

RECEIVED

SEP 21 2021

LICENSES & PERMITS DIVISION

PERMIT NUMBER: **21003612**

DATE ACCEPTED:

**RESIDENTIAL BUILDING PERMIT APPLICATION**  
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS  
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4  
 www.howardcountymd.gov

**BUILDING SITE ADDRESS** *REQUIRED*

Street Address: **12942 Brighton Dam Rd** Unit: \_\_\_\_\_  
 City: **Clarksville** State: **MD** Zip Code: **21029**  
 Subdivision/Village/Complex Name: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grading Permit #: \_\_\_\_\_

**DESCRIPTION OF WORK** *REQUIRED*

Existing Use: **SFO** Proposed Use: **SFO** Estimated Cost: \$ **5500.00**  
 Trade Work to Be Completed (Separate Permits Required):  Mechanical (HVACR)  Electrical  Plumbing  None  
**Install 1-1000 gallon underground propane tank & run line to outside stub out.**

**PROPERTY OWNER INFORMATION** *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Rajeev Kucichh** Primary Residence:  Yes  No  
 Owner's Street Address: **12942 Brighton Dam Rd**  
 City: **Clarksville** State: **MD** Zip Code: **21029**  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT NAME** *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **Thompson Gas** Contact Name: **Anthony Durkin**  
 Street Address: **1600 Sparrows Point**  
 City: **Baltimore** State: **MD** Zip Code: **21219**  
 Phone: **443-955-5494** Email: **Adurkin@ThompsonGas.com**

**CONTRACTOR INFORMATION** *REQUIRED*

Business Name: **Thompson Gas**  
 Licensee's Name: **Randall Thompson** License #: **60003**  
 Street Address: **5260 Westview Dr #200**  
 City: **Frederick** State: **MD** Zip Code: **21703**  
 Phone: **443-826-5494** Email: **Adurkin@ThompsonGas.com**

**ARCHITECT/ENGINEER INFORMATION** *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BUILDING CHARACTERISTICS** *REQUIRED*

Primary Structure:  SF Dwelling  SF Townhouse  SF Duplex  Mobile Home  Multi-Family Dwelling (MF\*) Condo:  Yes  No  
 Utilities:  Electric  Gas Water Supply:  Public  Private (Well) Sewage Disposal:  Public  Private (Septic)  
 Heating System:  Electric  Natural Gas  Propane  Other: \_\_\_\_\_ Roadside Tree Project:  No  Yes: # \_\_\_\_\_  
 Sprinkler System:  NFPA 13  NFPA 13R  NFPA 13D  None Fire Alarm System:  Yes  No  Voice Evac

**ADDITIONAL RESIDENTIAL INFORMATION** *(PLEASE SELECT, COMPLETE ALL THAT APPLY)*

Model Name & Options:  
 # of Bedrooms (SF): \_\_\_\_\_ # of efficiency units (MF\*): \_\_\_\_\_ # of 1 BR (MF\*): \_\_\_\_\_ # of 2 BR (MF\*): \_\_\_\_\_ # of 3 BR (MF\*): \_\_\_\_\_  
 # Rooms: \_\_\_\_\_ # Full Baths: \_\_\_\_\_ # Half Baths: \_\_\_\_\_ # Fireplaces: \_\_\_\_\_  
 Garage/Carport Info:  Attached Garage  Detached Garage  Integral Garage  Carport  None  
 Basement/Foundation Info:  Slab on Grade  Post & Pier  Unfinished Basement  Finished Basement:  Full or  Partial  
 1<sup>st</sup> Fl Width: \_\_\_\_\_ 1<sup>st</sup> Fl Depth: \_\_\_\_\_ 2<sup>nd</sup> Fl Width: \_\_\_\_\_ 2<sup>nd</sup> Fl Depth: \_\_\_\_\_ Bsmt Width: \_\_\_\_\_ Bsmt Depth: \_\_\_\_\_  
 Energy Method:  Prescriptive  Performance  UA Alternative  ERI Gross Area: \_\_\_\_\_ sq ft Occupiable Area: \_\_\_\_\_ sq ft

**AGREEMENT/DISCLAIMER** *REQUIRED*

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.

APPLICANT'S ORIGINAL SIGNATURE: \_\_\_\_\_ DATE SIGNED: **9/16/2021**

**FOR OFFICE USE ONLY**

AGENCIES REQUIRED/APPROVALS:  
 PR \_\_\_\_\_  DPZ \_\_\_\_\_  DED \_\_\_\_\_  Health **9/29/21**  SHA  CID

SUBMITTAL FEES: \_\_\_\_\_ PAYMENT: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_

This is a duplicate  
Already Approved  
on 9/29/21

