

13790 CLARKSVILLE PIKE G 0000 9306

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B 00154329

Building Address _____
Suite/Apt. #: TYPED #05-306707 SDP/WP/Petition #: _____
Census Tract 605101 Subdivision Clarksville
Section _____ Area _____ Lot 9B
Tax Map 40 Parcel 43 Grid 9/10
Zoning RR10 Map Coordinates 18A1 Lot size 3.05414

Property Owner's Name MARNY BAILEY
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use AR
Proposed Use AR - New Home
Estimated Construction Cost \$ 290,000.00
Description of Work SFD - Custom - 2 story w/ finished basement. Fin. Area 2764 sq. feet approx.

Contractor Company XXXXXXXXXXXXXXXXXXXX
Contact Person MARNY BAILEY
Address 13790 Clarksville Pike
City _____ State _____ Zip Code 20777
License No. _____
Phone 301-570-4858 Fax 301-498-7996

Occupant or Tenant N/A
Contact Name Marny Bailey
Address 13790 Clarksville Pike
City Hydromed State MD Zip Code 20777
Phone 301-570-4858 Fax 301-498-7996

Engineer or Architect Company Survey Assoc. 7
Contact Person Gary Lane
Address 9890 Lyon Ave
City Lavret State MD Zip Code 20723
Phone 301-206-5470 Fax 301-770-2514

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| 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 _____ State Certified Modular _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 1st floor: _____ Depth _____ Width _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Natural Gas <input type="checkbox"/> |
| No. of Bedrooms _____ | Propane Gas <input type="checkbox"/> |
| Height: <u>101</u> | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> |
| Multi-family dwellings: _____ | NFPA #13D _____ |
| No. of efficiency units: _____ | NFPA #13R _____ |
| No. of 1 BR units: _____ | Other: _____ |
| No. of 2 BR units: _____ | |
| No. of 3 BR units: <u>3</u> | |
| Other Structure: _____ | |
| Dimensions: _____ | |
| Footings: _____ | |
| Roof Height: _____ | |
| 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.

Applicant's Signature [Signature] Title/Company _____
Date 5/22/05

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