

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07001504

Building Address 12850 Brighton Dam Rd
Clarksville MD 21029

Property Owner's Name Roger & Marilyn Stone
Address 12850 Brighton Dam Rd

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

Census Tract _____ Subdivision Clarksville
overlook

City Clarksville State MD Zip Code 21029
Home Phone (301) 594-1013 Work Phone (301) 854-3633

Section — Area 2 Lot 3

Applicant's Name & Mailing Address, (if other than stated hereon):
Four Seasons Sunrooms
7800 Airport Rd #9 Elkridge, MD 20879
Phone (301) 253-6822 Fax —

Tax Map 34 Parcel 362 Grid 10

Zoning _____ Map Coordinates _____ Lot size 2,495

Existing Use SFD
Proposed Use _____
Estimated Construction Cost \$ 106,900

Contractor Company Sunnet Inc T/A
Contact Person Four Seasons Sunrooms
Mike Freley

Description of Work Construct a 19'4" x
14'11" sunroom over crawl space

Address 7800 Airport #9
City Elkridge State MD Zip Code 20879
License No. 48177
Phone (301) 253-6822 Fax —

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name Denise Estep/Estep Permit Service

Contact Person _____

Address 13663 Donnan Dr

Address _____

City Greencastle State PA Zip Code 17025

City _____ State _____ Zip Code _____

Phone (717) 977-1884 Fax (717) 597-8939

Phone _____ 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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>1</u>	Propane Gas <input type="checkbox"/>
Height: <u>13'6"</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: <u>Sunroom</u>	
Dimensions: <u>19'4" X 14'11"</u>	
Footings: _____	
Roof Height: <u>13'6"</u>	
_____ 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.

D. Estep
Applicant's Signature
owner / Estep Permit Service
Title/Company
(Agent)

D. Estep
Print Name
04-26-07
Date

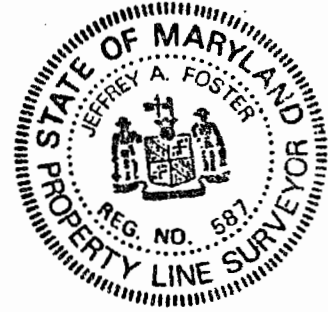
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

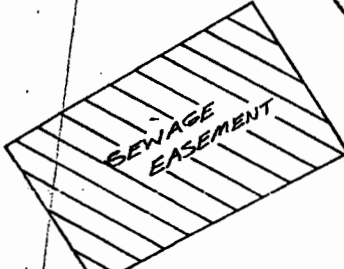
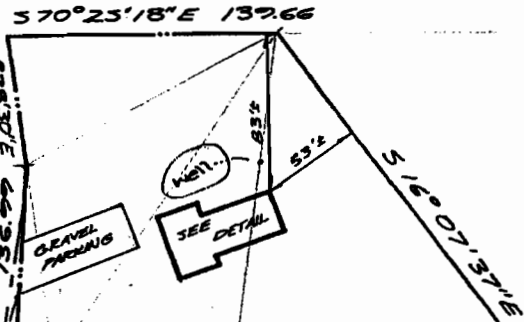
AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Historians			
Building Official			
Dev. Engineering, DPZ			
Health	<u>4/26/07</u>	<u>R. Buih</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

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

NOTE: This location for title purposes only - not to be used for determining property lines. Property corner Markers Not guaranteed by this location.



2 OF 12' GRAVEL DRIVE



LOT 3
3.00 ACRES

Q OF
15' FOOT INGRESS
AND EGRESS EASEMENT
LIBER 790
FOLIO 17
TO BRIGHTON DAM ROAD

APPROVED
WALK-THRU BUILDING PERMIT
BP# B07001604 A#
APP. SAN P. Bauer DATE: 4/26/07
DESC. OF WORK: 19'4" x 14'11" Sunroom
on crawl space as shown

*Proposed Sunroom
19'-4" x 14'-11"*



DETAIL

BUILDING LINE AND/OR FLOOD ZONE
INFORMATION IS TAKEN FROM AVAILABLE
SOURCES AND SUBJECT TO INTERPRETATION
OF ORIGINATOR.

Flood zone "C" per H.U.D.
panel no. 240044-0037B.

LOCATION OF HOUSE
LOT 3

CLARKVILLE OVERLOOK