

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B10000845

Building Address 13785 Brighton Dam Rd
Clarksville, MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use SED

Proposed Use CARPORT

Estimated Construction Cost \$ 1,000

Description of Work 19x23 Carport

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Charles J. Puglisi

Address 13785 Brighton Dam Rd

City Clarksville State MD Zip Code 21029

Home Phone 301-254-0132 Work Phone N/A

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

Phone _____ Fax _____

Contractor Company SELF

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company SELF

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2 nd floor: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> N/A Propane Gas <input type="checkbox"/>
Basement: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R Other: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>CARPORT</u>	
Dimensions: <u>19x23</u>	
Footings: <u>30" CONCRETE</u>	
Roof: <u>SHINGLE</u>	
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 Charles J. Puglisi

Print Name CHARLES PUGLISI

Email Address _____

Date 3/24/10

Title/Company _____

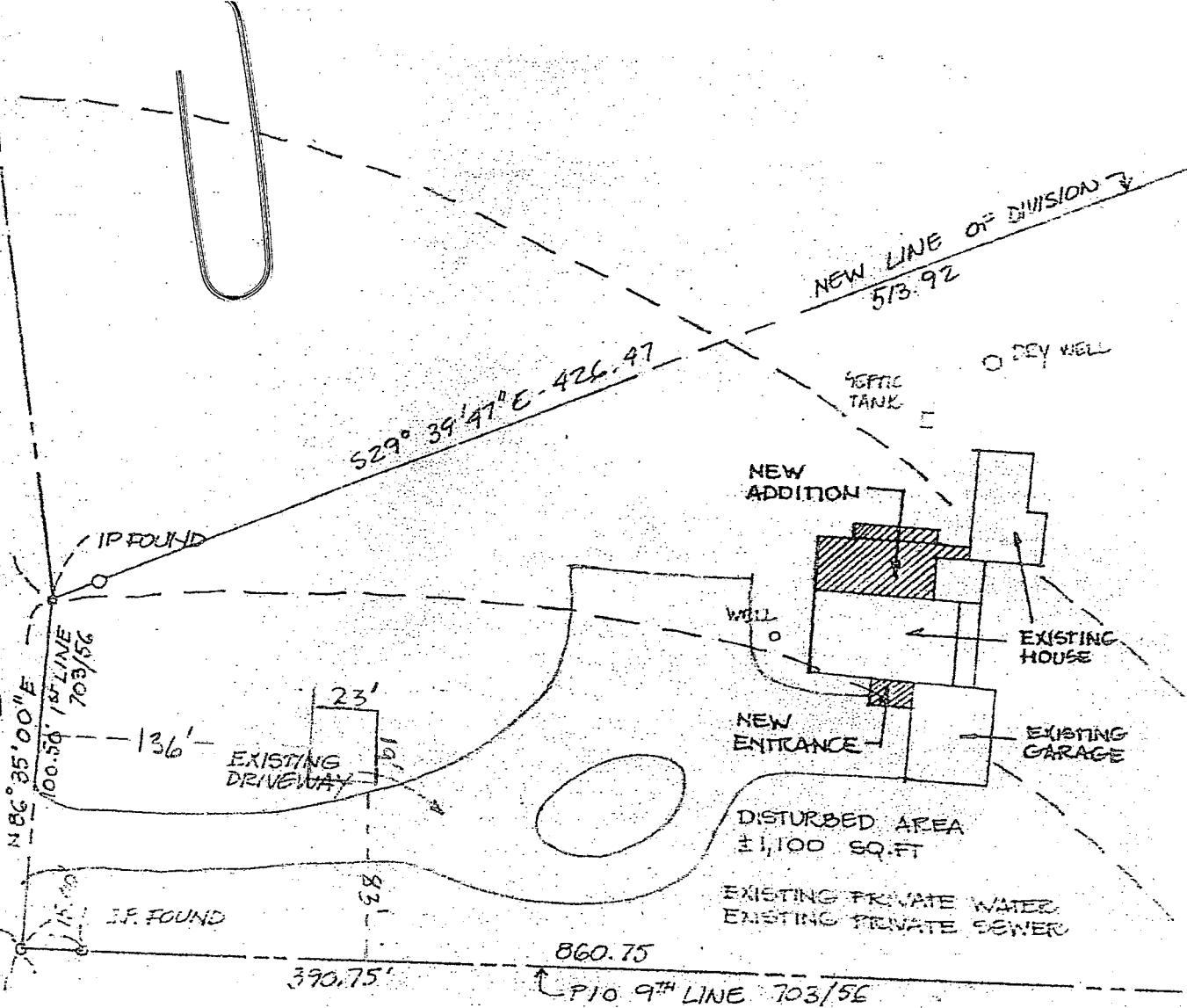
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY

AGENCY	DATE	SIGNATURE	APPROVAL	FOR OFFICIAL USE ONLY	PROPERTY ID#
Land Development DPZ				DPZ SETBACK INFORMATION	
State Highways				Front: _____	Filing fee \$ _____
Building Officials				Rear: _____	Permit fee \$ _____
Dev. Engineering DPZ				Side: _____	Excise tax \$ _____
Health	<u>4-8-10</u>	<u>[Signature]</u>		Side St.: _____	Add'l per fee \$ _____
Fire Protection				All minimum setbacks met?	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Is Entrance Permit Required?	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Distribution of Copies				Historic District?	Validation # _____
White: Building Officials				YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by _____
Green: LDD, DPZ				Lot Coverage for New Town Zone	
Yellow: DED, DPZ				SDP/Red-line approval date _____	
Pink: Health					
Gold: SHA					

T:\Operations\Updated forms

BRIGTON DAM ROAD



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# P28633

APP. SAN HS DATE: 4-8-10

DESC. OF WORK: 23' x 19' carport

SITE AREA
PARCEL SIZE
LIBER 14-29
ELECTION DE

SITE