

Building Address 11860 LINDEN CHAPEL RD. Property Owner's Name SHUBHA & HAMPAPURAM
CLARKESVILLE, MD. 21029 Address RAMA PRIYAN
 Suite/Apt. #: --- SDP/WP/Petition #: --- City SAME State --- Zip Code ---
 Census Tract 60501 Subdivision Chapel Hill II Home Phone 301 516-9486 Work Phone 301 64-5356
 Section --- Area --- Lot 1 Applicant's Name & Mailing Address, (if other than stated hereon):
C.B. PETIT, JR.
PETIT CONSTRUCTION, INC.
 Tax Map 29 Parcel 86 Grid 714 Phone 301 854-2477 Fax ---
 Zoning R1X0 Map Coordinates 147 Lot size 3430

Existing Use SINGLE FAM. DWELLING Contractor Company Petit Const.
 Proposed Use SAME Contact Person ---
 Estimated Construction Cost \$ 50,000 Address 7560 GREENWOOD DR.
 Description of Work 2000 SF FINISHED City HIGHLAND State MD Zip Code 20777
BASEMENT WITH REFINISHED NEW License No. MHC 31911
POURING CONCRETE BATH & B.R. Phone 301 854-2477 Fax ---

Occupant or Tenant RAMAPRIYAN Engineer or Architect Company N/A
 Contact Name SHUBHA & HAMPAPURAM Contact Person ---
 Address SAME Address ---
 City --- State --- Zip Code --- City --- State --- Zip Code ---
 Phone --- Fax --- Phone --- Fax ---

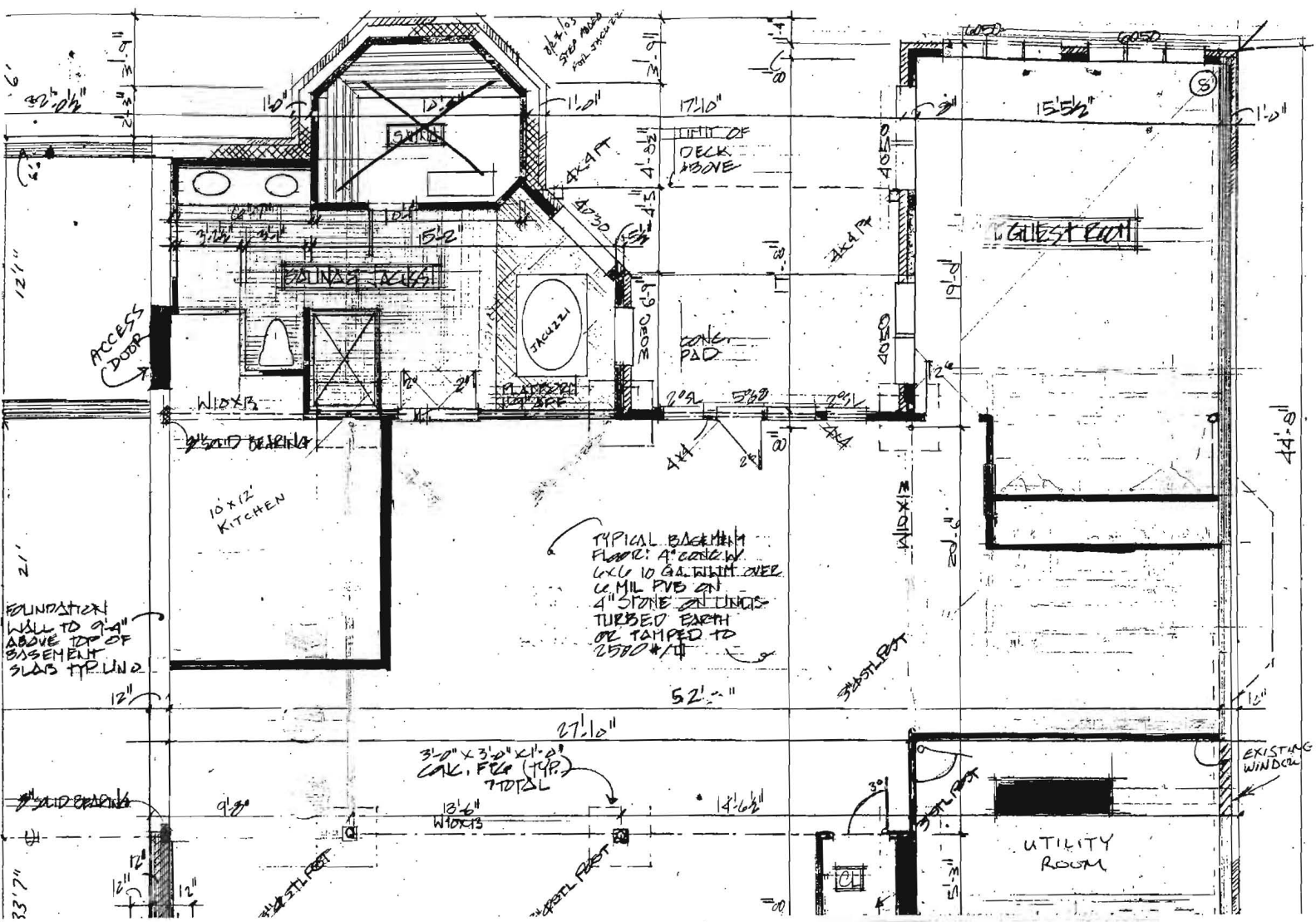
BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

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

Applicant's Signature C.B. Petit, Jr. Print Name C.B. PETIT, JR.
 Title/Company OWNER - PETIT CONSTR. Date 9/18/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -



FOR PROPOSED BSMT. ALTERATION
 TO INCLUDE IBA (FOR A TOTAL OF 5BR):
 SEPTIC TANK CAPACITY (MINIMUM) 1500 GAL
 REQ'D
 EITHER ADD 1000 GAL TANK TO EX. 1250 GAL
 OR
 REPLACE EX. 1250 GAL w/1500 GAL TANK

MR Ho Co Health
 9/18/03

PETIT CONSTR.
 (309) 854-2477
 → SPEAKING FOR OWNER
 OWNER TO INSTALL TANK OR
 CANCEL PERMIT