

Walk-Thru - Site Visit Required
HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B09002769

Building Address 13010 Route 103
CLARKSVILLE, MD 21029

Property Owner's Name ADOLF J & MARIELUKA REHM
 Address 13010 RT. 103

Suite/Apt. #: _____ SDP/WP/Petition #: _____

City CLARKSVILLE State MD Zip Code 21029
 Home Phone 410-391-8943 Work Phone 410-854-3600

Census Tract _____ Subdivision _____

Applicant's Name & Mailing Address, (if other than stated herein):
WILLIAM J NITZEL
7200 OLD FAIR LA
ELLICOTT CITY, MD 21043

Section _____ Area _____ Lot PAR 1

Phone _____ Fax _____
410-456-6660

Tax Map 3A Parcel 319 Grid 23

Zoning _____ Map Coordinates _____ Lot Size 5,006 AC

Existing Use RESIDENTIAL

Contractor Company LAURENCE CONSTRUCTION

Proposed Use RESIDENTIAL

Contact Person BILL LAW

Estimated Construction Cost \$ 30,000.00

Address _____

Description of Work ONE STORY - INFILL OF EXISTING
FRONT PORCH - VESTIBULE/ENTRANCE

City ELLICOTT CITY State MD Zip Code _____

License No. _____

Phone 410-264-7533 Fax _____

Occupant or Tenant _____

Engineer or Architect Company NITZEL CONSULTING GROUP

Contact Name _____

Contact Person WILLIAM J NITZEL

Address _____

Address 7200 OLD FAIR LA

City _____ State _____ Zip Code _____

City ELLICOTT CITY State MD Zip Code 21043

Phone _____ Fax _____

Phone 410-456-6660 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>12'</u>	Water Supply: _____ _____ Public _____ Private
No. of stories: <u>1</u>	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: <u>103</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>RESIDENTIAL</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete Structural Steel Masonry <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____ 1 st floor: <u>7'-4" x 14' x 12' ROUGH</u> 2 nd floor: <u>N/A</u> Basement: <u>N/A</u>	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input checked="" type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>3</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Other Structure: _____ Dimensions: _____ Footings: <u>CONC.</u> Roof: <u>ASPHALT SHINGLES</u>	_____ State Certified Modular _____ Manufactured Home

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.

[Signature]
 Applicant's Signature
OWNER - NCG, LLC
 Title/Company

WILLIAM J. NITZEL
 Print Name
OCT. 7, 2009
 Date

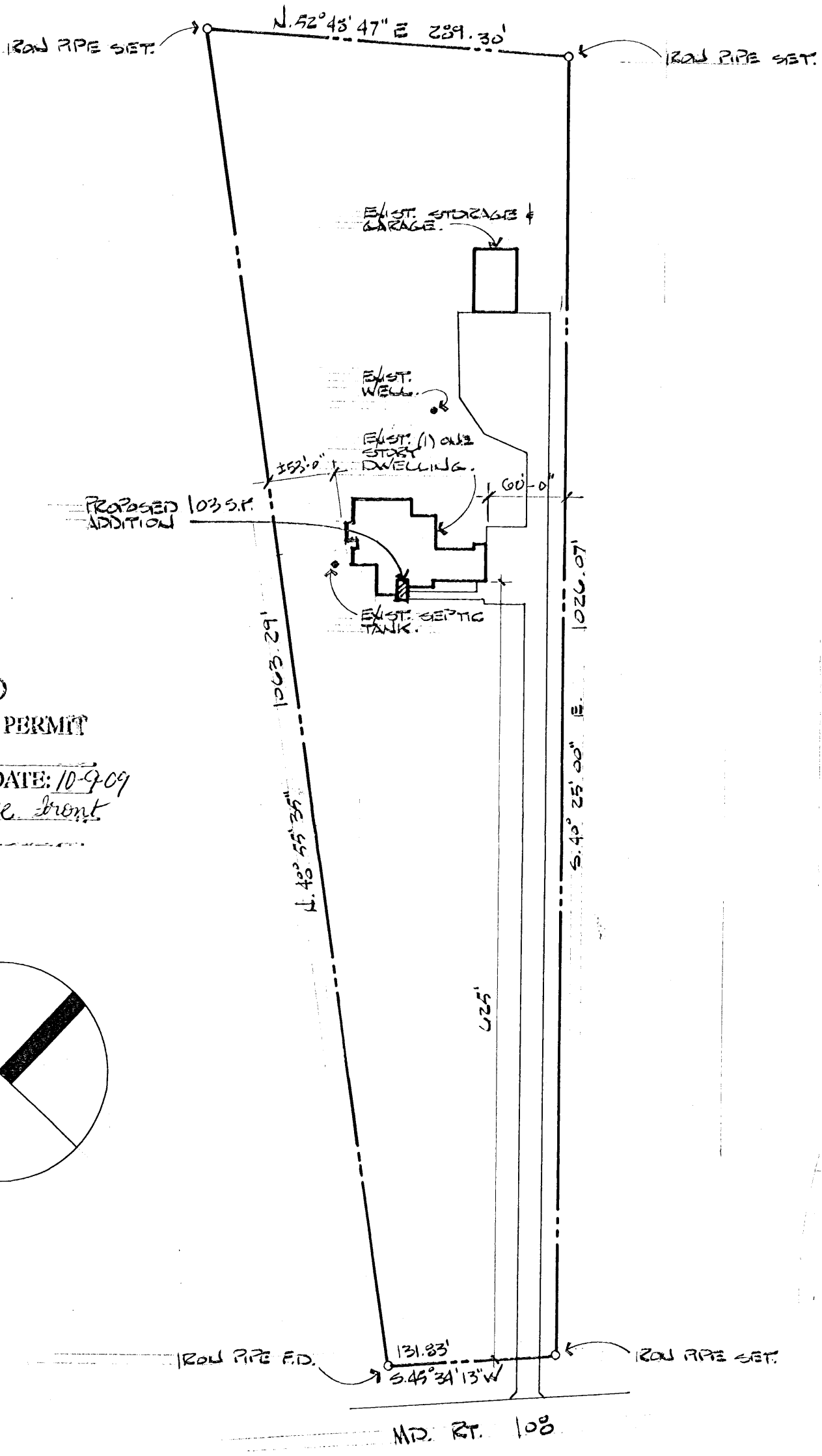
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>10-9-09</u>	<u>Dana Bernard</u>	
Fire Protection			

- FOR OFFICE USE ONLY -

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone SDP/Red-line approval date _____	Check # _____
	Validation # _____
	Accepted by _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



APPROVED

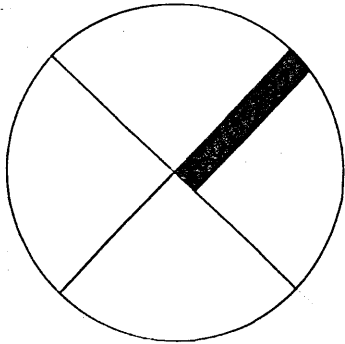
WALKTHRU BUILDING PERMIT

BP#

A#

APP. S. N. Oberhard DATE: 10-9-09

DESC. OF WORK: Enclose front porch



ADOLF J & MARIE LOUISA REHM

13010 ROUTE 108 CLARKSVILLE MD 21029

MAP - 34 GRID - 23 PARCEL - 317 LOT - PAP-1 AC. 5.000

SITE PLAN

SCALE: 1"=100'