

Burhanullah

Building Address: 13822 Mill Creek Ct
Clarksville Md 21029

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

Census Tract: _____ Subdivision: Crawford

Section: _____ Area: _____ Lot: 4

Tax Map: 34 Parcel: 52 Grid: 10

Zoning: _____ Map Coordinates: _____ Lot Size: 46,064

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$10,000

Description of Work: Built in gravel 10' high 51' x 11 1/2' deck/screened porch

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Muhammed Burhanullah

Address: 13822 Mill Creek Ct

City: Clarksville State: MD Zip Code: 21029

Home Phone: 6099027897 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
Karen Rowley
293 Southland Ct Dunkirk MD 21045

Phone: 410 5077705 Fax: _____

Email: khkpermits05@yahoo.com

Contractor Company: Johnson Parks Construction

Contact Person: Zac Castro

Address: 2674 Merliant

City: Odenton State: MD Zip Code: 21113

License No.: 133219

Phone: 443 813 1286 Fax: _____

Email: khkpermits05@yahoo.com

Engineer/Architect Company: _____

Responsible Design Prof.: **RECEIVED**

Address: _____

City: _____ State: _____ Zip Code: NOV 13 2019

Phone: _____ Fax: _____

Email: _____

LICENSES & PERMITS DIVISION

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth	<input type="checkbox"/> Public
Width	<input type="checkbox"/> Private
1 st floor: _____	<u>Sewage Disposal</u>
2 nd floor: _____	<input type="checkbox"/> Public
Basement: _____	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Finished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unfinished Basement	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	<u>Heating System</u>
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Electric
No. of Bedrooms: _____	<input type="checkbox"/> Oil
Multi-family Dwelling	<input type="checkbox"/> Natural Gas
No. of efficiency units: _____	<input type="checkbox"/> Propane Gas
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<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: Karen Rowley Print Name: Karen Rowley

Email Address: _____ Date: 11/13/19

Title/Company: _____

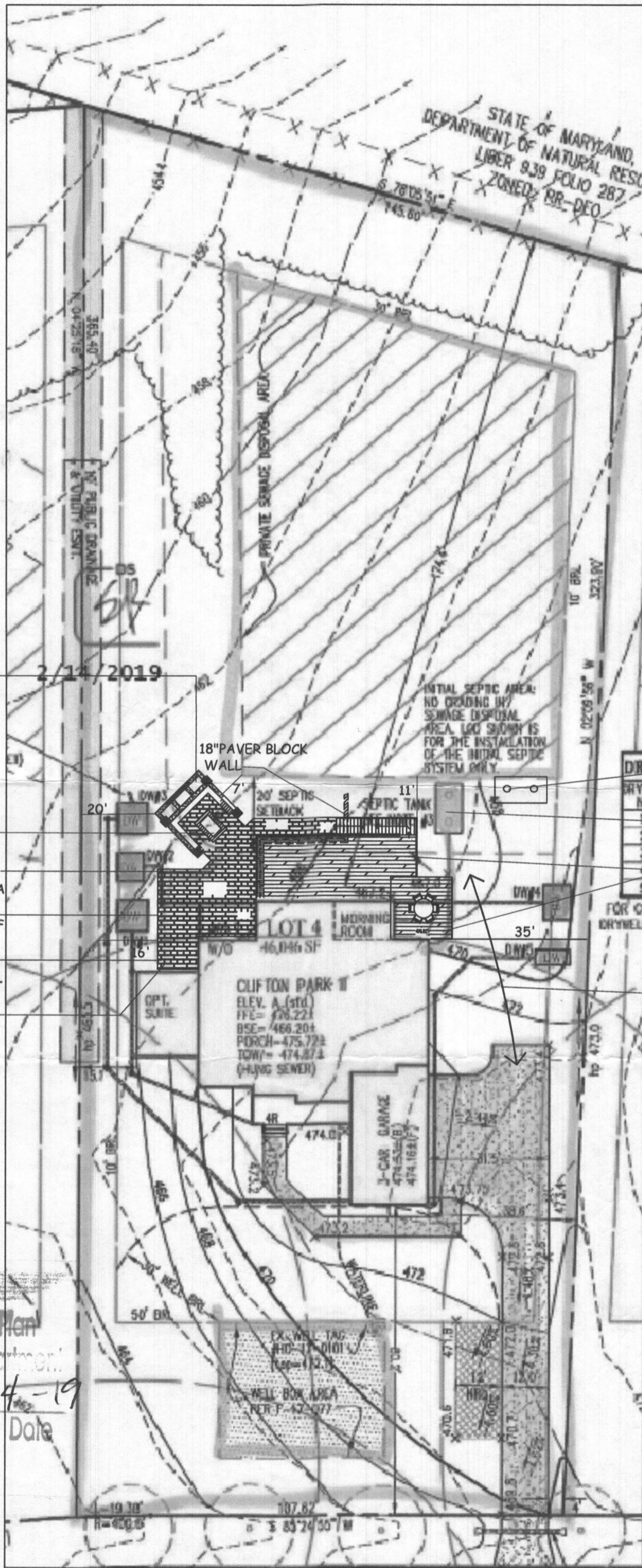
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		
Fire Protection		<u>[Signature]</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

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	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <u>1852</u>

mp



Approved Septic System Plan
Howard County Health Department

Burhanullah 12-4-19
Signature Date