

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B00157463

Building Address 7354 SANNED RD  
CLARKSVILLE MD 21029  
Suite/Apt. #: 05-382750 SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 64102 Subdivision \_\_\_\_\_  
Section 9 Area 54.458 Lot 1  
Tax Map 41 Parcel 422 Grid 10  
Zoning R12-DEO Map Coordinates 19a2 Lot size 1.25

Property Owner's Name DR ADETUNJI ADEJUNJI  
Address 6432 HUNTERBANKS CT  
City ELK RIVER State MD Zip Code 2107  
Home Phone 410 239 0267 Work Phone 410 239 6017  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use Building Single Home  
Estimated Construction Cost \$ 850,000  
Description of Work 2 - story building  
single family construction

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name DR. ADE ADETUNJI  
Address 6432 HUNTERBANKS CT  
City ELK RIVER State MD Zip Code 21075  
Phone 301 452 3036 Fax 301 396 5396

Engineer or Architect Company CREATIVE OUTLOOK  
Contact Person PIETRO P.F. GUGLIEMINI  
Address CAMPUS DRIVE  
City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_  
Phone 410 239 0267 Fax 410 239 6017

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 5  
Height: \_\_\_\_\_  
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 Height: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

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 \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name ADEMUYIWA A - ADETUNJI  
Date 1/25/06

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: <u>75'</u>	Filing fee \$ <u>100.00</u>
State Highways			Rear: <u>50'</u>	Permit fee \$ _____
Building Official			Side: <u>30'</u>	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>1-25-06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Is Entrance Permit required?	Check \$ <u>339</u>
ONE STOP SHOP: <input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation \$ <u>1037.00</u>
Distribution of Copies:			Historic District?	Accepted by <u>[Signature]</u>
White: Building Official			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Green: LDD, DPZ			Lot Coverage for NewTown Zone _____	
Yellow: DED, DPZ			SDP/Red-line approval date _____	
Pink: Health				
Gold: SHA				