

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B07003326

Building Address 6279 FIRETHORN LANE  
CLARKSVILLE MD 21029  
 Suites/Apt. #: \_\_\_\_\_ SDP/W/P/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates 1368 Lot size \_\_\_\_\_

Property Owner's Name CARL HERMANN  
 Address 6279 FIRETHORN LANE  
 City CLARKSVILLE State MD Zip Code 21029  
 Home Phone (301) 854-1526 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address: (if other than stated hereon):  
STEVE BOWERS  
7 HAMMILL CRET WET BALD 21236  
 Phone (410) 529-6138 Fax \_\_\_\_\_

Existing Use SFD WIDEDECK  
 Proposed Use SFD WIDEDECK  
 Estimated Construction Cost \$ 35000.-  
 Description of Work 76' X 50' OPEN WOOD EXISTING  
DECK (800 SQFT) AROUND POOL  
(SEE DRAWING) REMOVE EXISTING  
DECK (ABOVE GROUND POOL)

Contractor Company LONG FENCE CO  
 Contact Person STEVE BOWERS  
 Address 1114 RT 3 NORTH  
 City CLIFTON State MD Zip Code 21114  
 License No. 9815701  
 Phone (410) 793-0600 Fax \_\_\_\_\_

Occupant or Tenant OWNER  
 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 DESCRIPTION - RESIDENTIAL

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

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

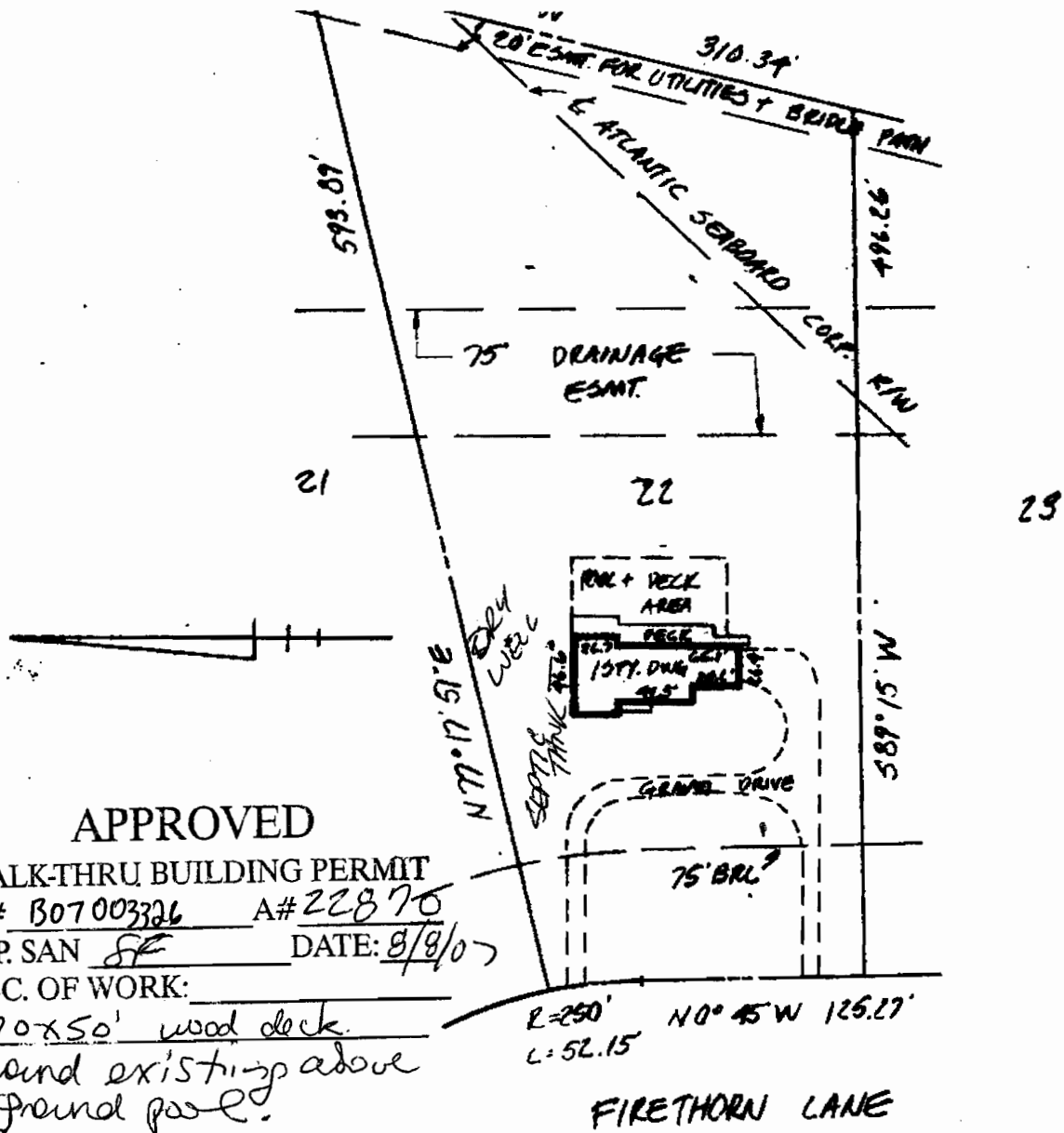
Applicant's Signature Steve Bowers  
 Title/Company OWNER

Print Name STEVE BOWERS  
 Date 8/08/07

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	<u>8/13/07</u>	<u>Stadje</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____



**APPROVED**

WALK-THRU BUILDING PERMIT  
 BP# B07003326 A# 22870  
 APP. SAN SP DATE: 8/8/07  
 DESC. OF WORK:

70x50' wood deck  
around existing above  
ground pool.

PROPERTY LINE SURVEY RECOMMENDED TO  
 DETERMINE THE EXACT LOCATION OF  
 IMPROVEMENTS AND / OR ENCROACHMENTS,  
 IF ANY.

NOTE: THIS PROPERTY LIES  
 IN FLOOD ZONE C, AN AREA  
 OF MINIMAL FLOODING, AS  
 DELINEATED ON THE MAPS  
 OF THE NATIONAL FLOOD  
 INSURANCE PROGRAM



- Notes:
- 1) This plat is of benefit to a 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 re-financing.
  - 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or 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 refinancing.
  - 4) No title report furnished.

Certification: This is to certify that the improvements indicated hereon are located as shown.

*Graden A. Rogers*  
 GRADEN A. ROGERS - Prop. L.S. MD. Lic. No. 119

LIBER	FOLO			
LOT <u>22</u>	BLOCK	SECT. <u>2</u>	PLAT	
PLAT ENTITLED <u>AINTREE ESTATES</u>				
RECORDED IN <u>HOWARD CO.</u> MD.				
PLAT BOOK	<u>22</u>	SPIN	<u>54</u>	

<u>6279 FIRETHORN LANE</u>	
SCALE <u>1" = 100'</u>	CASE NO. <u>1103710R</u>
DATE <u>1-2-02</u>	NO. <u>TW/01589</u>