



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 1-14-15

Permit No.: B15000153

Building Address: 6288 Linkyhorn Ln  
City: Clarksville State: MD Zip Code: 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Aintree Estates  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
Tax Map: 34 Parcel: 247 Grid: 13  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 2.07 @

Existing Use: SFD  
Proposed Use: SFD w/ propane tank  
Estimated Construction Cost: \$ 8000  
Description of Work: install 500 gal inground propane tank

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: owner  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b> <b>Width</b>	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Fred Goldsmith  
Address: 6288 Linkyhorn Ln  
City: Clarksville State: MD Zip Code: 21029  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: JEREMY CARON  
Address: PO Box 1253  
City: Clarksville State: MD Zip Code: 21784  
Phone: 413-340-1229 Fax: \_\_\_\_\_  
Email: Jeremy@appliedandapproved.com

Contractor Company: POIST GAS  
Contact Person: Michael Underwood  
Address: 360 Main St  
City: Lanard State: MD Zip Code: 20707  
License No.: 60829  
Phone: 301-725-3232 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: \_\_\_\_\_  
Email Address: Jeremy@appliedandapproved.com  
Title/Company: \_\_\_\_\_

Print Name: Jeremy Caron  
Date: 1/14/15

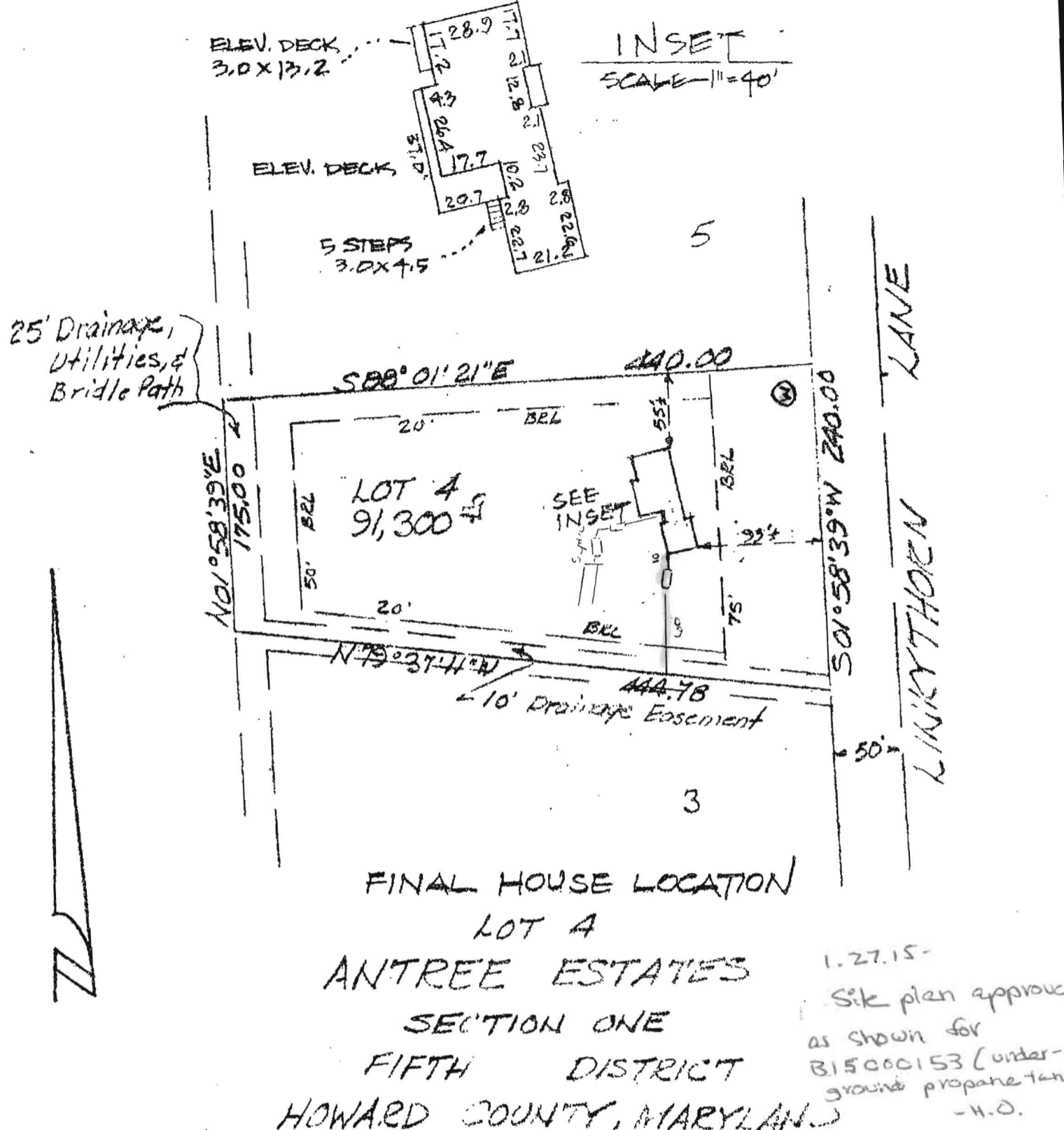
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
He-_____	<u>1/27/15</u>	<u>H. Oswald</u>

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Réd-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>110</u>

Agency Control approval required for issuance?  Yes  No  
AGENCY CONSTRUCTION START



**SURVEYOR'S CERTIFICATE**

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

*Elwood L. Renn*

ELWOOD L. RENN  
Registered Land Surveyor  
Maryland No. 3383

**RENN SURVEYS, INC.**

BOX 65 • DAMASCUS, MARYLAND 20750 (301) 253-3581  
LAND PLANNING CONSULTANTS • SUBDIVISIONS • LOTS & BOUNDARIES

REFERENCE	Drawn by <i>ELK</i>	Checked by
Plat Book 10	Date 7-9-78	Record No.
Plat No. 97	Scale 1"=100'	

NOTE: This drawing is not intended to establish property lines nor are the existence of corner markers guaranteed. All information shown hereon taken from the land records of the county in which the property is located.