

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-00148727 *JD*

Building Address 12340 BRIGHTON DAM ROAD P.O. Clarksville, MD 21031  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 101501 Subdivision Clarksville Overlook  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
 Tax Map 34 Parcel 3622 Grid 10

Property Owner's Name U.S. FINANCIAL CAPITAL  
 Address 11628 LONG JUMP TRAIL  
 City E.C. State MD Zip Code 21042  
 Home Phone \_\_\_\_\_ Work Phone 410-621-6556  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
DOTTIE GARRISON  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential 2 story  
 Proposed Use Residential Single Family  
 Estimated Construction Cost \$ 150,000.00  
 Description of Work To construct new home

Contractor Company THOMAS FIORE CONTRACTING  
 Contact Person TOM FIORE  
 Address 327 SOUTH DRIVE  
 City SEVERNA PARK State MD Zip Code 21142  
 License No. \_\_\_\_\_  
 Phone 410-431-7057 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address N/A  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company FREDERICK WARD  
 Contact Person ROB VOGEL  
 Address 715 ...  
 City Columbia State MD Zip Code 21046  
 Phone 410-720-1900 Fax 410-720-6226

**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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
State Certified Modular <input type="checkbox"/>	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input 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: _____	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 <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: <u>N/A</u> No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: <u>N/A</u> Footings: <u>N/A</u> Roof: _____	

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 THEREIN, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED 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.

[Signature]  
 Applicant's Signature  
Vice President  
 Title/Company

U.S. Financial Capital, Inc.  
 Print Name  
12-10-03  
 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#
✓ Planning & Development DPZ			Front: _____	61096
✓ Building Official			Rear: _____	Filing fee \$1000.00
✓ Dev Engineering DPZ			Side: _____	Permit fee \$ _____
Health			Side St: _____	Excise tax \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
			SDP/Red-line approval date _____	Check # <u>2790</u>
				Validation # <u>7-121</u>
				Accepted by <u>[Signature]</u>

APPROVED

WALK-THRU BUILDING PERMIT

BP# 141111111 A# 519071

APP. SAN G. Creighton DATE: 5/5/2008

DESC. OF WORK: 14x15 Deck

with stairs 30" above  
grade

O'Rourke Residence  
12840 Brighton Dam Rd.  
Clarksville, MD

SEPTIC  
FIELD

1" = 25'.0"

