

G-01000205

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08000145

Building Address 13545 PROCC-LIND way
CLARKSVILLE MD 21029
Suits/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Brighton mill
Section _____ Area _____ Lot 21
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVR Inc
Address 6055 Marshalee Ln S-130
City Chester State MD Zip Code 21015
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Jim Kerwin Decatur Building Service
PO Box 552 Washburn, MD 21797
Phone 309 2292 Fax 410 439-0550

Existing Use Vacant Lot
Proposed Use Single Family House
Estimated Construction Cost \$ 300,000
Description of Work New 2 story "Clifton Park"
with 3 car garage, Conservatory,
family studio, morning room and
un-finished basement

Contractor Company NV Homes
Contact Person Dustin Hill
Address 6055 Marshalee Ln S-130
City Chester State MD Zip Code 21015
License No. SL
Phone 410 375-5956 Fax 410 379-2480

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

Engineer or Architect Company _____
Contact Person N/A
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: 74' x 89'
2nd floor: 64' x 60'
Basement: 74' x 89'
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
Height: 35'
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.

Jim Kerwin
Applicant's Signature
Agent for NV Homes
Title/Company

Jim Kerwin
Print Name
1/22/08
Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY FEE
<input checked="" type="checkbox"/> Land Development DEZ			Front: _____	Filing fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> State Health			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Inspector DEZ			Side St: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection	<u>2/11/2008</u>	<u>R. Bush</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Bedrock Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONINGENCY CONSTRUCTION START: <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ <u>507.28</u>
Distribution of Copies: _____	White: Building Official	Green: LDD, DEZ	Lot Coverage for New/Town Zone _____	Validation \$ _____
Yellow: DED, DEZ	Yellow: DED, DEZ	Print: Health	SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
_____	_____	_____	_____	_____