



Building Address: 3915 CLARKS MEADOW DR
 City: GLENWOOD State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: CLARKS MEADOW RSB LOT 4
 Lot: 14 Tax Map: 21 Parcel: 271

Existing Use: SF RES
 Proposed Use: "
 Estimated Construction Cost: \$ 50,000

Description of Work: NEW ± 15'x22' DECK W/ STEPS
NEW ± 20'x40' IRREGULAR INGROUND
CONC. SWIMMING POOL, ± 875 SF
FENCE TO CODE

Occupant/Tenant Name: _____

Was tenant space previously occupied? Yes No

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: HELEN + BARRY CLARK
 Address: 3915 CLARKS MEADOW DR
 City: GLENWOOD State: MD Zip Code: 21738
 Phone: 410 928 7126 Fax: _____
 Email: _____

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

Contractor Company: RHINE LANDSCAPING
 Contact Person: DAN MURPHY
 Address: PO BOX 1825
 City: SYKESVILLE State: MD Zip Code: 21784
 License No.: MHIC # 121739
 Phone: 410 442 2445 Fax: 410 489 4312
 Email: dan@rhinelandscaping.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:	
	<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 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: _____	

HE 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.

Dan Murphy
 Applicant's Signature
dan@rhinelandscaping.com
 Email Address
LANDSCAPE ARCHITECT
 Title/Company

DAN MURPHY
 Print Name
8-26-19
 Date

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

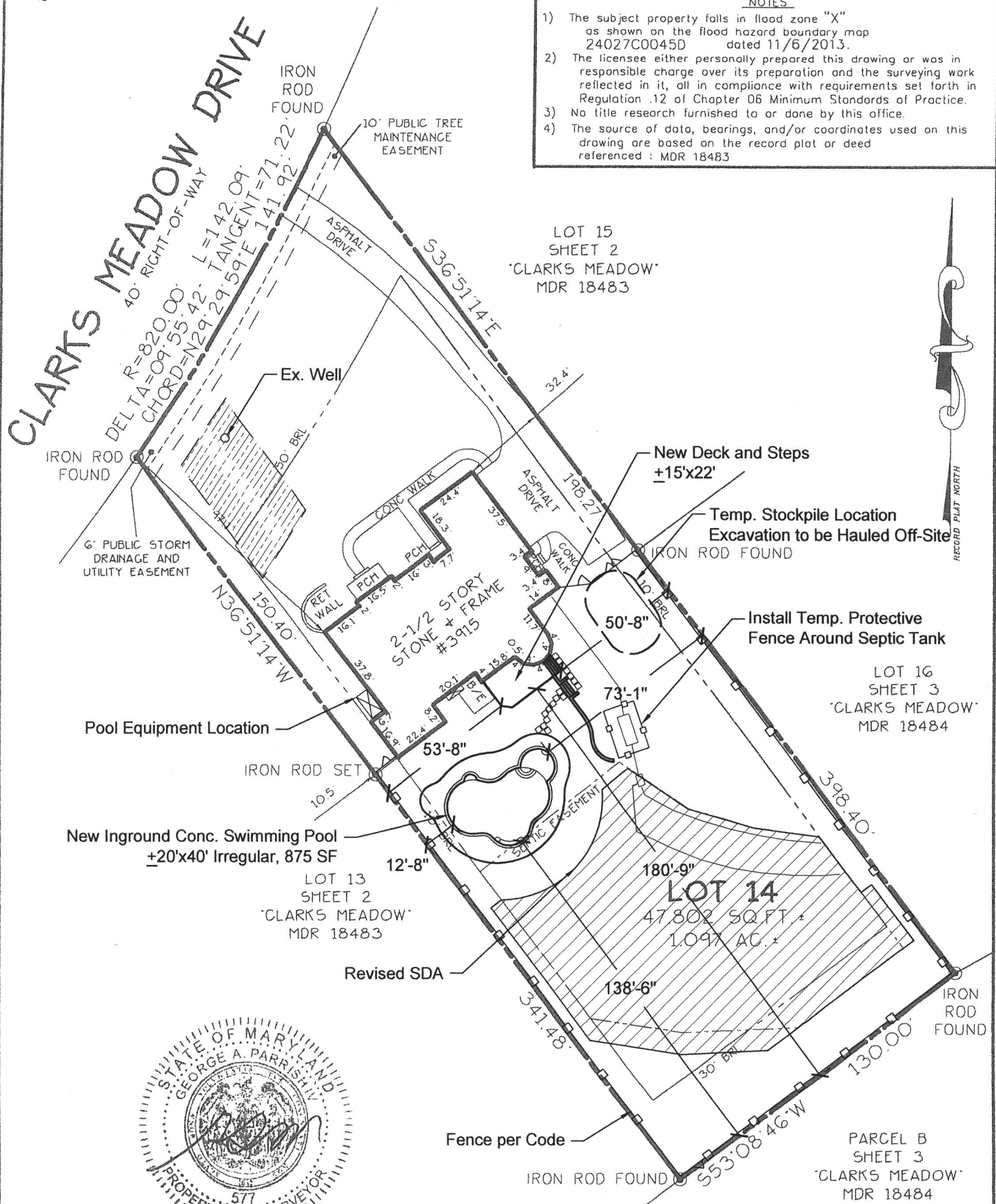
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/27/2019</u>	<u>[Signature]</u>

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	#

CLARKS MEADOW DRIVE
 40' RIGHT-OF-WAY
 R=820.00
 CHORD=97.55.42
 L=142.09
 TANGENT=71.92.22
 141.92.22

- NOTES**
- 1) The subject property falls in flood zone "X" as shown on the flood hazard boundary map 24027C0045D dated 11/6/2013.
 - 2) The licensee either personally prepared this drawing or was in responsible charge over its preparation and the surveying work reflected in it, all in compliance with requirements set forth in Regulation .12 of Chapter 06 Minimum Standards of Practice.
 - 3) No title research furnished to or done by this office.
 - 4) The source of data, bearings, and/or coordinates used on this drawing are based on the record plat or deed referenced : MDR 18483



I hereby certify to the best of my professional knowledge and belief, that the property shown hereon has been accurately surveyed by a transit, tape or total-station survey (subject to title search), and that the improvements shown hereon, have been accurately located.

George A. Parrish IV

GEORGE A. PARRISH IV PROP. L.S. #577 12/4/17
 LICENSE EXPIRATION DATE: 3/24/2019

3915 CLARKS MEADOW DRIVE MDR 18483

BOUNDARY SURVEY AND LOCATION DRAWING
 LOT 14 SHEET 2
CLARKS MEADOW

FOURTH DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DECEMBER 2017

FILE #H000620 PROJECT #52086
 CAD FILENAME: CLARKSMEADOW--SH2-L14
 DRAWN BY: JMS CHECKED BY:

APPROVED
WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN Robert Freeman DATE: 8/27/2019
 DESC. OF WORK: 15' x 22' Deck,
 20' x 40' inground pool, Fence as

Shown



Established 1975
 3140 West Ward Road Suite 103
 Dunkirk, Maryland 20754
 Ph: 410-286-9712 Fax: 410-286-9716