



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: 5319 AERIE CT
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: Eagle Point Landing
 Lot: 4 Tax Map: 28 Parcel: 388

Existing Use: SFD
 Proposed Use: SFD w/ DECK + STPS
 Estimated Construction Cost: \$ 19,000

Description of Work:
Const. 8x15 irregular shape open DECK w/
4'x13' Ramp to grade, And separate set of
steps from house to full landing to steps to
grade

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Manuel Miranda
 Address: 5319 Aerie Ct
 City: Clarksville State: MD Zip Code: 21029
 Phone: 301-529-2598 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michelle Clancy
 Address: Po Box 310
 City: Perry Hall State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: Michelle@AppliedAndApproved.com

Contractor Company: THE DECK + fence Co
 Contact Person: Richard David
 Address: 408 Headquarters Dr Ste 1
 City: Milwaukee State: MD Zip Code: 21108
 License No.: 125136
 Phone: 443-846-5210 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: contractor
 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:
	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:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" 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 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 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.

Michelle Clancy
 Applicant's Signature
Michelle@AppliedAndApproved.com
 Email Address
Permits
 Title/Company

Michelle Clancy
 Print Name
8/15/18
 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>8/15/18 R. Baicker</u>

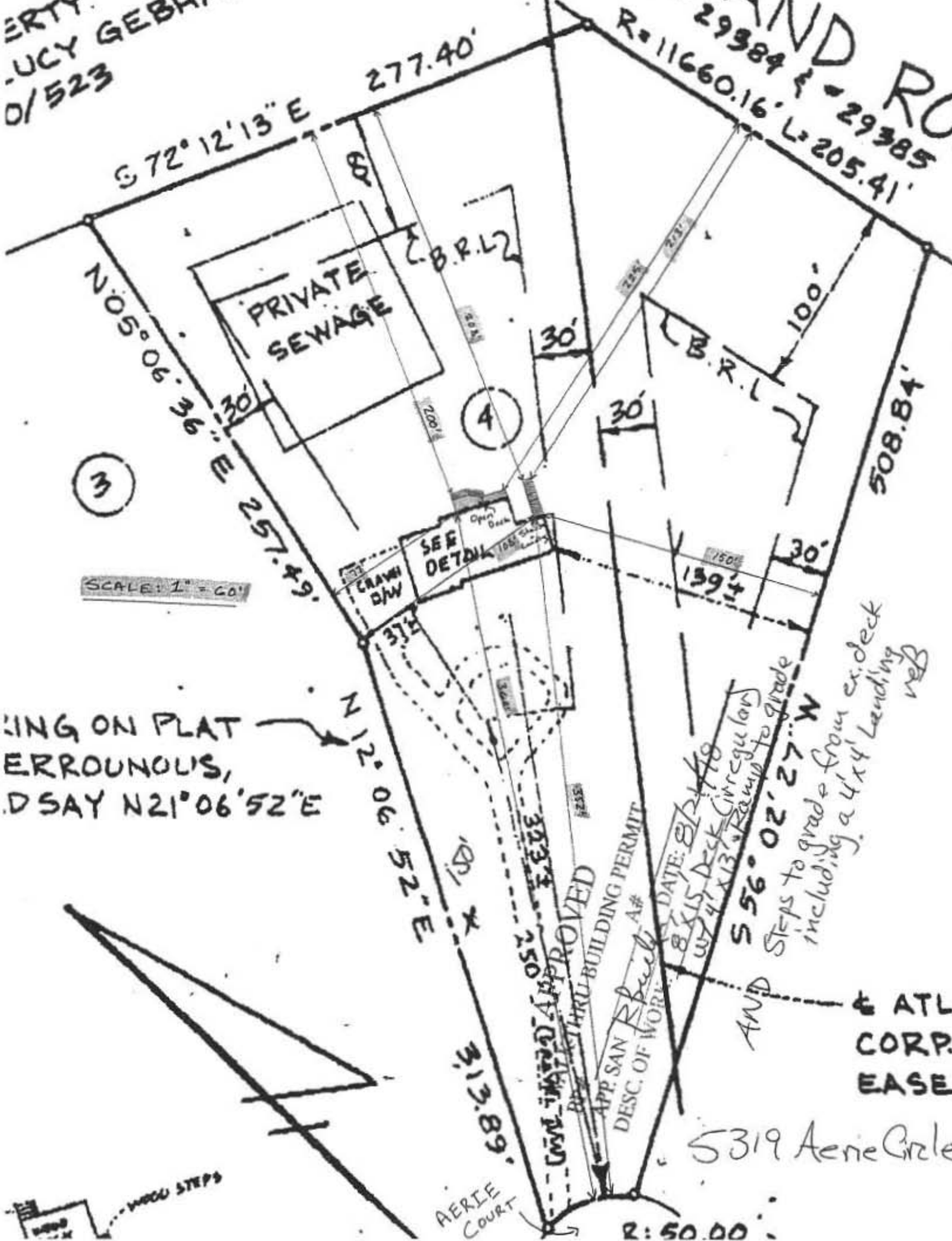
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	#

PROPERTY
-UCY GEBH
01/523

AND ROAD
R=11660.16' L=205.41'
29384' L=29385'



SCALE: 1" = 60'

...ING ON PLAT
ERRONOUS,
D SAY N21°06'52"E

AND 556°02'27"W
Steps to grade from ex. deck
including a 4'x4' Landing

& ATL
CORP.
EASE

5319 Aerie Circle

AERIE COURT

R: 50.00'



Menu Save Reset Cancel Help

Online Permit 'OK' RBunker, Health Dept.

Record Detail * (This section is required)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B18001969	06/11/2018
Description of Work		
SFD, 32' X 16' IN GROUND CONCRETE POOL, W/ FENCE TO CODE & AUTO COVER, DEPTH 3' to 5'. FILLED BY TRUCK		

check spelling

Address * (This section is required)

Search Reset Clear Get Parcel & Owner



Street #	Street Name	Street Type	
5319	AERIE	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-76 97374	39 22606
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Parcel * (This section is required)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
879113	388	3	295000	681500	386500	RURAL
Legal Description						
IMPSLOT 4 3.004 A []5319 AERIE CT []EAGLE POINT LANDING						

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	4	605101	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405408415	EAGLE POINT LANDING					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-15	RR-DEO	4933-E4					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
7961							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1990	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required)

Search Reset Clear

Name *

Address Line 1

Address Line 2

Address Line 3

Mail City

Mail State

Mail Zip Code

Phone

Primary

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *

Business Name

License Type *

First Name

Middle Name

Last Name

Primary

Address Line 1

Address Line 2

City

State

ZIP Code

Phone 1

Phone 2

Fax

E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *

First Name

MI

Last Name

Relationship

Full Name

Primary

Organization Name

Street Address

Address Line 2

City

State

Zip Code

CY 90
523

Approved Septic System Plan
Howard County Health Department
32' x 16' In-ground
w/ equipment & fence
B18001969 Pool Code

Signature
C.B.R.L.Z

6/11/2018
Date

5319 Aerie
et.

S 72° 12' 13" E

N 05° 06' 36" E

N 25° 14' 19" E

80

PRIVATE
SEWAGE

TEMPORARY
CONSTRUCTION
FENCE
30'

STILL
PILE
30'

PROPOSED
FENCE
30 CODE

CRANE
D/W

SEE
DETAIL

159 1/2

ON PLAT
UNCLAS
N 21° 06' 52" E

N 12° 06' 52" E

SCALE 1"=60'

1"=40'

Construction
Fence

N 13° 38' 39" E

S 56° 07' 07" E

Atlantic Seaboard Corp
Gas Pipeline easement
underline & width 266/251

1000 STEPS

3

Pool equipment

163

127

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