DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

B08001164
PERMIT NUMBER

Building Address 11294 Old Hopkins Rd. Clarksville MD 21029

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

Census Tract 6052.12 Subdivision Hallmark

Section 1 Area District 5 Lot 11

Tax Map 41 Parcel 422 Grid _____

Zoning _____ Map Coordinates 19A2 Lot Size 0.00

Existing Use Single Family, Front
Proposed Use Single Family with 10'x42 Porch
Estimated Construction Cost $ 7,000

Description of Work 10'x42 Front Porch

(Occupant) or Tenant Bill Mills

Contact Name _____

Address 11294 Old Hopkins Rd

City Clarksville State MD Zip Code 21029

Phone (301) 776-5960 Fax

Property Owner's Name Bill + Mary Mills
Address 11294 Old Hopkins Rd
City Clarksville State MD Zip Code 21029
Phone (301) 776-5960 Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): Yates Home Improvement
6361 Shady Side Rd
Shady Side MD 20764

Phone (410) 867-0174 Fax (410) 867-9256

Contractor Company Yates Home Improvement
Contact Person Wade Yates
Address 6361 Shady Side Rd
City Shady Side State MD Zip Code 20764
License No. 37349
Phone (410) 867-0174 Fax (410) 867-9256

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION – *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION – *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:

Finished Basement ☒ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 3

Multi-family dwellings:
No. of efficiency units: ____
No. of 1 BR units: ____
No. of 2 BR units: ____
No. of 3 BR units: ____

Other Structure: ____
Dimensions: ____
Footings: ____
Roof Height: ____

____ State Certified Modular
Manufactured Home

Utilities

Water Supply:
____ Public
X Private
Sewage Disposal:
____ Public
X Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☒

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ 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.

Applicant's Signature

Wade Yates
Print Name

President Yates Home Improvement
Title/Company

April 23, 2008
Date

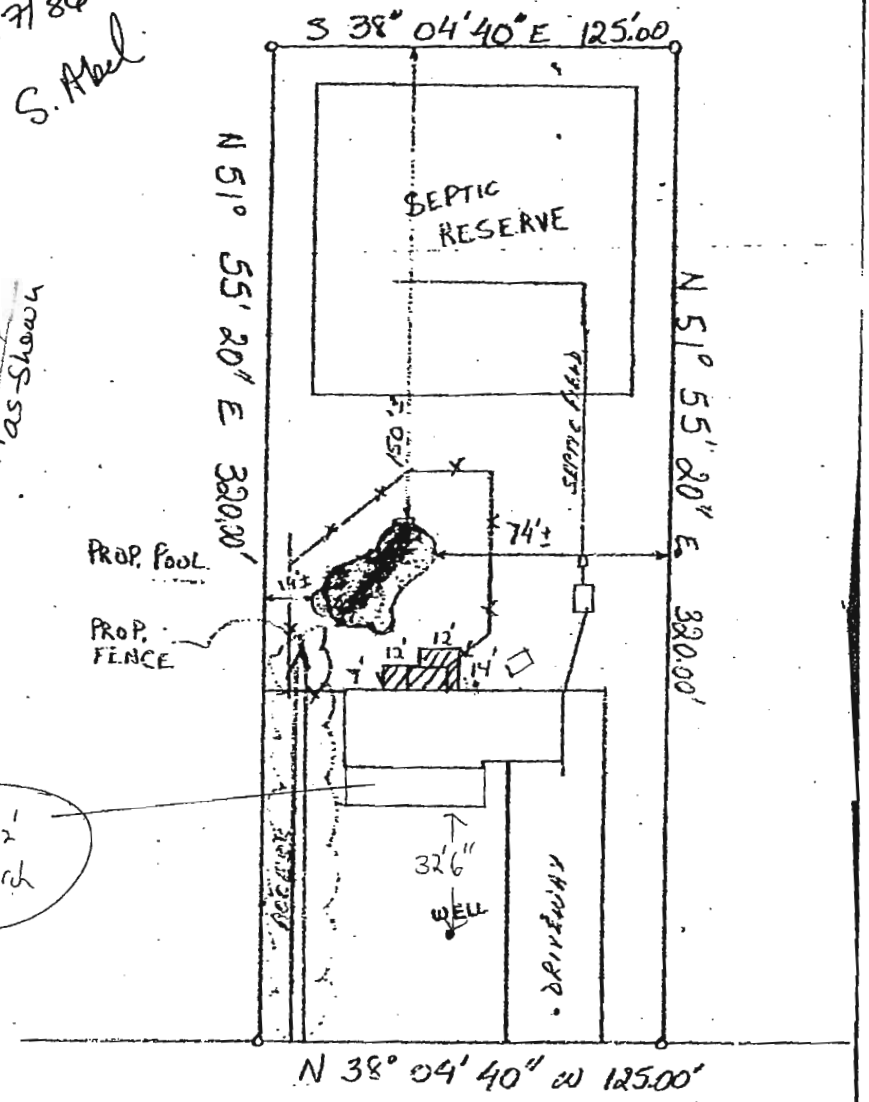
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -

[redacted]

Distribution of Copies - White: Building Officials Green: EDD-DPZ Yellow: DED-DPZ Pink: Health Gold: SHA
I:forms/buildingpermitapplication REV 10/28/04

Approved on 7/7/86 by S. Abel

APPROVED
WALK-THRU BUILDING PERMIT
BP# B0800116 A#
APP. SAN
DESC. OF WORK: 10'x42' Front Porch approved as shown
DATE: 4/23/08



New 10'x42' Front Porch

11294 OLD JOHNS HOPKINS RD.

SCALE 1" = 60'

LOT # 11

HALLMARK

SECTION ONE