

B09000424

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLIOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

CHOCY + REICHERD

Building Address 13837 RUSSELL ZEP DR.
CLARKSVILLE, MD 21029
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name KIRBY
Address 13837 RUSSELL ZEP DR.
City CLARKSVILLE State MD Zip Code 21029
Phone 301-854-0481 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use _____
Proposed Use 2 CAR DETACHED GARAGE
Estimated Construction Cost \$ 61,000
Description of Work 2 CAR DETACHED GARAGE
W/ 2 GARAGE DOORS

Contractor Company CRAFTON CONT. INC.
Contact Person ARTHUR CRAFTON
Address 15024 KENWOOD CT.
City WOODBINE State MD Zip Code 21787
License No. 86369
Phone 443-745-7512 Fax _____

Occupant or Tenant _____
Contact Name ARTHUR CRAFTON
Address 15024 KENWOOD CT.
City WOODBINE State MD Zip Code 21787
Phone 443-745-7512

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: 36 29
2nd floor: _____
Basement:
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
No. of Bedrooms _____
Height: _____
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: _____
Footings: _____
Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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.

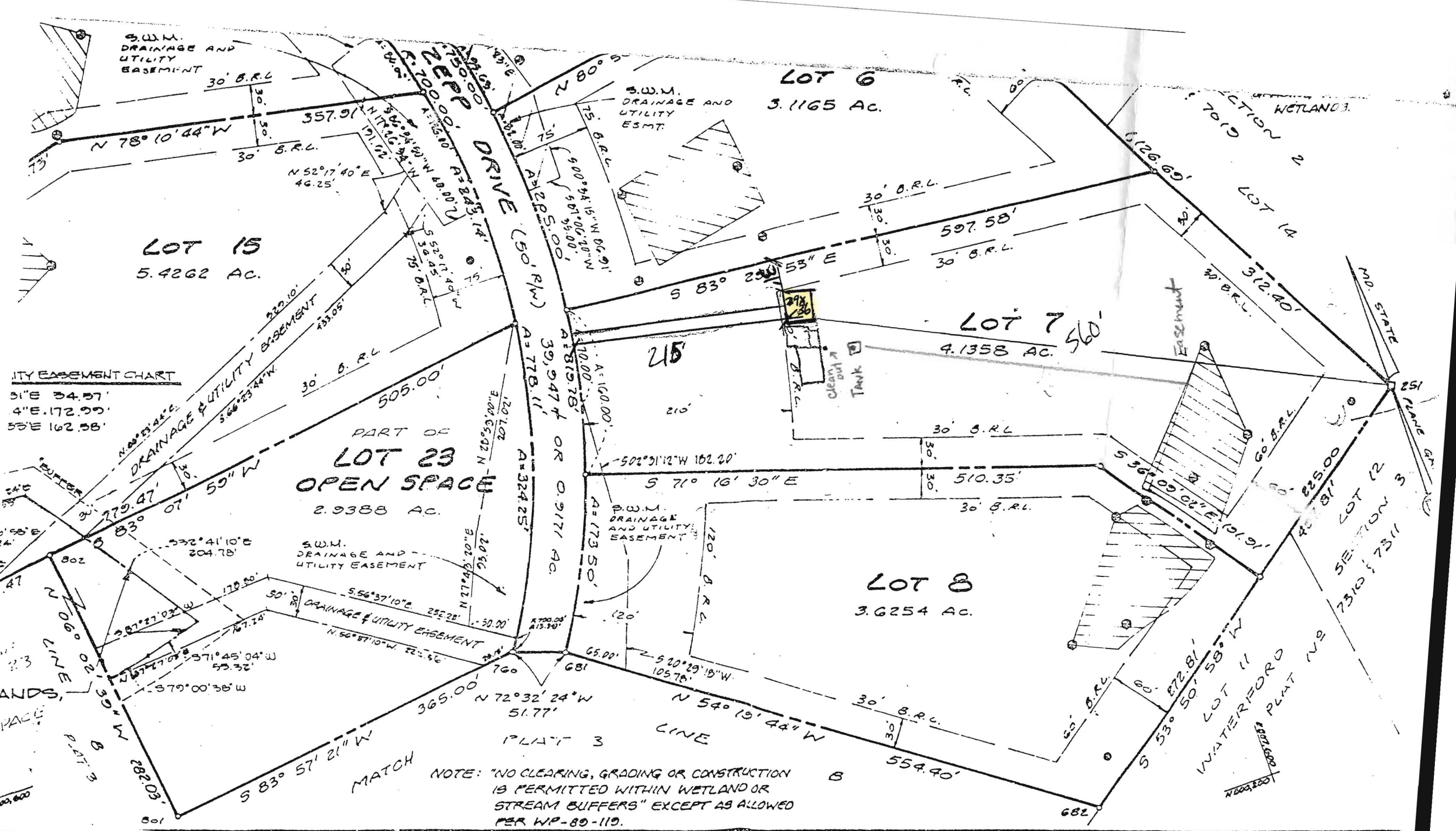
[Signature]
Applicant's Signature
DANIEL
Title/Company

ARTHUR S. CRAFTON
Print Name
3/13/09
Date

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

AGENCY DATE SIGNATURE APPROVAL
 Land Development, DPZ
 State Highways
 Building Official
 Dev. Engineering, DPZ
 Health 3-24-09 Dana Bernard
 Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies - White: Building Official Green: LDD, DPZ
T:\Forms\PERMIT.FRM

DPZ SETBACK INFORMATION PROPERTY ID#:
Front: _____ Filing fee \$ _____
Rear: _____ Permit fee \$ _____
Side: _____ Excise tax \$ _____
Side St.: _____ Add'l per. fee \$ _____
All minimum setbacks met? TOTAL FEES \$ _____
YES NO Sub-total paid \$ _____
Is Entrance Permit required? Balance due \$ _____
YES NO Check # _____
Historic District? Validation # 2174
YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by [Signature]
Yellow: DED, DPZ Pink: Health Gold: SHA



UTILITY EASEMENT CHART

31" E	34.57'
4" E	172.99'
55" E	162.58'

PART OF LOT 23 OPEN SPACE
2.9388 AC.

LOT 6
3.1165 AC.

LOT 7
4.1358 AC.

LOT 8
3.6254 AC.

NOTE: "NO CLEARING, GRADING OR CONSTRUCTION IS PERMITTED WITHIN WETLAND OR STREAM BUFFERS" EXCEPT AS ALLOWED PER WP-89-110.

OWNERS' DEDICATION

SURVEYORS CERTIFICATION

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT...

Building Address 13837 Russel Zapp DR.
Clarksville, MD 21029

Property Owner's Name Richard + Cheryl Kirby
 Address 13837 Russel Zapp DR

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 City Clarksville State MD Zip Code 21029

Census Tract _____ Subdivision R Kirby
 Home Phone 301 854 0481 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 7
 Tax Map 34 Parcel 7 Grid _____
 Zoning _____ Map Coordinates _____ Lot size 4,13 ac. Phone _____ Fax _____

Existing Use Single Family
 Proposed Use Single Family
 Estimated Construction Cost \$ 25,000.00

Contractor Company OWNER
 Contact Person _____
 Address _____

Description of Work Add rear Porch
8 x 18 w/step.
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> NFPA #13D _____ NFPA #13R _____ Other: _____

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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name BERND GREIS
 Owners Rep [Signature] Date 3/8/07

Title/Company _____
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ _____
Health	<u>3/8/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FBES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

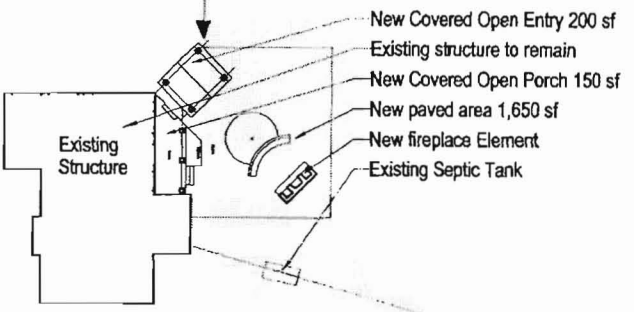
S 83° 29'53"E 597.58

30'-0" building Restriction line

78'-0" ±

210'-0" building Restriction line

APPROVED
 W.L. CITY BUILDING PERMIT
 NO. B07000715 AT 43078
 DATE 3/8/07
 add Par
 porch 8x18 w/step



- New Covered Open Entry 200 sf
- Existing structure to remain
- New Covered Open Porch 150 sf
- New paved area 1,650 sf
- New fireplace Element
- Existing Septic Tank

Lot 7
 4.1358 AC

30'-0" building Restriction line

S71°16'30"E 510.35'

30'-0" building Restriction line