

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00142374 *SPK*

Building Address 11233 Chapel Estates Dr.
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 60501 Subdivision Chapel Woods II
Section _____ Area _____ Lot 26
Tax Map 29 Parcel 86 Grid 713
Zoning RCDEG Map Coordinates 1463 Lot size 3.034 A

Property Owner's Name William Keenig / Phillips
Address 13439 Chris Mar Ct
City Highland State MD Zip Code 20777
Home Phone 3018542187 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 3018542187 Fax _____

Existing Use Raw Ground *New SF HO*
Proposed Use Residential New Construction
Estimated Construction Cost \$ 650,000.00
4 Bath
Description of Work Construct new single
family (2) story dwelling w/ detached
1 garage attached

Contractor Company Gateway Homes Corp.
Contact Person Michael Bousman
Address P.O. Box 479
City Severna Park State MD Zip Code 21146
License No. 1091
Phone 410 923 3695 Fax 410 923 6551

Occupant or Tenant Keenig / Phillips
Contact Name Veridian Phillips
Address 13439 Chris Mar Ct
City Highland State MD Zip Code 20777
Phone 3018542187 Fax _____

Engineer or Architect Company CFS
Contact Person Dennis Reary
Address 7135 Minstrel Way
City Columbia State MD Zip Code 21045
Phone 410 581 7500 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 _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>56'</u> <u>108'</u> 2nd floor: <u>46'</u> <u>100'</u> Basement: <u>39'</u> <u>60'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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.

Michael Bousman
Applicant's Signature
President / Gateway Homes
Title/Company

Michael Bousman
Print Name
5-27-03 6-11-03
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 _____	58582
State Highways			Rear _____	Filing fee \$ <u>100</u>
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
Health	<u>6/18/03</u>	<u>Steven R. King</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1500</u>
				Validation # <u>28662</u>
				Accepted by <u>DE</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA