

Walk Thru

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B10000748
Building Address <u>7220 GUILFORD RD</u> <u>CLARKSVILLE MD 21029</u>		Property Owner's Name <u>KEVIN REDMAN</u> Address <u>7909 AYLESFORD LN</u>	
Suite/Apt. #: _____ SDP/W/P/Petition #: _____ Census Tract _____ Subdivision <u>CLARKSVILLE RIDGE</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>35</u> Parcel <u>230</u> Grid <u>21</u> Zoning _____ Map Coordinates _____ Lot size <u>1.01 ACRE</u>		City <u>LAUREL</u> State <u>MD</u> Zip Code <u>20707</u> Home Phone <u>3014902854</u> Work Phone <u>8888139719</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____	
Existing Use <u>SINGLE FAMILY HOME</u> Proposed Use <u>SFH WITH ATTACHED DECK</u> Estimated Construction Cost \$ <u>2000</u> Description of Work <u>16x20 PRESSURE TREATED DECK OFF REAR OF HOUSE w/Steps</u>		Contractor Company <u>GEMINI DESIGN/BUILD</u> Contact Person <u>MARK REDMAN</u> Address <u>7220 GUILFORD RD</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> License No. <u>42973</u> Phone <u>4105317440</u> Fax <u>4435398270</u>	
Occupant or Tenant <u>MARK + SAMANTHA REDMAN</u> Contact Name _____ Address <u>7220 GUILFORD RD</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Phone <u>4105311128</u> Fax _____		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics 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	Utilities 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: <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade 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: <u>16x20</u> Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" 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"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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] Title/Company PAE Gemini Design/Build
 Print Name Mark Redman Date 3/31/10

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 Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>3/31/10</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 # <u>1051</u>
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
Pink: Health			Gold: SHA	

LOT 16
P.B. 5, P. 41
CLARKSVILLE RIDGE

LOT 15
P.B. 5, P. 41
CLARKSVILLE RIDGE

N 89°21'30" W

147.24'

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN D. Bernard DATE: 3/1/70

DESC. OF WORK: 16 x 20 Wood Deck w/ stairs

SHED

LOT 3
P.B. 5, P. 41
CLARKSVILLE RIDGE
1.11 AC.±

S 11°40'00" W

333.87'

N 12°29'00" E

343.61'

LOT 2
P.B. 5, P. 41
CLARKSVILLE RIDGE

RET. WALL

Proposed
20x16
Deck w
Staircase
CONC.
PAD

64.8' 1 STORY BRICK
W/ BASE
No. 7220

COVD
PORCH

WELL

MAC.
DRIVE

LOT 4
P.B. 5, P. 41
CLARKSVILLE RIDGE

S 62°54'00" E

R= 732.39'

L= 109.03' (COMPUTED)

L= 114.80' (PLAT)

GUILFORD ROAD

ADDRESS: 7220 GUILFORD ROAD
CLARKSVILLE, MARYLAND 21029

NOTES:

1. THIS IMPROVEMENT LOCATION DRAWING 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 REFINANCING;
 2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
 3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.
- C. 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.

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

LOCATION DRAWING

LOT 3
P.B. 5, P. 41
CLARKSVILLE RIDGE
HOWARD COUNTY, MARYLAND

L02526
07-14258