



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B14003270

Building Address: 7121 MOORLAND DR. 21029
City: CLARKSVILLE State: MD Zip Code: 21116
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: ASHLEIGH KNOLLS
Section: _____ Area: _____ Lot: 131
Tax Map: 0041 Parcel: 0475 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 33,000

Existing Use: RESIDENCE
Proposed Use: RESIDENTIAL RECREATION
Estimated Construction Cost: \$ 80,000
Description of Work: REMOVE EXISTING DECK
REPLACE W/ BOTH SCREEN PORCH & DECK
IN SIMILAR LOCATION
Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: RAYMOND & JEANNE ROBERTS
Address: 7121 MOORLAND DR.
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: 3 EVERGREEN ROAD
City: SEVERNA PARK State: MD Zip Code: 21146
Phone: 410-647-1362 Fax: _____
Email: hal@quayleco.com

Contractor Company: QUAYLE & COMPANY
Contact Person: _____
Address: 3 EVERGREEN RD.
City: SEVERNA PARK State: MD Zip Code: 21146
License No.: 29819
Phone: 410-647-1362 Fax: _____
Email: hal@quayleco.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
Construction type:	Multi-family Dwelling
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
➤ Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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]
Email Address: hal@quayleco.com
Title/Company: PRESIDENT

Print Name: HAL QUAYLE
Date: 9/10/14

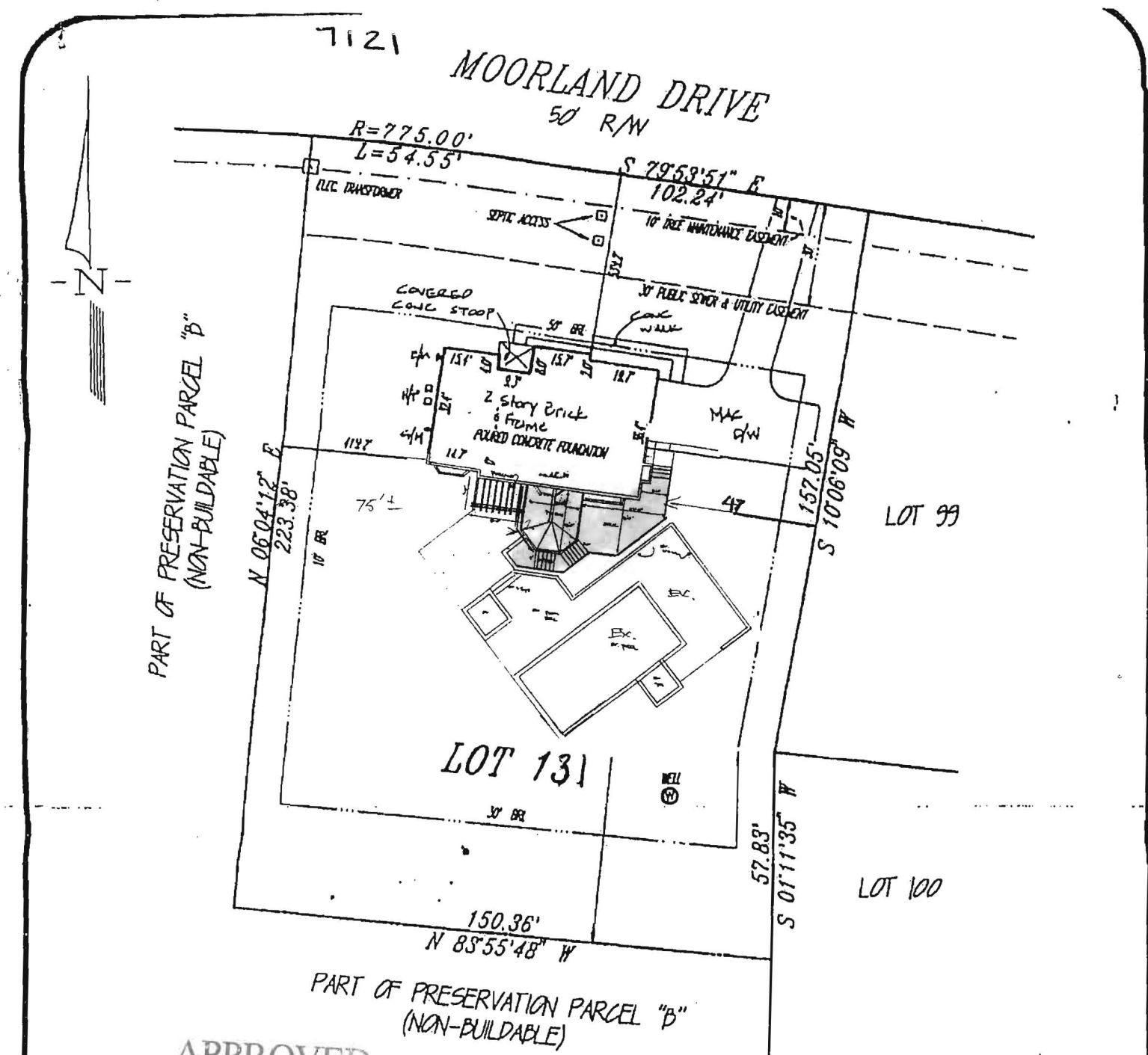
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/10/14</u>	<u>Hank Oswald</u>

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>15855</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN Hank Oswald DATE: 9/10/14

DESC. OF WORK: Remove existing deck
Replace w/ both screen porch & deck
in similar location.

[Handwritten Signature]
[Handwritten Signature]

LOT 131

ASHLEIGH KNOLLS

PHASE 2

LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 7121 MOORLAND DRIVE
 TOP OF WALL ELEV. = 496.1 FIRST FLOOR ELEV. =
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 TRANSFER, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT

RESUBDIVISION PLAT No. 11993
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044 0038 B

LOCATION DRAWING

FOUNDATION	DATE: <u>SRP</u> <u>7/02/97</u>
FINAL	DATE: <u>SRP</u> <u>10/17/97</u>
DRAWN BY: <u>AWG</u>	SCALE: <u>1"=40'</u>
PROJECT No.: <u>94517.00</u>	



P.O. Box 10
 New Market, MD 21774-0010
 10120 A Old National Pike
 Pijamsville, MD 21754-9706
 (301) 865-5858
 Fax: (301) 865-5111