

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B07001874

Building Address 7110 Moorland Dr
Clarksville, MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 17
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size 33,378 SF

Property Owner's Name Larry Wall
 Address 7110 Moorland Dr
 City Clarksville State MD Zip Code 21029
 Home Phone 301 854 1026 Work Phone 410 707 0684
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SF Home
 Proposed Use SF Home
 Estimated Construction Cost \$ 20,000
 Description of Work Enclosed, screened
20'x16' deck to replace
existing 20'x12 open deck.

Contractor Company Mark's Decks
 Contact Person Mark Bonhag
 Address Mink Hollow Rd
 City Highland State MD Zip Code 20777
 License No. 34999
 Phone 301 854 0981 Fax _____

Occupant or Tenant Larry Wall
 Contact Name Larry Wall
 Address SAME
 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: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Other Structure: <u>Deck</u> Dimensions: <u>20 x 16</u> 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.

Larry J. Wall
 Applicant's Signature

Larry J. Wall
 Print Name
5/17/07
 Date

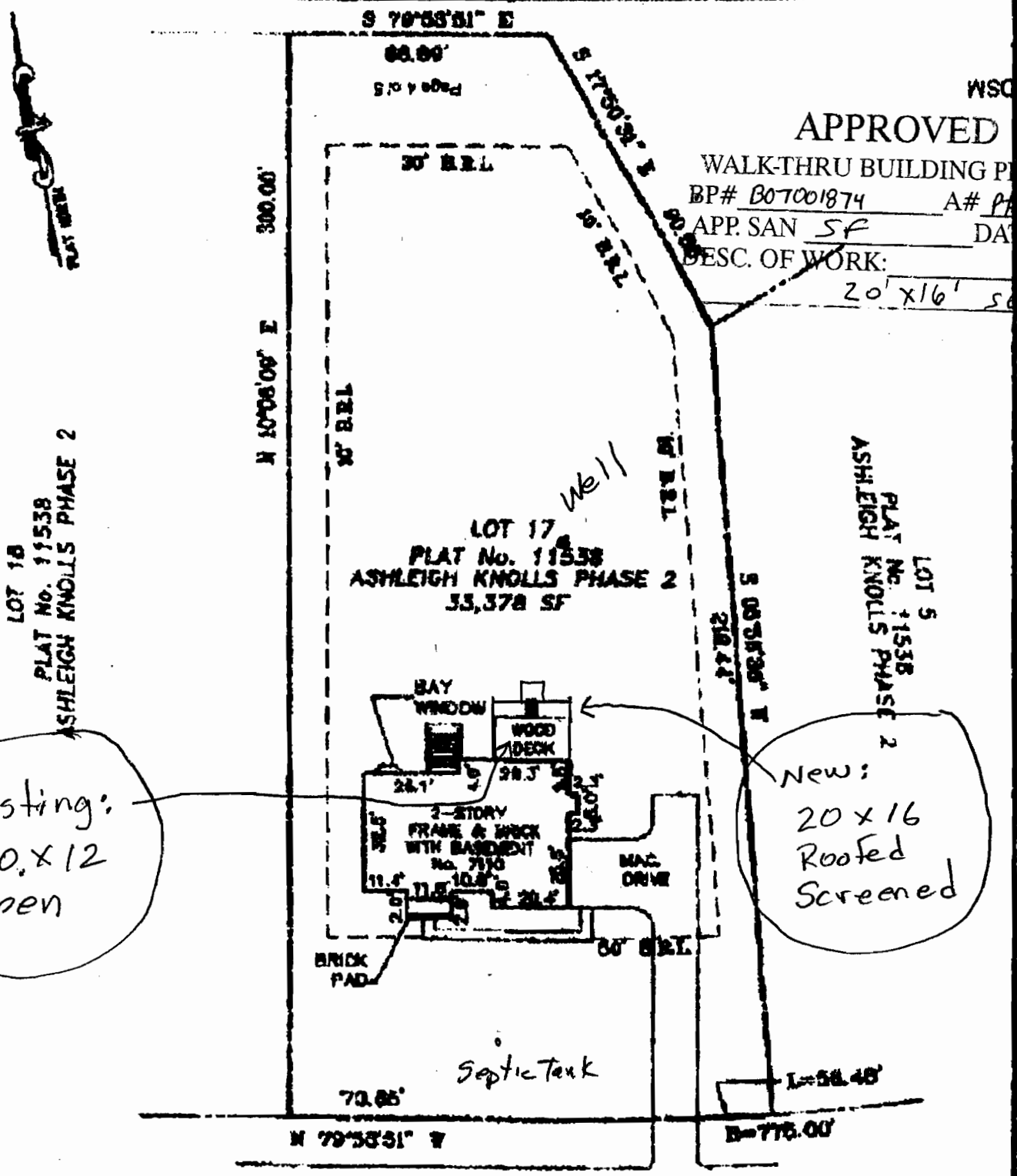
Title/Company _____

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			Side St: _____	Add'l per. fee \$ _____
Health	<u>5/17/07</u>	<u>[Signature]</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 NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DEO, DPZ Pink: Health Gold: SHA



ESS: 7110 MOORLAND DRIVE
CLARKSVILLE, MARYLAND 21029

- IMPROVEMENT LOCATION DRAWING
- BENEFIT TO A CONSUMER ONLY INsofar AS IT IS USED BY A LENDER OR A TITLE INSURANCE COMPANY AGENT IN CONNECTION WITH CONTEMPLATED OR FINANCING OR REFINANCING TO BE INCURRED UPON FOR THE ESTABLISHMENT OF FENCES, GARAGES, BUILDINGS, OR OTHER OR FUTURE IMPROVEMENTS; AND
1. 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.
 2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
 3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

000110903

#25

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

*7110 Moorland Drive
Clarksville, Md. 21029*

35116

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

*House Type is Single
2 story full basement 4 BR 1 HB 2 FB
9' extend FR. Garage*

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
<i>17</i>	<i>475</i>	<i>-</i>	<i>2</i>	<i>7</i>	<i>-</i>	<i>-</i>
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
<i>Ashleigh Knolls</i>		<i>RR</i>	<i>41</i>	<i>S</i>	<i>6051.02</i>	

Tw.

OWNER NAME AND ADDRESS PHONE NO.

*Winchester Homes Inc.
6305 Ivy Lane
Greenbelt, Md. 20770
301 474 4411*

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

*R.M. Mark Group
18120 A Old National Pike
Towson, Md. 21284 (701) 965-5858*

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

*Owner Above
Winchester Homes Inc.*

EXISTING USE	PROPOSED USE
<i>Vacant</i>	<i>Res Single Fam</i>

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
<i>140,000</i>	<i>154-14160</i>	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	<i>56'</i>	<i>40'</i>	<i>10'</i>
	<i>54'</i>	<i>32'</i>	<i>10'</i>
	<i>54'</i>	<i>36'</i>	<i>10'</i>
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	<i>1894</i>		
ROOMS			
BATHS	<i>1252</i>		
FIREPLACES	<i>1424</i>		
FOOTINGS		FOUNDATION	S. WALLS
<i>16 x 8</i>		<i>8' cont.</i>	<i>1/2" c.c.</i>
			<i>Sid. g.</i>

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Gas</i>	<input checked="" type="checkbox"/>

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Carol V...
SIGNATURE _____ DATE *4.6.78*

FOR OFFICE USE ONLY

W/S CODE _____

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK _____ (CORNER LOT ONLY) _____ SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<input checked="" type="checkbox"/>	
SHA	<input checked="" type="checkbox"/>	
SEDIMENT/GRADING	<input checked="" type="checkbox"/>	
BUILDING OFFICIAL	<input checked="" type="checkbox"/>	
WATER & SEWER		
HEALTH DEPT.	<i>4/14/78</i>	<i>[Signature]</i>
FIRE PROTECTION		
STORM WATER MGMT.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

*000110903
CK 5008*

APPROVED _____ DATE *4/14/78*

Distribution of Copies:
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Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.