



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 715, Montclair Dr
 City: Clarksville State: MD Zip Code: 21025
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Asheigh Woods
 Section: _____ Area: 33,000 Lot: 98
 Tax Map: 41 Parcel: 075 Grid: 7
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Anthony Hampill
 Address: 715 Montclair Dr
 City: Clarksville State: MD Zip Code: 21025
 Phone: 301-528-1154 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Candace Reed
 Address: 511 McCormick Dr
 City: Clarksville State: MD Zip Code: 21025
 Phone: 763-944-0530 Fax: _____
 Email: GFPEREZ@live.com

Contractor Company: Great Day Improvements
 Contact Person: Candace Reed
 Address: 511 McCormick Dr
 City: Clarksville State: MD Zip Code: 21025
 License No.: 109193
 Phone: 763-944-0530 Fax: _____
 Email: GFPEREZ@live.com

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 12,755
 Description of Work: Partially enclosed ex deck to be used as a sunroom 8' x 13'
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions: <u>13 x 13</u>	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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.

Candace Reed
 Applicant's Signature
GFPEREZ@live.com
 Email Address
Great Day Improvements
 Title/Company

Candace Reed
 Print Name
7/26/17
 Date

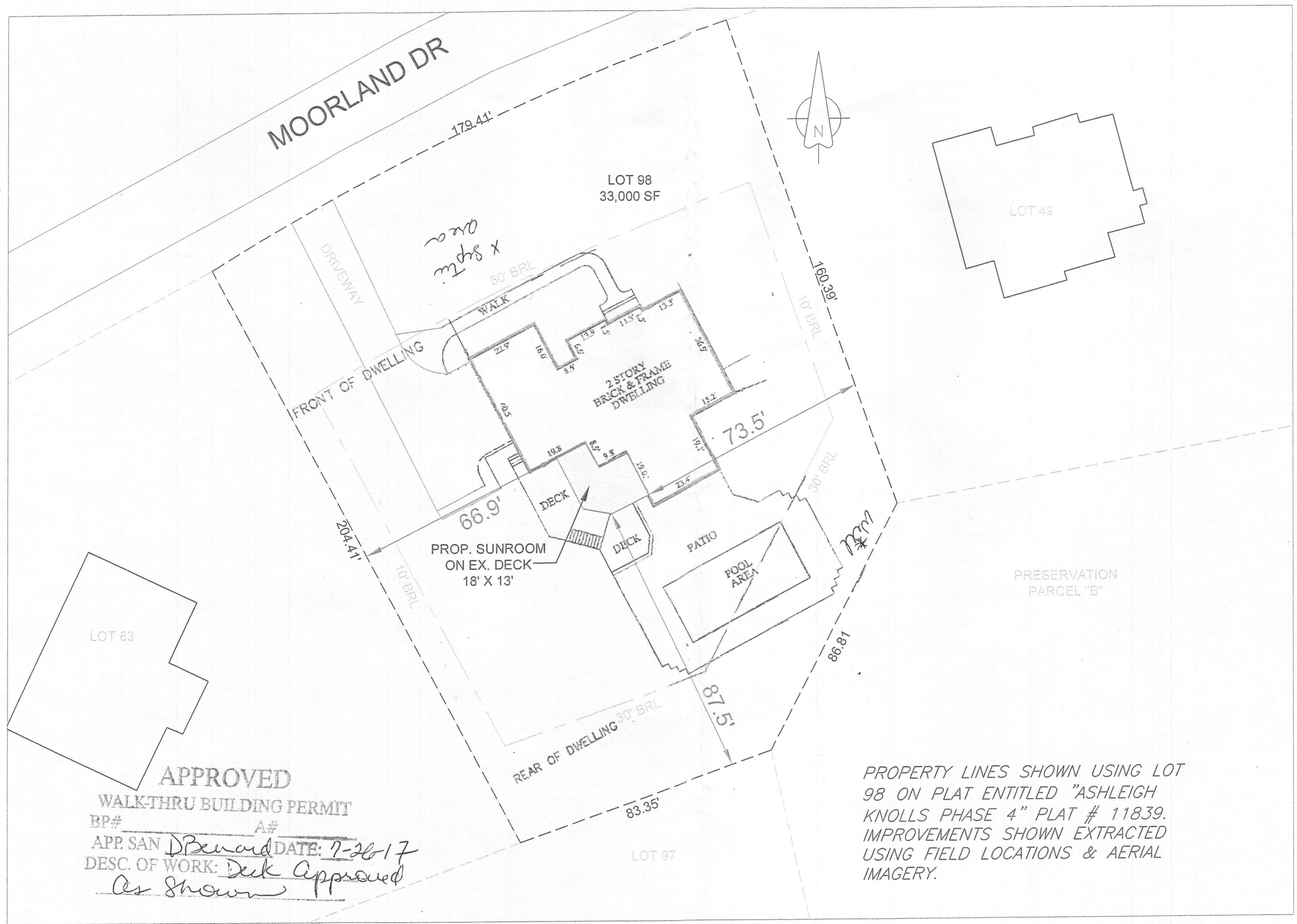
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/26/17</u>	<u>Dana Bevard</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$
Check	#



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN DBernard DATE: 7-26-17
 DESC. OF WORK: Deck Approved
As shown

PROPERTY LINES SHOWN USING LOT 98 ON PLAT ENTITLED "ASHLEIGH KNOLLS PHASE 4" PLAT # 11839. IMPROVEMENTS SHOWN EXTRACTED USING FIELD LOCATIONS & AERIAL IMAGERY.

DRAFTED BY:
 GERARDO F. PEREZ
 GFPEREZ@LIVE.COM
 703-944-0530
 7/25/2017

HEMPHILL
 SITE PLAN
 PROP. TAX ID # 05-420458

7151 MOORLAND DR
 CLARKSVILLE, MD 21029

SCALE: 1:30