

**HOWARD COUNTY
 PERMIT APPLICATION**

B09000949
PERMIT NUMBER

Building Address 6305 Kerne Court
Clarksville Md. 21029

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

Census Tract _____ Subdivision Clarksville Overlook

Section _____ Area _____ Lot 30

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name TOM Lee
 Address 6305 Kerne Ct
 City Clarksville State md Zip Code 21029
 Home Phone 410-598-9988 Work Phone 410 598 9936
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ \$ 5500.00

Description of Work 14' x 9' Deck w/
steps to grade

Contractor Company Town Creek Landscape + Const.
 Contact Person Steven H. Cooley
 Address 5010 Sheppard Ln
 City Ellicott City State md Zip Code 21042
 License No. 44986
 Phone 301 854 3510 Fax 410 531 6606

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	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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ _____ Public _____ Private Sewage Disposal: _____ _____ Public _____ Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ _____ State Certified Modular _____ Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> _____ 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 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.

Steven H. Cooley
 Applicant's Signature

 Title/Company

Steven H. Cooley
 Print Name

May 7, 2009
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

****PLEASE WRITE NEATLY AND LEGIBLY.****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ	<u>5/7/09</u>	<u>[Signature]</u>	
Health			
Fire Protection			

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>

PROPERTY ID #
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Is Sediment Control approval required prior to issuance?
 YES NO

Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by _____

Tom Lee

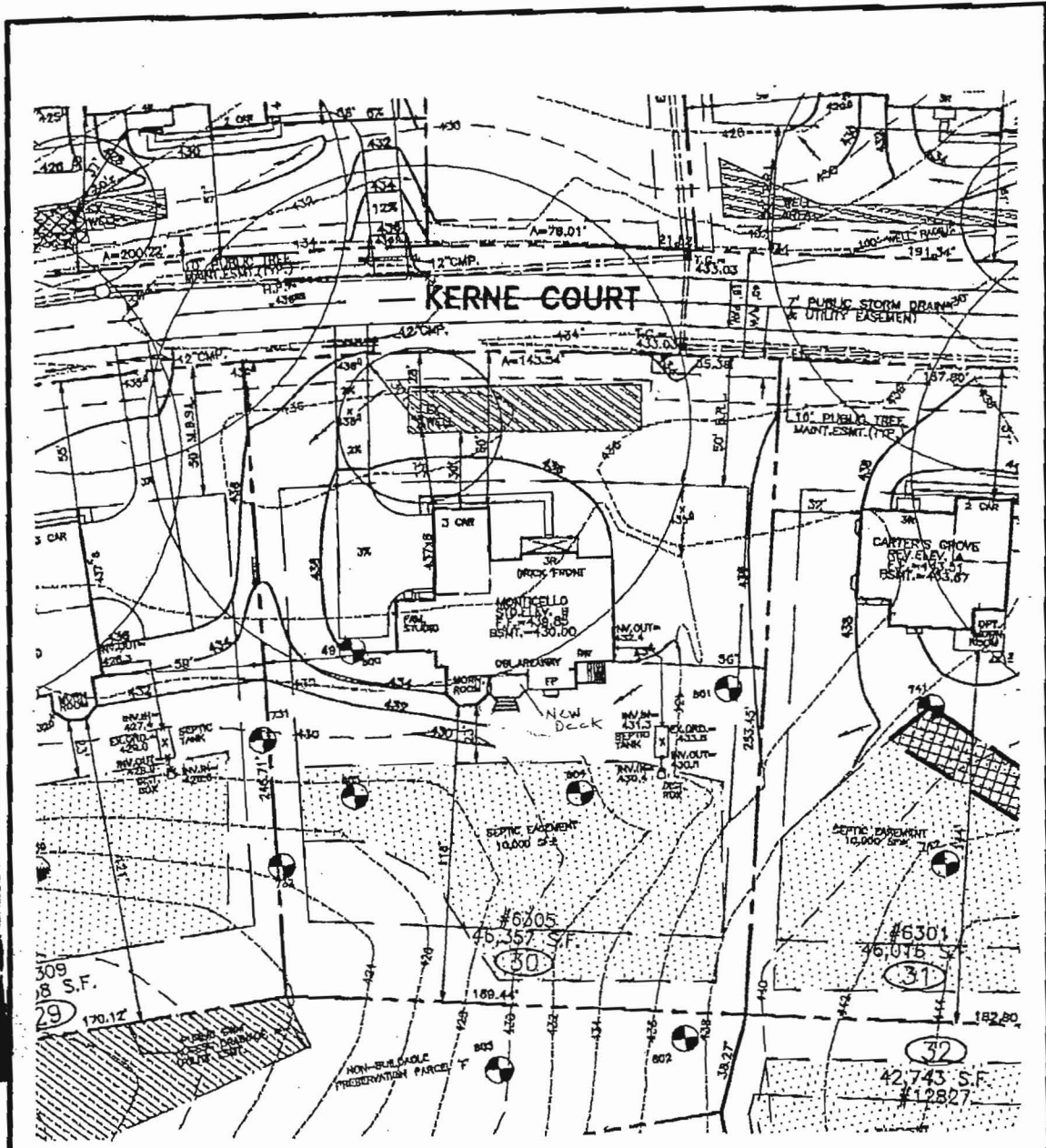
APPROVED

WALK-THRU BUILDING PERMIT

BP# A# 518543

APP. SAN SFO DATE: 5/17/09

DESC. OF WORK: 14 X 5' Deck



B.W. = BASEMENT WINDOW (WZO)

THE EXISTING WELL SHOWN ON THIS PLAN, WELL TAG #HO-95-0267 HAS BEEN FIELD LOCATED BY MORRIS & RITCHE ASSOC. INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

DIRT IMPORT REQUIRED: 000 CYS.±
DIRT EXPORT REQUIRED: 000 CYS.±

SETBACKS: RR-DEO
FRONT YARD: 50' MIN.
SIDE YARD: 10' MIN.
REAR YARD: 30' MIN.

EJECTOR REQUIRED TO SEWER BASEMENT.

BUILDER
N.V. HOMES
6065 MARSHALEE DRIVE, SUITE 130
ELKRIDGE, MARYLAND 21075
PH. 410-379-5956



MORRIS & RITCHE ASSOCIATES, INC.
ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS, & LANDSCAPE ARCHITECTS
3445-A Box Hill Corporate Center Drive
Abingdon, Maryland 21009
(410) 515-9000
Fax: (410) 515-9002

SITE & GRADING PLAN
FOR
CLARKVILLE OVERLOOK
(A.K.A. MACBETH FARMS)

LOT 30 #6305 KERNE COURT
4TH ELECTION DISTRICT HOWARD CO., MARYLAND

SCALE: 1"=50'	DATE: DEC. 6, 2007	DRAWN BY: TB	DESIGN BY: TB	REVIEW BY: DA	JOB NO. 14048
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G-06008499

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07004864

Building Address 6305 Kerne Court
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision McBeth Farm
Section _____ Area _____ Lot 30
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NUR Inc
Address 6085 Marshalee Dr S-130
City Clarksville State MD Zip Code 21075
Home Phone _____ Work Phone 410 379 5956
Applicant's Name & Mailing Address, (if other than stated hereon):
Jim Kerwin Decatur Building Service
Phone 443-309-7792 Fax 410-489-0550

Existing Use Vacant lot
Proposed Use Single family
Estimated Construction Cost \$ 350,000
Description of Work New 2 story "Monticello"
with 3 car garage, morning room
and family studio unfinished
basement

Contractor Company NV Homes
Contact Person Dustin Hill
Address 6085 Marshalee Dr S-130
City Clarksville State MD Zip Code 21075
License No. 56
Phone 410-379-5956 Fax 410-379-2430

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company 115010
Contact Person 135
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>74' x 30'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>60' x 70'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>74' x 30'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u> Height: <u>35'</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Jim Kerwin
Applicant's Signature
agent NV Homes
Title/Company

Jim Kerwin
Print Name
12/11/07
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: _____	Filing fee \$ <u>100.00</u>	
State Highways			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____	
Health	<u>2-12-08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>54404</u>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:\format\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>	