

Building Permit ID: B19004133

Menu Help

<input type="checkbox"/> <u>Task</u>	<u>Status</u>	<u>Status Date</u>	<u>Comments</u>	<u>Action</u>
<input type="checkbox"/> <u>Health Dept</u>	Approved	01/16/2020	RSF	Health
<input type="checkbox"/> <u>Building Review</u>	Approved	01/09/2020		Debbie
<input type="checkbox"/> <u>Building Review</u>	On Hold-See Comments	12/18/2019	DESCRIPTION OF WORK ONLY IND...	Debbie
<input type="checkbox"/> <u>Zoning</u>	Approved	12/18/2019		Annett
<input type="checkbox"/> <u>Application</u> <u>Acceptance</u>	Accepted	12/18/2019		Markus
<input type="checkbox"/> <u>Application</u> <u>Acceptance</u>	Incomplete	12/16/2019	PLEASE INDICATE THE NEW WORK...	Laura I
<input type="checkbox"/> <u>Application</u> <u>Acceptance</u>	Incomplete	12/06/2019	THERE ARE NO FLOOR PLANS ATT...	Laura I
<input type="checkbox"/> <u>Application</u> <u>Acceptance</u>	Pending	12/05/2019	Updated via Script	THOM,

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B19004133	12/05/2019
Description of Work		
SFD/ INTERIOR ALTERATIONS TO REMODEL MASTER BATHROOM, WALK IN CLOSET AND ADD A LAUNDRY ROOM AND LINEN CLOSET, APX 450 SQ. FT.		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12827	FOREST CREEK	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.96148	39.34317
City	State	Zip Code	Primary
SYKESVILLE	MD	21784	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
831886	333	3.5	224500	533900	309400	RURAL
Legal Description						
IMPSLOT 25 3.5091 A[]12827 FOREST CREEK CT[]AMBERWOODS SEC 1						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	25	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403314979	Amberwoods					
Section	Area	Tax Map					
		9					
Grid	Zoning District	ADC Map					
9-4	RC-DEO	4693-G6					
SDP No.	Final Plan No.	WP File No.	Primary				
			Yes				
Record Plat No.	WS Contract No.	FDP No.					
9703							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1991	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-01	<input type="radio"/> Yes <input checked="" type="radio"/> No					

Building No

Owner (This section is not required.)

Search Reset Clear

Name *

Address Line 1

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
SYKESVILLE	MD <input checked="" type="checkbox"/>	21784

Phone	Primary
202-744-4430	Yes <input checked="" type="checkbox"/>

E-mail

Cell Number	Fax Number
<input type="text"/>	<input type="text"/>

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010078947	CLARKSVILLE CONSTRUCTION SERVICES		
License Type *	First Name	Middle Name	Last Name
MHIC Ind <input checked="" type="checkbox"/>	ADAM	TEDDY	AUGUST
Primary	Address Line 1		
Yes <input checked="" type="checkbox"/>	12011 GUILFORD ROAD SUITE 101		
	Address Line 2		
	<input type="text"/>		
	City	State	ZIP Code
	ANNAPOLIS JUNCTION	MD	21045-0000
	Phone 1	Phone 2	Fax
	4433863099		4105312966
	E-mail		
	ADAMAUGUST@VERIZON.NET		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant <input checked="" type="checkbox"/>	ADAM	TEDDY	AUGUST
Relationship	Full Name		
Applicant <input checked="" type="checkbox"/>	ADAM TEDDY AUGUST		
Primary	Organization Name		
No <input checked="" type="checkbox"/>	CLARKSVILLE CONSTRUCTION SERVICES		
	Street Address		
	12011 GUILFORD ROAD SUITE 101		
	Address Line 2		
	<input type="text"/>		

City	State	Zip Code
ANNAPOLIS JUNCTION	MD	21045
Phone	Cell	Fax
4433863099		4105312966
E-mail *		
ADAMAUGUST@VERIZON.NET		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	LEE		HOFFHEISER
Relationship	Full Name		
Agent for Applicant	LEE HOFFHEISER		
Primary	Organization Name		
Yes			
Street Address			
12011 Guilford Rd			
Address Line 2			
City	State	Zip Code	
Annapolis Junction	MD	20701	
Phone	Cell	Fax	
240-904-4676			
E-mail			
lee@clarksvilleconstruction.net			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
144000	0	0	No
Construction Type			
434 - Additions, Alterations and Conversions - Residential			

RESIDENTIAL ALTERATION INFO

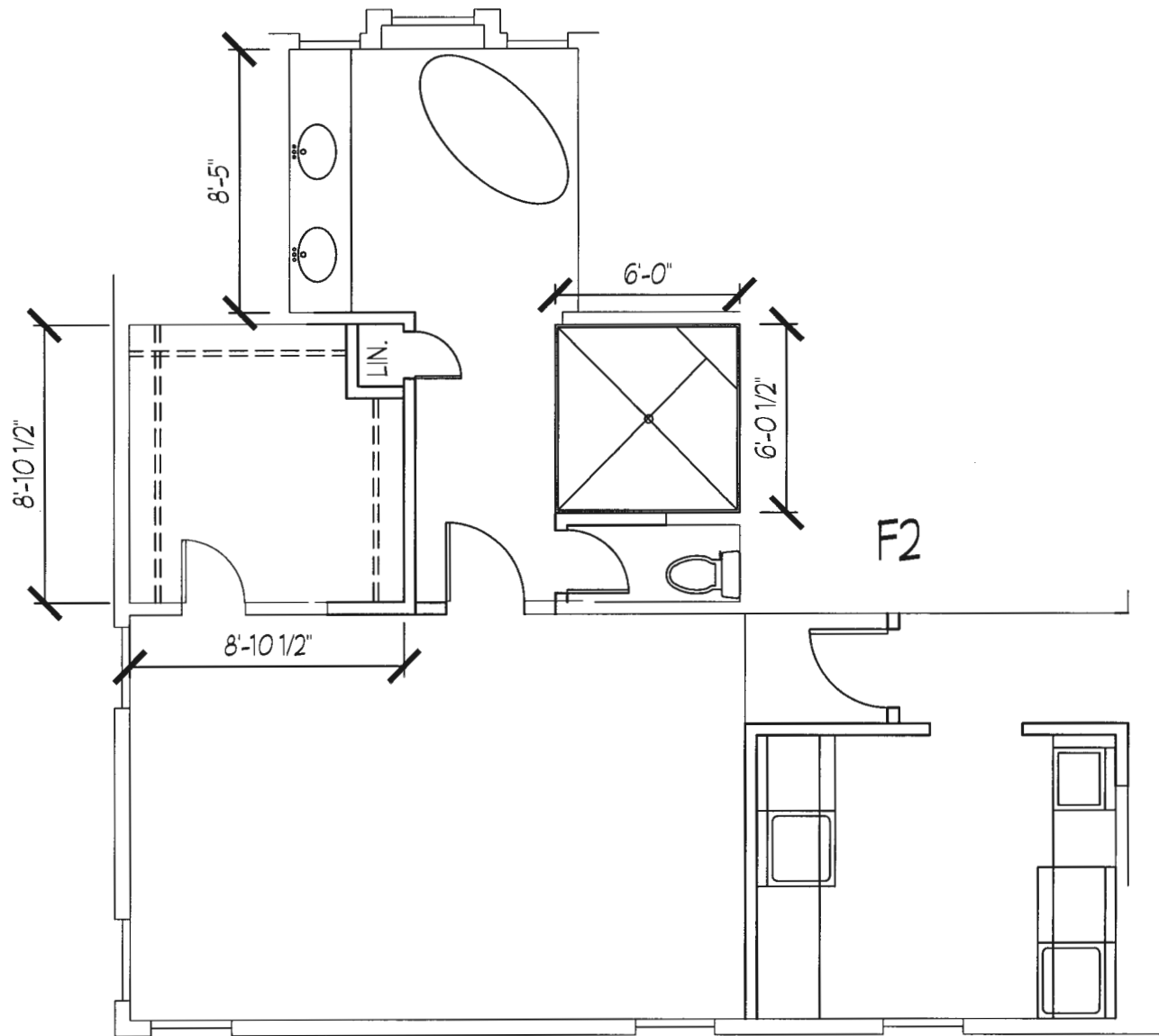
RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	Bedrooms	Full Baths	Half Baths	Water *	Sewage *	Existing Utilities *
450 SQFT				Private	Private	Gas & Electric
Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date	Fee Exempt *		
Electric & Natural Gas	None	--Select--	7/14/2020	<input type="radio"/> Yes <input checked="" type="radio"/> No		

PAYMENT INFORMATION

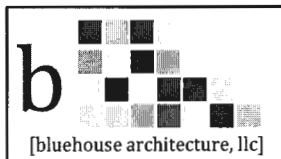
Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel



DRAWING TITLE
proposed plan

PROJECT NAME
bonier residence



1993 Barley Road
 Marriottsville, Maryland 21104
 mclark@bluehouseARCH.com
 www.bluehouseARCH.com
 Phone: 410-549-3377
 Fax: 410-549-3377

**FOR DESIGN
 REVIEW ONLY -
 NOT FOR
 CONSTRUCTION**

SCALE :
 3/16"=1'-0"

DATE :
 ©08/14/2019

FILE No. :
 19069-EX1

PROJ. NO.
 19069

DRAWING NO.
sk-1

1 of XX

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 12/18/19
To: Plans Review
(Person's Name and Division)
From: Lee Hoffheiser, Clarksville Construction (240) 904 4676 ^{cell} or 443-386-3099 ^{office}
(Your Name, Company Name and Telephone Number)
Subject: Project name Bonier
Project site address 12827 Forest Creek Ct
Permit # B19004133 SDP # _____
Other information pertinent to this project _____

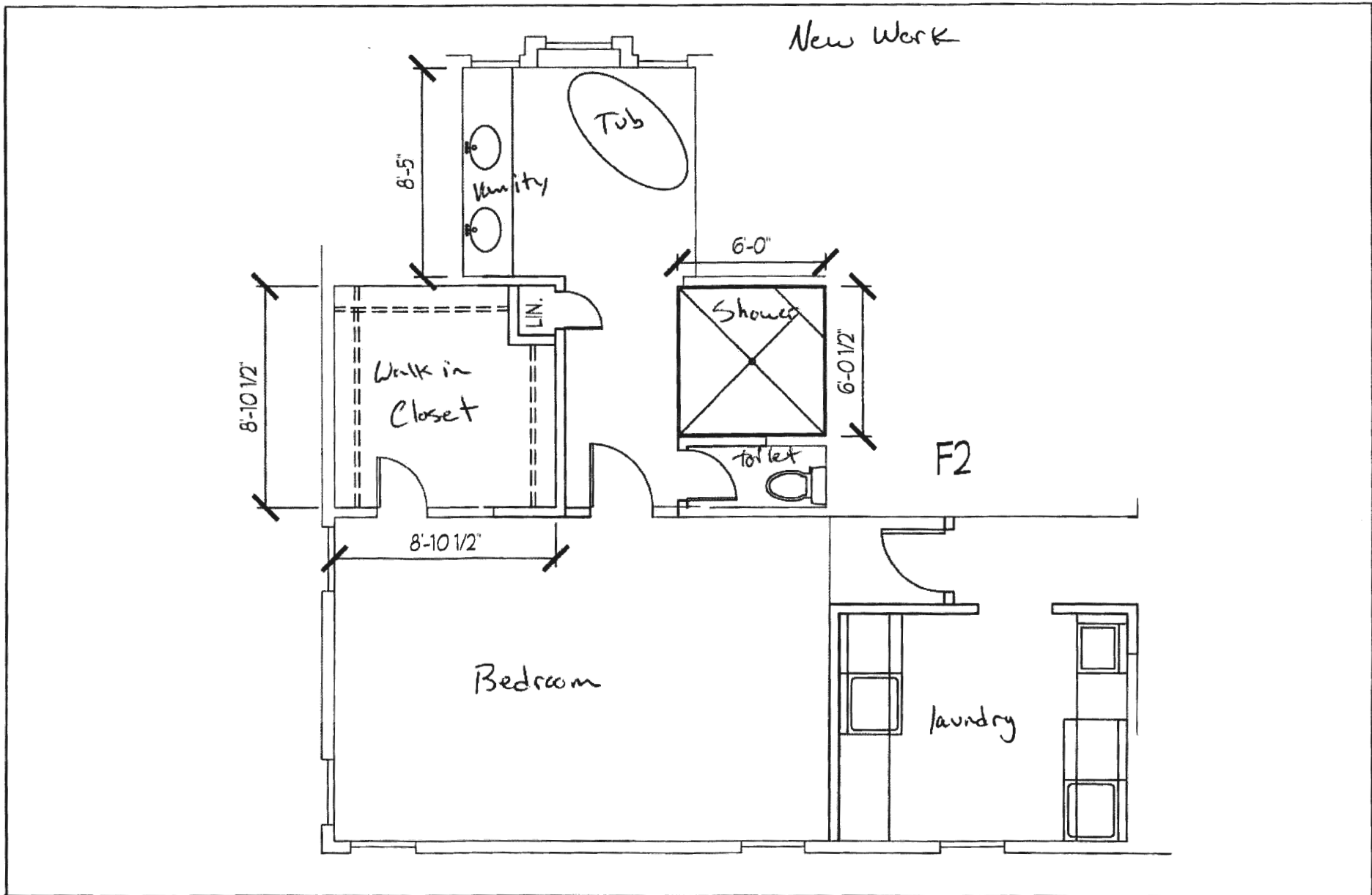
- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
 - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
 - Letter Summarizing Changes
 - Energy conservation calculations
 - Copies of Existing & Proposed Plans (be specific).
_____ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

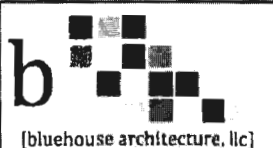
Contact Person Information: (Required)

Lee Hoffheiser
Please Print Name
Telephone No: 240-904-4676
E-Mail Address: lee@clarksvilleconstruction.net

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by 



<p>DRAWING TITLE proposed plan</p>	 <p>[bluehouse architecture, llc]</p>	<p>1993 Barley Road Marriottsville, Maryland 21104 mclark@bluehouseARCH.com www.bluehouseARCH.com Phone: 410-549-3377 Fax: 410-549-3377</p>	<p>FOR DESIGN REVIEW ONLY - NOT FOR CONSTRUCTION</p>	<p>SCALE : 3/16"=1'-0"</p>	<p>PROJ. NO. 19069</p>
<p>PROJECT NAME bonier residence</p>				<p>DATE : ©08/14/2019</p>	<p>DRAWING NO. sk-1</p>
				<p>FILE No. : 19069-EX1</p>	<p>1 of XX</p>

