

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07003960

Building Address 11719 Bragden Wood  
Clarksville MD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 29 Parcel 35 Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Murk Jennifer Johnson  
Jennifer Johnson

Address 392 Central Ave

City Glyndon State MD Zip Code 21071

Home Phone 410 382-4438 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Existing home to be removed

Proposed Use New home

Estimated Construction Cost \$ 300,000.00

Description of Work New 2.5 FD

4 Bedrooms 2.5 baths Kitchen with  
granite/sealed  
Fire Place

Contractor Company Curtis Cumberland Corp.

Contact Person Curtis Cumberland

Address 11301 A.E. McMillin Rd

City Woodbine State MD Zip Code 21797

License No. 2042 Phone 410 552-1122 Fax 410 854-6325

Occupant or Tenant \_\_\_\_\_

Contact Name Curtis Cumberland

Address 11301 A.E. McMillin

City Woodbine State MD Zip Code 21797

Phone 410 552 1122 Fax 410 854-6325

Engineer or Architect Company Cadworks

Contact Person \_\_\_\_\_

Address 332 W. Park View St

City Fruitvale State MD Zip Code \_\_\_\_\_

Phone 301 955-9121 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____ Depth _____ Width _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Depth _____ Width _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Height: <u>33</u>	Sprinkler system: N/A <input checked="" type="checkbox"/>
Multi-family dwellings: _____	_____ NFPA #13D
No. of efficiency units: _____	_____ NFPA #13R
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
_____ State Certified Modular	
_____ 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 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.

Curtis Cumberland  
Applicant's Signature  
\_\_\_\_\_  
Title/Company

Curtis Cumberland  
Print Name  
9/25/07  
Date

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>10/11/2007</u>	<u>RA Aricker</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 # _____
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	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	




Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 10, 2007

MEMORANDUM

TO: Cumberland Development Co.  
16391 A.E. Mullinix Road  
Woodbine, Maryland 21797

FROM: Brian Baker, R.S.   
Well and Septic Program  
Bureau of Environmental Health

RE: 11719 Bragdon Wood Road  
Tax ID: 05-385393

The Howard County Health Department has no objection to the release of the demolition permit for the referenced property.

Documentation has been provided showing that the well has been sealed. Proof that the existing septic system has been abandoned must be provided before use & occupancy of any new dwelling. If any unknown well or septic system components are found during demolition or construction the Health Department must be notified.

Cc: File