



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: 8/27/13

Permit No.: B13003241

Building Address: 7220 GUILFORD ROAD
 City: CLARKSVILLE State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: CLARKSVILLE RD#3
 Section: _____ Area: _____ Lot: 3
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.14 ACES

Existing Use: SFH
 Proposed Use: SFH w/ ATTACHED IN-LAW SUITE
 Estimated Construction Cost: \$ 150,000
 Description of Work: ADDITION OF 24'x36' IN-LAW SUITE WITH A CONNECTING 20'x7' JOINT MUDROOM # NO STOPS

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: MARK PEDMAN
 Address: 7220 GUILFORD ROAD
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: 410-531-4961 Fax: 443-539-8270
 Email: Mark@gemini-db.com

Property Owner's Name: KARIN RODMAN
 Address: 7220 GUILFORD RD
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: 410-531-1128 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: GEMINI DESIGN BUILD
 Contact Person: MARK PEDMAN
 Address: 7220 GUILFORD RD
 City: CLARKSVILLE State: MD Zip Code: 21029
 License No.: 42973 MHIC
 Phone: 410-531-7440 Fax: 443-539-8270
 Email: Mark@gemini-db.com

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" 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:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<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.

Mark Pedman
 Applicant's Signature
Mark@gemini-db.com
 Email Address
DBS - GEMINI DESIGN/BUILD
 Title/Company

Mark Pedman
 Print Name
8/27/13
 Date

RECEIVED

AUG 27 2013

LICENSES & PERMITS DIVISION

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>9/11/13</u>	<u>David Scott</u>

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

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	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1145</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

B11000363

Building Address: 7720 GUILFORD RD
CLARKSVILLE, MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: CLARKSVILLE PARKS

Section: _____ Area: _____ Lot: 3

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: 1.1 ACRES

Existing Use: SFH w/3 Bedrooms

Proposed Use: SFH w/4 Bedrooms

Estimated Construction Cost: \$ 30,000

Description of Work: ADD 23' x 22' MASTER SUITE ADDITION TO REAR OF HOME AND EXPAND FAMILY ROOM BY 20' x 3' ONTO EXISTING CONCRETE FRONT PORCH

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Kevin Keenan

Address: 7720 GUILFORD RD

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: 410-531-1128 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: GENINI RESIDENTIAL/BAILO INC

Contact Person: MARK GENINI

Address: 7720 GUILFORD RD

City: CLARKSVILLE State: MD Zip Code: 21029

License No.: 42973

Phone: 410-531-7440 Fax: 443-539-8220

Email: mark.genini@genini.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
<input 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 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: Mark P. Genini

Email Address: mark.genini@genini.com

Title/Company: _____

Print Name: MARK GENINI

Date: 2/9/11

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>2-9-11</u>	<u>John Smith</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes 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	\$

Building Address 7220 GUILFORD RD
CLARKSVILLE MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 3

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size 1,1401 AC.

Property Owner's Name MARKS, S. MANTHA REDMAN
 Address 7220 GUILFORD RD
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 410-446-4695 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
TIMOTHY M ROWAN
16643 FREDERICK RD MT AIRY MD

Phone 443-398-0887 Fax _____

Existing Use Residential
 Proposed Use Same
 Estimated Construction Cost \$ 30,000
 Description of Work 14 GROUND SWIMMING POOL & FENCE

Contractor Company ROWAN LANDSCAPE AND POOL CO. INC
 Contact Person TIMOTHY M ROWAN
 Address 16643 FREDERICK RD
 City MT AIRY State MD Zip Code 21771
 License No. 16659
 Phone 443-398-0887 Fax _____

Occupant or Tenant _____

Contact Name Tim Rowan
 Address 16643 FREDERICK RD
 City MT AIRY State MD Zip Code 21771
 Phone 443-398-0887 Fax _____

Engineer or Architect Company BLACKWELL ENGINEERING
 Contact Person William Blackwell
 Address 8751 BUCKLAND MILL RD
 City GAINESVILLE State VA Zip Code 20155
 Phone 703-754-9358 Fax 703-754-0939

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 _____ Slate Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

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Applicant's Signature [Signature]
TIM@ROWAN LANDSCAPE.COM
 Email Address
PRESIDENT/ROWAN LANDSCAPE AND POOL CO. INC
 Title/Company

Print Name Timothy M Rowan
 Date 12/5/13

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 Officials			
Dev. Engineering, DPZ			
Health	<u>1-9-14</u>	<u>Dona Bernard</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

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

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

LOT 3
1.401 ACRES

SEPTIC FIELD LINE

FENCE LINE

20' SETBACK LINE

POOL EQUIPMENT
55'

79'-7"

20' 0"

Proposed Pool

4'-6 1/2"

ELECTRICAL METER

ONE STORY RANCHER

EXIST. WELL

147'-3 1/2"

DRIVEWAY

ACCESS

GULFORD ROAD

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APR. SAN Debard DATE: 1-9-14

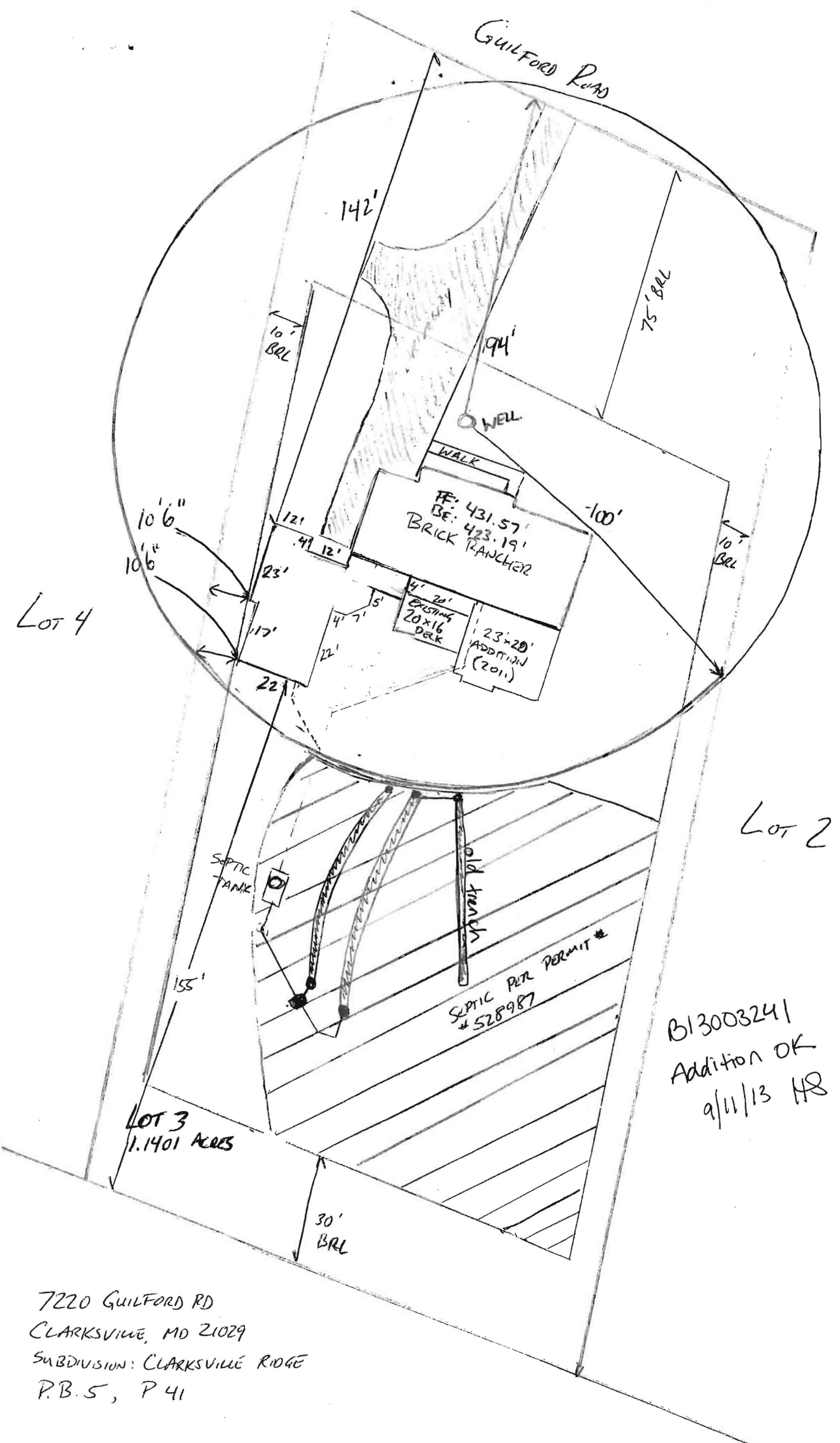
DESC. OF WORK: Inground Pool with fence.

*Approved As Shown
Brian Verified the
Septic lines new point
and layout.
Completed over holiday
break.*

DMAN PROJECT

SCALE: 1" = 30'

FORD ROAD CLARKESVILLE MD 21029



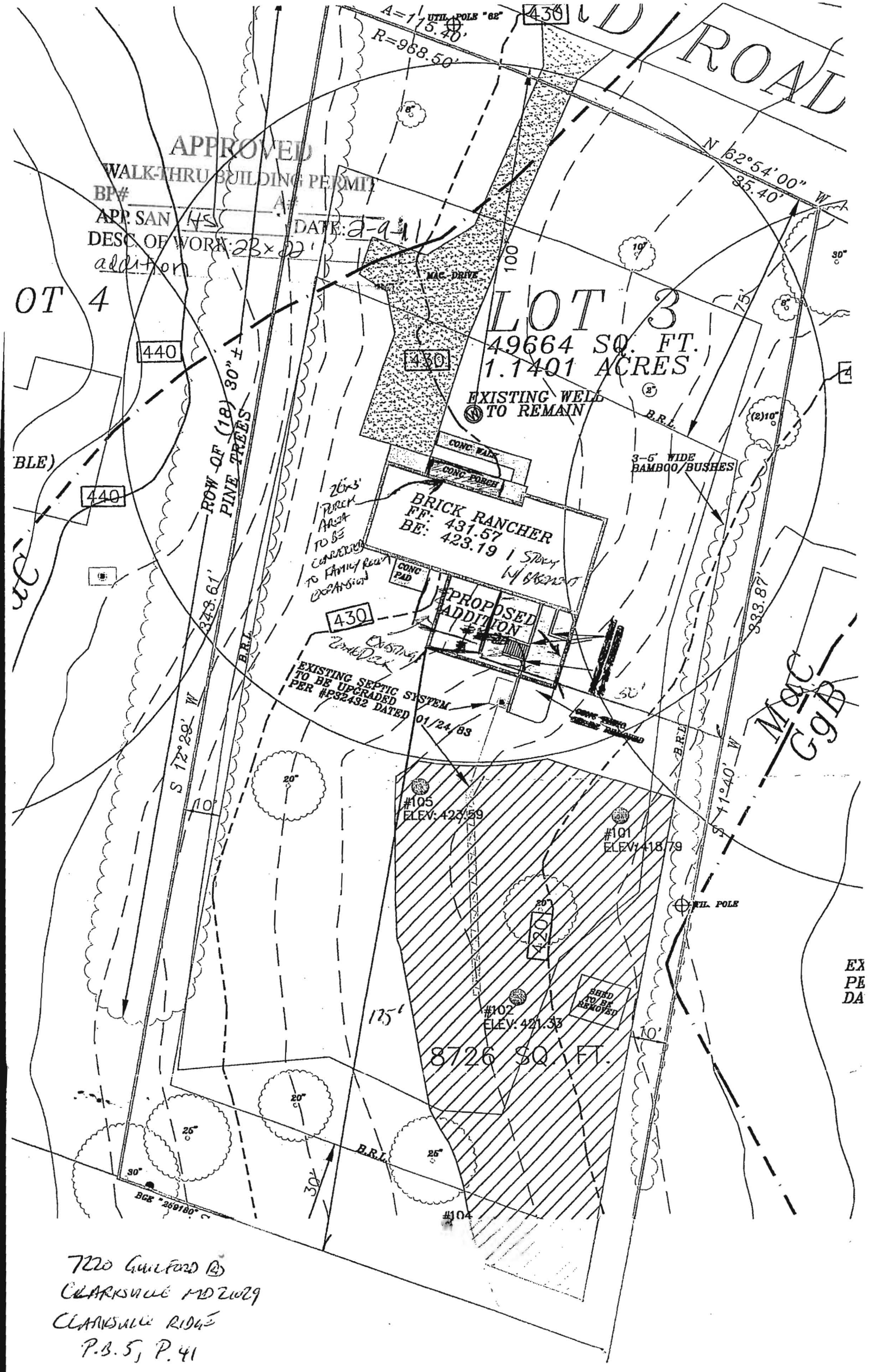
LOT 4

LOT 2

LOT 3
1.1401 ACRES

BI3003241
Addition OK
9/11/13 HS

7220 GUILFORD RD
 CLARKSVILLE, MD 21029
 SUBDIVISION: CLARKSVILLE RIDGE
 P.B. 5, P 41



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____
 APP. SAN / HS _____
 DATE: 2-9-11
 DESC. OF WORK: 23x22' addition

LOT 3
 49664 SQ. FT.
 1.1401 ACRES

BRICK RANCHER
 FF: 431.57
 BE: 423.19

PROPOSED ADDITION

EXISTING SEPTIC SYSTEM
 TO BE UPGRADED
 PER #P32432 DATED 01/24/88

#105
 ELEV. 423.29

#101
 ELEV. 418.79

#102
 ELEV. 421.33

#104

8726 SQ. FT.

BED TO BE REMOVED

720 Guilford Rd
 CLARKSVILLE MD 21029
 CLARKSVILLE RIDGE
 P.B. 5, P. 41

EX
 PE
 DA