



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2018 MAY 16 PM 02

Date Received: _____

Permit No.: B18001710

Building Address: 7359 HALLMARK RD.
City: CLARKSVILLE State: MD. Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 30
Tax Map: 41 Parcel: 422 Grid: 10
Zoning: R100 Map Coordinates: _____ Lot Size: 1.22

Existing Use: SFA
Proposed Use: ACCESSORY GARAGE - Detached
Estimated Construction Cost: \$ 150,000.00
Description of Work: LEVEL OFFICE / SFA TOTAL PERMIT
SO FOOTAGE 1,108 SF

Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: MARY BARNES
Address: 7359 HALLMARK RD.
City: CLARKSVILLE State: MD. Zip Code: 21029
Phone: 301-776-2944 Fax: _____
Email: D.DEBORAH.A.MESSINGER@GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: DEBORAH A MESSINGER
Address: 19900 TRABACK WAY
City: BELKIRK State: MD. Zip Code: 20827
Phone: 301-576-4455 Fax: _____
Email: DEBORAH.A.MESSINGER@GMAIL.COM

Contractor Company: B.P. MESSENGER, INC.
Contact Person: BERRY MESSENGER
Address: 19900 TRABACK WAY
City: BELKIRK State: MD. Zip Code: 20827
License No.: 41020
Phone: 301-576-3947 Fax: _____
Email: _____

Engineer/Architect Company: CHAC DESIGN
Responsible Design Prof.: VICTOR CHAC
Address: 5064 BUCKLEBUSH CT.
City: COLUMBIA State: MD. Zip Code: 21045
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>38' x 30'</u>	
	2 nd floor: <u>38' x 30'</u>	
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:	
➤ Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.

Mary G. Barnes
Applicant's Signature
deborah.a.messinger@gmail.com
Email Address

Title/Company

MARY BARNES + DEBORAH A. MESSINGER
Print Name
5-15-18
Date

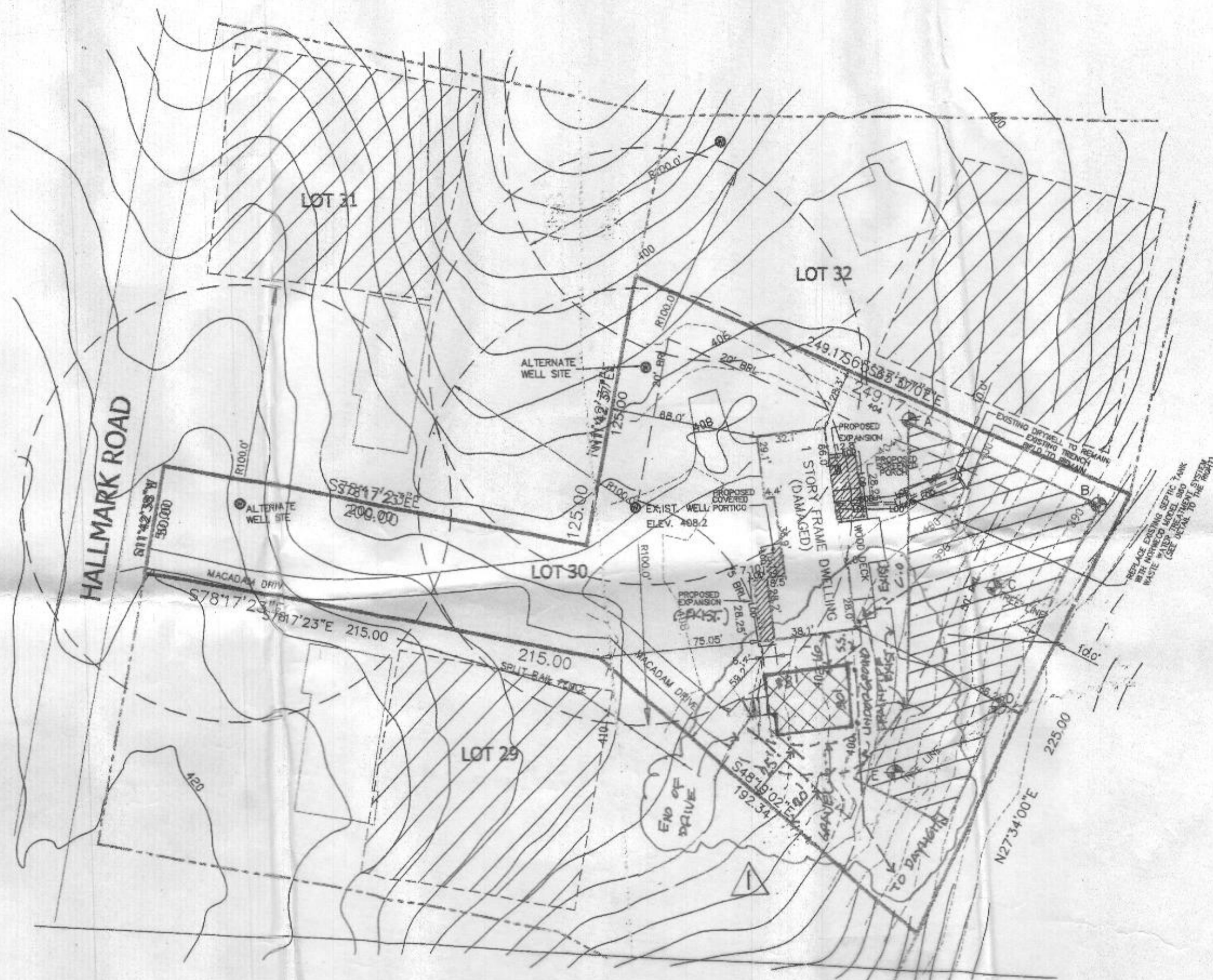
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>9/6/18 R. Buehler</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

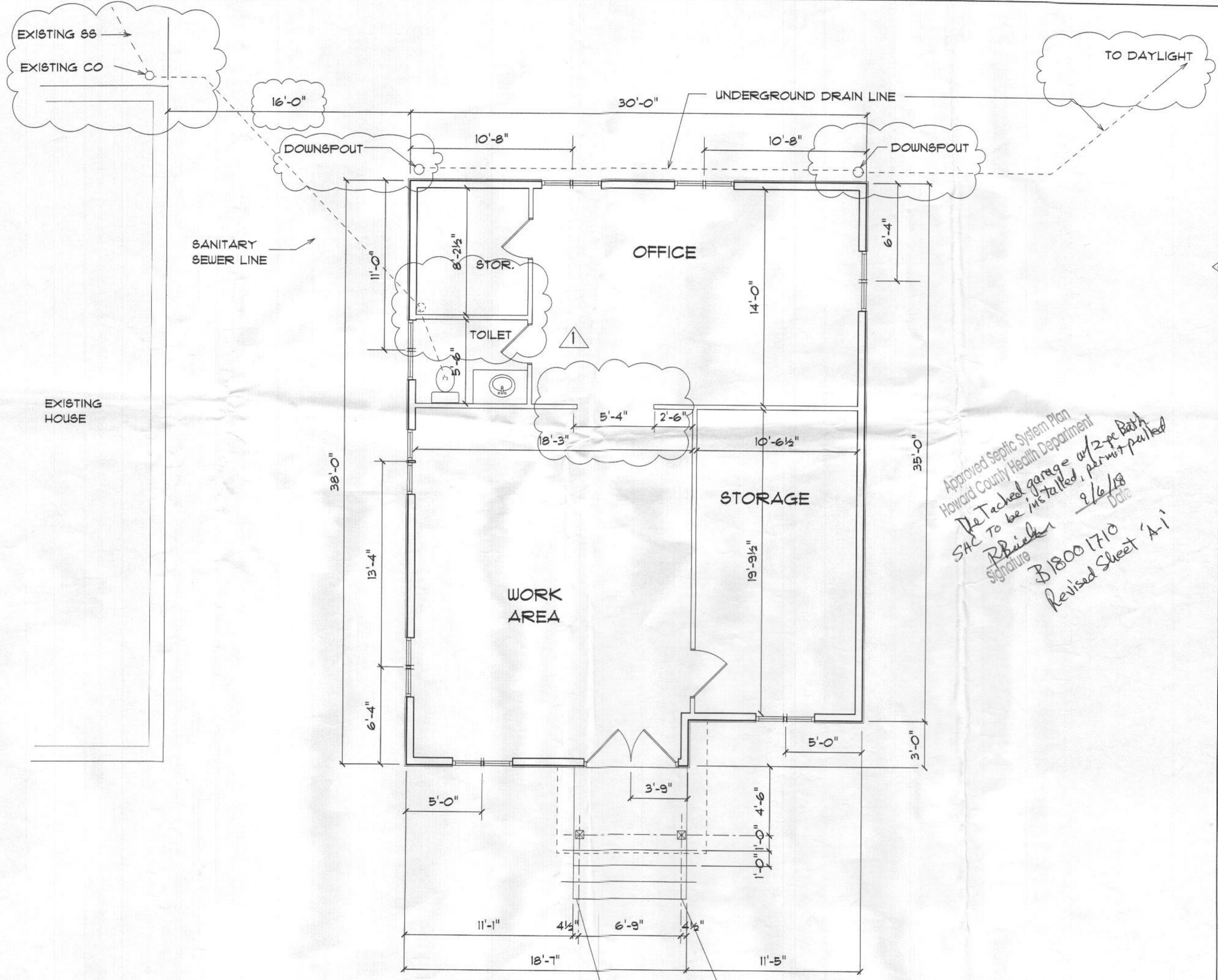
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check #	<u>1113</u>



Approved Septic System Plan
 Howard County Health Department
Detached garage approved
per revision
SAC to be installed, permit pulled
Rbickler 9/6/18
 Signature Date

SITE PLAN 7359 Hallmark Rd.
 SCALE: 1" = 50'



UPPER LEVEL PLAN

SCALE: 1/4" = 1'-0"

Approved Septic System Plan
 Howard County Health Department
 De Tached garage w/ 2-pe Bath
 SAC To be installed, permit pulled
 Signature *R. Biecher* 9/6/18 Date
 B18001710
 Revised Sheet 'A-1'

REVISED PER HEALTH DEPT. COMMENT - 8-13-2018

CHAO DESIGN
 6064 BUCKETPOST COURT,
 COLUMBIA, MD. 21046

ACCESSORY GARAGE BUILDING
 1359 HALLMARK ROAD
 CLARKSVILLE, MD. 21029

A-1

Approved Septic System Plan
 Howard County Health Department
 Revision approved

REVISED
 Date: 8/30/18

Signature: R. B. Baker Date: 9/6/18
 (C. Acella)

Comments: B18001710
 Relocated Foundation sewer line + tie in

