

## HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER**

Building Address 7433 Oakcrest Lane  
Clarksville, Md 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 32

Tax Map 41 Parcel 260 Grid 14

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 1.17 AC

Property Owner's Name Ram + Deanna Mahanand  
 Address 7433 Oakcrest Lane  
 City Clarksville State Md Zip Code 21029

Home Phone 301-617-2665 Work Phone none  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use residence  
 Proposed Use residence  
 Estimated Construction Cost \$ 3000.00

Description of Work Add deck to existing structure.

Contractor Company None  
 Contact Person Deanna Mahanand  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant RAM + DEANNA MAHANAND  
 Contact Name Deanna Mahanand  
 Address 7433 Oakcrest Lane  
 City Clarksville State Md Zip Code 21029  
 Phone 301-617-2665 Fax \_\_\_\_\_

Engineer or Architect Company none  
 Contact Person Deanna Mahanand  
 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: <u>N/A</u> <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"/> 1st floor: <u>39'</u> Depth <u>69.4'</u> Width 2nd floor: <u>N/A</u> Basement: _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
_____ 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.

Deanna Mahanand  
 Applicant's Signature  
Homeowner  
 Title/Company

Deanna Mahanand  
 Print Name  
4/13/05  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<u>Land Development, DPZ</u>		
<u>State Highways</u>		
<u>Building Official</u>		
<u>Dev. Engineering, DPZ</u>	<u>4/14/05</u>	<u>[Signature]</u>
<u>Health</u>		
<u>Fire Protection</u>		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

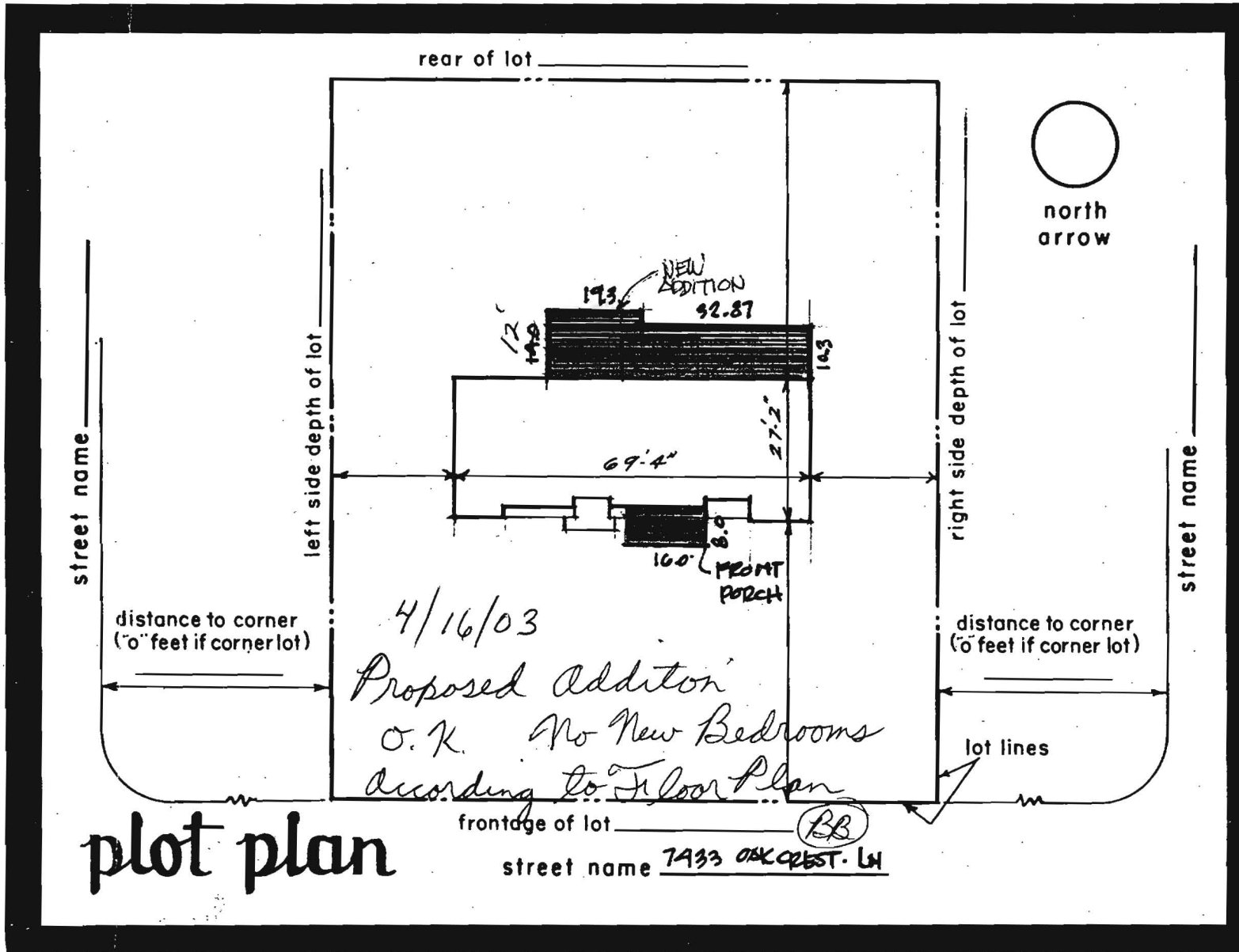
Historic District?  
 YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** \_\_\_\_\_

Filing fee \$	_____
Permit fee \$	_____
Excise tax \$	_____
Add'l per. fee \$	_____
TOTAL FEES \$	_____
Sub-total paid \$	_____
Balance due \$	_____
Check #	_____
Validation #	_____

BELOW is a diagrammatic plot plan showing dimensions underlined, the north arrow, the street name, the distance from the corner of your property to the nearest street intersection (and the name of that street). If a corner plot, also show the side street name.



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TEAR

