

Approved 1/30/23

140.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B23000285	01/29/2023

Description of Work
 SFD//CONSTRCT A 15'X22' SUNROOM W/(2) LANDINGS & STAIRS. THERMALLY ISOLATED, 1 STORY, Post & Pier, 1R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A, undefined.

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
7107	BROOKSHIRE	LN
Unit Type	Unit #	X Coordinate Y Coordinate
--Select--		-76.93309 39.17544
City	State	Zip Code Primary
CLARKSVILLE	MD	21029 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
850316	475	40000	269500	794400	524900	RURAL

Legal Description
 IMPSLOT 15 40,000 SQ[]7107 BROOKSHIRE LN[]ASHLEIGH KNOLLS PHASE 1

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	15	605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405416132						
Section	Area	Tax Map					
		41					
Grid	Zoning District	ADC Map					
41-7	RR-DEO	5052-A2					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
11120			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1995	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *
 COLEY KATIA T
Address Line 1
 7107 BROOKSHIRE LN
Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
CLARKSVILLE	MD	21029
Phone	Primary	
443-621-8830	Yes	
E-mail		

Cell Number Fax Number

Professionals (This section is not required.)

License # *	Business Name		
08010092404	NORTH AMERICAN DECK & PATIO EXPERTS		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	ROBERT		LOEWY
Primary	Address Line 1		
Yes	LLC		
	Address Line 2		
	312 HIGHLAND TERRACE		
	City	State	ZIP Code
	PRINCE FREDERICK	MD	20678-0000
	Phone 1	Phone 2	Fax
	3019282627		2406529373
	E-mail		
	DECKMAN65@COMCAST.NET		

Applicant (This section is not required.)

Search	As Owner	As Lic. Prof	As Contact
Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
No	APPLIED & APPROVED PERMITS LLC		
	Street Address		
	P.O. BOX 310		
	Address Line 2		
	City	State	Zip Code
	PERRY HALL	MD	21128
	Phone	Cell	Fax
	443-340-1229		
	E-mail *		
	MICHELLE@APPLIEDANDAPPROVED.COM		

Contact (This section is not required.)

Search	As Owner	As Lic. Prof	As Contact
Type	First Name	MI	Last Name
Contact	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
Yes	APPLIED & APPROVED PERMITS LLC		
	Street Address		
	P.O. BOX 310		
	Address Line 2		
	City	State	Zip Code
	PERRY HALL	MD	21128
	Phone	Cell	Fax
	443-340-1229		
	E-mail		
	MICHELLE@APPLIEDANDAPPROVED.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
30000	0	0	No
Construction Type			
--Select--			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *
1	Post & Pier	N/A	1	0
Model *			Half Baths *	Existing Use *
			0	Existing Structure

SFD//CONSTRCT A 15'X22' SUNROOM W/(2) LANDINGS & STAIRS. THERMALLY ISOLATED

[check spelling](#)

Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *	
None	0	N/A	0	--Select--	N/A	
W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *	
<input type="radio"/> Yes <input type="radio"/> No	Private	Private	Electric	Electric	None	
1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height
FT	FT	FT	FT	FT	FT	FT
Total Square Footage *	Occupiable Square Footage *	Affordable Housing Funding *		Foundation Measurement	Footings	
330	SQFT 0	SQFT --Select--				
Walls	Roof	Change In Use	Grading Permit No			
		<input type="radio"/> Yes <input checked="" type="radio"/> No				

Additional Description Info

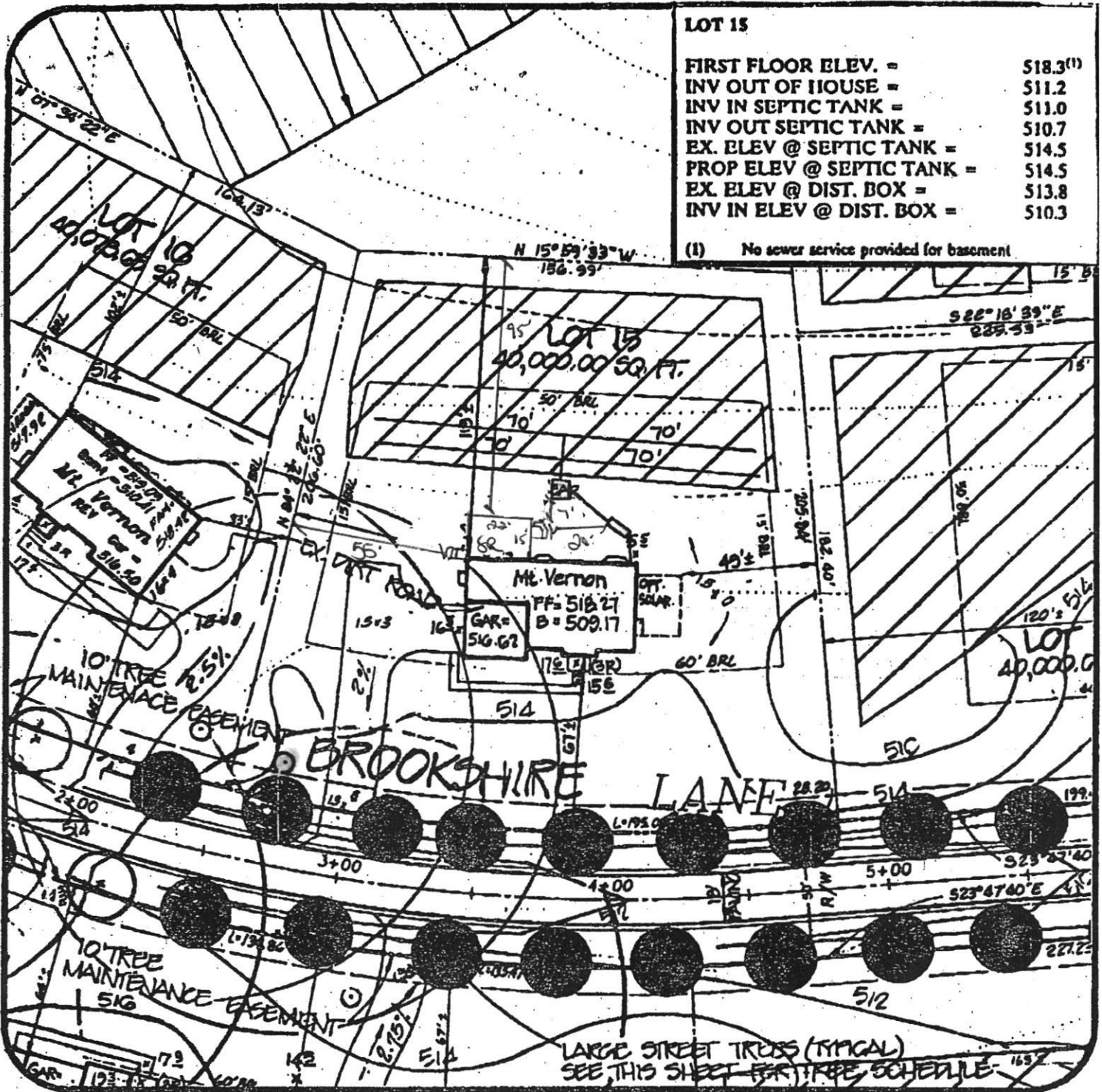
Expiration Date
7/29/2023

[check spelling](#)

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Cancel



Ashleigh Knolls
Lot 15

DATE: 5/4/94

DRAWN BY: TJP

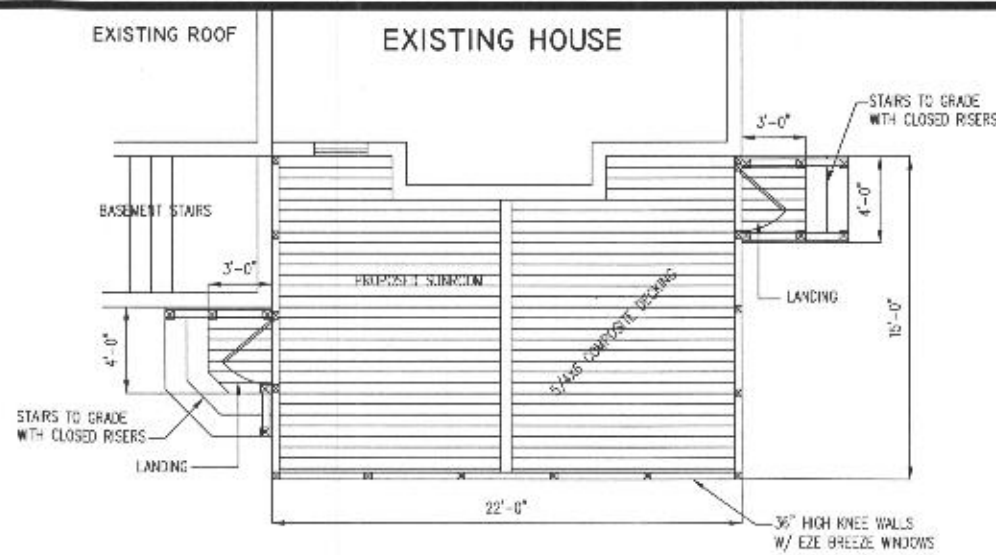
PROJECT NO.: 82021-09

SCALE: 1" = 50'

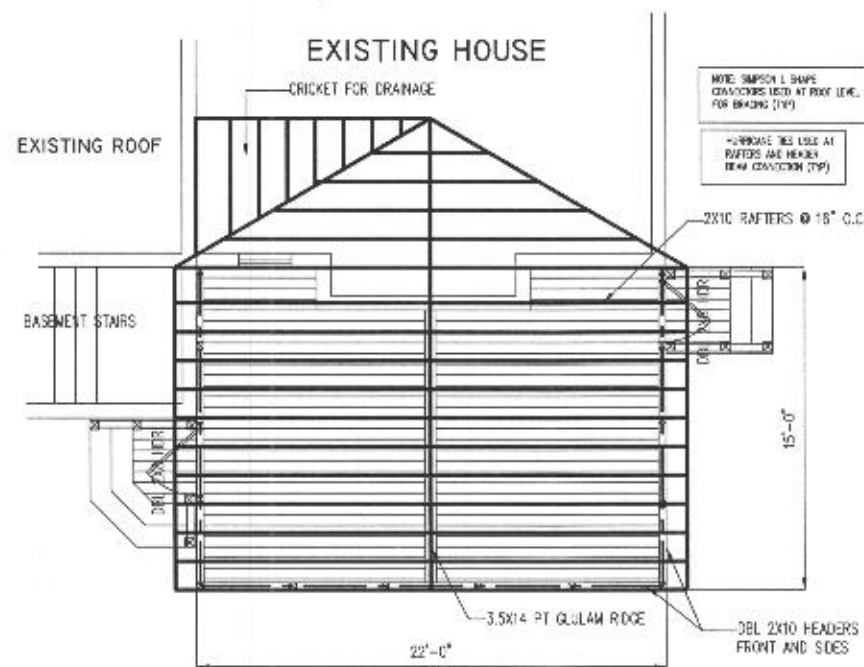
MILDENBERG, MOCHI & ASSOCIATES, INC.
 ENGINEERS • SURVEYORS • PLANNERS

3300 North Ridge Road, Suite 235
 Elicott City, Maryland 21043-3350

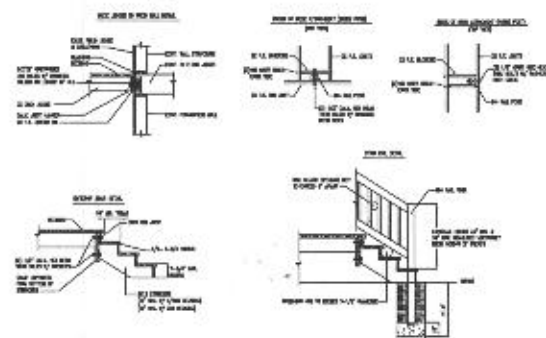
(410) 461-0078 D.C. Metro: (301) 621-5768
 Fax: (410) 750-6340



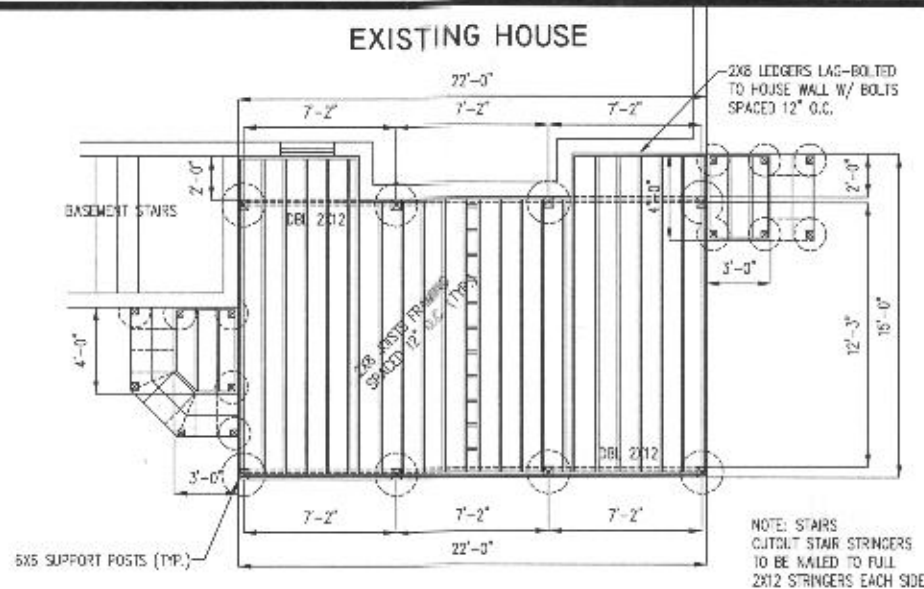
01 PROPOSED SUNROOM
SCALE: 1/4" = 1'-0"



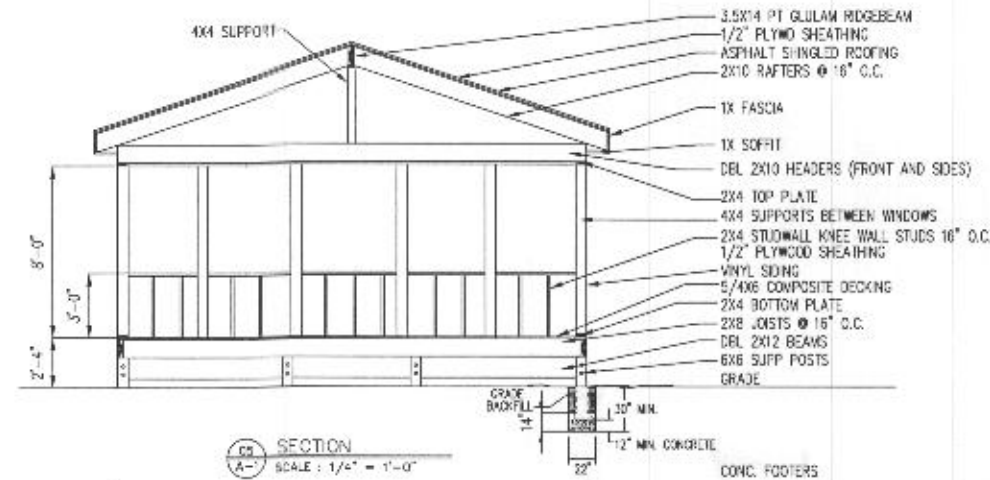
02 ROOF FRAMING
SCALE: 1/4" = 1'-0"



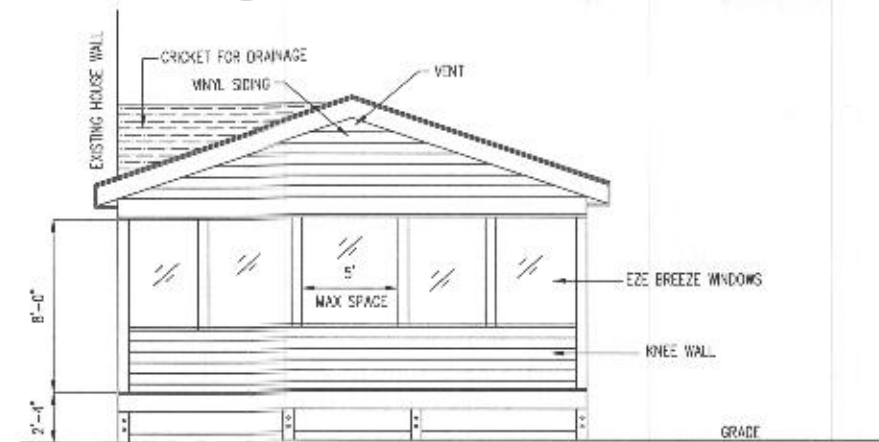
04 M.S.C. DETAILS
SCALE: NTS



03 DECK FRAMING
SCALE: 1/4" = 1'-0"



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



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

RICHARD MILLS
ARCHITECTURAL DRAFTING
SERVICE
CAD Services

Drawn: rfm@verizon.net
Oxon Hill, Maryland 20745
Tel: (240)882-6456

CONSTRUCTION
**NORTH AMERICAN
DECK & PATIO**

Project

PROPOSED SUNROOM PLAN
COLEY RESIDENCE
7107 BROOKSHIRE W.
CLARKSVILLE, MARYLAND 21029

No.	Revision/Issue	Date

Consultants

Sheet Title

ARCHITECTURAL PLANS

Project No.	Sheet
Date 1-24-23	A-1
Drawn By RFM	
Scale AS SHOWN	