

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

B 07004073

Building Address 13720 Clarksville Pike  
Highland, MD 20777

Property Owner's Name Doug & Kristin Siglin  
 Address 13720 Clarksville Pike

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

City Highland State MD Zip Code 20777

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

Home Phone (301) 854-2698 Work Phone (301) 854-2698  
 Applicant's Name & Mailing Address, (if other than stated hereon):

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4D

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

Tax Map 4D Parcel \_\_\_\_\_ Grid 4D-10

Zoning RR-DEM Map Coordinates \_\_\_\_\_ Lot size 1 AC

Existing Use Single Family Dwelling

Contractor Company Fred C Dickson Co Inc

Proposed Use Single Family Dwelling

Contact Person Fred Dickson

Estimated Construction Cost \$ 50,000

Description of Work Add two full bath/2nd floor

Address 4593 Ross Rd

OVER EXISTING FAMILY RM & GARAGE

City MD State MD Zip Code 21771

CONVERT EXISTING BDRM TO OFFICE

License No. CB016087576

Occupant or Tenant Kristen Siglin

Engineer or Architect Company N/A

Contact Name Kristen Siglin

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

Address 13720 Clarksville Pike

Address \_\_\_\_\_

City Highland State MD Zip Code 20777

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 301 854 2698 Fax \_\_\_\_\_

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<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.

Fred Dickson  
 Applicant's Signature  
Fred C Dickson Co Inc  
 Title/Company

Fred Dickson  
 Print Name  
01/09/08  
 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 Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>1-9-08</u>	<u>[Signature]</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"/>		

DPZ SETBACK INFORMATION	PROPERTY FEE
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 _____

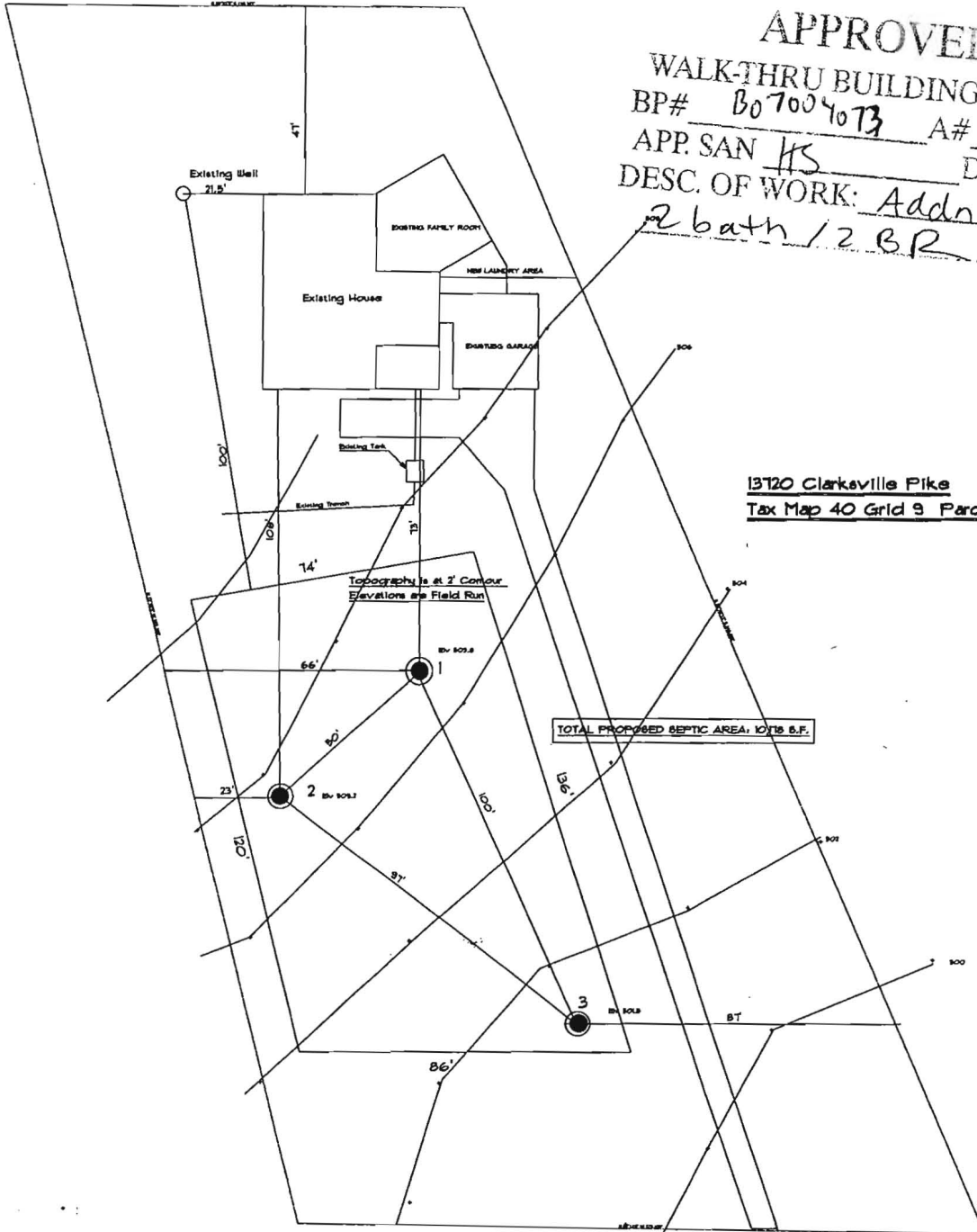
APPROVED

WALK-THRU BUILDING PERMIT

BP# B07004073 A# 527857

APP. SAN HS DATE: 1-9-08

DESC. OF WORK: Add -  
2 bath / 2 BR



13720 Clarksville Pike  
Tax Map 40 Grid 9 Parcel 300

TOTAL PROPOSED SEPTIC AREA: 10718 S.F.

CLARKSVILLE PIKE

Building Address: 13720 Clarksville Pike  
Highland MD 20777

Suita/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: N/A

Census Tract: N/A Subdivision: N/A

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

Tax Map: DE0 Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

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

Property Owner's Name: Wayne Kimmer

Address: SAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: 301-317-8390

Existing Use: SFD

Proposed Use: SEMI W/ ADD

Estimated Construction Cost: \$ 3,000

Description of Work: 10x11 addition / porch  
on crawl space 16x9

Contractor Company: W.D.P.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_

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

Occupant or Tenant: Wayne Kimmer

Contact Name: \_\_\_\_\_

Address: 13720 Clarksville Pike

City: Highland State: MD Zip Code: 20777

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

Engineer or Architect Company: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>N/A</u>	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>2</u>	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 _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular Manufactured Home _____	

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Applicant's Signature: Wayne Kimmer Print Name: Wayne L. Kimmer

Title/Company: OWNER Date: 11/15/98

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

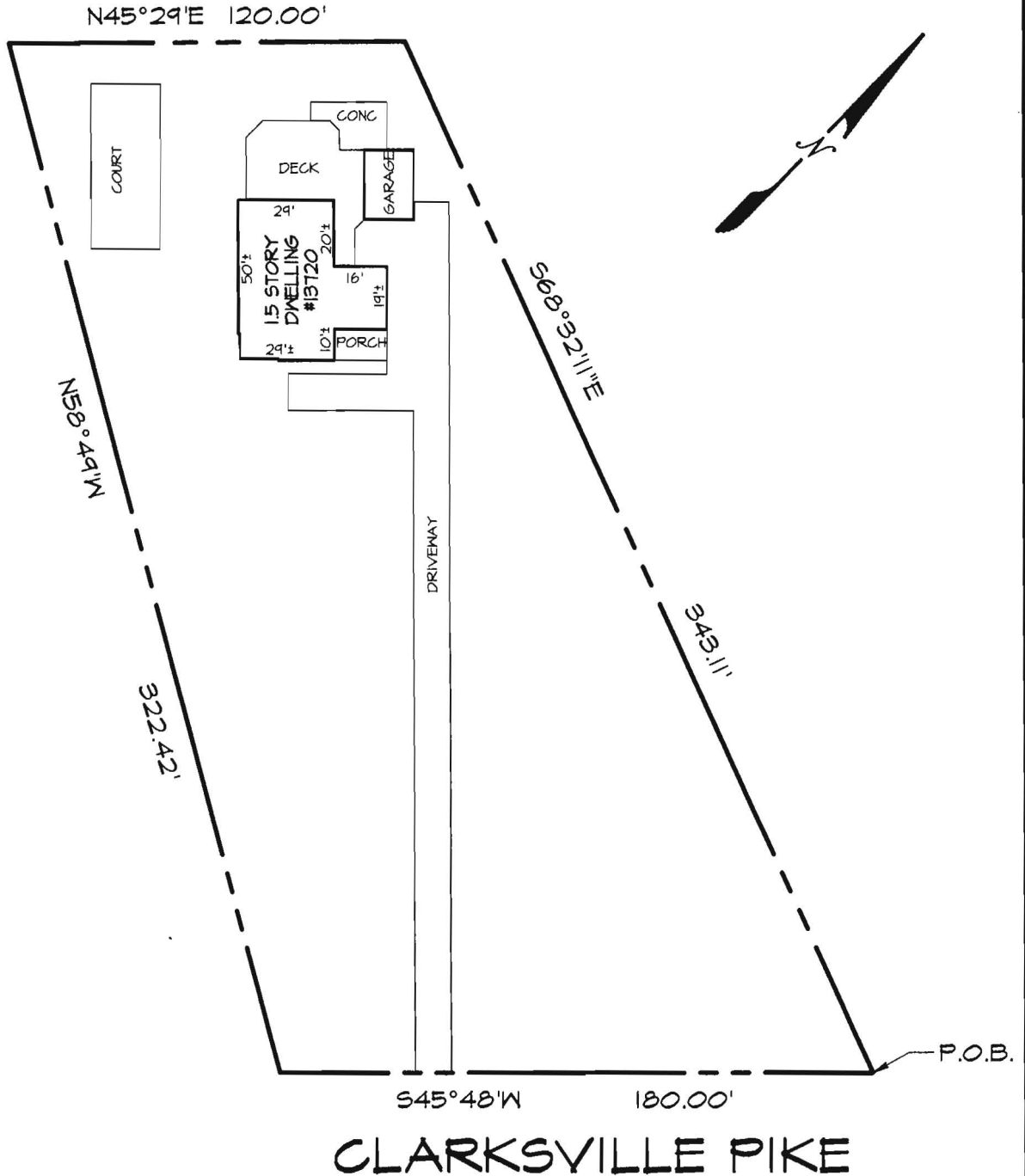
PLEASE WRITE NEATLY AND LEGIBLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ	<u>11/19/98</u>	<u>[Signature]</u>	Front: _____	<u>380036</u>
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St: _____	
Health	<u>11/19/98</u>	<u>Kimberly Maule</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee: \$ <u>25.00</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee: \$ <u>25.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax: \$ <u>0.00</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone: _____	Sub-total paid: \$ <u>50.00</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date: _____	Add'l permit fee: \$ <u>0.00</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by: _____	TOTAL FEES: \$ <u>75.00</u>
				Balance due: \$ <u>0.00</u>
				Check: <u>16850.00</u>
				Validation: <u>11/19/98</u>

NOTES

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES WITH A LEVEL OF ACCURACY OF +/- 5'.
5. THIS DRAWING WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.
6. BUILDING SETBACK LINES SHOWN HEREON WERE TAKEN FROM THE RECORD PLAT. THEIR ACCURACY IS NOT GUARANTEED.
7. LEVEL OF ACCURACY OF BUILDING DIMENSIONS IS +/- 1'.

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SURVEYORS CERTIFICATE

THIS LOCATION DRAWING HAS BEEN PREPARED IN ACCORDANCE WITH THE "MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS" AS ADOPTED BY THE STATE OF MARYLAND.

I. BEING THAT PARCEL OF LAND DESCRIBED IN DEED L.3639, F. 253

*Brian Dietz*  
 BRIAN R. DIETZ  
 PROFESSIONAL LAND SURVEYOR NO. 21080

ONLY PLATS WITH THE SURVEYOR'S EMBOSSED SEAL ARE GENUINE, TRUE AND CORRECT COPIES.

<p>3-24-05</p>	<p><b>BRIAN R. DIETZ</b>                  PROFESSIONAL LAND SURVEYOR #21080                  7867 OAKDALE AVENUE                  BALTIMORE MD. 21237                  Ph 410-686-1198                  Fax 410-682-6021</p>	<p><b>LOCATION DRAWING</b>                  of  <b>13720 CLARKSVILLE PIKE</b>                  HOWARD COUNTY, MD.</p>		
	DRAWN: BRD	FIELD: BRD	DATE: 03-24-05	JOB NO. 05096

