

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B0700.3634

Building Address 12013 Broad Meadow Rd.
CLARKSVILLE, MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name RAJIV JHAVERI

Address 12013 BROAD MEADOW RD.

City CLARKSVILLE State MD Zip Code 21029

Home Phone 4105319717 Work Phone 443253-3000

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 86,000.00

Description of Work 2 STORY Bedroom Addition
ON CRAWL SPACE

Contractor Company RUSSELL BUILDERS LLC

Contact Person BILL PATTERSON

Address 5 MONTVICU CT.

City ROCKEYSVILLE State MD Zip Code 21030

License No. 125110

Phone 4108333883 Fax 410833-3886

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company LEHMAN & ASSOC.

Contact Person JOHN LEHMAN

Address 6888 MINK HOLLOW RD.

City HIGHLAND State MD Zip Code 20777

Phone 3018541109 Fax 3018541072

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>202</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>203</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>N/A</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>2</u>	
Height: <u>9'10"</u>	
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 _____	

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.

William R. Patterson
Applicant's Signature

William R. Patterson
Print Name

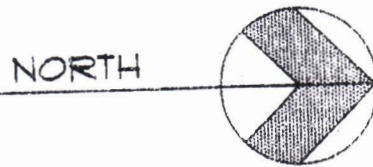
Title/Company

8/31/2007
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/1/07</u>	<u>R. Bishop</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies-	White: Building Official	Green: LDD, DPZ
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health
	Gold: SHA



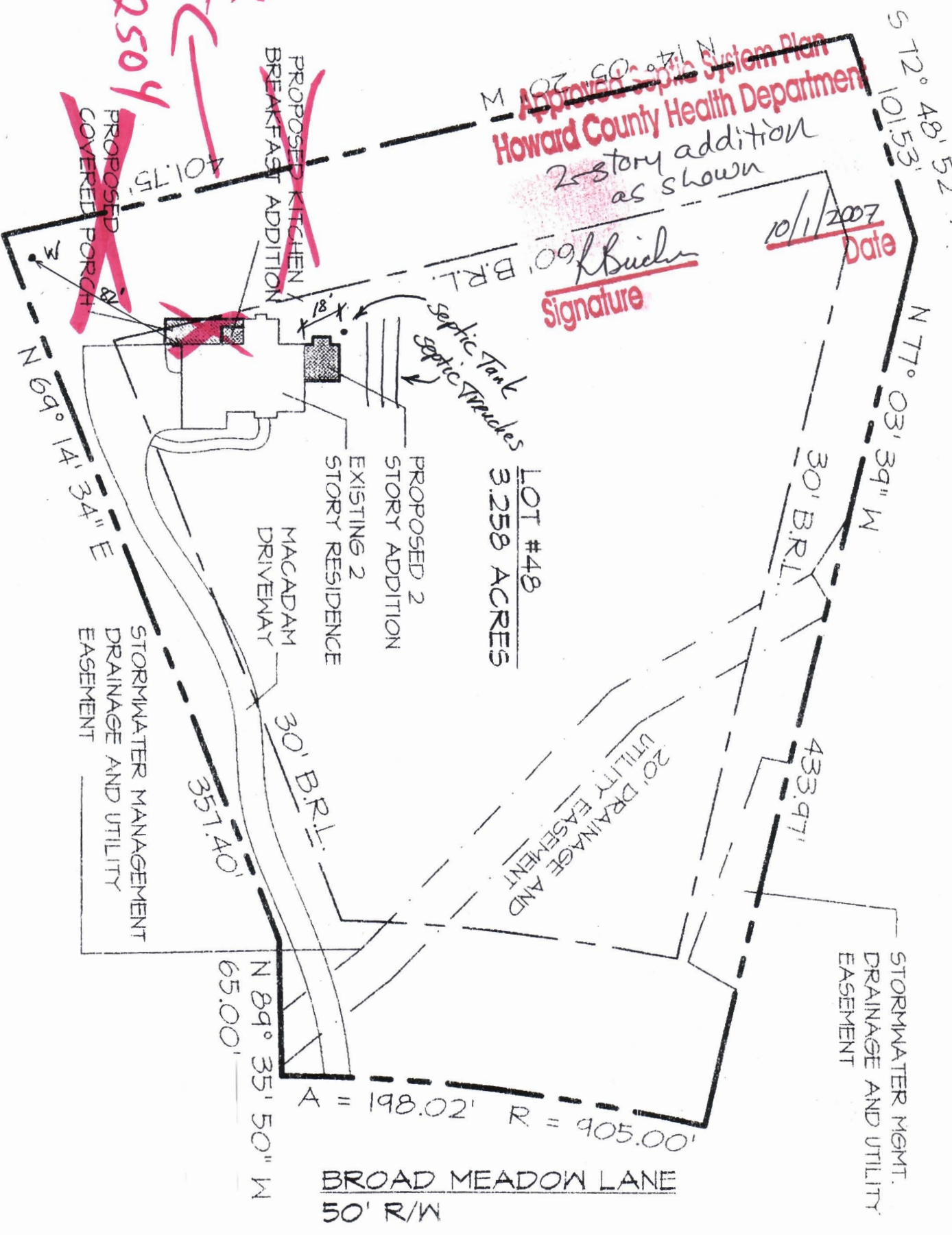
Separate
Permit
#B07002504

Approved Septic System Plan
Howard County Health Department
2-story addition
as shown

[Signature]
Signature

10/1/2007
Date

SITE PLAN



6888 Monk Hollow Rd.
Highland, MD 20777
301.854.1199
301.854.1072
www.lepac.com

Proposed new additions to the JHAVERI - VALI RESIDENCE

12013 Broad Meadow Road, Clarksville, Maryland 21029

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07002504

Building Address 12013 Broad Meadow Ln.
Clarksville MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Rajiv Jhaveri

Address 12013 Broad Meadow Ln

City Clarksville State MD Zip Code 21029

Home Phone 4105319717 Work Phone 443-253-3000

Applicant's Name & Mailing Address (if other than stated hereon):
RAUSEN Prof. Contracting.
5 MONTVIEW CT Cockeysville MD

Phone 4108333893 Fax 4108333886 21030

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 81,750.00

Description of Work Expansion of Kitchen
Sitting Room Addition/Covered Porch
TOTAL 263 SF

Contractor Company RAUSEN Professional Contracting

Contact Person Bill Patterson

Address 5 MONTVIEW CT.

City Cockeysville State MD Zip Code 21030

License No. 125110

Phone 4108333883 Fax 4108333886

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Lehman & Assoc.

Contact Person _____

Address 6888 Minik Hollow Rd.

City Highland State MD Zip Code 20777

Phone 301-854-1109 Fax 301 854 1072

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Heating System:	
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Propane Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	Private <input type="checkbox"/>
1st floor: <u>12'</u>	<u>22' = 183 SF</u>	Sewage Disposal:	
2nd floor: <u>8'</u>	<u>9'10" = 80 SF</u>	Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Basement:		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Heating System:	
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of Bedrooms <u>4</u>		Natural Gas <input checked="" type="checkbox"/>	
Height: _____		Propane Gas <input type="checkbox"/>	
Multi-family dwellings:		Sprinkler system: N/A <input type="checkbox"/>	
No. of efficiency units: _____		NFPA #13D <input type="checkbox"/>	
No. of 1 BR units: _____		NFPA #13R <input type="checkbox"/>	
No. of 2 BR units: _____		Other: _____	
No. of 3 BR units: _____			
Other Structure: _____			
Dimensions: _____			
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> 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.

Applicant's Signature _____

Print Name _____

Title/Company _____

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/21/2007</u>	<u>R. Buell</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies -
T:\Forms\PERMIT.FRM

White: Building Official

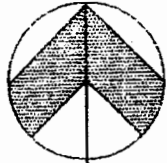
Green: LDD, DPZ

Yellow: DED, DPZ

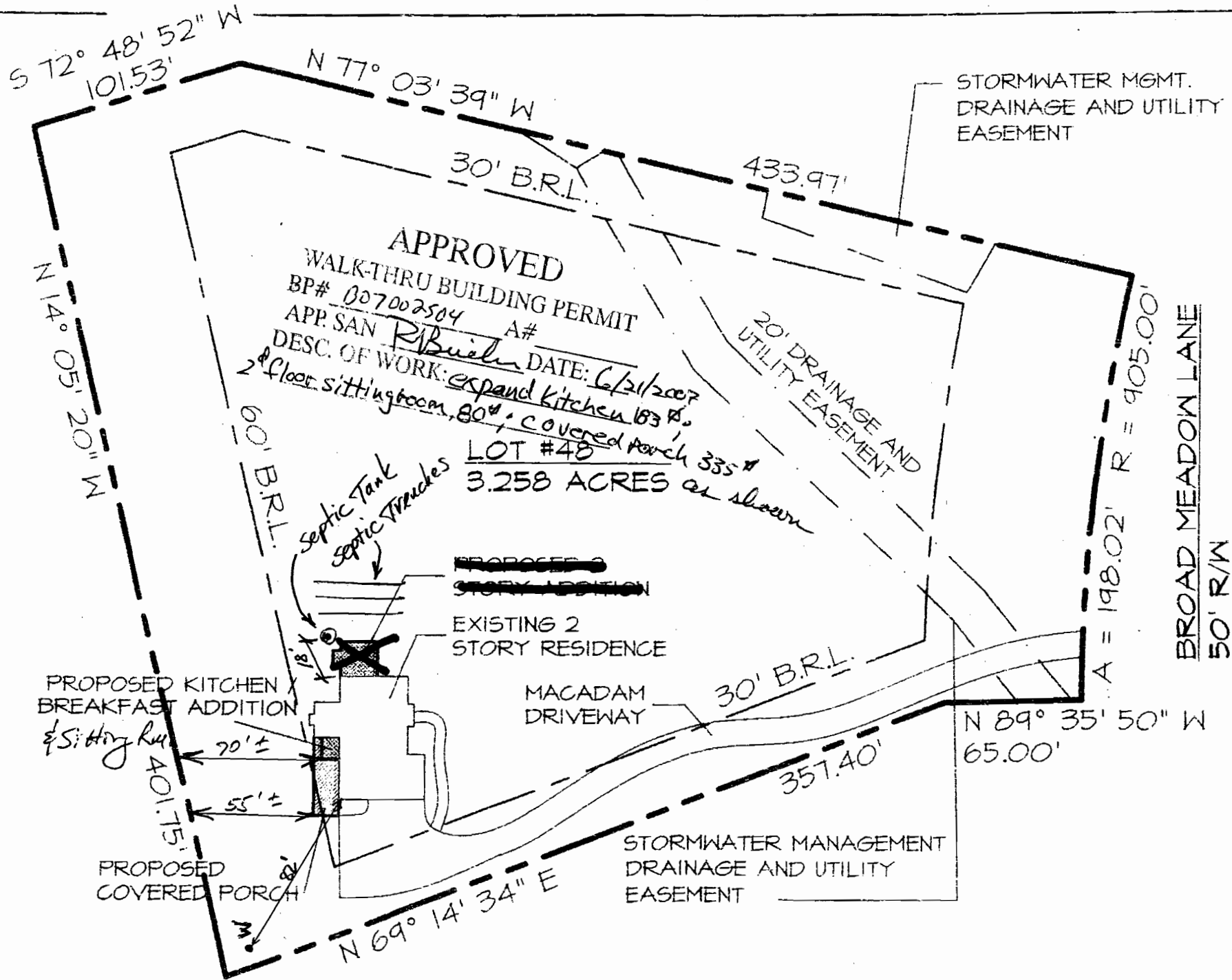
Pink: Health

Gold: SHA

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____	Accepted by _____	



NORTH



SITE PLAN

SCALE 1" = 60' 0"

Proposed new additions to the
JHAVERI - VALI RESIDENCE

12013 Broad Meadow Road, Clarksville, Maryland 21029

0888 Mark Hollow Rd.
Highland, MD 20777
301.854.1098 (D)
301.854.1075 (F)
www.labc.us

LABC
LEHMAN ASSOCIATES, P.C.
ARCHITECTS