

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

2001560660

Building Address 6887 Harland Mill Rd
Clarksville, MD 21029
 Suite/Apt. #: 500F-05-045 SDP/WP/Petition #: 17580
 Census Tract 65101 Subdivision SCHREMP PROPERTY City Clarksville State MD Zip Code 21029
 Section 05-440963 Area 3 Lot 5
 Tax Map 40 Parcel 7 Grid 1
 Zoning RR-DEO Map Coordinates P&D Lot size 2.3896

Property Owner's Name Robert Schremp
 Address 6891 Harland Mill Rd
 Home Phone 301 854 3972 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Vacant lot
 Proposed Use new single family house
 Estimated Construction Cost \$ 300,000
 Description of Work new house w/ garage w/ 3 car
4 BR 2 1/2 baths
Unfinished basement w/ RI

Contractor Company David A. Swann General Contr.
 Contact Person David Swann
 Address 14751 Addison Way
 City Woodbine State MD Zip Code 21797
 License No. _____
 Phone 443-324-7075 Fax 410 489-5227

Occupant or Tenant Robert Schremp, Jr
 Contact Name Robert Schremp, Jr
 Address 6891 Harland Mill Rd
 City Clarksville State MD Zip Code 21029
 Phone 301 854-3972 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 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 _____ State Certified Modular _____	Sprinkler system: N/A <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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" 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> Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
<input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERE TO; (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 David A. Swann
 Title/Company _____

Print Name DAVID SWANN
 Date 10-19-05

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/18/05</u>	<u>Karen Pearson</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

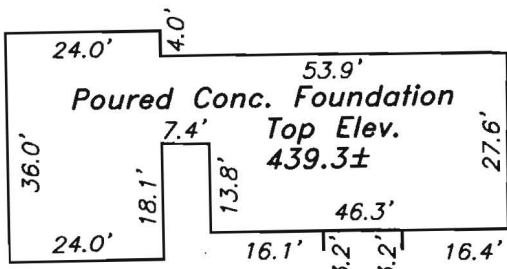
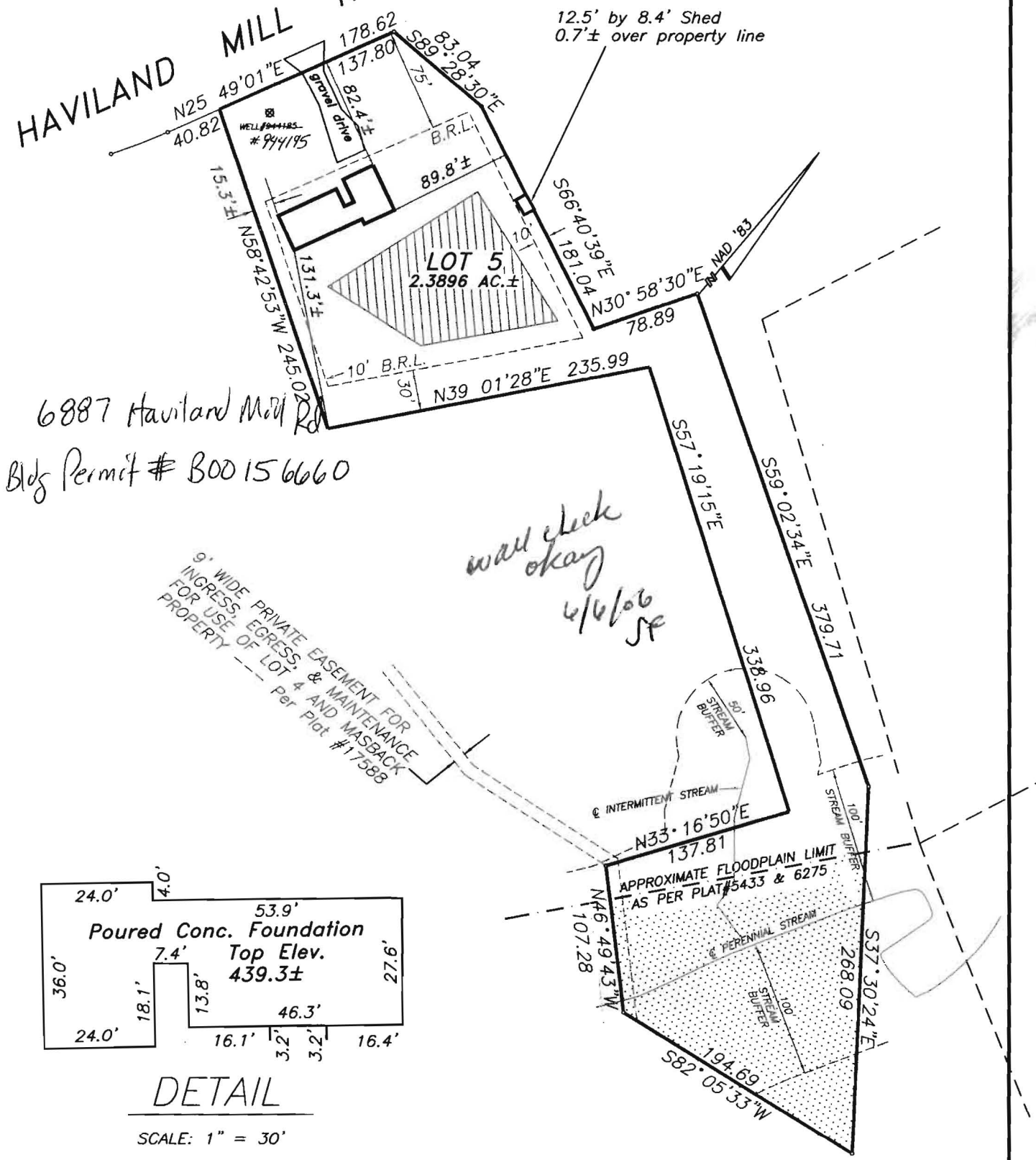
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1914</u>
Historic District?	Validation # <u>16022</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044 0037 B DATED: DEC. 4, 1986

NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 0.4'

HAVILAND MILL ROAD



DETAIL

SCALE: 1" = 30'

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Gregory Scott Shanaberger

SHANABERGER & LANE
8726 TOWN AND COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
(410)461-9563 FAX:461-9693

PROFESSIONAL SURVEYOR

STATE OF MARYLAND
GREGORY SCOTT SHANABERGER
REGISTERED
NO. 98849

FOUNDATION LOCATION DRAWING
**LOT 5
SCHREMP PROPERTY**

PLAT ENTITLED "LOTS 4 & 5, SCHREMP PROPERTY"
- PLAT #17588
DEED REFERENCE: 4930/16

ELECTION DISTRICT: 4TH COUNTY: HOWARD
SCALE: 1"=100' DATE: JANUARY 27,2006
DATE OF LATEST FIELD WORK: 1/23/06

