



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.: _____

*Previously
6409 Prestwick*

Building Address: 6409 Richardson Farm
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: Windy Knolls
 Lot: _____ Tax Map: _____ Parcel: _____

Property Owner's Name: Kurt - Denise Mitchell
 Address: 6409 Richardson Farm Ln
 City: Clarksville State: MD Zip Code: 21029
 Phone: 301 928 2199 Fax: _____
 Email: denise.mitchell@comcast.net

Existing Use: residential
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: As built finished basement to include recreation room (90 sq ft) and bathroom (90 sq ft) and unfinished storage space.
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Denise Mitchell
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 301 928 2199 Fax: _____
 Email: denise.mitchell@comcast.net

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: U/A
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Craw Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input 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 checked="" 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 OR 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: Denise Mitchell Print Name: Denise Mitchell
 Email Address: denise.mitchell@comcast.net Date: 8-12-18
 Title/Company: _____

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

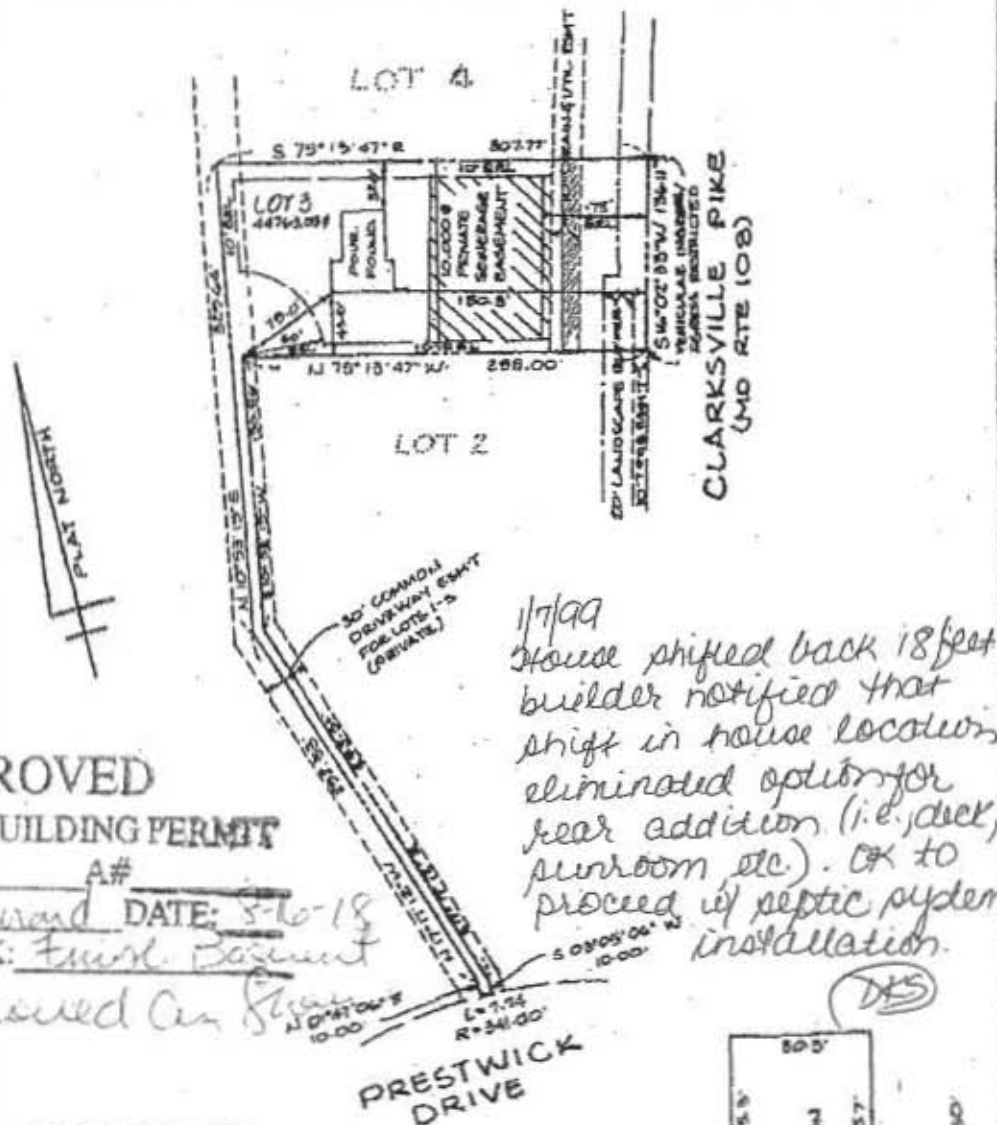
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>[Signature]</u>

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

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side 54:	
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	\$
PSPS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



APPROVED

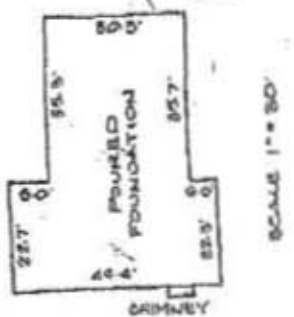
WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN DEWARD DATE: 5-16-18
 DESC. OF WORK: Finish Basement

Approved on 5/16/18

*1/1/99
 House shifted back 18 feet -
 builder notified that
 shift in house location
 eliminated option for
 rear addition (i.e., deck,
 sunroom, etc.). OK to
 proceed w/ septic system
 installation.*

TOP OF FOUNDATION
 WALL ELEV. = 421.5'



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA FLOOD ZONING MAP IDENTIFIED BELOW AT THE WRITTEN REQUEST OF THE PURCHASER. NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare
 PETER J. DARE
 MS. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 1222 D
 FEMA FIRM No. 240044 0032 D
 DATED 06 DECEMBER 4, 1986

BENCHMARK
ENGINEERING INC.

8180 BALTIMORE NATIONAL PIKE • SUITE 418 • ELICOTT CITY, MD 21043
 PHONE: 410-405-0105 FAX: 410-455-8644



LOCATION DRAWING
WINDY KNOLLS
LOT 3
6409 PRESTWICK DRIVE

5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' DATE: 12-24-08