

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number: B11002311

Building Address: 12970 BLIGHTON DAM ROAD
CLARKSVILLE, MD

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

Census Tract: 21 Subdivision: SHAIKOOLEZADEH

Section: _____ Area: _____ Lot: 3

Tax Map: 34 Parcel: 14 Grid: _____

Zoning: RR 11C Map Coordinates: _____ Lot Size: 2.43AC

Existing Use: RAW LAND

Proposed Use: SINGLE FAMILY DWELLING

Estimated Construction Cost: \$ 675,000.00

Description of Work: CONSTRUCTION OF SFD
Approx 6500 S/F

Occupant or Tenant: OCCUPANT

Was tenant space previously occupied? Yes No

Contact Name: HARI SINGH

Address: 12574 HALL SHOP ROAD

City: FULTON State: MD Zip Code: 20759

Phone: 413-829-1830 Fax: 301-854-3455

Email: COMPETENTB@gmail.com

Property Owner's Name: RATU & SUJATA NAIK BOLLU

Address: 8241 ACADEMY DRIVE

City: ELICOTT CITY State: MD Zip Code: 21043

Home Phone: 413-541-2260 Work Phone: 301-894-7078

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: COMPETENT BUILDERS

Contact Person: HARI SINGH

Address: 12574 HALL SHOP ROAD

City: FULTON State: MD Zip Code: 20759

License No.: MURK # 2941

Phone: 413-829-1830 Fax: 301-854-3455

Email: COMPETENTB@gmail.com

Engineer/Architect Company: AMINCO INC

Responsible Design Prof.: RAY AMIN

Address: 207 MARTINS LANE

City: ROULYVAW State: MD Zip Code: 20850

Phone: 301-674-3761 Fax: 301-674-3761

Email: 240-4529972

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>39-10</u> <u>73-11</u>	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>3</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature: [Signature] Print Name: HARI SINGH

Email Address: COMPETENTB@gmail.com Date: 8-4-11

Title/Company: COMPETENT BUILDERS

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8-26-11</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Number of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

B/2003539

Building Address: 12976 BRILTON DAM RD
CLARVILLE 21029

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD UNDER CONSTRUCTION

Proposed Use: SFD W/ TANK

Estimated Construction Cost: \$ 4,000

Description of Work: INSTALL 1,000 GAL. U/G
PROPANE TANK IAW NEPA SB &
HOWARD COUNTY REQ'S.

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: RATU NAMBURO

Address: 8241 ACADEMY RD

City: ELICOTT CITY State: MD Zip Code: 21043

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
RICHARD SIMMONS - AMERICAS PROPANE
10097 BALT. NAT'L PIKE 21042

Phone: 443 866 5611 Fax: 410 465 0803

Email: RICHARD.SIMMONS@AMERICAS.COM

Contractor Company: AMERICAS PROPANE

Contact Person: RICHARD SIMMONS

Address: 10097 BALT. NAT'L PIKE

City: ELICOTT CITY State: MD Zip Code: 21042

License No.: 79965

Phone: 443 866 5611 Fax: 410 465 0803

Email: RICHARD.SIMMONS@AMERICAS.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	Sprinkler System:
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

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Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms:	<input type="checkbox"/> Electric
Multi-family Dwelling	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: *Richard Simmons*

Email Address: RICHARD.SIMMONS@AMERICAS.COM

Title/Company: _____

Print Name: RICHARD SIMMONS

Date: 10/23/12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

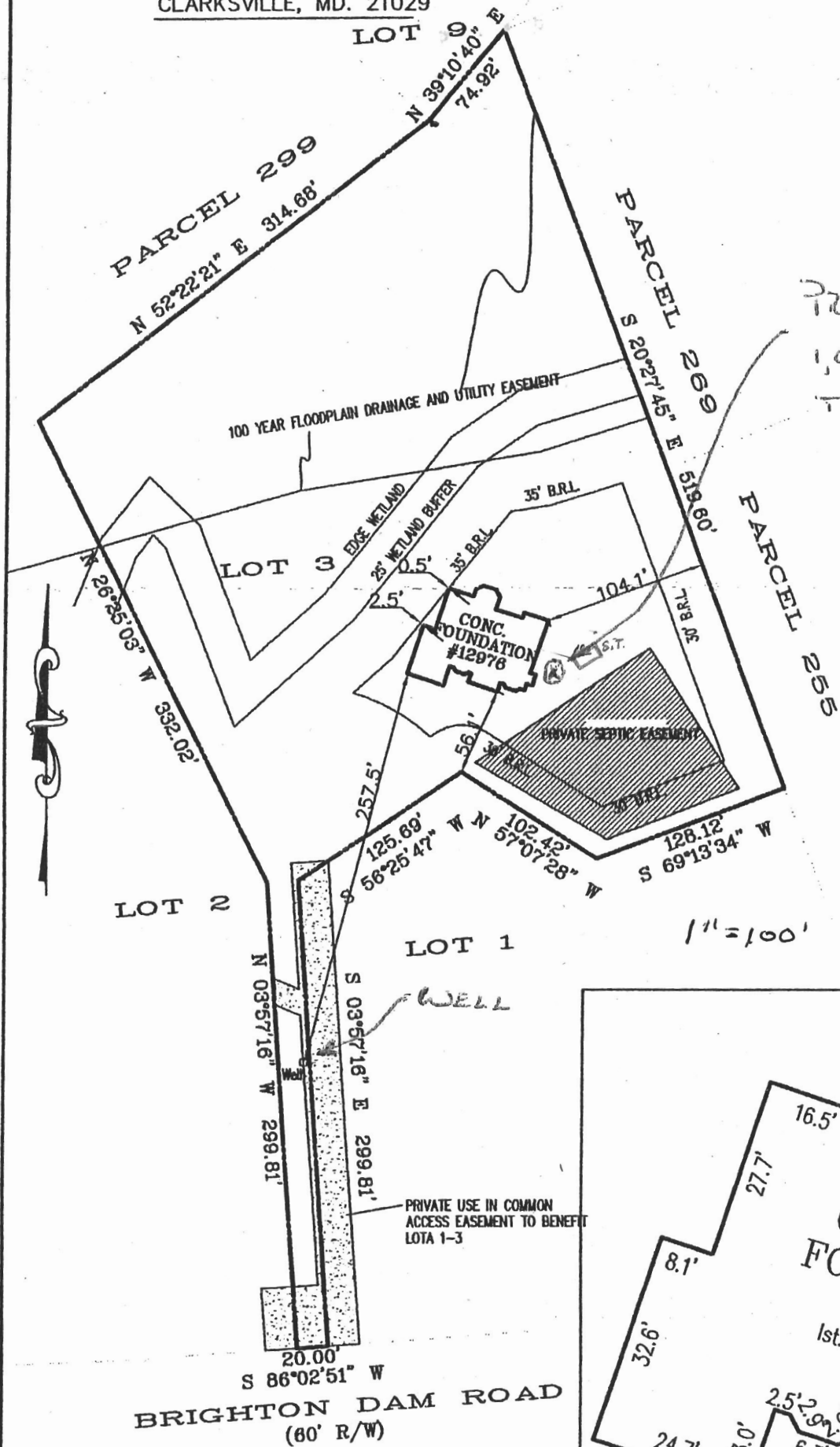
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11-1-12</u>	<u><i>Deirdre Smith</i></u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

ADDRESS: 12976 BRIGHTON DAM RD
 CLARKSVILLE, MD. 21029



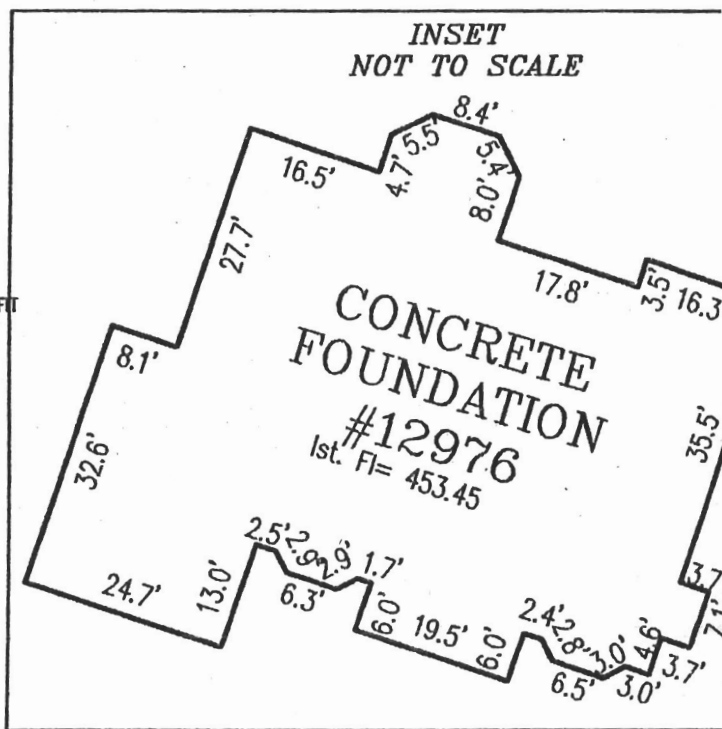
PROPOSED SITE OF
 1,000 GAL. W/B PROPOSED
 TANK. MIN. OF 10'
 FROM BLDG

B12003539

LP tank
 OK

11-1-12 HS

1" = 100'



NOTES

1. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL JUDGMENT AND BELIEF, THERE ARE NO OTHER EASEMENTS EXCEPT AS SHOWN.



[Signature]
 SURVEYOR

DATE

KRIS CONSULTANTS, LLC

301 PIPING ROCK DRIVE, SILVER SPRING, MD. 20905
 TEL: (301) 648-2649 FAX: (301) 439-5636
 EMAIL: KRISCONSULTANT@VERIZON.NET

WALL CHECK SURVEY
 LOT 3

SHAKOORZADEH PROPERTY
 PLAT No. 17116
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: 1-23-2012