

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B00150989K

Building Address 13135 TRIADELPHIA Hill  
CLARKSVILLE, MD 21029  
Suite/Apt. #: - SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605101 Subdivision THOMPSON HILL  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot F-1  
Tax Map 34 Parcel 379 Grid 3  
Zoning PP00A Map Coordinates HA7 Lot size 5.9983

Property Owner's Name NORA MACLAUGHLIN  
Address P.O. Box 664  
City CLARKSVILLE State MD Zip Code 21029  
Home Phone 301 854 0094 Work Phone 301 311 4145  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use RESIDENCE 7F Home  
Proposed Use RESIDENCE 7F Home  
Estimated Construction Cost \$ 30,000 20,000 -  
Description of Work 12x44' Addition  
TO 1ST FLOOR WITH BASEMENT

Contractor Company OWNER  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant OWNER  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company OWNER  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1 - 1/2 BASEMENT</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>5284</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>FAMILY ROOM</u>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <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"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>28</u> <u>374</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>28</u> <u>36</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>28</u> <u>36</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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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: <u>12x44</u> Footings: _____ Roof: <u>ARCH SHINGLE</u>
<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: Nora MacLaughlin  
OWNER  
Title/Company \_\_\_\_\_

Print Name NORA MACLAUGHLIN  
10-29-2004  
Date \_\_\_\_\_

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

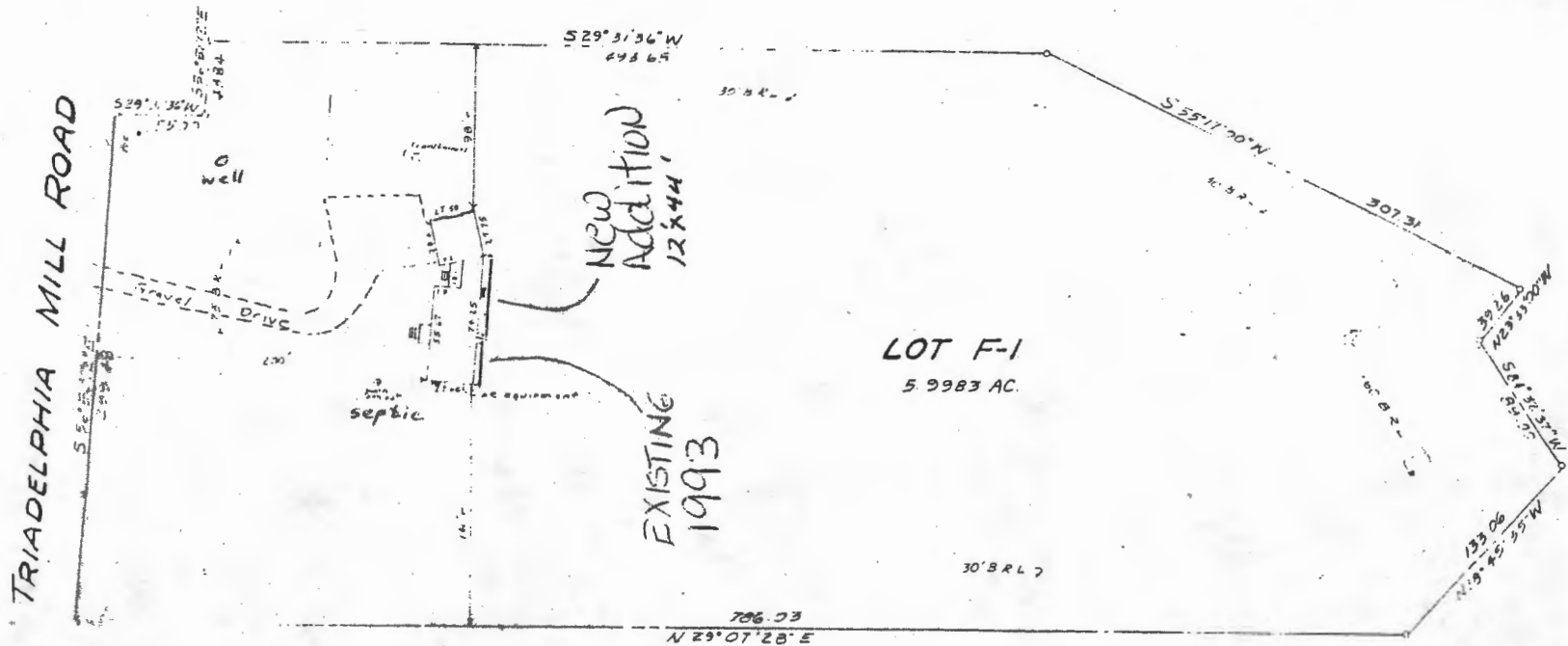
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> 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"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	PROPERTY ID#:
<u>63846</u>	
Filing fee \$ <u>25</u>	
Permit fee \$ _____	
Excise tax \$ _____	
Add'l per. fee \$ _____	
TOTAL FEES \$ _____	
Sub-total paid \$ _____	
Balance due \$ _____	
Check # <u>2200</u>	
Validation # <u>2200</u>	

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Nora MacLaughlin  
 Macklin Enterprises, Inc.  
 Consulting Services  
 P.O. Box 664  
 Clarksville, MD 21029-0664  
 301-854-0091 nora@macklin.com



- Plan barely legible.
- NOT TO SCALE
- SHOW SEPTIC TANK LOCATION

I hereby certify that this work has been accurately plotted by accepted survey procedure, and is substantially as shown.

Sept 14, 1992 to Billy D. Mitchell  
 date Reg. Land Surveyor  
 MD. No. 9153

Recertified  
 Feb. 1993 by Billy D. Mitchell



WALLACE R. AMOS AND ASSOCIATES, LTD.  
 LAND SURVEYORS  
 9525 Georgia Avenue  
 Silver Spring, Maryland 20910  
 565-3727

HOUSE LOCATION SURVEY  
 LOT F-1  
 THOMPSON PROPERTY

DATE	REVISIONS	JOB NO.
2/4/91	Recertified	301531
		PLAT NO. 00-0
		FILE NO. 1



