

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

*B07004580*

Building Address 8526 Clarkson Dr  
Fulton, MD 20759

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

Census Tract \_\_\_\_\_ Subdivision Bright Park

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 8, 11, 14

Tax Map \_\_\_\_\_ Parcel 56 Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates 18E7 Lot size \_\_\_\_\_

Property Owner's Name George W. + Elizabeth Cooper

Address 2007 NO 13 PM 1:43  
8526 Clarkson Drive

City Fulton State MD Zip Code 20759

Home Phone 270-566-9713 Work Phone 301-488-0134

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

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

Existing Use Residential - one family

Proposed Use Residential - one family

Estimated Construction Cost \$ 40,000

Description of Work Full renovation of kitchen (includes) plus rework of plumbing in 2 bathrooms & bathroom vanity, etc. 11/16/07

**BP**

Contractor Company \_\_\_\_\_

Contact Person SAME

Address Cancelled

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

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

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

Occupant or Tenant same as owner

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company Jackson Design Group

Contact Person Tark Jackson

Address 8508 Churchill Drive Road

City Fulton State MD Zip Code 20882

Phone 301-519-7405 Fax 301-519-0613

**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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
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: _____	
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.

George W. Cooper  
 Applicant's Signature

\_\_\_\_\_  
 Title/Company

George W. Cooper  
 Print Name

2/20/07 10/09/07  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	_____	_____
<input checked="" type="checkbox"/> State Highways	_____	_____
<input checked="" type="checkbox"/> Building Official	_____	_____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	_____	_____
<input checked="" type="checkbox"/> Health	_____	_____
<input checked="" type="checkbox"/> Fire Protection	_____	_____

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ

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 NewTown Zone _____	Check # <u>5652</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

no change  
to  
house footprint

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number: 8

Building Address: 8526 Clarkson Drive  
Fulton MD 20759

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

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

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 9

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: 212

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.2

Property Owner's Name: F.I.

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

City: Fulton State: MD Zip Code: \_\_\_\_\_

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

Applicant's Name & Mailing Address, (If other than stated herein):  
 \_\_\_\_\_

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

Email: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Estimated Construction Cost: \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

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

Contractor Company: \_\_\_\_\_

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

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

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

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

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

Email: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

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

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

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

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

Email: \_\_\_\_\_

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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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 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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature \_\_\_\_\_

mail Address \_\_\_\_\_

ie/Company \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health		<u>4-7-11 Dana Bernard</u>
Fire Protection		

Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

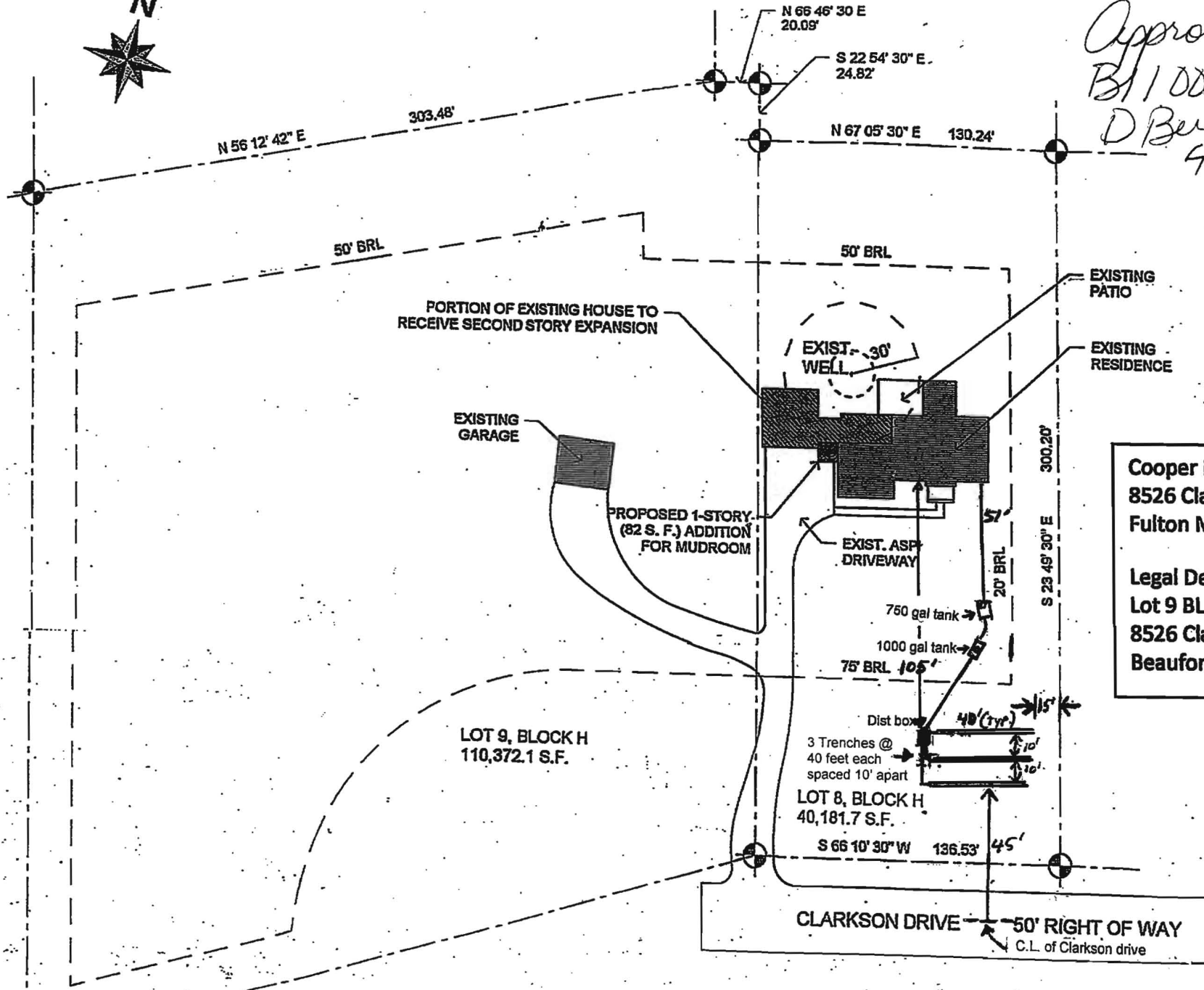
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$





Approved BPH  
B11000738  
D Bernard  
4-7-11



Cooper Residence  
8526 Clarkson Drive  
Fulton MD 20759

Legal Description  
Lot 9 BL H-3.419AR  
8526 Clarkson Drive  
Beaufort Park

**SITE PLAN**  
SCALE 1" = 20'

NOTE: ALL EXISTING BRICK SCHEDULED FOR DEMOLITION SHALL BE SALVAGED AND RE-USED FOR "FILL-INS" OF NEW OPENINGS

REMOVE EXISTING SCREENING AND DOORS FROM BREEZEWAY - DIG EXPLORATORY HOLES TO VERIFY FOUNDATION AND FOOTING PROFILES - NOTIFY ARCHITECT FOR REVIEW BEFORE PROCEEDING

REMOVE EXISTING EXTERIOR DOORS, WINDOWS AND PORTIONS OF EXTERIOR WALL AS SHOWN. COORDINATE DEMO WITH NEW OPENINGS SHOWN ON A-4

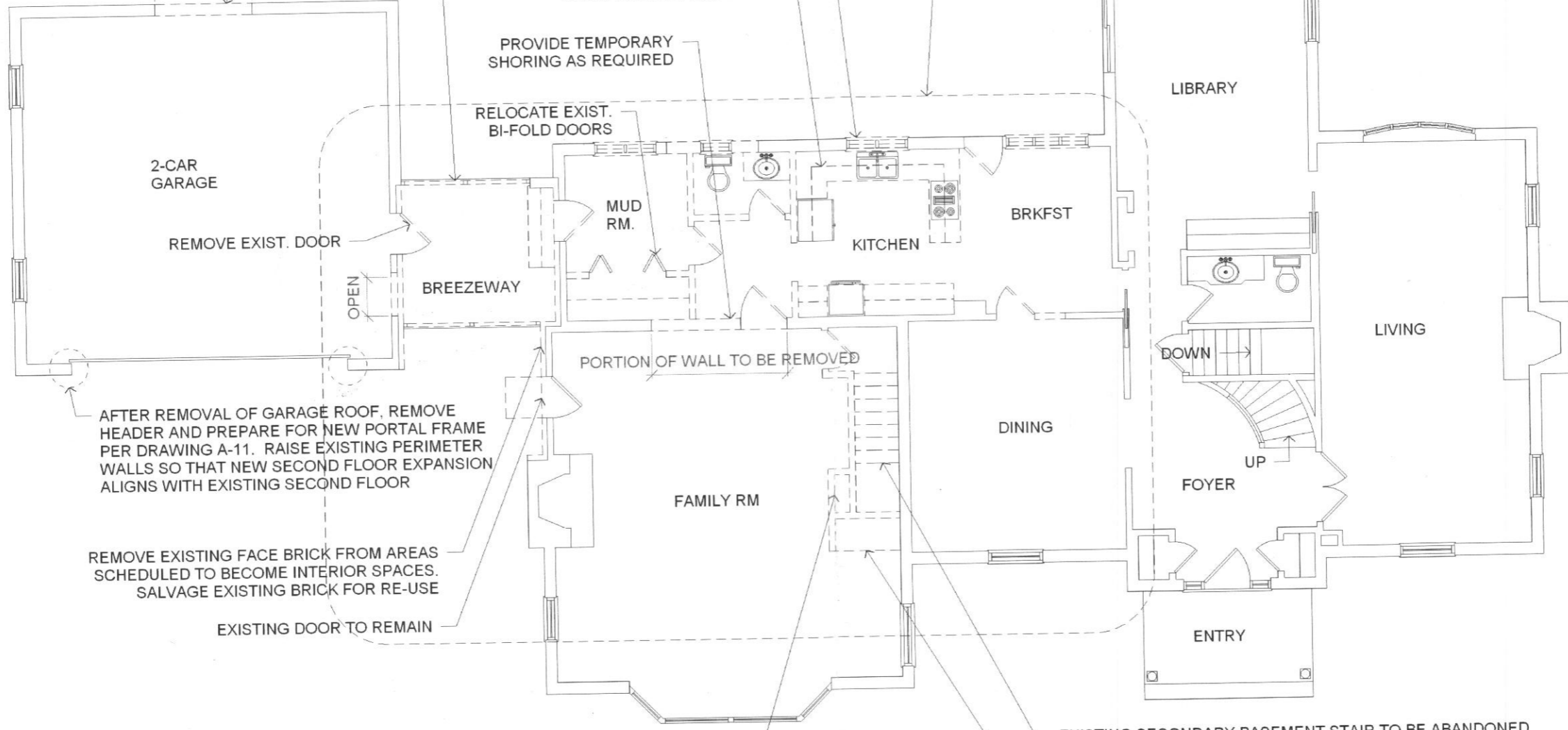
NOTE: FOR ALL NEW WORK IN THIS AREA, SEE PARTIAL NEW WORK FLOOR PLAN ON DRWG A-4

PREP OPENING FOR NEW DOUBLE 3068 FIBERGLASS DOORS  
6' 4"

REMOVE EXISTING KITCHEN, POWDER ROOM, INTERIOR FINISHES AND PORTIONS OF WALLS AS SHOWN. COORDINATE WORK WITH DRAWING A-4

PROVIDE TEMPORARY SHORING AS REQUIRED

RELOCATE EXIST. BI-FOLD DOORS



AFTER REMOVAL OF GARAGE ROOF, REMOVE HEADER AND PREPARE FOR NEW PORTAL FRAME PER DRAWING A-11. RAISE EXISTING PERIMETER WALLS SO THAT NEW SECOND FLOOR EXPANSION ALIGNS WITH EXISTING SECOND FLOOR

REMOVE EXISTING FACE BRICK FROM AREAS SCHEDULED TO BECOME INTERIOR SPACES. SALVAGE EXISTING BRICK FOR RE-USE

EXISTING DOOR TO REMAIN

PORTION OF WALL TO BE REMOVED

EXISTING SECONDARY BASEMENT STAIR TO BE ABANDONED REMOVE UPPER PORTION OF WALLS AS SHOWN AND PREP FOR NEW SECOND STORY STAIR

REMOVE EXISTING WET BAR

**FIRST FLOOR DEMOLITION PLAN**

SCALE 1/8" = 1'-0"

EXISTING MECHANICAL UNITS TO BE REPOSITIONED PER NEW WORK PLAN

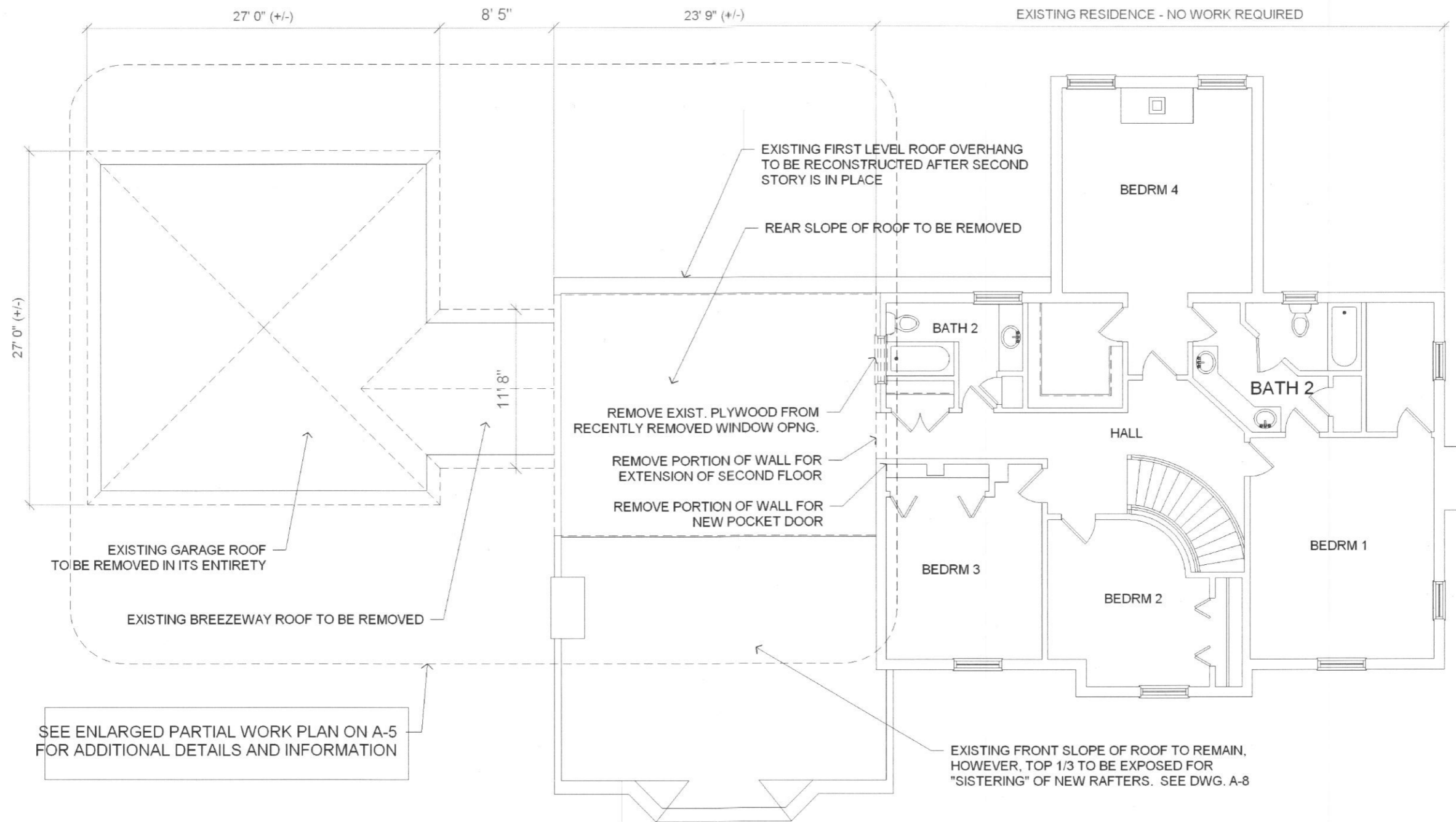


LEHMAN ASSOCIATES, PC  
architects

PROPOSED ADDITIONS AND RENOVATIONS TO THE RESIDENCE OF  
**THE ELIZABETH COOPER FAMILY**  
8526 CLARKSON DRIVE, FULTON, MARYLAND 20759

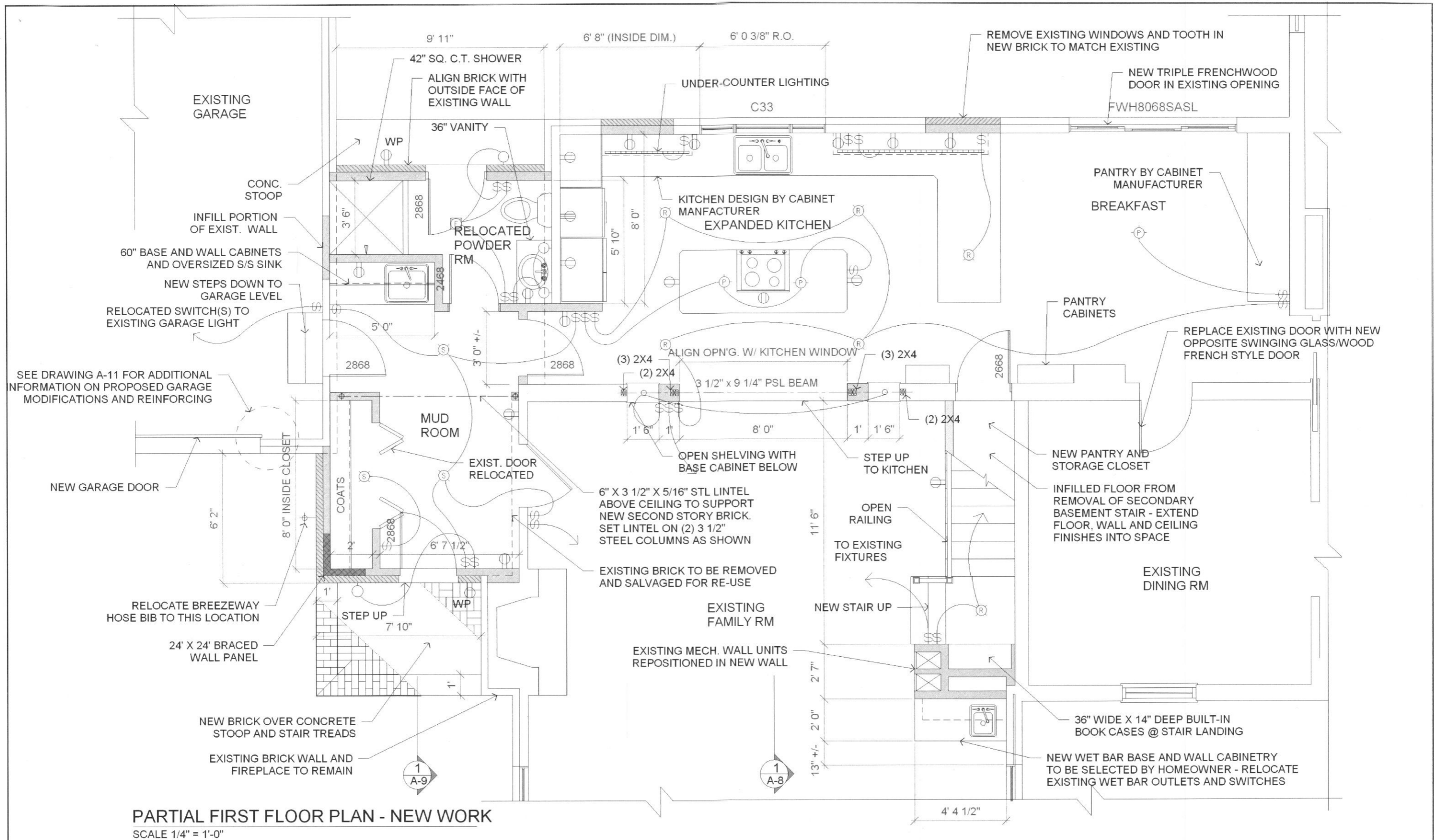
PROJ. NO: 1308-218  
DATE: 11.10.10  
ISSUED FOR: BID

**A-2**



**SECOND FLOOR DEMOLITION PLAN**

SCALE 1/8" = 1'-0"



**PARTIAL FIRST FLOOR PLAN - NEW WORK**  
 SCALE 1/4" = 1'-0"



LEHMAN ASSOCIATES, PC  
 architects

PROPOSED ADDITIONS AND RENOVATIONS TO THE RESIDENCE OF  
**THE ELIZABETH COOPER FAMILY**  
 8526 CLARKSON DRIVE, FULTON, MARYLAND 20759

PROJ. NO: 1308-218

DATE: 11.10.10

ISSUED FOR: BID

**A-4**

