

File

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> B06002524	
Building Address <u>7129 Chilton Ct</u> <u>Clarksville MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			Property Owner's Name <u>Aftab Ansari</u> Address <u>7129 Chilton Ct</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>410 531 9492</u> Work Phone <u>301 594 6376</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone <u>410 531 9492</u> Fax <u>301 480 2644</u>		
Existing Use <u>Single Detached Home</u> Proposed Use <u>Single Detached Home</u> Estimated Construction Cost \$ <u>3000</u> Description of Work <u>open porch covering for</u> <u>basement entrance and stairs</u> <u>1125 sq.</u>			Contractor Company <u>C.M. General Construc.</u> Contact Person <u>Jonathan Park</u> Address <u>10705 Vista Road Columbia</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21064</u> License No. <u>92498</u> Phone <u>410 531 2235</u> Fax <u>410 531 5525</u>		
Occupant or Tenant <u>Aftab Ansari</u> Contact Name <u>Aftab Ansari</u> Address <u>7129 Chilton Ct</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Phone <u>410 531 9492</u> Fax <u>301 480 2644</u>			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> 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	<b>Utilities</b> 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" 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"/> <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: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" 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: <u>N/A</u> <input 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 THERE TO; (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.

Jonathan Park  
 Applicant's Signature  
Manager C.M. General Construction  
 Title/Company  
 Print Name  
8/2/06  
 Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/INITIALS	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Notaries			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise fee \$ _____
Dep. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>8/2/06</u>	<u>[Signature]</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 Erosion Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1150</u>
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 OFFICE	Green: LDD, DPZ	Let Coverage for NewTown Zone	Accepted by: <u>[Signature]</u>
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-Line approval date _____	Rev. 11/4/04

LOT # 11, V OF Ashleigh Knolls, SEC. \_\_\_\_\_, AREA \_\_\_\_\_  
 3152 L152E 1B2 FOLLO

WITNESS: *[Signature]* *[Signature]* 5/16/94  
 BUYER Date  
*[Signature]* *[Signature]* 5/16/94  
 BUYER Date

**APPROVED**

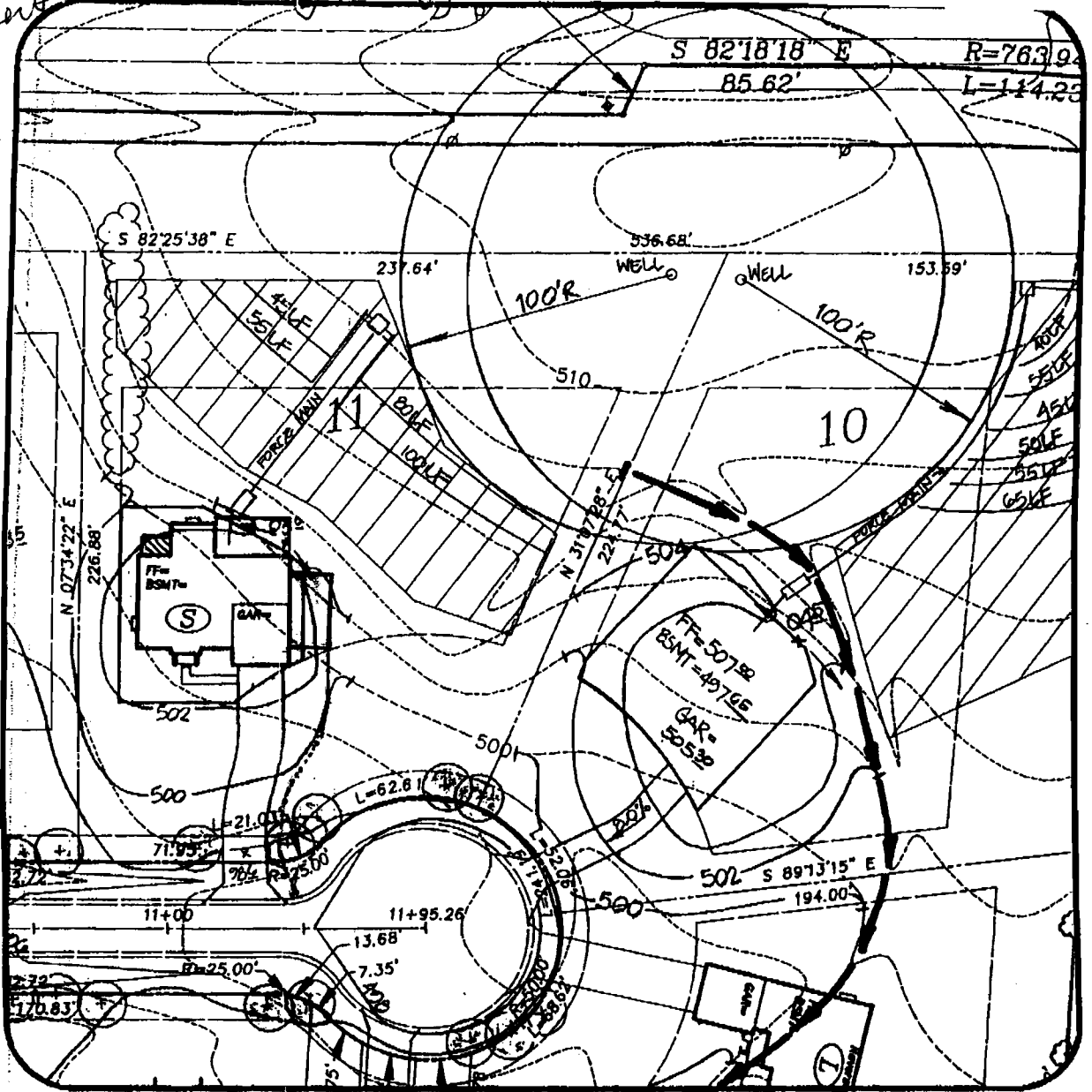
**WALK-THRU BUILDING PERMIT**

BP# \_\_\_\_\_ A# 41378  
 APP. SAN SF DATE: 8/2/00  
 DESC. OF WORK: 105 ft<sup>2</sup>

COLUMBIA BUILDERS, INC.  
 By: *[Signature]* 5/25/94  
 SELLER President Date

With the exception of Lot 10, house types on other lots are subject to change without notice.

*for basement  
 entrance.*



Ashleigh Knolls Lot 11		<b>R.M. MOCHI GROUP, P.C.</b> CIVIL ENGINEERS LAND SURVEYORS PLANNERS ARCHITECTS
DATE: 5/15/94	PROJECT NO.: 24007.00	
DRAWN BY: TJP	SCALE: 1" = 50'	3300 N. Ridge Road, Suite 235. (410) 461-0078 Elicott City, MD 21043-3305 Fax: (410) 750-6340