

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2880 INSPECTIONS (410) 313-3611  
AUTOMATED INFORMATION (410) 313-2880

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

**B00160196**

Building Address 11406 Lot B Old Hopkins Road  
Clarksville, MD 21039  
Suite/Apt. #: 05-440769 SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605102 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot PAR B  
Tax Map 41 Parcel 111 Grid 15  
Zoning RR-DEP Map Coordinates 1814 Lot size 1/4 Ac.

Property Owner's Name Ed Wagschal  
Address 9017 Red Branch Rd, Suite 105  
City Columbia State MD Zip Code 21045  
Home Phone \_\_\_\_\_ Work Phone 410-715-0900  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot  
Proposed Use Single Family Dwelling  
Estimated Construction Cost \$ 225,000  
Description of Work 2 story, unfinished basmt w/  
full bath R/T 9 Rooms, 3 Full baths, 1/2 bath,  
Swim Pool, Alarm Room & 3 Car Garage.

Contractor Company Attieri Homes  
Contact Person \_\_\_\_\_  
Address 9017 Red Branch Rd, Suite 201  
City Columbia State MD Zip Code 21045  
License No. 7  
Phone 410-715-4300 Fax 410-714-5809

Occupant or Tenant Ed Wagschal  
Contact Name \_\_\_\_\_  
Address 9017 Red Branch Rd, Suite 105  
City Columbia State MD Zip Code 21045  
Phone 410-715-0900 Fax \_\_\_\_\_

Engineer or Architect Company FSH Associates  
Contact Person \_\_\_\_\_  
Address 8318 Forrest Street  
City Ellicott City State MD Zip Code 21043  
Phone 410-750-2251 Fax 410-750-7350

**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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <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 _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
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.

Attieri Homes  
Applicant's Signature  
Attieri Homes  
Title/Company

Kathy Puchner for Craig Attieri  
Print Name  
5/12/06  
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>6/23/06</u>	<u>Karen Danner</u>
<input checked="" type="checkbox"/> Fire Protection		

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#:** 69906

Filing fee \$ 100.00

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # 5251

Validation # 11616

Accepted by [Signature]

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

ATTN: KEVIN



# Columbia Plumbing, Heating & Air Conditioning

"Hot Service For Cool Customers"



Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046-2581

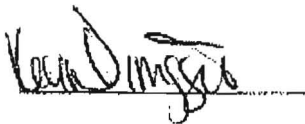
 Please keep  
in file

To Whom It May Concern,

Columbia Plumbing has installed a five foot sleeve for the water line at 11406 Old Hopkins Road , Clarksville, Maryland 21029. The Building Permit Number for this property is B00160196 . Mr. Kevin Dimaggio is the Master Plumber for Columbia Plumbing and Mr. Ed Wagschal, the home owner of the property, will both take full responsibility for the installation of the water line.

Sincerely,

Kevin Dimaggio



Ed Wagschal

