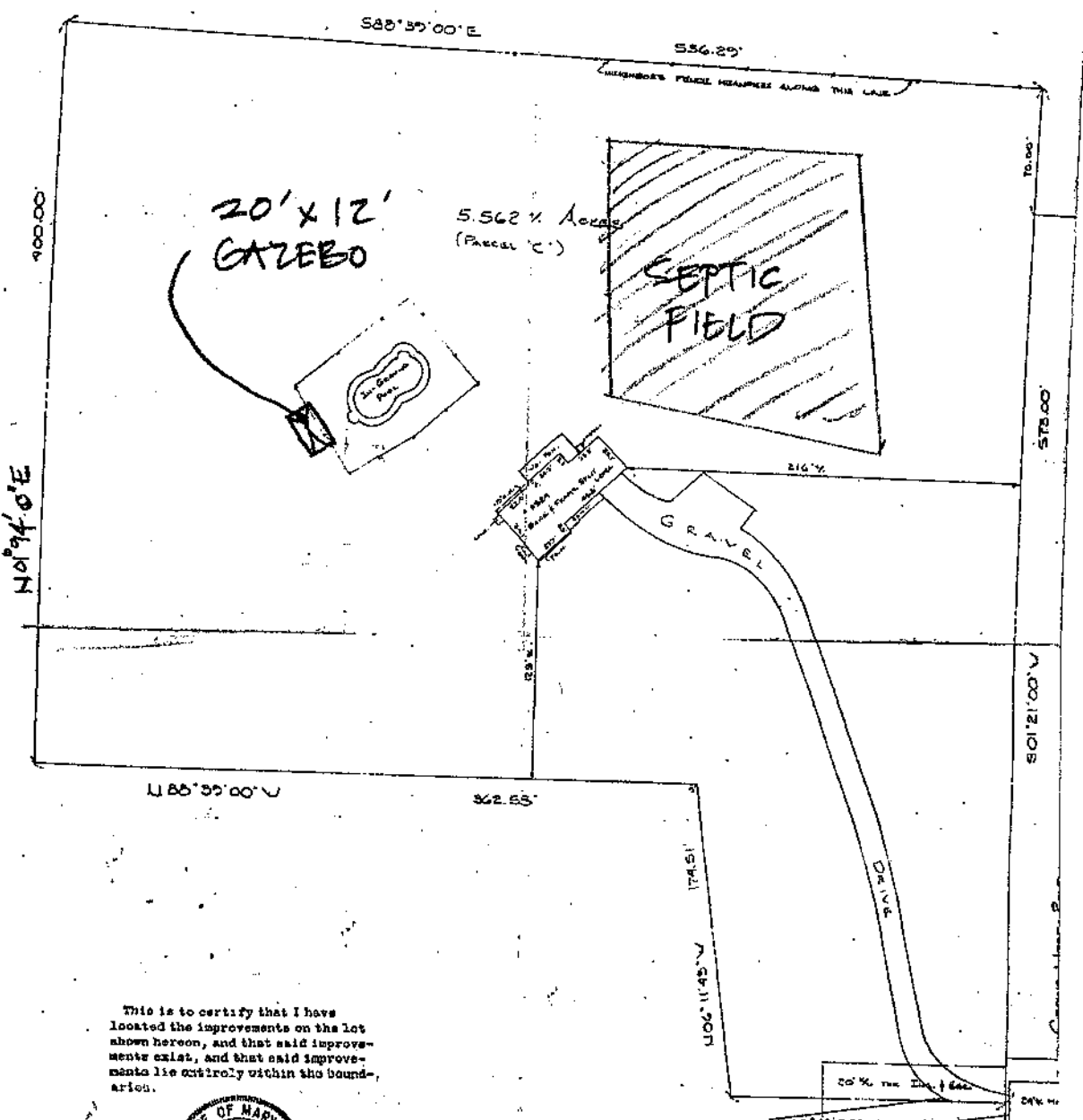
THE UNDERSIGNED CERTIFIES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IS NOT PROVIDING ANY INFORMATION THAT VIOLATES THE REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSES OF INSPECTION AND POSTING NOTICES.

Print Name Mark Sporch  
10/28/2009

PROPERTY ID # \_\_\_\_\_

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# 21333  
 APP. SAN HS DATE: 10/28/09  
 DESC. OF WORK: 12' x 20' gazebo

**MADDEN**  
 1" = 60'



This is to certify that I have located the improvements on the lot shown hereon, and that said improvements exist, and that said improvements lie entirely within the boundaries.



21333

Building Address 11524 Crows Nest Rd  
Clarksville MD 21229

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Clarksville

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot Meadows

Tax Map \_\_\_\_\_ Parcel C Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates R1312 Lot size \_\_\_\_\_

Property Owner's Name Marty Madlen

Address 11524 Crows Nest Rd

City Clarksville State MD Zip Code 21009

Home Phone 410 391 7883 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
First Addition Inc  
1816 Daisy Road  
Woodbury MD 21797

Phone 410 391 7883 Fax 410 442 1271

Existing Use SFD

Proposed Use SFD w/ family room & bath

Estimated Construction Cost \$ 30000

Description of Work Build 14x30 addition  
to rear of home w/ powder room  
to porch 14x23 wood deck

Contractor Company First Addition Inc

Contact Person Allen or Mark Jones

Address 1816 Daisy Road

City Woodbury State MD Zip Code 21797

License No. 2625013

Phone 410 391 7883 Fax 410 442 1271

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 - COMMERCIAL**

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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>11</u> Width <u>30</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	
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	

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.

Allen H James  
 Applicant's Signature

Corner / First Addition Inc  
 Title/Company

Allen H James  
 Print Name

01-25-01  
 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: _____	499435
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ <u>5</u>
Dev. Engineering DPZ			Side St: _____	Excise tax \$ <u>336</u>
Health	<u>1/25/01</u>	<u>M. R. [Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>411</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>362</u>
				Validation # _____
				Accepted by <u>[Signature]</u>

