

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07000630

Building Address 7005 Helmsdale CT.
CLARKSVILLE, MD. 21029

Suite/Apt. #: _____ SDP/WP/Petition #: 11529

Census Tract 605102 Subdivision ASHLEIGH KNOLLS

Section _____ Area _____ Lot 55

Tax Map 41 Parcel 475 Grid 7

Zoning R2 Map Coordinates _____ Lot size 43,484 S.F.

Property Owner's Name CABOT, WAYNE + SUSAN

Address 7005 Helmsdale CT.

City CLARKSVILLE State MD Zip Code 21029

Home Phone 410 531 1312 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Deck

Proposed Use Surrounding porch with covered porch

Estimated Construction Cost \$ 25,000

Description of Work 18'x16' Surrounding with 3'8" by 16' covered porch (Brilliant - Existing Deck)

Contractor Company CLOCKWORK BUILDERS

Contact Person John P. Riley

Address 1188 DAY ROAD

City Sykesville State MD Zip Code 21784

License No. 70347

Phone 410 442 1028 Fax 410 442 4088

Occupant or Tenant WAYNE + SUSAN CABOT

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Architect-by-Design

Contact Person Judith Miller

Address 9005 Chevrolet Drive

City ELICOTT CITY State MD Zip Code 21042

Phone 410 480 5210 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Heating System:	
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Propane Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

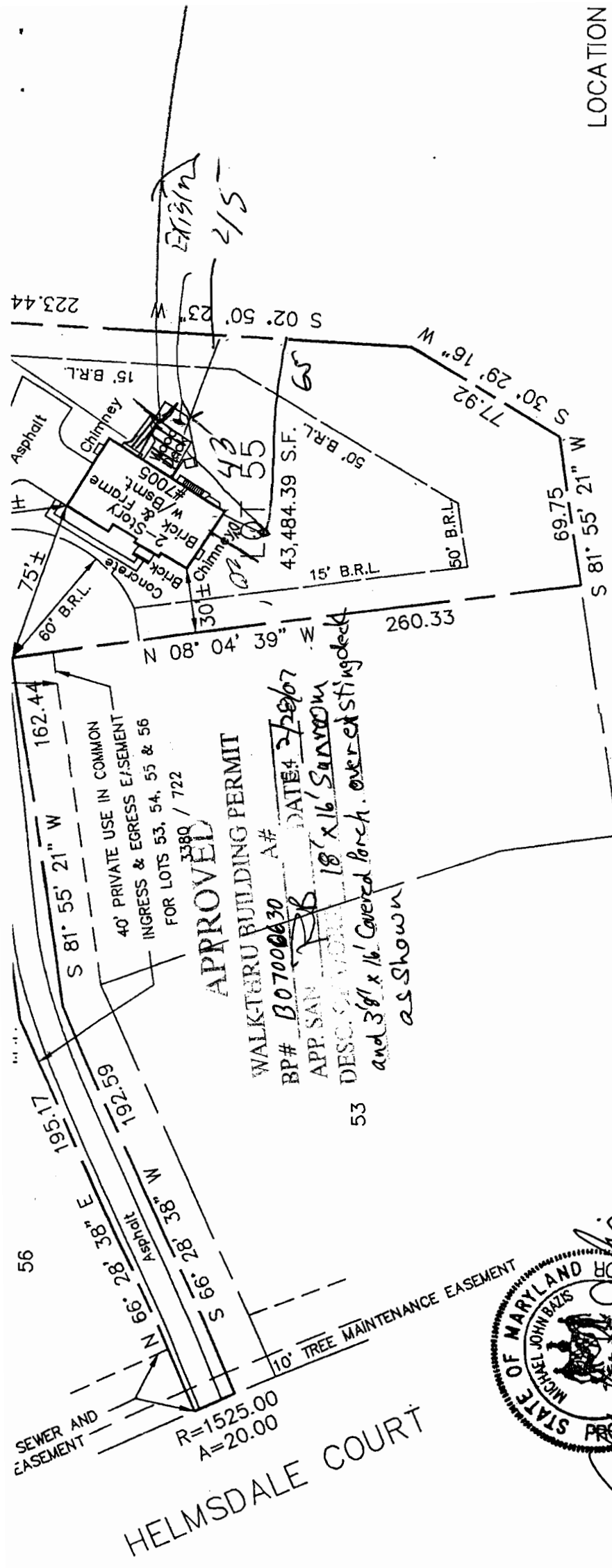
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Applicant's Signature [Signature]
Title/Company _____

Print Name John Riley
Date 7/28/07

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>7/28/07</u>	<u>R. Buch</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>6336</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			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
Green: LDD, DPZ			SDP/Red-line approval date: _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



LOCATION
 LOT
 PHASI
 ASHLEIGH
 HOWARD COUN

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 02.0632H	DATE 10-15-02
FIELD JT/KS	DRAFT DAB
	P # M.D.R. 11539
	SCALE: 1" = 60'

R.C. KELLY & J
 PROFESSIONAL
 10801 LOCKWOOD
 SILVER SPRING
 (301) 593-8005
 E-MAIL:

SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the plat of subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures, if any. This plat is NOT FOR DETERMINING PROPERTY LINES OR FOR CONSTRUCTION OF IMPROVEMENTS, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat.

Michael J. Bazis
 RPLS #10956



HELMSDALE COURT

