

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

300 157008

Building Address 7414 Cherry Tree Dr.
Clarksville Md. 21029
 Suite/Apt. #: 05-360412 SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision Hopkins # 7/79
 Section 3 Area _____ Lot 38
 Tax Map 41 Parcel 219 Grid 14
 Zoning RR 19 Map Coordinates 1032 Lot size 1.01 A

Property Owner's Name Tim & Joanne Roarty
 Address 7414 Cherry Tree Dr.
 City Clarksville State MD Zip Code 21029
 Home Phone 301-225-0032 Work Phone 210-299-1912
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use House
 Proposed Use bedroom
 Estimated Construction Cost \$ 20,000.00
 Description of Work bedroom addition

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant Tim & Joanne Roarty
 Contact Name Home owner
 Address 7414 Cherry Tree Dr.
 City Clarksville State MD Zip Code 21029
 Phone 210-299-1912 Fax _____

Engineer or Architect Company _____
 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: <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 <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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: <u>10'</u> <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.

Francis Timothy Roarty
 Applicant's Signature
 Title/Company _____

Francis Timothy Roarty
 Print Name
November 15, 2005
 Date

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

67818

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 \$ _____
<input checked="" type="checkbox"/> Health	<u>2/7/06</u>	<u>Jacobson</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ <u>200</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ <u>31.09</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by: _____	

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B07003303

Building Address 7414 Cherry Tree Dr.
Clarksville, MD 21029

Suite/Apt. #: _____ SDP/W/P/Petition #: _____

Census Tract _____ Subdivision Hopkins MEADE

Section 3 Area _____ Lot 38

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 1.0161 AC

Property Owner's Name Tim and Joanne Roarty

Address 7414 cherry Tree Dr.

City Clarksville State MD Zip Code 21029

Home Phone 301-725-0032 Work Phone 240-299-1912
 Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use INGROUND SWIMMING POOL

Estimated Construction Cost \$ 50,000.00

Description of Work INSTALL AN INGROUND CONCRETE SWIMMING POOL

Contractor Company ATLANTIC POOLS, INC.

Contact Person DAVE EDWARDS

Address P.O. Box 148

City MT. AIRY State MD Zip Code 21771

License No. 120130

Phone 301-829-4004 Fax 301-829-4770

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: <u>SWIMMING POOL</u>		NFPA #13R _____	
Dimensions: <u>42 x 24</u>		Other: _____	
Footings: _____			
Roof Height: _____			
State Certified Modular <input type="checkbox"/>			
Manufactured Home <input type="checkbox"/>			

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 _____

Print Name _____

Title/Company _____

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#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>8/14/03</u>	<u>[Signature]</u>	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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

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:

Bld 000914

Building Address: 7414 Cherry Tree Dr
Clarksville Md. 21025

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 3853

Tax Map: 0041 Parcel: 0219 Grid: 0014

Zoning: _____ Map Coordinates: _____ Lot Size: 1.0100 AC

Existing Use: SFD

Proposed Use: SFD w/ Detached garage

Estimated Construction Cost: \$ 8,000

Description of Work: 1 story detached garage
32x32 wood framed for storage
and historic vehicle

Occupant or Tenant: owner

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Tim & Joanne Roarty

Address: 7414 Cherry Tree Dr.

City: Clarksville State: MD Zip Code: 21029

Home Phone: 301-925-0032 Work Phone: 240-299-1912

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

Phone: _____ Fax: _____

Email: timmyroarty@yahoo.com

Contractor Company: see owner

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

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 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 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: <u>Storage Shed</u>	
Dimensions: <u>32x32</u>	
Footings: <u>30"</u>	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: <u>5/12</u>	<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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Timmy Roarty
 Applicant's Signature
timmyroarty@yahoo.com
 Email Address
Home owner
 Title/Company

Tim Roarty
 Print Name
March 23, 2012
 Date

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>4/2/12</u>	<u>Heaven Smith</u>
Fire Protection		

Is 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? Yes No

Is Entrance Permit Required? Yes No

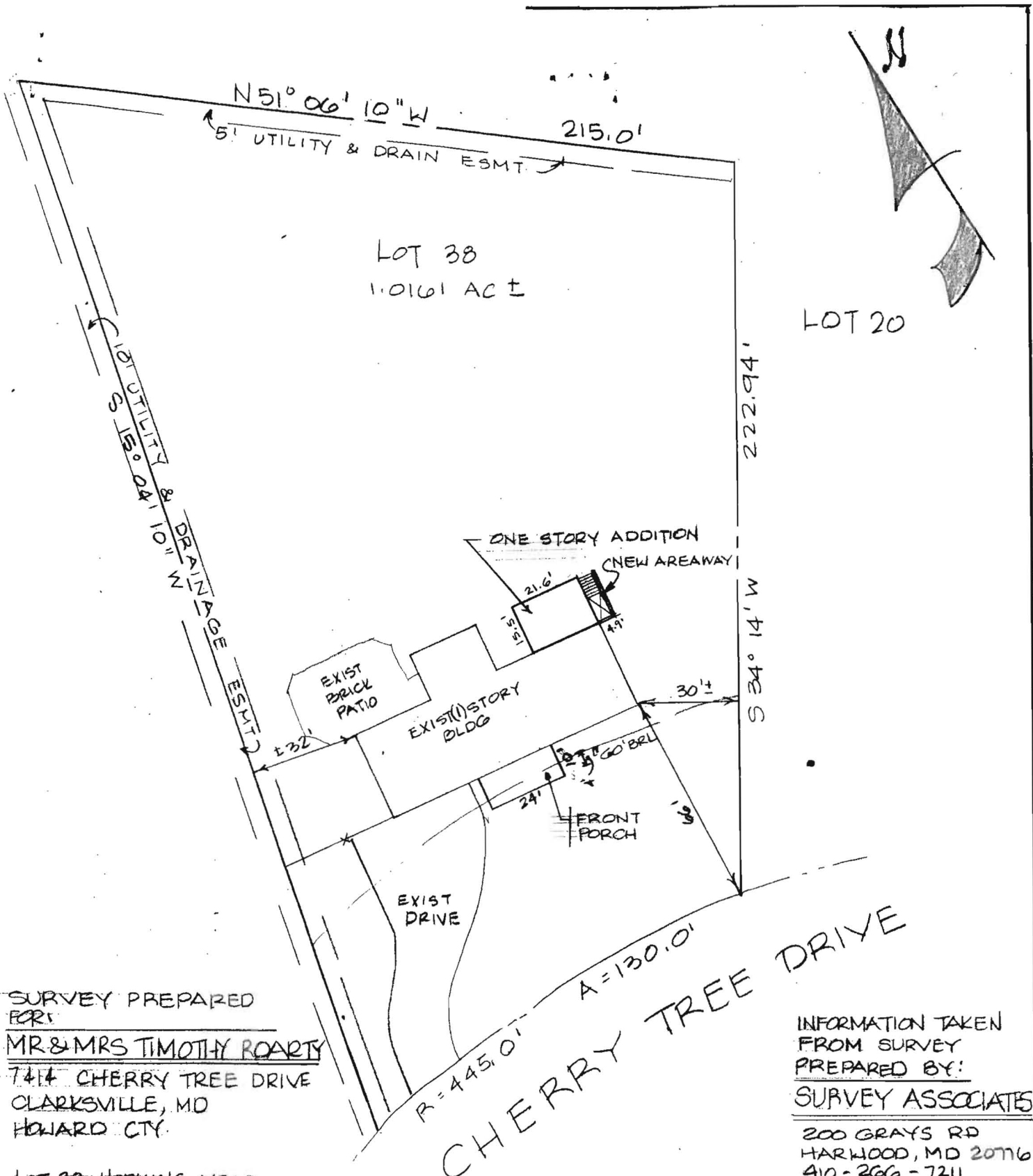
Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

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

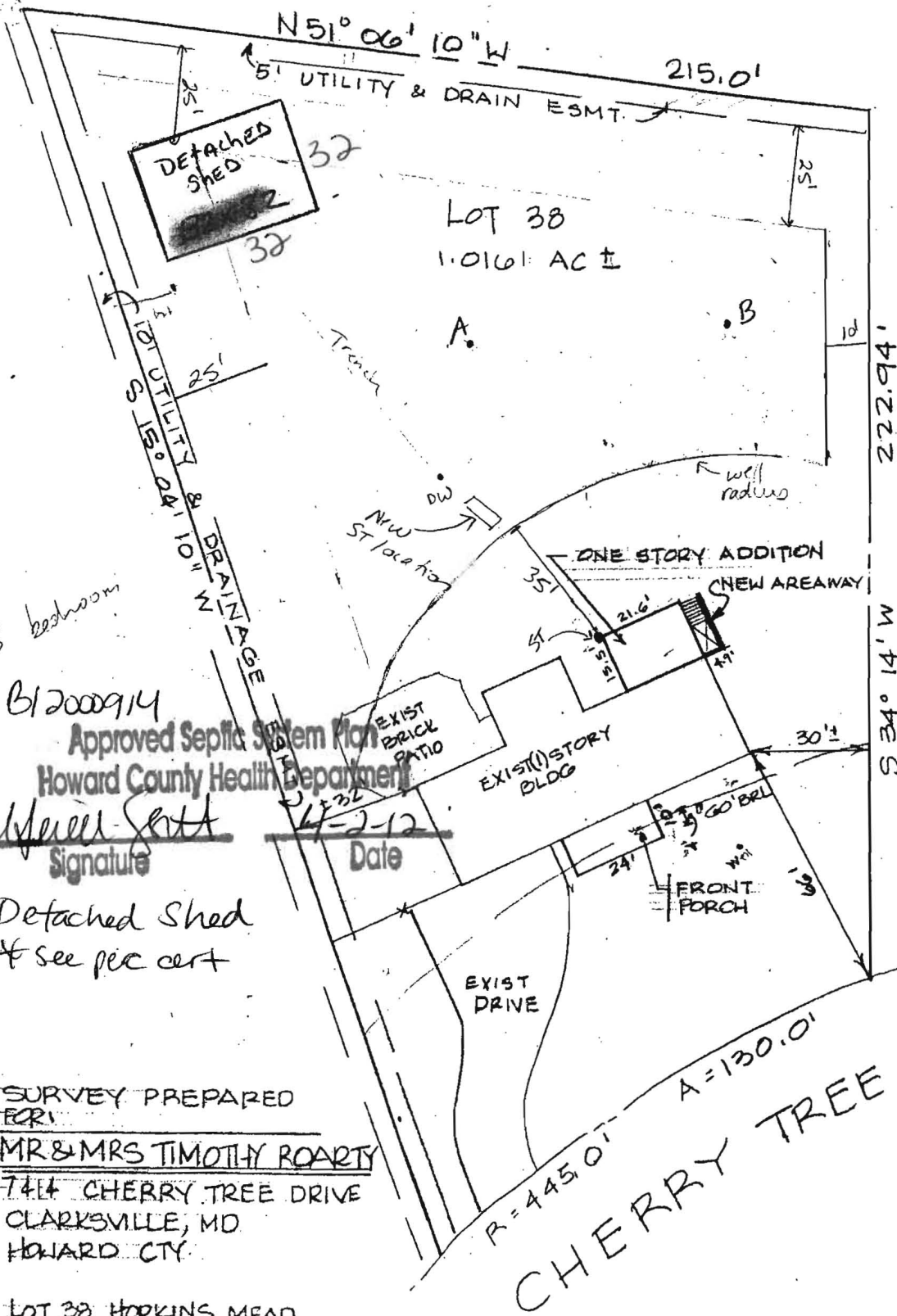
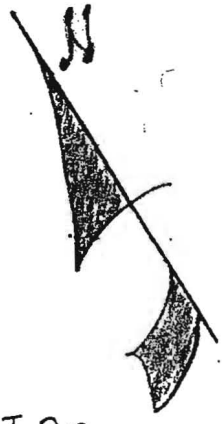
4/11/12 1033



SURVEY PREPARED FOR:
MR & MRS TIMOTHY ROARTY
 7414 CHERRY TREE DRIVE
 CLARKSVILLE, MD
 HOWARD CTY.

INFORMATION TAKEN FROM SURVEY PREPARED BY:
SURVEY ASSOCIATES
 200 GRAYS RD
 HARWOOD, MD 20716
 410-266-7211

LOT 38 HOPKINS MEAD
 SEC 3 REVISED
 BOOK 7 FOLIO 70 DIST 5
 DATE: 5/4/05
 SCALE: 1" = 40'



LOT 20
SDA ~ 11,000 sq ft

ST needs to be moved ~ 35' from original location due to well SF 11/28/05

3 bedroom

B12000914

Approved Septic System Plan
Howard County Health Department

Michael Scott
Signature

4-2-12
Date

Detached Shed
* see per cert

SURVEY PREPARED FOR:
MR & MRS TIMOTHY ROARTY
7414 CHERRY TREE DRIVE
CLARKSVILLE, MD
HOWARD CTY.

LOT 38 HOPKINS MEAD
SEC 3 REVISED
BOOK: 7 FOLIO: 70, DIST: 5
DATE: 5/4/05
SCALE: 1" = 40'

INFORMATION TAKEN FROM SURVEY.
PREPARED BY:
SURVEY ASSOCIATES
200 GRAYS RD
HARWOOD, MD 20716
410-266-7211

CHERRY TREE DRIVE
R = 445.0'
A = 130.0'