

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

309000897

Building Address <u>5690 Chamblis Dr</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Beardmonte Est.</u> Section _____ Area _____ Lot <u>7</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size <u>3.12 A</u>	Property Owner's Name <u>Ronald Smith</u> Address <u>5690 Chamblis Dr</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Phone <u>410 537 525</u> Phone <u>410 977 4732</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____ <u>410 977 4737</u> <u>410 290 9057</u>
Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Detached Garage</u> Estimated Construction Cost \$ <u>32,000.00</u> Description of Work <u>Detached garage</u> <u>32x40 32x38</u>	Contractor Company <u>Some 35 owner</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Detached Garage</u> Dimensions: <u>32x38</u> Footings: _____ Roof Height: <u>7.0'</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

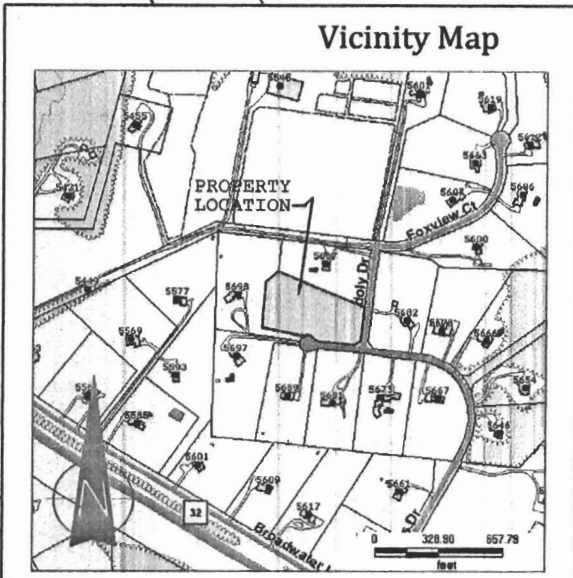
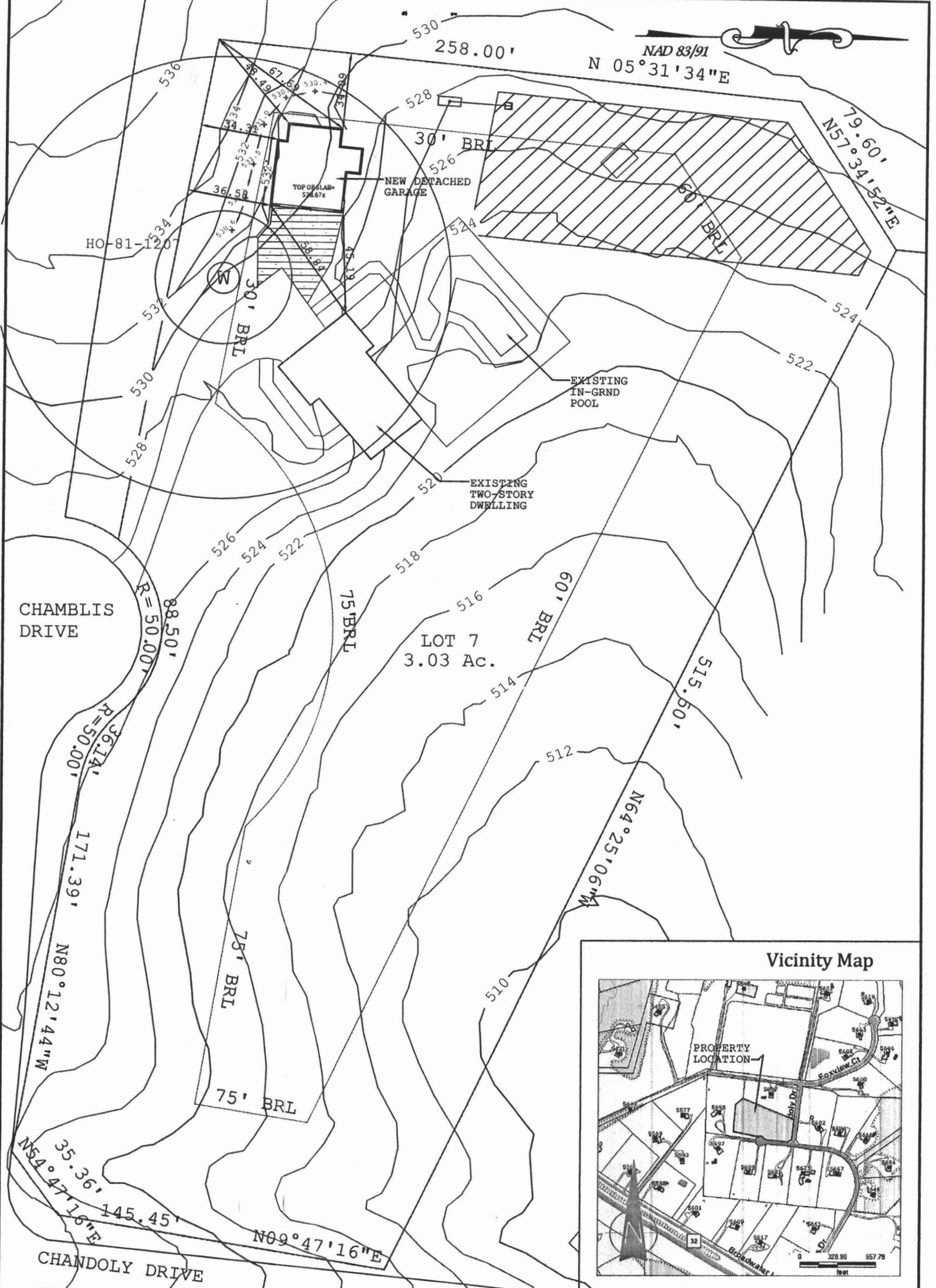
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

Ronald Smith Ronald L Smith
 Applicant's Signature Print Name

 Title/Company Date 5/1/09

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5-11-09</u>	<u>Dana Bernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	




APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING.

Chief, Development Engineering Division _____ Date _____

Director _____ Date _____

PROJECT NAME AND ADDRESS:

The Smith Residence
 5690 Chamblis Drive, Lot 7, Broadwater Estates
 Map 28 Parcel 308
 Clarksville, MD. 21029-1129
 Zoned RC-DEO
 Liber: 01400/ Folio:0665

 This area designates a private sewerage easement of at least 10,000 sf as required by the Maryland Department of Environment for individual sewerage disposal. Improvements of any nature in this area are restricted. This easement shall become null and void upon connection to a public sewerage system. The county Health Officer shall have authority to grant adjustments to the private sewerage easement. Recordation of a revised sewerage easement shall not be necessary.



APPROVED: FOR PUBLIC/PRIVATE WATER AND PUBLIC/PRIVATE SEWERAGE SYSTEMS- HOWARD COUNTY HEALTH DEPARTMENT.

Howard County Health Officer _____ Date _____

TITLE:
**IMPROVEMENT:
 DETACHED GARAGE**

DATE: 10.23.2008 SCALE: 1" = 50' SHT: 1 OF: 1

Westminster, MD

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 fax: 888.241.6034
 info@keydesignsllc.com