

Building Address 13000 WILKEN CHURCH RD
CLARKSVILLE, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6057.01 Subdivision Robert P. Williams
Section _____ Area _____ Lot _____
Tax Map 28 Parcel 48 Grid 15
Zoning RR-DEO Map Coordinates 14212 Lot size _____

Property Owner's Name William + Sherry Slade
Address 20224 WATERS BOW TERRACE
City GERMANTOWN State MD Zip Code 20876
Home Phone 301-515-9177 Work Phone 301-519-3776
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 \$ 14,000.00
Description of Work MASONRY IRREGULAR
Shaped Patio w/ Fence / Foundation Wall / Steps
TO GRADE

Contractor Company PAFF CONTRACTORS
Contact Person Donald Timanus @ Paff
Address 15117 OAK OF CHARD RD
City NEW WINDSOR State MD Zip Code 21776
License No. 121-10063
Phone 410-795-6200 Fax 410-795-9999

Occupant or Tenant William + Sherry Slade
Contact Name SAME AS PROPERTY OWNER
Address 20224 WATERS BOW TERRACE
City GERMANTOWN State MD Zip Code 20876
Phone 301-515-9177 Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: <u>Patio - Masonry</u> Dimensions: <u>Irregular Shape 5' x 8'</u> Footings: _____ Roof: <u>None</u>	

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.

Donald H. Timanus
Applicant's Signature
Project Manager
Title/Company

Donald H. Timanus
Print Name
8/22/01
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: _____	50767	
State Highways			Rear: _____	Filing fee \$ _____	
Building Official	<u>8/29/01</u>	<u>Bruce Baker</u>	Side: _____	Permit fee \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____	
Health			All minimum setbacks met?	Add'l per. fee \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>10792</u>	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>43231</u>	
			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>	
			SDP/Red-line approval date _____		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

