

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07003496

Building Address 7394 Hallmark Rd
Clarksville, MD 21029
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Aman Young
Address 7394 Hallmark Rd
City Clarksville State MD Zip Code 21029
Home Phone 301-776-1110 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFH
Proposed Use SFH
Estimated Construction Cost \$ 29,000
Description of Work building a 31'6" x 40'
deck no steps

Contractor Company Renovation + Remodeling Inc.
Contact Person Paul Huff / Rocky Mills
Address 1108 Hoods Mill Rd
City Wockline State MD Zip Code 21797
License No. 120810
Phone 410-544-7703 Fax _____

Occupant or Tenant Aman young
Contact Name Aman young
Address 7394 Hallmark Rd.
City Clarksville State MD Zip Code 21029
Phone _____ Fax _____

Engineer or Architect Company N/A
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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.

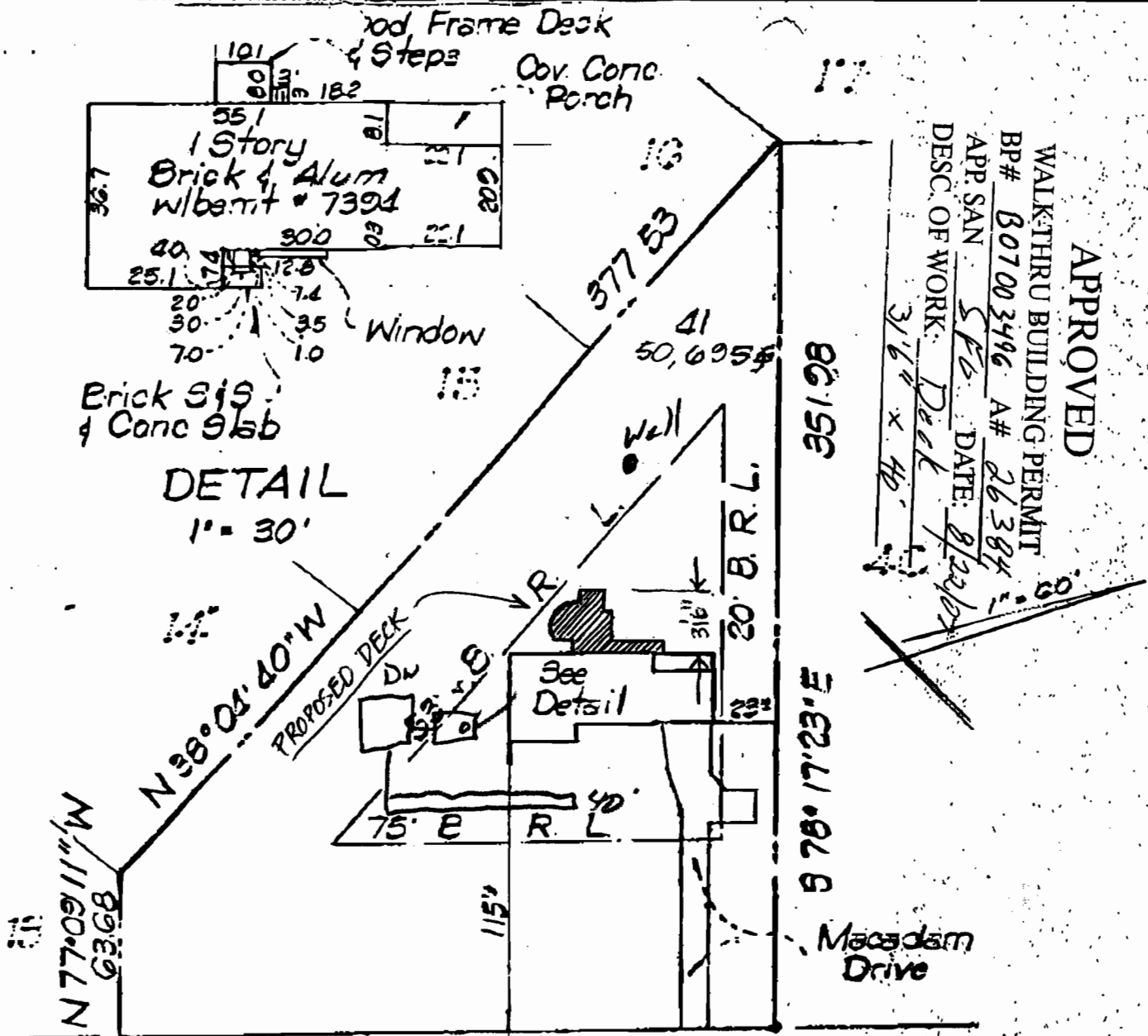
Justin Wood
Applicant's Signature
Renovations + Remodeling Inc.
Title/Company

Justin Wood
Print Name
5/22/07
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEPT 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>5/22/07</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>1130</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: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by _____



S 11°42'37" W 245.00
364.4 to corner
@ John Hopkins
Road.

SCALE 1/4" = 15'0"

HALLMARK ROAD
(50')

Information shown
hereon should not be
relied upon for
establishing boundary
lines. Const. of improv-
ements and/or prop.
lines.
prepared without the
benefit of a title
report.

NOTES: Not in flood plain as per
Not to be used for construction. 240049-00388
Lot corners have not been set by this survey unless otherwise indicated.

<p>1 block on the Hallmark road</p>	<p>LIGHT, ELLIOTT • ASSOCIATES ENGINEERS, PLANNERS, SURVEYORS 8808 ADELPHI ROAD ADELPHI, MARYLAND 20783 422-6080</p> <p>Book H1540-17 Job No. M1044 Des. by B.H./SAW</p> <p>Clk. by LS Case no. 30592 Higdon</p>	<p>HOUSE LOCATION SURVEY 7994 Hallmark Road Lot 21 Block Section 1</p> <p>HALLMARK Clarkville Howard</p> <p>Electon District County Maryland</p> <p>Plot Book CMP Plat 3268</p> <p>File no. 9410727</p>
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Approved (GLK)
6 Sept 78

P 28446
A 26384

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 7/10/78

INDEXED

05 - 383196

7/14/78
9/6/78 final

16
364
130
204
226

37
37
18
146

Mitchell-Wiley

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Hallmark ROAD Hallmark Road LOT 41, Sec. 2

PROPERTY OWNER Mikolosko

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Locate dry well 138 ft. from Hallmark Road and 37 ft. from left rear lot line (lot 14)
TRENCH-to be 50 ft. long with inlet at 3 ft. and maximum depth 9 ft. Run trench
with contour towards right lot line.

PLANS APPROVED BY David J. O'Neill DATE 12/1/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BUILDING PERMIT SIGNED
AND RETURNED

8/22/07 B07003496-Deck

A 26384