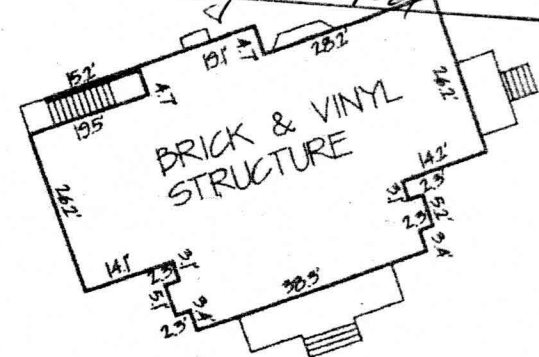


CURVE TABLE		
CURVE	LENGTH	RADIUS
C1	20.58	50.00

APPROVED
 WALKTHRU BUILDING PERMIT
 PERMIT # B00159002 A# 49993-P
 APP. SAN SFO DATE: 7/11/06
 DESC. OF WORK: 18' x 40'
Inground Pool



INSET SCALE: 1"=30'
FORMED CONCRETE WALLS

ELEVATIONS
EXISTING FIRST FLOOR: 515.9

- LEGEND
- PAINTED UTILITY LINE
 - CLEANOUT
 - TREE
 - CONTOUR
 - SPOT ELEV.

Scale 1"=60'

EASEMENT FOR INGRESS & EGRESS FOR LOT 13 (L1990 P. 687)

FLOOD CERTIFICATION: THIS IS TO CERTIFY THAT THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C ON FLOOD INSURANCE RATE MAP COMMUNITY PANEL NO. 240044 0098 D DATED DECEMBER 4, 1986.

PINDELL SCHOOL



BOOK 9627

Building Address 11719 Janney Court
CLARKSVILLE, MD 21029

Property Owner's Name KEVIN P. O'MALLEY

Address 11719 JANNEY COURT

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

City CLARKSVILLE State MD Zip Code 21029

Census Tract 1051-02 Subdivision EASKEINVIEW

Home Phone 240-568-5099 Work Phone 301-445-5000 X105

Section N/A Area N/A Lot 13

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

Tax Map 41 Parcel 143 Grid 7

Phone _____ Fax 301-445-1605

Zoning RR-D Map Coordinates 1841 Lot size _____

Existing Use VACANT SINGLE FAMILY DWELLING - RAISED

Contractor Company OWNER

Proposed Use SINGLE FAMILY DWELLING

Contact Person KEVIN P. O'MALLEY

Estimated Construction Cost \$ 210,000.

Address 11719 JANNEY COURT

Description of Work construct new 2 story colonial w/basement after razing existing structure

City CLARKSVILLE State MD Zip Code 21029

5 bedrooms 4 1/2 baths

License No. _____

Occupant or Tenant Owner

Phone 301-445-5000 X105 Fax 301-445-1605

Contact Name _____

Engineer or Architect Company McALLISTER ARCHITECTS, PC

Address _____

Contact Person LEE McALLISTER

City _____ State _____ Zip Code _____

Address 911 BASHFORD LN.

Phone _____ Fax _____

City ALEXANDRIA State VA Zip Code 22314

Phone 703-519-8623 Fax 703-519-0102

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: N/A <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 _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>42'6"</u> <u>66'8"</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>38'4"</u> <u>37'10"</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>38'4"</u> <u>37'10"</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>5</u>	
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: _____	
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

Print Name

Title/Company

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				<u>210395</u>
State Highways				
Building Official			Side: <u>10 FT</u>	Billing fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Permit fee \$ _____
Health			All minimum setbacks met? _____	Excise tax \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Sediment Control approval required prior to issuance? _____			Is Entrance Permit required? _____	TOTAL FEES \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>117</u>
			Lot Coverage for New Town Zone _____	Validation # <u>37102</u>
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

Distribution of Copies

White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

