

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B07003775

Building Address 6700 Guilford Rd.
Clarksville, MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Marc Robinson
 Address 6700 Guilford Rd.
 City Clarksville State MD Zip Code 21029
 Home Phone 301-596-9409 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Same as Contractor
 Phone _____ Fax _____

Existing Use Unfinished basement
 Proposed Use Finished basement
 Estimated Construction Cost \$ 13,266
 Description of Work Finished basement
to include rec room 840SF
w/ Owens Corning Basement wall
Finishing System instead of drywall

Contractor Company Taylor Made Construction
 Contact Person Jami Spell
 Address 2301 W. Houghby Beach Rd.
 City Edgewater State MD Zip Code 21040
 License No. 506284
 Phone 410-679-9097 Fax 410-679-1431

Occupant or Tenant Marc Robinson
 Contact Name _____
 Address 6700 Guilford Rd.
 City Clarksville State MD Zip Code 21029
 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: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

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

Jami Spell
 Applicant's Signature
Taylor Made Construction
 Title/Company

Jami Spell
 Print Name
9.6.07
 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: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>9/11/2007</u> <u>R. Brich</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: _____			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

APPROVED

WALK-THRU BUILDING PERMIT

BP# B07003775 A# _____

APP. SAN Y Bush DATE: 9/14/2007

DESC. OF WORK: Finish Basement
walls, as shown

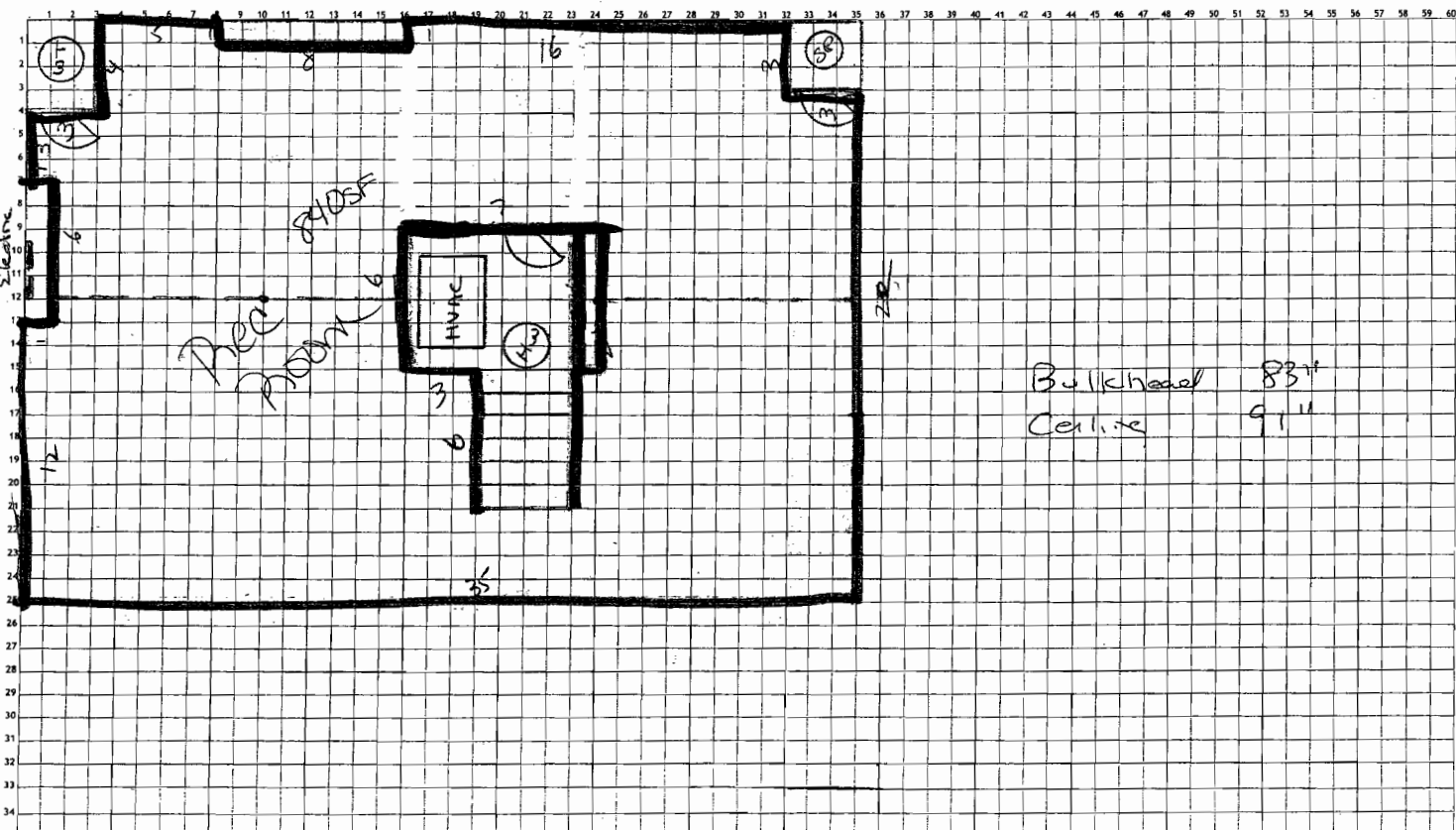


CONTRACT SKETCH ATTACHMENT

Customer Name Kobussen Customer Signature [Signature]

Contract Date 8/22/07 Sales Representative Signature [Signature]

Customer Phone 301-596-9469 Contract Price _____



- Floor Plan Key**
- Recessed Can
 - Globe
 - Vent Light
 - HVAC Vent
 - Phone
 - Cable
 - Switch/Single
 - Dimmer Switch
 - Three-Way
 - Four-Way
 - GFI
 - Outlet
 - Bare Bulb
 - Wet Bar
 - Bulkhead
 - Door Size & Swing
 - Column
 - Planner Column
 - Knee-wall
 - Shower
 - Toilet
 - Vanity
 - M/S Metal Studs
 - O/C Owens Corning
 - Smoke Detector
 - Window
 - Egress Window

NOTES:

*Each box equals one foot unless otherwise noted. This sketch is a good faith representation of the work to be done, it is understood that all dimensions derived from this sketch are approximate, and that all locations of outlets, light fixtures, plugs, jacks and/or switches are subject to change if necessary.