

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

307004073

Building Address 13720 Clarksville Pike  
Clarksville MD

Property Owner's Name Doug Siglin  
 Address 13720 Clarksville Pike

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City Highland State MD Zip Code 20777

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use Single Family Dwelling  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 62,000

Contractor Company Fred C Dickson Co  
 Contact Person Fred Dickson

Description of Work Add 2 car garage w/ storage area above

Address 4597 Ruop Rd

City MT State MD Zip Code MD  
 License No. 87576  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Doug Siglin

Engineer or Architect Company N/A

Contact Name Doug Siglin

Contact Person Fred Dickson

Address 13720 Clarksville Pike

Address 4597 Ruop Rd

City Highland State MD Zip Code 20777

City MT State MD Zip Code 21771

Phone (301) 854-2698 Fax \_\_\_\_\_

Phone (410) 875-2115 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input checked="" type="checkbox"/>	
1st floor:		Private <input type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input checked="" type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D <input type="checkbox"/>	
Other Structure: _____		NFPA #13R <input type="checkbox"/>	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> 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  
Fred C Dickson Co Inc  
 Title/Company

Fred Dickson  
 Print Name  
10/03/07  
 Date

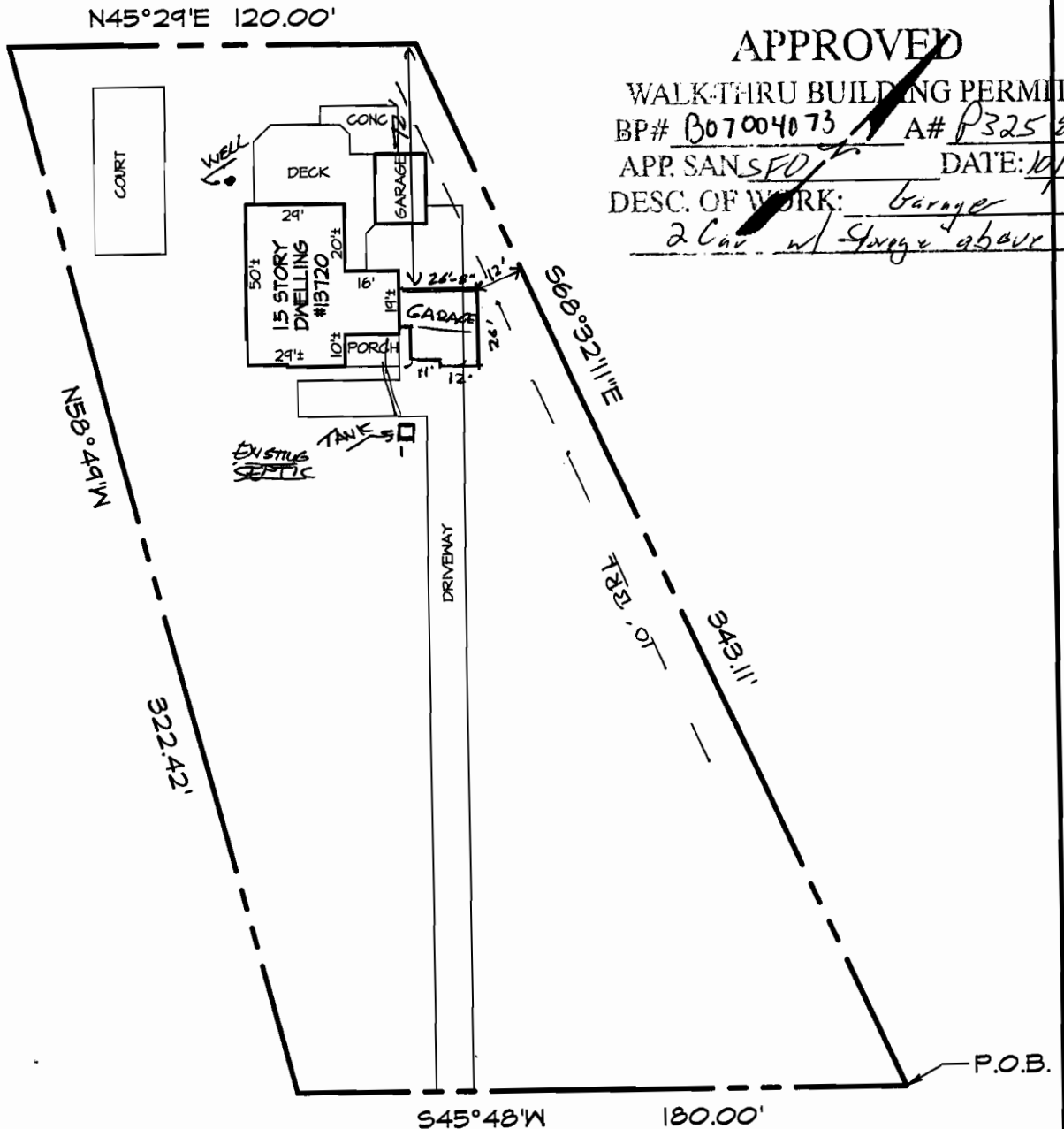
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

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>10/3/07</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 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	Lot Coverage for New/Town Zone _____	Accepted by _____
T:Forms/PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

**NOTES**

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES WITH A LEVEL OF ACCURACY OF +/- 5'.
5. THIS DRAWING WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.
6. BUILDING SETBACK LINES SHOWN HEREON WERE TAKEN FROM THE RECORD PLAT. THEIR ACCURACY IS NOT GUARANTEED.
7. LEVEL OF ACCURACY OF BUILDING DIMENSIONS IS +/- 1'.



**APPROVED**

WALK-THRU BUILDING PERMIT  
 BP# B07004073 A# P32581  
 APP. SANSFORD DATE: 10/3/07  
 DESC. OF WORK: Garage  
 2 Car w/ Storage above

**CLARKSVILLE PIKE**

**SURVEYORS CERTIFICATE**

THIS LOCATION DRAWING HAS BEEN PREPARED IN ACCORDANCE WITH THE "MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS" AS ADOPTED BY THE STATE OF MARYLAND.

1. BEING THAT PARCEL OF LAND DESCRIBED IN DEED L.3639, F. 253

*Brian R. Dietz*

BRIAN R. DIETZ  
 PROFESSIONAL LAND SURVEYOR NO. 21080

ONLY PLATS WITH THE SURVEYOR'S EMBOSSED SEAL ARE GENUINE, TRUE AND CORRECT COPIES.

3-24-15

**BRIAN R. DIETZ**  
 PROFESSIONAL LAND SURVEYOR #21080  
 7867 OAKDALE AVENUE  
 BALTIMORE MD. 21237  
 Ph 410-686-1198  
 Fax 410-682-6021

**LOCATION DRAWING**  
 of  
**13720 CLARKSVILLE PIKE**  
 HOWARD COUNTY, MD.

DRAWN: BRD    FIELD: BRD    DATE: 03-24-05    JOB NO. 05096    SCALE: 1"=50'

COPYRIGHT LABEL, 2002, BRIAN R. DIETZ. REPRODUCTION OR COPYING OF THIS DOCUMENT IS A VIOLATION OF COPYRIGHT LAW UNLESS WRITTEN PERMISSION OF THE AUTHOR IS OBTAINED.

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

B07003822

Building Address 13720 Clarksville Pike  
Highland MD 20777

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use Single Family Dwelling

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 100,000

Description of Work Add 20x25 Family Room  
with masonry fireplace on crawl  
space

Occupant or Tenant Doug & Kris Siglin

Contact Name Doug Siglin

Address 13720 Clarksville Pike

City Highland State MD Zip Code 20777

Phone (701) 854-2698

Property Owner's Name Doug & Kris Siglin

Address 13720 Clarksville Pike

City Highland State MD Zip Code 20777

Home Phone (301) 854-2698 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Fred C Dickson & Inc

Contact Person Fred Dickson

Address 4593 Rupp Rd

City Mt Airy State MD Zip Code 21771

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

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

SF Dwelling  SF Townhouse   
Depth Width  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

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   
 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 THEREON; (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

\_\_\_\_\_  
 Title/Company

Fred Dickson  
 Print Name

9/12/07  
 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL	SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ				Front _____	Filing fee \$ _____
State Highway				Rear _____	Permit fee \$ _____
Building Official				Side _____	Excise tax \$ _____
Dev. Engineering DPZ				Side St _____	Add per. fee \$ _____
Health	<u>9/12/07</u>	<u>[Signature]</u>		All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Seismic 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 \$ _____
				Historic District?	Validation \$ _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New/Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red line approval date _____	Accepted by _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 13720 Clarksville Pike  
Hushland MD 20777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Doug & Kris Siglin  
 Address 13720 Clarksville Pike  
 City Hushland State MD Zip Code 20777  
 Home Phone (301) 854-2698 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 100,000  
 Description of Work Add 20x25 Family Room  
with masonry fireplace on crawl  
space

Contractor Company Fred C Dickson & Inc  
 Contact Person Fred Dickson  
 Address 4593 Reep Rd  
 City Mt Airy State MD Zip Code 21771  
 License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Doug & Kris Siglin  
 Contact Name Doug Siglin  
 Address 13720 Clarksville Pike  
 City Hushland State MD Zip Code 20777  
 Phone (301) 854-2698 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person N/A  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	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 _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THEREON; (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

Fred Dickson  
 Print Name

\_\_\_\_\_  
 Title/Company

9/12/07  
 Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highway				Rear: _____	Permit fee \$ _____
Building Official				Side: _____	Excise tax \$ _____
Dir. Engineering, DPZ	<u>9/12/07</u>	<u>[Signature]</u>		Side St: _____	Add'l per. fee \$ _____
Health				All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New/Town Zone _____	Check \$ _____
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Accepted by _____	
Forms/PERMIT.FRM					

DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF EXISTING OR FUTURE IMPROVEMENTS.

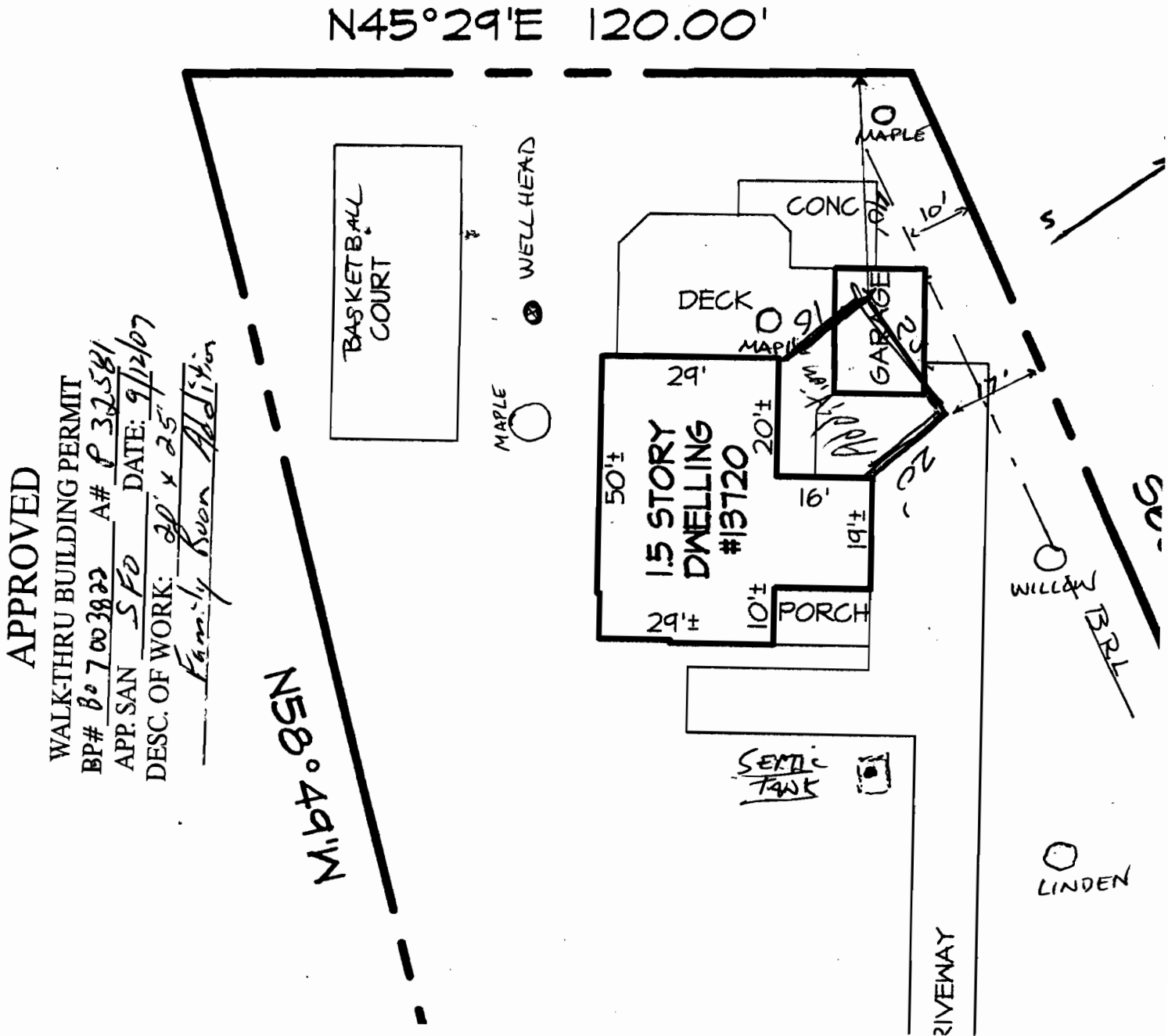
DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF THE LOCATION OF EXISTING OR FUTURE IMPROVEMENTS. IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR INTEREST IN REAL ESTATE.

BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE NOT GUARANTEED TO BE ACCURATE TO THE ADJACENT BOUNDARY LINES WITH A LEVEL OF ACCURACY OF +/- 5'.

DRAWING WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

EXISTING SETBACK LINES SHOWN HEREON WERE TAKEN FROM THE RECORD PLATS AND ARE NOT GUARANTEED.

LEVEL OF ACCURACY OF BUILDING DIMENSIONS IS +/- 1'.



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

*B001552*

Building Address: 13720 Clarksville Pike  
Highland MD 20777

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: N/A

Census Tract: NA Subdivision: NA

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: DEO Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot size: \_\_\_\_\_

Property Owner's Name: WYNNE L. KIMMEL

Address: SAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: 301-317-8790

Existing Use: SF-11

Proposed Use: Small wt. Add

Estimated Construction Cost: \$ 3,000

Description of Work: 10x11 addition / porch on crawl space 16x9

Contractor Company: OWEN K.

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupant or Tenant: WYNNE L. KIMMEL

Contact Name: \_\_\_\_\_

Address: 13720 Clarksville Pike

City: Highland State: MD Zip Code: 20777

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer or Architect Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

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

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth: _____ Width: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>N/A</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	_____ NFPA #13D
No. of Bedrooms: <u>1</u>	_____ NFPA #13R
Multi-family dwellings: _____	_____ Other: _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
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.

Wynne L. Kimmel  
Applicant's Signature

Wynne L. Kimmel  
Title/Company

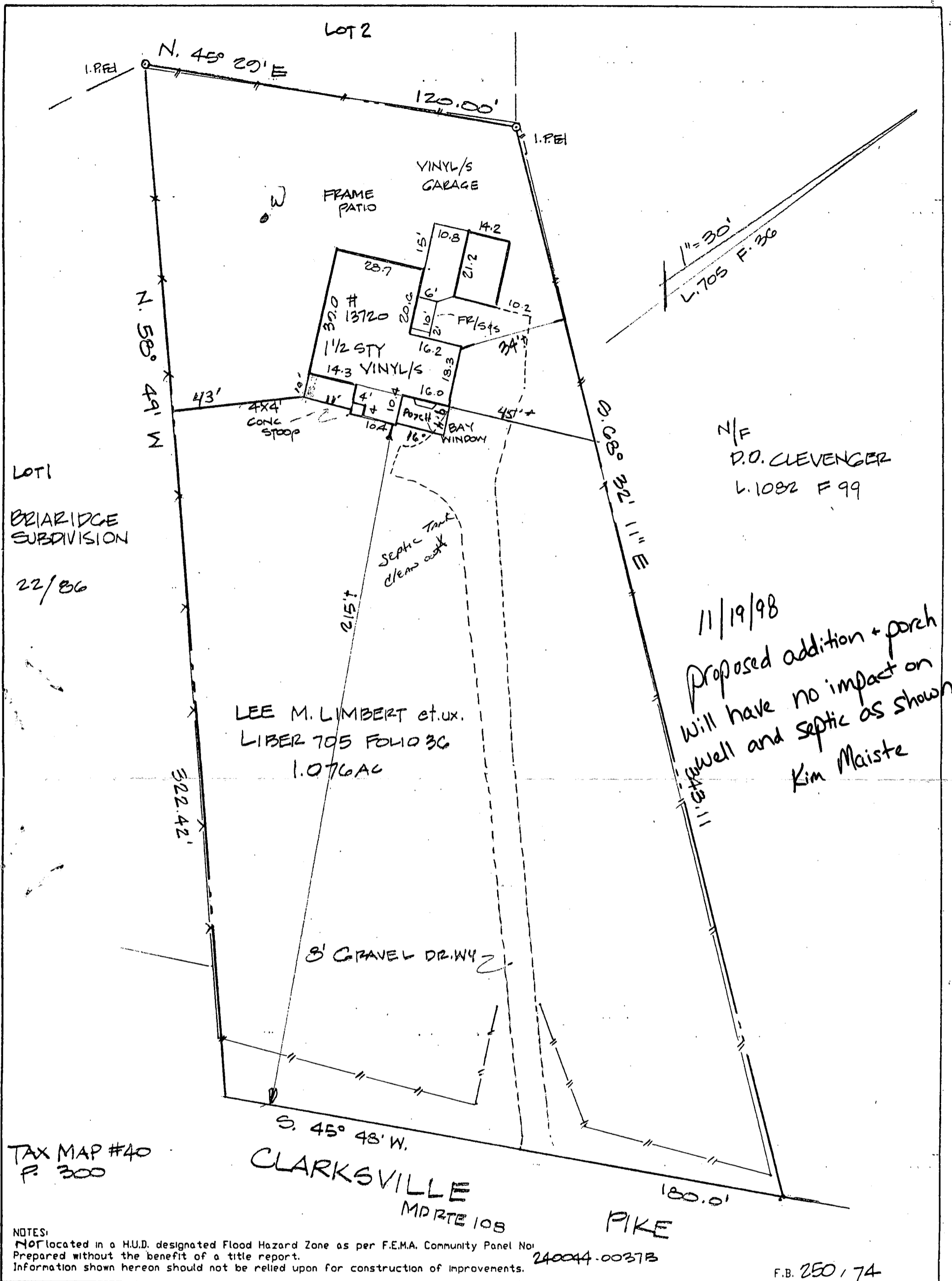
Wynne L. Kimmel  
Print Name

11/19/98  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

11/19/98 \*\* PLEASE WRITE NEATLY AND LEGIBLY. 75 min FOR OFFICE USE ONLY. 90 min

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	38676
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>25</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ <u>81</u>
<input checked="" type="checkbox"/> Health	<u>11/19/98</u>	<u>Kimberly Maule</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ <u>1</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>128</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1350</u>
			Accepted by <u>AD</u>	Validation # <u>1889</u>



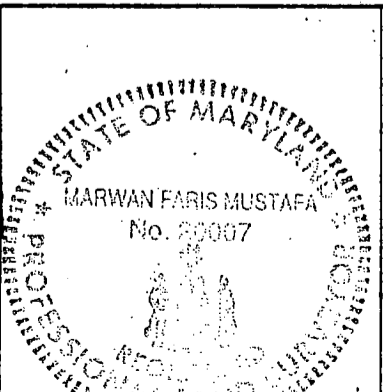
TAX MAP #40  
P. 300

CLARKSVILLE  
MD RTE 108  
PIKE

NOTES:  
 NOT located in a H.U.D. designated Flood Hazard Zone as per F.E.M.A. Community Panel No. 240044-0037B  
 Prepared without the benefit of a title report.  
 Information shown hereon should not be relied upon for construction of improvements.  
 F.B. 250 / 74

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set, unless otherwise noted. We assume no responsibility or liability for any rights-of-ways or easements recorded or unrecorded not appearing on the record plat / or mentioned in the title deed referred to hereon.

*Marwan P. Mustafa*  
 MARWAN FARIS MUSTAFA  
 Reg Prof of Land Surveyor MD 20007  
 11/21/95  
 Date



LOT IMPROVEMENT SURVEY  
 13720 CLARKSVILLE PIKE  
 LIMBERT PROPERTY

CLARKSVILLE (5) Election District  
 HOWARD County, Maryland

<b>LIGHT, ELLIOTT &amp; ASSOCIATES, INC</b> 8508 Adelphi Road Adelphi, Maryland 20783 Phone 301-422-8080 Fax. 422-8086 1-800-246-6081	ENGINEERS PLANNERS SURVEYORS	953 Chandler Court Waldorf, Maryland 20604 Phone 301-843-4927 Fax. 843-4928	Draft: <i>KEC</i>	Plat Book / Page	Case Number : M-MAHON 57 599
			Ck: <i>T</i>		
			Job No.: N-4238	Liber / Folio 705 / 36	Scale 1" = 30'