

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

**B 07004752**

Building Address 13981 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 \_\_\_\_\_

Property Owner's Name PAUL BARKER JR. AND AMY McLaughlin

Address 13981 CLARKSVILLE PIKE

City HIGHLAND State MD Zip Code 20777

Home Phone (301) 854-7620 Work Phone (202) 482-0743

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

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

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work SCREENED IN PORCH AND DECK

Contractor Company ABLE CONSTRUCTION SERVICES

Contact Person FRANK

Address 9120 GORMAN ROAD

City LAUREL State MD Zip Code 20723

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

Phone (301) 867-8786 Fax (301) 578-3068

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 - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

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 \_\_\_\_\_

**Building Characteristics**

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

**Utilities**

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.

Amy McLaughlin  
 Applicant's Signature

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

Amy McLaughlin  
 Print Name

AMY McLAUGHLIN NOV. 26, 2007  
 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 IDS
Land Development DPZ			Front: _____	Filing fee \$ _____
Public Works			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise fee \$ _____
Development DPZ			Side St: _____	Advt per fee \$ _____
DPZ Planning	<u>11/26/07</u>	<u>[Signature]</u>	All setbacks setbacks met?	TOTAL FEES \$ _____
DPZ Planning			YES <input type="checkbox"/> NO <input type="checkbox"/>	Submittal paid \$ _____
Is Additional Review 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 \$ _____
CONCOMITANT CONSTRUCTION START <input type="checkbox"/>			Historic District?	Valuation \$ _____
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Let Coverage for New/Town Zone _____	
			SOP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Public Health
				GOLF SPA

