DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00134983

Building Address: 7416 Cherry Tree Drive
Clarksville, MD 21029
Suite/Apt.: — SDP/WP/Petition: Hopkins Meade
Census Tract: 605102 Subdivision: Moorefield
Section: 5 Area: 42431SE Lot: 3
Tax Map: 41 Parcel: 357 Grid: 8/14
Zoning: RRDEO Map Coordinates: 18J2 Lot size: 0.97 Acre

Property Owner's Name: SANDOR & KAVITA MESTER
Address: 7416 Cherry Tree Drive
City: Clarksville State: MD Zip Code: 21029
Home Phone: 301-497-4398 Work Phone: 240-228-3496
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: $ 25,000.00
Description of Work: Kitchen and Laundry room expansion - Approx. 400 SF. 18'x35' (INFORM) SEE PLOT PLAN)

Contractor Company: OWNER
Contact Person: "AS ABOVE"
Address
City State Zip Code
License No.
Phone Fax

Occupant or Tenant: OWNERS
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company: RETD. CIVIL ENGR.
Contact Person: PRADEEP C. GOEL
Address: 2 BEECH HILL DR.
City: NEWARK State: DE Zip Code: 19711
Phone: 302-234-0840 Fax

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics (EXISTG)

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:	28 Ft	44 Ft
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 5

Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:

Other Structure: Shed
Dimensions: 10'x12'
Footings: Conc. slab.
Roof: Asphalt Shingles
____ State Certified Modular
X Manufactured Home

Utilities

Water Supply:
____ Public
X Private
Sewage Disposal:
____ Public
X 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.

Applicant's Signature — *Print Name*: KAVITA G. MESTER

Title/Company: OWNER — *Date*: 3-20-02

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

FOR OFFICE USE ONLY

WORK	SIGNATURE/APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Plot Plan		Front	
Site Plan		Rear	
Building		Side	
Electrical		Side	
Plumbing		Aluminum Siding	
Heating		VSM No.	
Mechanical		Insulation Manufacturer	
		VSM No.	
		Electric Service	
		VSM No.	
		Fire Sprinkler Information	
		SP/PC Sheet Number	

Grant DD DZ Filing DD DZ Bnk Grant Grid Sect

3/22/02

Rev. 01/00