

**HOWARD COUNTY
 PERMIT APPLICATION**

B09000657

PERMIT NUMBER

Building Address 7303 Meadow Wood Way
CLARKSVILLE MD 21029

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

Census Tract _____ Subdivision Simpson Woods

Section _____ Area _____ Lot 7

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size 3 ACRES

Property Owner's Name Ann & Stephen Balcerzak
 Address 7303 Meadow Wood Way
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301-498-2590 Work Phone 301-498-3741
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone 301-498-3741 Fax 301-498-2590

Existing Use Residence
 Proposed Use Residence
 Estimated Construction Cost \$ 73,000

Description of Work 6x16' Addition to Kitchen

Contractor Company Blackwork Builders
 Contact Person John Reilly
 Address 1188 Day Road
 City Sikesville State MD Zip Code 21784
 License No. MHC 70347
 Phone 410-442-3678 Fax 410-442-4088

Occupant or Tenant Stephen Balcerzak
 Contact Name Stephen Balcerzak
 Address 7303 Meadow Wood Way
 City CLARKSVILLE State MD Zip Code 21029
 Phone 301-498-3741 Fax 301-498-2590

Engineer or Architect Company Architecture By Design
 Contact Person Judy Miller
 Address 9005 Chevrolet Drive Suites
 City Ellicott City State MD Zip Code 21042
 Phone 410-480-3210 Fax 410-480-2480

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---|---|
| Height: _____ | Water Supply: _____ Public _____ <input checked="" type="checkbox"/> Private |
| No. of stories: <u>2</u> | Sewage Disposal: _____ Public _____ <input checked="" 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | 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"/> Depth _____ Width _____ 1 st floor: <u>24'</u> 2 nd floor: <u>24'</u> Basement: <u>24'</u> | Water Supply: _____ Public _____ <input checked="" type="checkbox"/> Private |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> | Sewage Disposal: _____ Public _____ <input checked="" type="checkbox"/> Private |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____ | Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ 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.

Stephen Balcerzak
 Applicant's Signature
Owner
 Title/Company

Stephen Balcerzak
 Print Name
April 8, 2009
 Date

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 | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Officials | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per fee \$ _____ |
| Health | <u>4-8-09</u> | <u>Dana Bernard</u> | 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? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| | | | Is Entrance Permit Required? | Check # _____ |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Validation # _____ |
| | | | Historic District? | |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | Lot Coverage for New Town Zone | |
| | | | SDP/Red-line approval date _____ | Accepted by _____ |

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Proposed
to S. N. Colanton
* Approved and shown

NATURAL WOODS

LINE OF CLRS

LINE OF NATURAL WOODS TO REMAIN

NATURAL WOODS TO REMAIN

IN SLOPE FUTURE
REPAIRING WALL

TEMP SHOW FENCE

36' 00" E 3/600'

452

450

71

43/0

3/8

3/4

3/6

3/5

4/8

4/9

4/8

4/8

4/8

4/8

4/8

4/8