



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: 5205 Sheppard Lane
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: 13 Tax Map: _____ Parcel: _____

Existing Use: _____
 Proposed Use: Single Family
 Estimated Construction Cost: \$ 5,000

Description of Work: Extend deck 6' on existing deck near 1 add stairs w/ 4'x6' landing a top of stairs
EXT 6'x32' = (16'x32 NEW TOTAL SIZE)

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

Property Owner's Name: Frederick Dreisch
 Address: 5205 Sheppard Lane
 City: Clarksville State: MD Zip Code: 21029
 Phone: 443-896-6656 Fax: _____
 Email: dreischrick@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Antonio G. Martinez
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Real Life Experience
 Contact Person: Antonio G. Martinez
 Address: 106 W Chestnut Hill Lane
 City: Reston State: MD Zip Code: 21136
 License No.: 111978
 Phone: 443-898-3143 Fax: _____
 Email: AGM@RLECD.COM

Engineer/Architect Company: _____
 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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
<u>256</u>	<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 checked="" 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 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.

Antonio G. Martinez
 Applicant's Signature
AGM@RLECD.COM
 Email Address
Real Life Experience
 Title/Company

Antonio G. Martinez
 Print Name
7/25/18
 Date

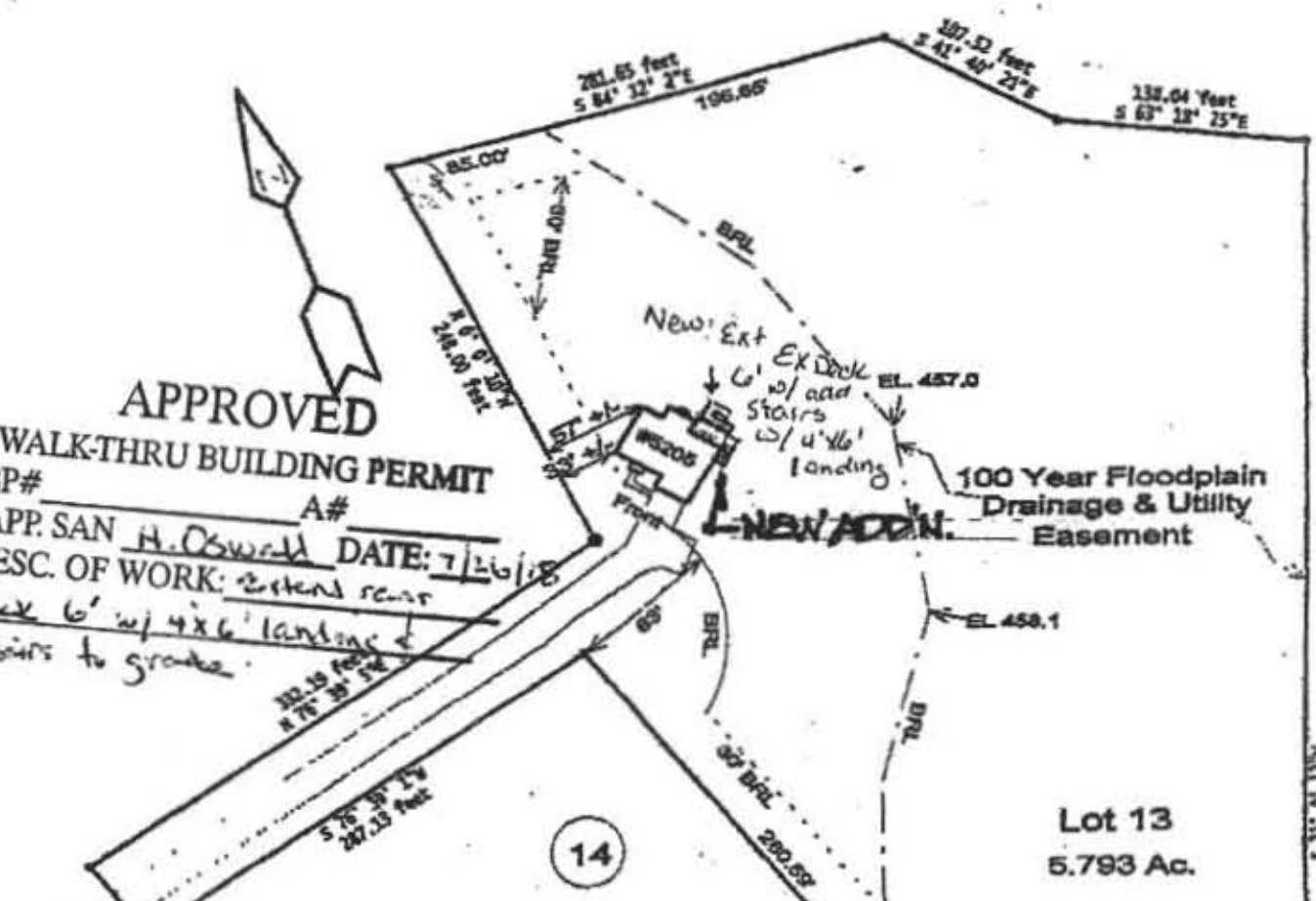
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>7/26/18</u>	<u>H. Oswald</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	\$ <u>50</u>
Tech Fee	\$ <u>5</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>55.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	#



APPROVED

WALK-THRU BUILDING PERMIT

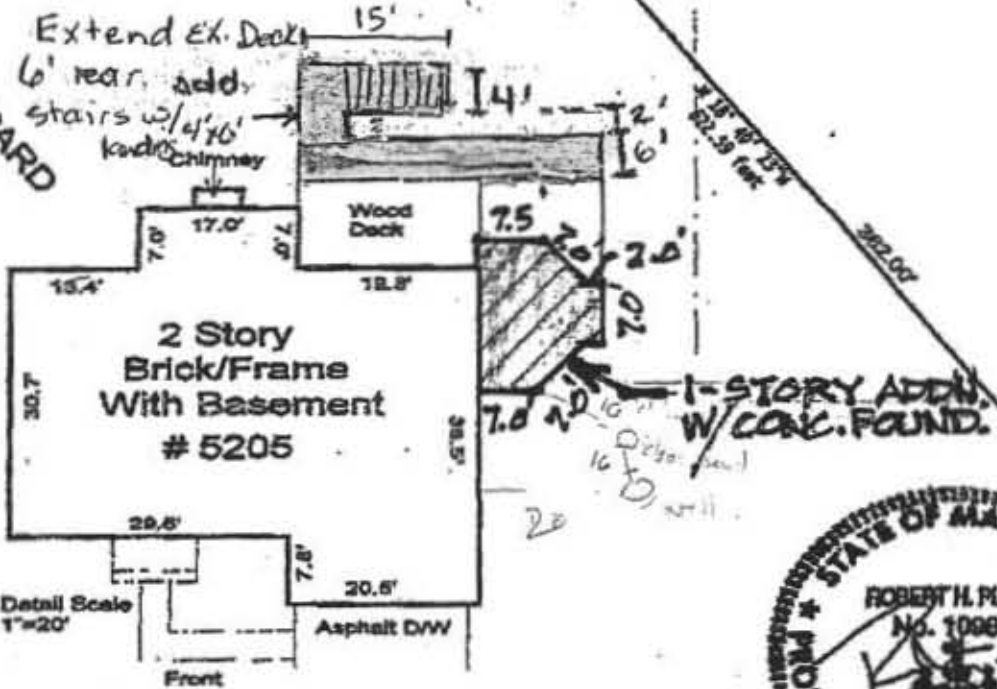
3P# _____ A# _____
 APP. SAN H. Oswald DATE: 7/26/08
 ESC. OF WORK: Extend rear
6' w/ 4x6' landing &
stairs to grade.

100 Year Floodplain
 Drainage & Utility
 Easement

Lot 13
 5.793 Ac.

14

SHEPPARD
 LANE



SITE PLAN

01/09
 1" = 20'



- KEY:
 CSW=Concrete Sidewalk
 CDW=Concrete Driveway
 CS=Concrete Stoop
 CP=Concrete Porch
 O/H=Overhang
 WD=Wood Deck
 WP=Wood Porch
 BRL=Building Restriction Line

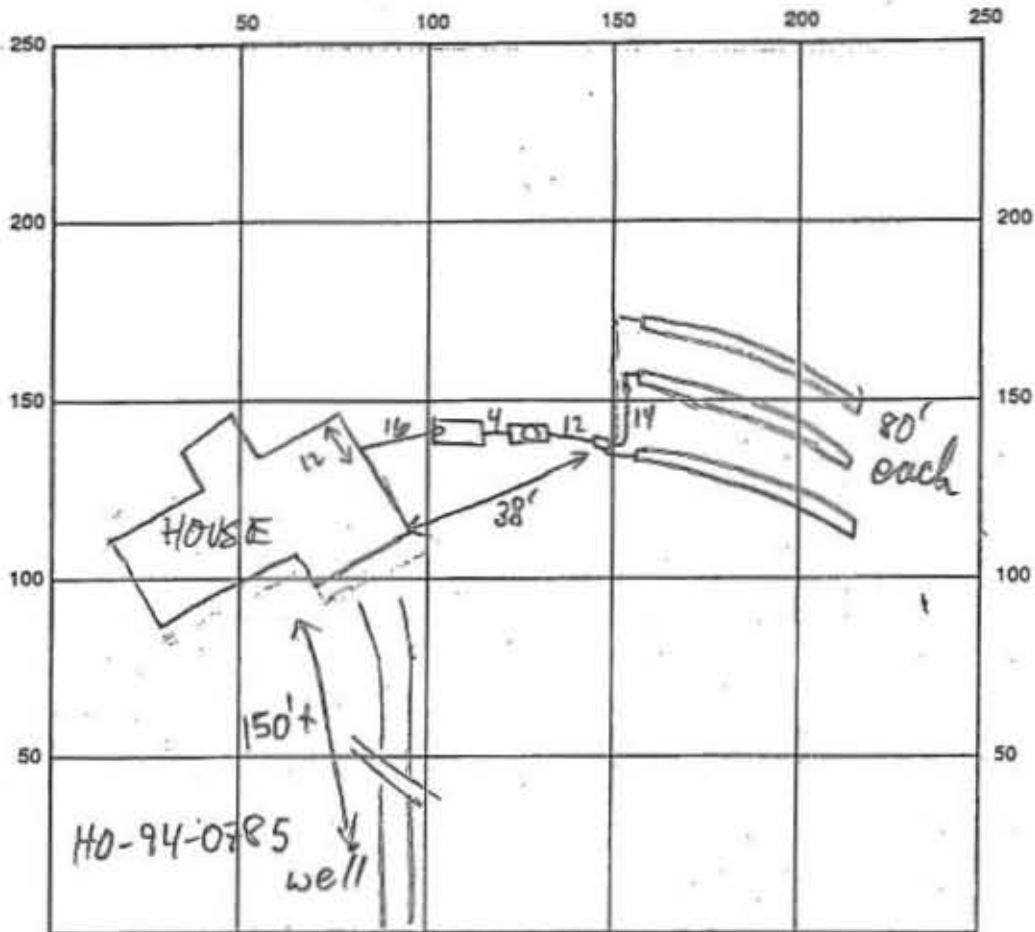
LOC: 5205 SHEPPARD LANE
 CLARKSVILLE, MARYLAND 21028
 (Howard County)
 Title: Liber: 3864, Folio: 201
 Ref.: Lot No. 13, Clearview Estates, section One
 Plat No. 8042

100.00 feet
 Scale:
 Date: 11/30/01
 File#: 01-2749

This is to certify that we have
 conducted a location survey
 of the improvements and that
 they are located as shown hereon.

JECT PROPERTY NOT LOCATED IN A FLOOD PLAIN, UNLESS

PROFESSIONAL LAND SURVEYOR



5205

SHEPPARD LANE INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS 1ST S.T. - OK (8"), 2ND S.T. - OK (MH)
 DISTRIBUTION BOX LEVEL 1000 GAL S.T. FOR FUTURE PUMP

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 @ 80 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL BOTTOM AREA 3 @ 240 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 8/30/96 OK TO COVER HOUSE TO S.T.; FUTURE PUMP PIT
SHOWN ON SITE PLAN NOT ON SPECS; ADVISED INSTALLER TO PUT IN
ADD'L: 1000 GAL S.T. (OWNERS MAY CALL FOR EXPLANATION) MR
9/3/96 OK TO COVER TRENCHES ① & ②, DIG ③ MR
9/4/96 OK TO COVER ALL + WORK FINAL ALL
WPI OK 3 1/2' B.G. MR 8/30/96

DATE SYSTEM APPROVED 9/4/96 INSPECTOR Amy McMullen