

Approved
8/13/24
MRE

Record Detail (This section is required.)

Permit Type Building/Residential/Misc/Pavilion
Permit Number B24002857
Opened Date 08/01/2024

Description of Work
 SFD/ CONSTRUCT 16' X 20' PAVILLION ON BRICK FOUNDATION**PAVILION MUST BE ANCHORED, SUBJECT TO FIELD INSPECTION**

[check spelling](#)

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 12100
Street Name DUSK VIEW
Street Type CT

Unit Type -Select-
Unit #
X Coordinate -76.93018
Y Coordinate 39.22554

City CLARKSVILLE
State MD
Zip Code 21029
Primary 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
881470	356	3.13	370900	823200	504400	RURAL

Legal Description
 LOT 27 3.132 A []12100 DUSK VIEW CT []CLEARVIEW EST SEC 2

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	27	605101	5				

Plan Area State Tax Id 1405413931 Subdivision Name CLEARVIEW ESTATES

Section Area Tax Map 29

Grid 29-13 Zoning District RC-DEO ADC Map 4934-B4

SDP No. Final Plan No. WP File No.

Record Plat No. 9716 **WS Contract No.** **FDP No.** **Primary** Yes

Owner Occupied Yes No **Year Built** 1993 **Historic District** Yes No

Historic District Registry No. Stat Area 5-03 **Flood Plain** Yes No

Building No

Owner (This section is required.)

Search Reset Clear

Name BLACK
Address Line 1 12100 DUSK VIEW CT

Address Line 2

Address Line 3

Mail City

CLARKSVILLE

Mail State

MD

Mail Zip Code

21029

Phone

410-531-3588

Primary

Yes

E-mail

HILURONI@VERIZON.NET

Cell Number

410-531-3588

Fax Number

Professionals (This section is not required.)

License #

0

License Type

Property Owner

Primary

Yes

Business Name

OWNER TO ACT AS CONTRACTOR

First Name

LUTHER

Middle Name

Last Name

BLACKWELL

Address Line 1

Address Line 2

City

State

MD

ZIP Code

Phone 1

Phone 2

Fax

E-mail

Applicant (This section is not required.)

Search

As Owner

As Lic. Prof

As Contact

Type

Applicant

Relationship

Applicant

Primary

Yes

First Name

LUTHER

MI

Last Name

BLACKWELL

Full Name

BLACKWELL LUTHER M TRUSTEE

Organization Name

Street Address

12100 DUSK VIEW CT

Address Line 2

City

CLARKSVILLE

State

MD

Zip Code

21029

Phone

410-531-3588

Cell

Fax

E-mail

HILURONI@VERIZON.NET

Addtl Info

Est Construction Cost

19845

Housing Units

0

Number of Buildings

0

Public Owned

No

Construction Type

329 - Structures Other Than Buildings (Retaining Walls/Tents)

PAVILION

PAVILION INFORMATION

Capital Project-No Fee

Yes No

Capital Project Number

(Text)

Fee Exempt

Yes No

Roadside Tree Project Permit

Yes No

Roadside Tree Project Permit #

(Text)

Existing Use

SFD

Total Square Footage

▼ 320

Water Supply

SQFT (Number) Private

Sewage Disposal

▼ Private

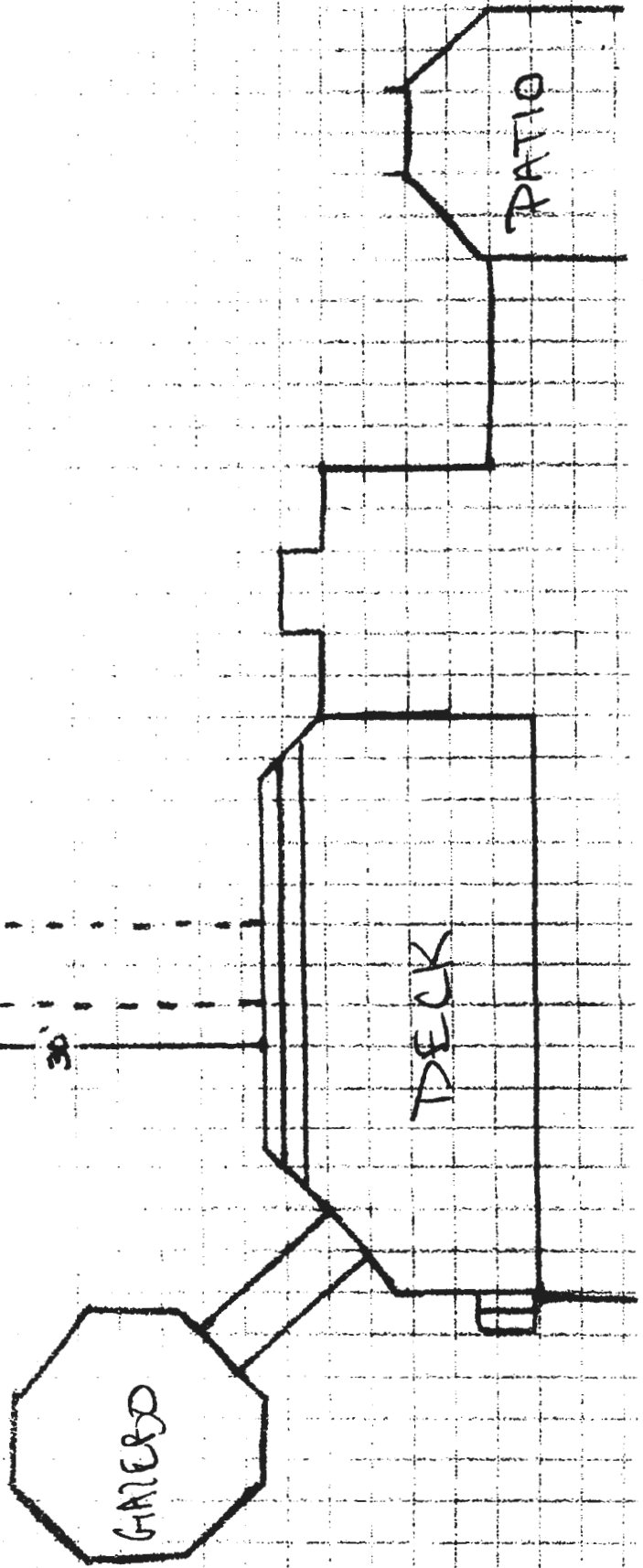
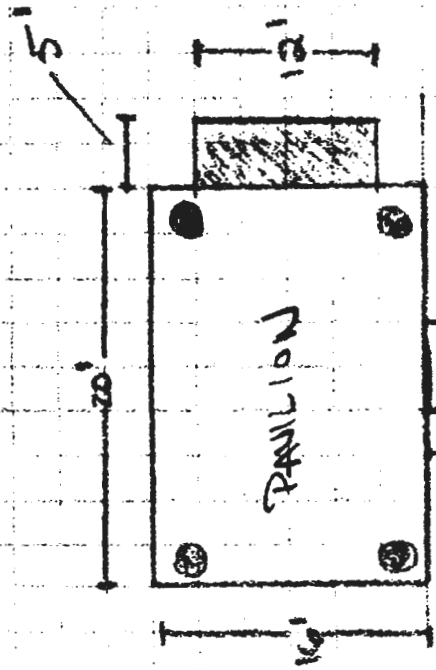
Expiration Date

▼ 2/1/2025



Submit

Cancel





PROPOSAL

Proposal is valid for 30 days.

www.mysheds.com
 E: info@mysheds.com
 P: (610) 593-7700
 HIC # PA024682

Date
 Jul 17, 2024

Quote #
 Q-19420

Address	12100 Duskview Court Clarkesville, 21029 MD	
Prepared For	Luther Blackwell	Rep Danielle Stoltzfus
Phone	(410) 531-3588	Rep Phone (610) 593-7700
Email	hiluroni@verizon.net	Rep Email danielle@mysheds.com

COLORS

Structure	Trim	Roof	Shutters	Doors	Windows	Garage Door

ITEMS

Product	Qty	Sales Price	Total Price
16' x 20' Classic Vinyl Pavilion (4 posts) Color: White Roof Color: Standard Features : -Our Vinyl Pavilions are made from #1 grade treated southern yellow pine and covered in high quality vinyl. - 8x8 Posts w/ White Vinyl Sleeves over Treated Wood -The posts come with a powder-coated bracket at the bottom to attach directly onto your concrete pad or wood deck and is covered with a decorative skirt for a finished look. -The braces add the stability needed to resist high winds. Our decorative post trim covers all the connections for a clean appearance. -The roof is engineered with 2x6 16" OC rafters for structural integrity. - 10" Roof Overhangs -We use white vinyl for the ceiling to create a beautiful look -The roof comes with architectural asphalt shingles.	1.0	\$17,520.00	\$17,520.00
Electrical Includes wiring for 1 outlet, 1 switch and pigtail for customer installed fan/light. (Hooking up the wiring to the main power and connecting wires for outlet, switch,	1.0	\$375.00	\$375.00

Product	Qty	Sales Price	Total Price
and ceiling fan to be done by customer's electrical contractor for permitting reasons)			
Labor to Build On-Site/Freight included in base price	1.0	\$0.00	\$0.00
(4) Excavation for Piers 18" Wide x 36" Deep Concrete Piers Filled With Concrete (3500 PSI) Price Includes Labor and Machine to Dig Holes NOTES, PLEASE READ CAREFULLY: - Customer is Responsible to Confirm Final Placement of Foundation With Concrete Crew Before Any Digging is Started. - Price is Based On Site Being Within 10' Off Level, If Site is More Than 10" Off Level Additional Charge Will Apply. If Site is More Than 10" Off Level, (Custom Quote) - Additional Charge Will Apply If There Is No Access For Trucks. - Additional Charge Will Apply If Soil is Unsuaitable In Footers. - Additional Charge Will Apply If We Hit Rock/Boulders or Any Other Unknown Obstacles That Could Involve Extra Labor, Materials or Other Equipment to Get The Foundation Done. - Anything That May Obstruct or Hinder the Construction Of The Foundation is Customers Responsibility. NOTE All Dirt is Intended to Use Around Foundation, If Dirt Needs Hauled Out Additional Charge Will Apply. DAMAGE WAVIER: - Stone and Concrete Trucks Require Access to Site, Any Damage Caused By Heavy Vehicles or Equipment is Customers Responsibility. - If Customer Does Not Want Concrete Trucks Driving on The Property a Concrete Pump Can Be Ordered For Approx. \$1400 Additional Cost. - Any Damage That May Occur to, Tree or Shrubbery Roots, Underground Wires or Water/Sewer Pipes is Customers Responsibility.	1.0	\$2,490.00	\$2,490.00
Repeat Customer Discount	1.0	(\$540.00)	(\$540.00)

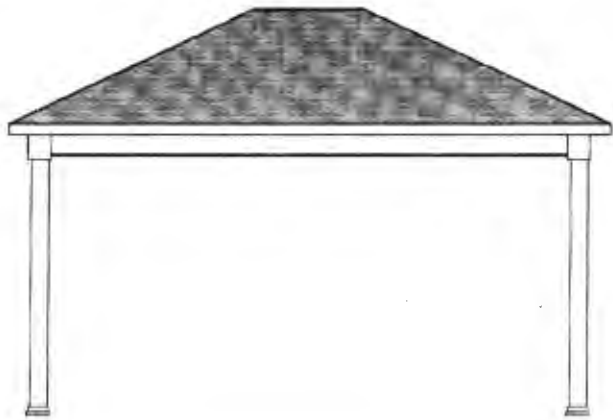
Subtotal \$19,845.00
Sales Tax \$0.00
Total \$19,845.00

ACCEPTANCE OF PROPOSAL

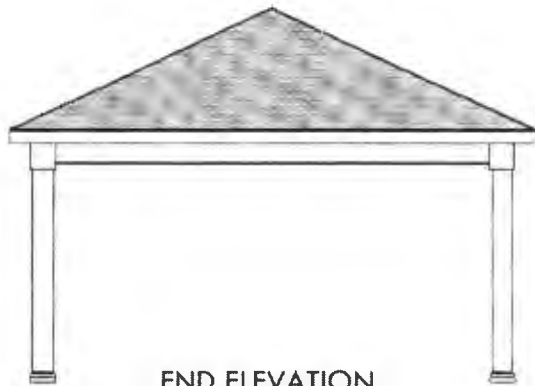
The above prices, specifications, and conditions are satisfactory and are hereby accepted.

SIGNATURE _____

DATE _____



SIDE ELEVATION



END ELEVATION

USP MSTA30 STRAP-
ATTACH EVENLY ACROSS OUTSIDE
FACE OF RAFTER PLATE w/ (22) 10d NAILS
(TYPICAL AT FOUR CORNERS)

2x8 rafters spaced @16" o.c.

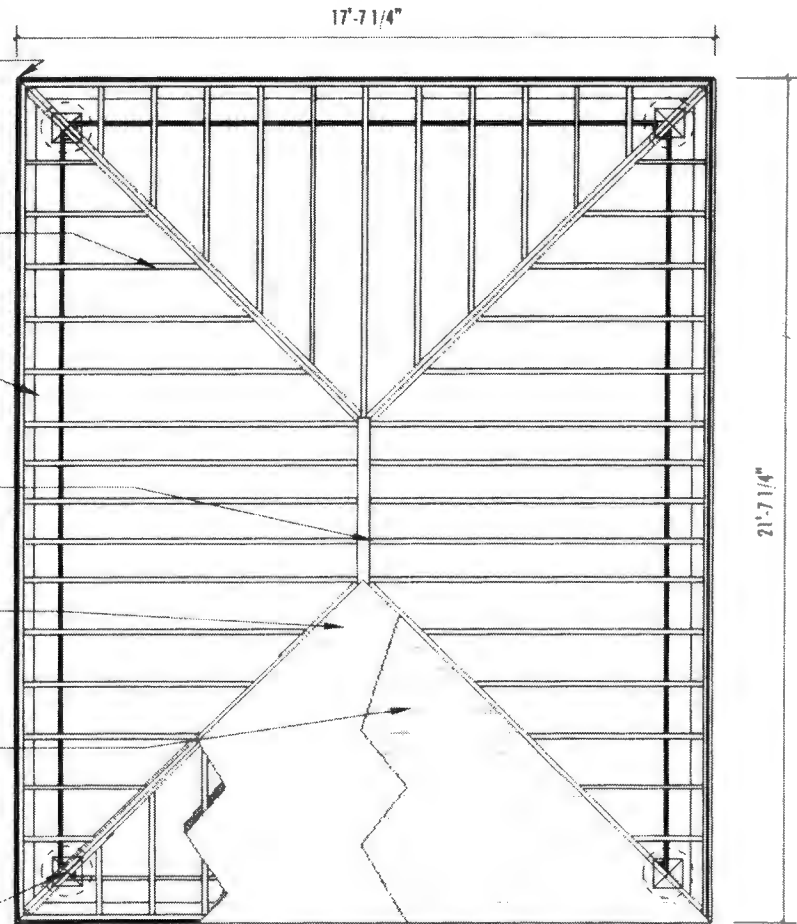
2x4 & 2x8 rafter plate

Double 2x10 Ridgepole

1/2" Sheathing

30 year asphalt shingles

posts underneath



ROOF FRAMING PLAN

PERMIT NUMBER: B

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: 12100 Dusk View Court		Unit:
City: Clarksville	State: MD	Zip Code: 21029
Subdivision/Village/Complex Name: Clear View		SDP/WP/BA #:
Lot: 27	Tax Map:	Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$ 19,345
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Construct 16'x20' Pavilion, Brick Foundation		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Luther M Blackwell	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12100 Dusk View Court	
City: Clarksville	State: MD Zip Code: 21029
Phone: 410-581-2985	Email: lblackwell@clearview.net

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Same as home owner	Contact Name:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

CONTRACTOR INFORMATION REQUIRED

Business Name: Same as home owner	License #:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

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: <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width: Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupiable Area: sq ft	

AGREEMENT/ DISCALIMER REQUIRED

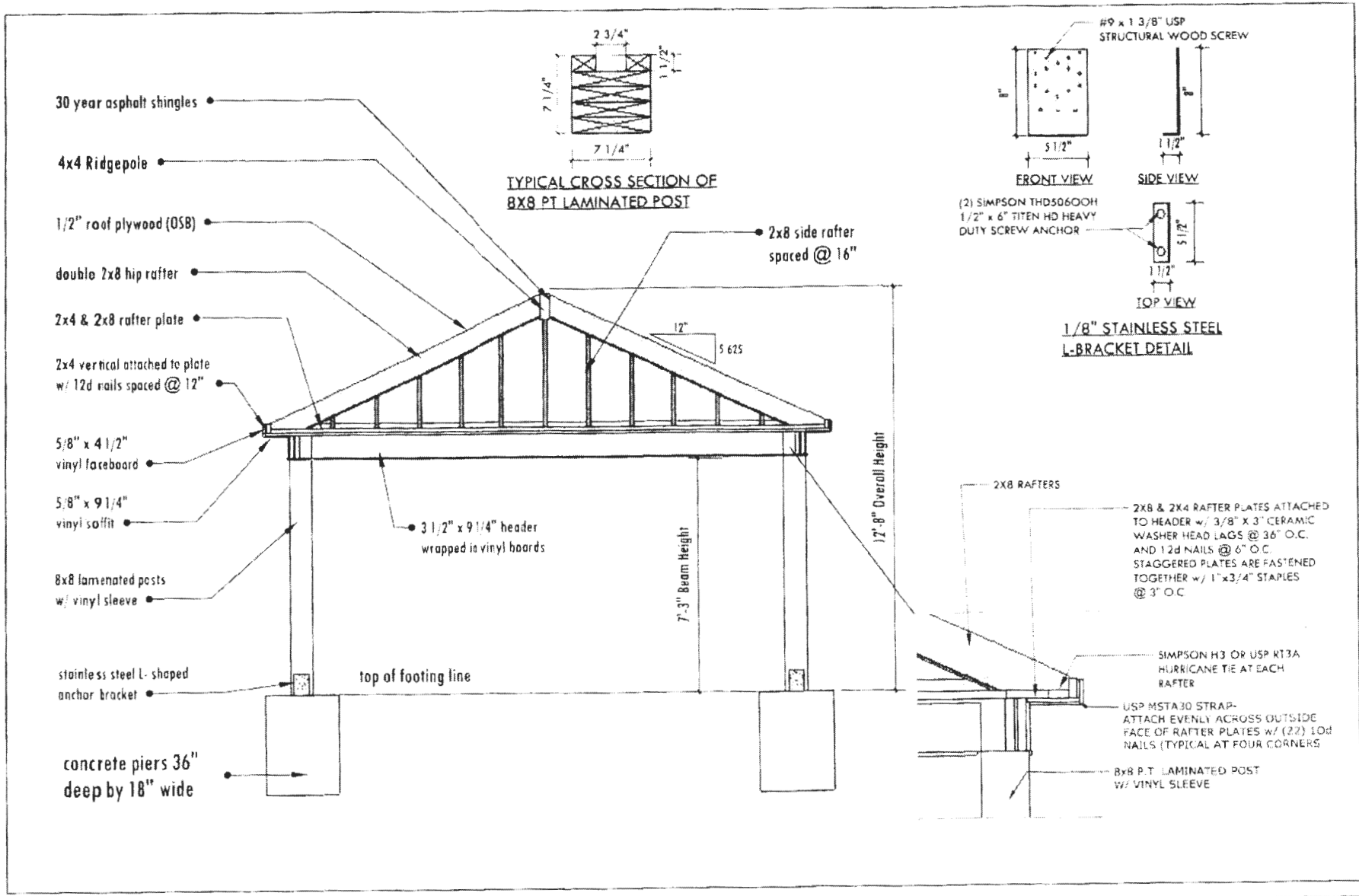
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: Luther M Blackwell SIGNED: [Signature]

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:		



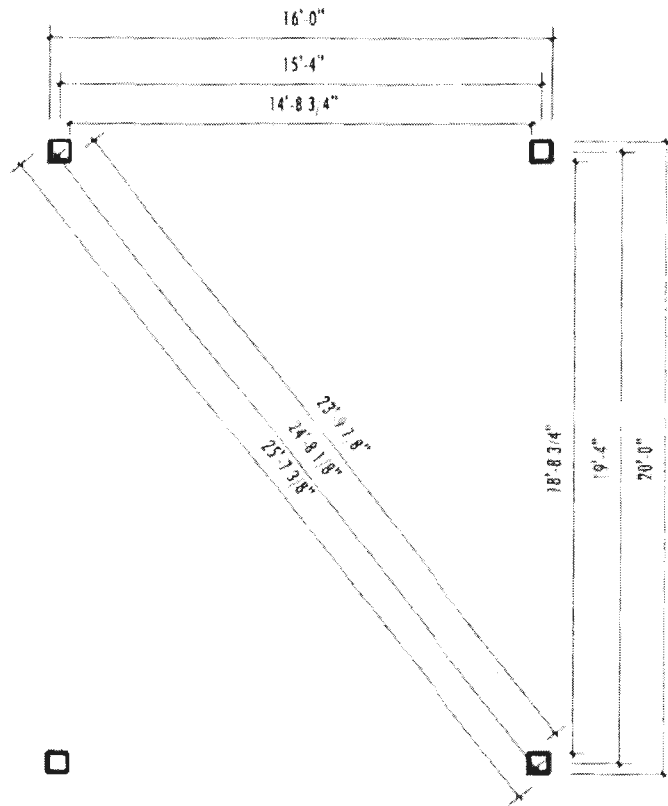
PENCROFT

16' x 20' Hip Vinyl Pavilion Modern

PAGE #2

July 17, 2024

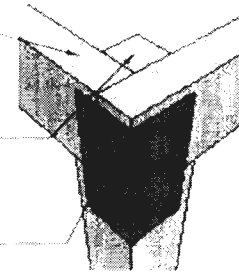
Posts Layout



3 1/2" x 9 1/4" HEADER

3 3/4" x 3 3/4" PEICE OF POST COMES TO TOP OF HEADERS

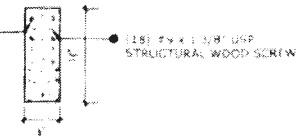
1/8" STAINLESS STEEL BRACKET TO ATTACH HEADERS TO POST



POST TO HEADER ATTACHMENT

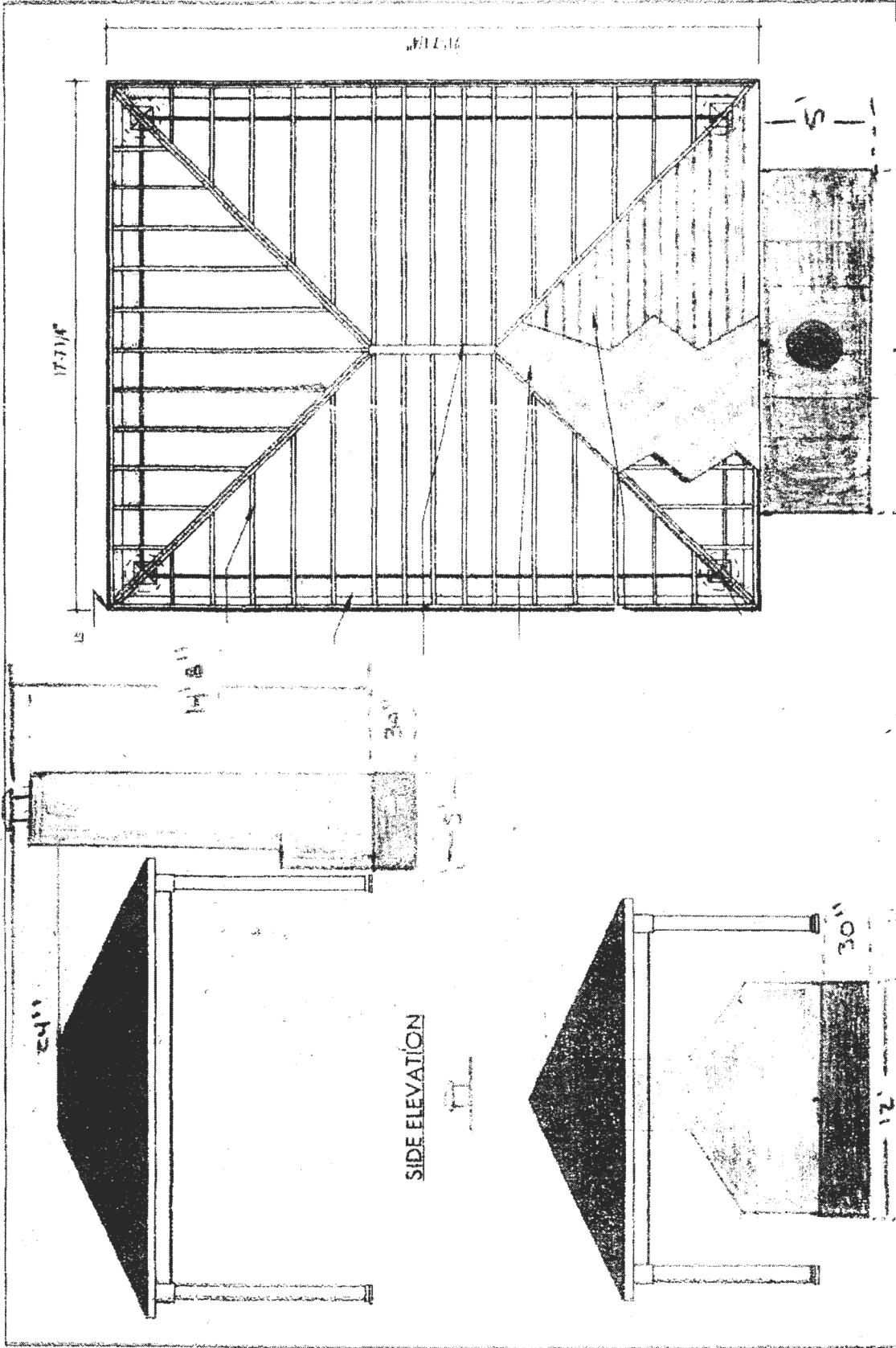
NO SCALE

(4) 3/8" x 8" GRK RSS SCREW THROUGH HEADER INTO POST



1/8" STAINLESS STEEL BRACKET ONE SIDE DETAIL

NO SCALE

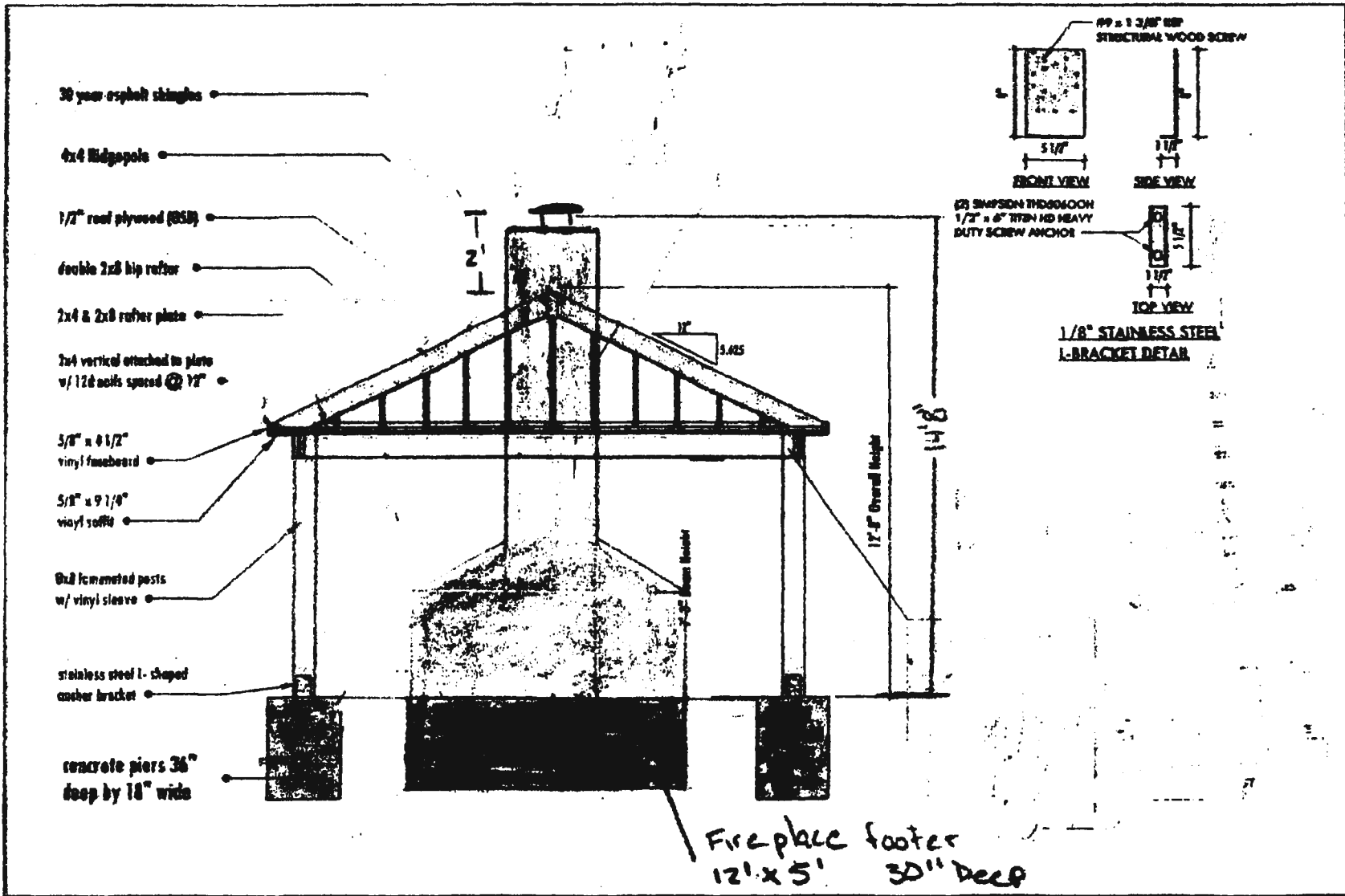



PAGE #1

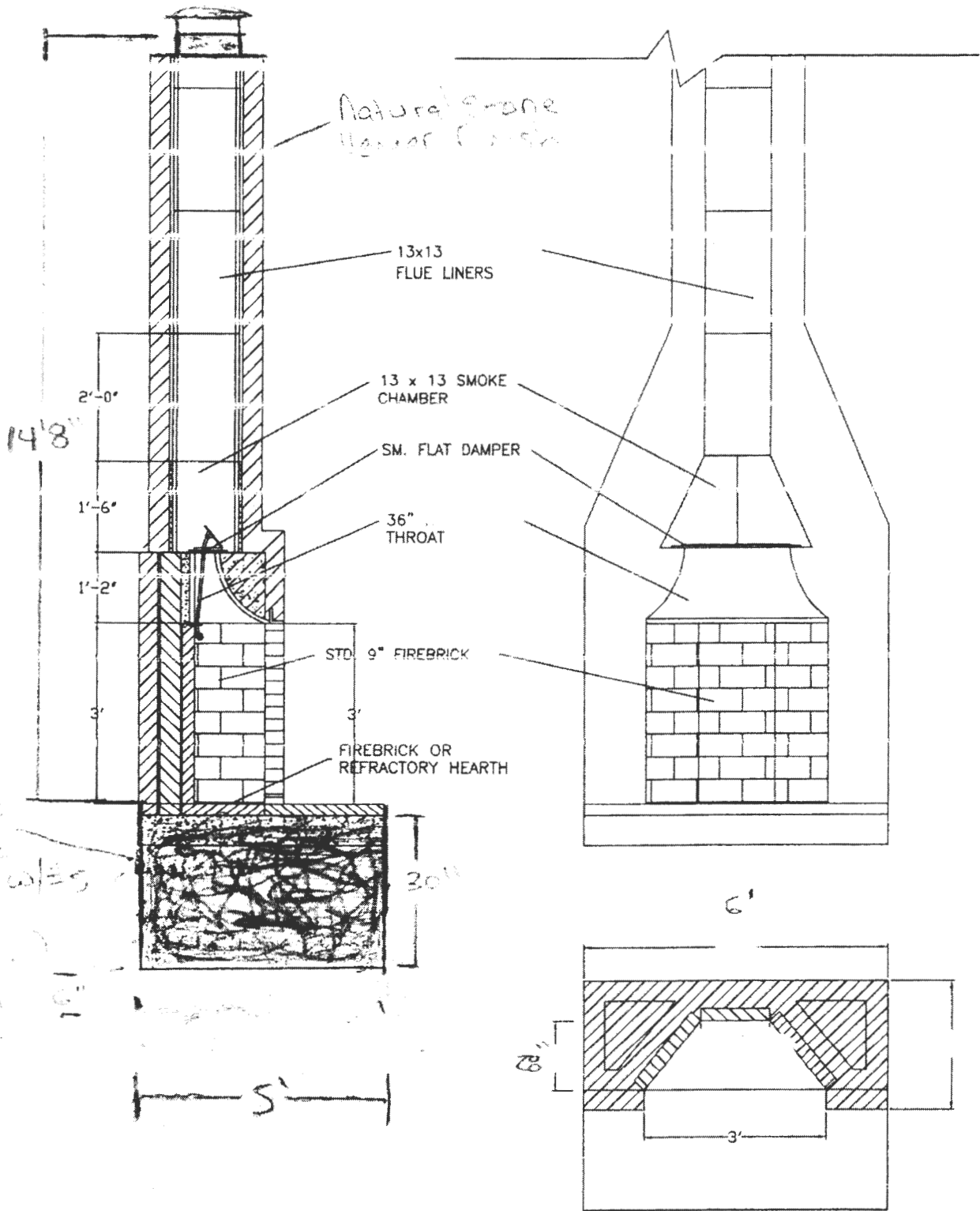
July 17, 2024

16' x 20' Hip Vinyl Pavilion Modern
Fire place - wood burning

PENCROFT



 PENCROFT	16' x 20' Hip Vinyl Pavilion Modern <i>Fireplace - wood burning</i>	PAGE #2
		July 17, 2024



Footed
 Concrete
 Footing w/ rebar
 Rebar
 Gravel
 Base

48"

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Pavilion Permit Number B24002857 Opened Date 08/01/2024 Description of Work SFD/ CONSTRUCT 16' X 20' PAVILLION ON BRICK FOUNDATION**PAVILION MUST BE ANCHORED, SUBJECT TO FIELD INSPECTION**/* AMENDMENT REQUEST 8.15.24 TO CHANGE LOCATION OF PAVILION TO CLOSER TO THE HOUSE*

Amendment ME Approved MOC 9/4/24

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner Street # 12100 Street Name DUSK VIEW Street Type CT Unit Type -Select- Unit # -76.93018 X Coordinate 39.22554 Y Coordinate City CLARKSVILLE State MD Zip Code 21029 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner GIS ID * 881470 Parcel 356 Parcel Area 3.13 Land Value 370900 Improved Value 823200 Exemption Value 504400 Plan Area RURAL Legal Description LOT 27 3.132 A []12100 DUSK VIEW CT []CLEARVIEW EST SEC 2

check spelling

Block 27 Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone Plan Area State Tax Id 1405413931 Subdivision Name CLEARVIEW ESTATES Section Area Tax Map 29 Grid 29-13 Zoning District RC-DEO ADC Map 4934-B4 SDP No. Final Plan No. WP File No. Record Plat No. 9716 WS Contract No. FDP No. Primary Yes Owner Occupied 0 Yes 0 No Year Built 1993 Historic District 0 Yes 1 No Historic District Registry No. 5-03 Stat Area Flood Plain 0 Yes 1 No Building No

Owner * (This section is required.)

Search Reset Clear Name * BLACK Address Line 1 12100 DUSK VIEW CT

Address Line 2

Address Line 3

Mail City
CLARKSVILLE
Mail State
MD
Mail Zip Code
21029

Phone
410-531-3588

Primary
Yes

E-mail
HILURONI@VERIZON.NET

Cell Number Fax Number
410-531-3588

Professionals (This section is not required.)

License # *	Business Name		
0	OWNER TO ACT AS CONTRACTOR		
License Type *	First Name	Middle Name	Last Name
Property Owner	▼ LUTHER		BLACKWELL
Primary	Address Line 1		
Yes	▼ Address Line 2		
	City	State	ZIP Code
		MD	
	Phone 1	Phone 2	Fax
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	▼ LUTHER		BLACKWELL
Relationship	Full Name		
Applicant	▼ BLACKWELL LUTHER M TRUSTEE		
Primary	Organization Name		
Yes	▼ Street Address		
	12100 DUSK VIEW CT		
	Address Line 2		
	City	State	Zip Code
	CLARKSVILLE	MD	21029
	Phone	Cell	Fax
	410-531-3588		
	E-mail *		
	HILURONI@VERIZON.NET		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
19845	0	0	No
Construction Type	▼		
329 - Structures Other Than Buildings (Retaining Walls/Tents)			

PAVILION

PAVILION INFORMATION

Capital Project-No Fee * Yes No
Capital Project Number (Text)
Fee Exempt * Yes No
Roadside Tree Project Permit * Yes No
Roadside Tree Project Permit # (Text)
Existing Use * SFD
Total Square Footage *
Water Supply Private
Sewage Disposal Private
Expiration Date

Submit **Cancel**

Name of Requestor: Luther M. Blackwell
Street Address: 12100 Dunk View Court
City, State, Zip: Clarksville, MD 21029
Date: _____

Amendment, Permit # B24002857

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

3.2.2024 10:15 AM

Dear Ms. Whalen:

I am requesting to amend Permit # B24002857 at

12100 Dunk View Court, Clarksville, MD 21029 to

(Site Address)

Pavilion location changed - move closer to
house

Enclosed:

Fee: _____
 Plot Plans
 Sets of Construction Drawings
 Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,

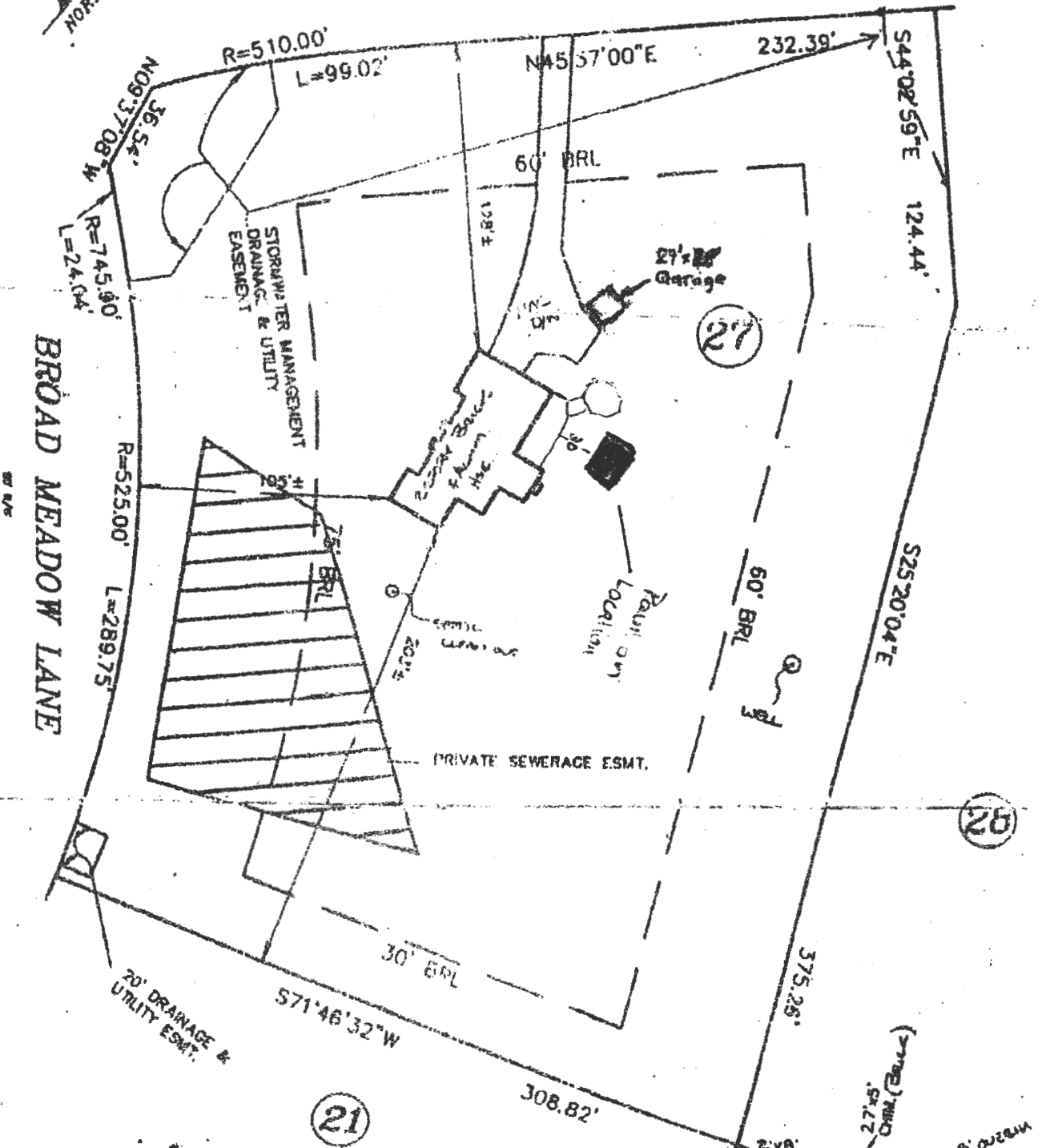
Name: Luther M. Blackwell

Title: Home Owner

Phone and/or Email (H) 410-531-3588

DUSK VIEW COURT

50' R/W



12100 DUSK VIEW COURT
LOT 27
CLEARVIEW ESTATES
 PLAT NO. 9716
 5th ELECTION DISTRICT

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT
 ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD
 INFORMATION. THIS MAP IS TO BE USED FOR THE PURPOSES