

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07000953

Building Address 11737 BRADDOCK WOOD
CLARKSVILLE MD 21229
 Suites/Apt. #: A SDP/WP/Petition #: _____
 Census Tract 605.101 1/2 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 29 Parcel 47 Grid 14
 Zoning R Map Coordinates 14 N-4 Lot size 2.1 AC

Property Owner's Name MICHAEL A. SCHRIDER
 Address 11737 BRADDOCK WOOD
 City CLARKSVILLE State MD Zip Code 21229
 Home Phone 443-535-0105 Work Phone 443-745-4127
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use RESIDENTIAL
 Proposed Use RESIDENTIAL STORAGE
 Estimated Construction Cost \$ 4000.00
 Description of Work BLACK & LEVEL MODU-
LAR UNIT, 24 x 36 STORAGE UNIT

Contractor Company M
 Contact Person MICHAEL SCHRIDER
 Address 11737 BRADDOCK WOOD
 City CLARKSVILLE State MD Zip Code 21229
 License No. _____
 Phone 443-745-4127 Fax 443-535-0125

Occupant or Tenant MIKE SCHRIDER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company NONE
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: <u>804 sq ft</u> Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

[Signature]
 Applicant's Signature

MICHAEL A. SCHRIDER
 Print Name

 Title/Company

3/26/27
 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#
<input checked="" type="checkbox"/> Land Development, DPZ	_____	_____	Front: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> State Highways	_____	_____	Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official	_____	_____	Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	_____	_____	Side St.: _____	Add'l per. fee \$ _____
Health	_____	_____	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 # <u>CAN</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	_____	_____	Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
Distribution of Copies- White: Building Official	_____	_____	Lot Coverage for NewTown Zone _____	SDP/Red-line approval date _____
Green: LDD, DPZ	_____	_____	Yellow: DED, DPZ	Pink: Health
T:\norma\PERMIT.FRM	_____	_____	Gold: SHA	

