

GO 6008499

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY MD 21033 PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>B08000243</u>
Building Address <u>6330 Kerne Court</u> <u>Clarksville MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Macbeth farm</u> Section _____ Area _____ Lot <u>24</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>NVR Inc NV Homes</u> Address <u>6085 Marshalee dr S-130</u> City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u> Home Phone _____ Work Phone <u>410-379-5956</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Jim Kerwin Decatur Building Service</u> <u>P.O. Box 552 Woodbine MD 21797</u> Phone <u>443-309-7792</u> Fax <u>410-489-0550</u>	
Existing Use <u>vacant lots</u> Proposed Use <u>Single Family Home</u> Estimated Construction Cost \$ <u>300,000</u> Description of Work <u>New 2 story "Clifton Park"</u> <u>with 3 car garage, conservatory, morning</u> <u>room, unfinished basement</u>	Contractor Company <u>NV Homes</u> Contact Person <u>MATT ATWELL</u> Address <u>6085 Marshalee dr S-130</u> City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u> License No. <u>56</u> Phone <u>410-379-5956</u> Fax <u>410-379-2430</u>	
Occupant or Tenant <u>N/A</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>74'</u> x <u>75'</u> 2nd floor: <u>54'</u> x <u>60'</u> Basement: <u>64'</u> x <u>75'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <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"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

<u>Jim Kerwin</u> Applicant's Signature <u>Agent NV Homes</u> Title/Company	Print Name <u>Jim Kerwin</u> Date <u>2/4/08</u>
--	--

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

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ			
<input checked="" type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official	<u>2/20/08</u>	<u>[Signature]</u>	
<input checked="" type="checkbox"/> Dev. Engineering DPZ			
<input checked="" type="checkbox"/> Health	<u>4-2-08</u>	<u>[Signature]</u>	
<input type="checkbox"/> Fire Protection			

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ <u>100.00</u>
Rear: _____	Permit fee	\$ <u>1467.36</u>
Side: _____	Excise tax	\$ <u>7172.88</u>
Side St: _____	Add'l per. fee	\$ <u>147.74</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due	\$ _____
Lot Coverage for NewTown Zone _____	Check	\$ <u>504366</u>
SDP/Red-line approval date _____	Validation	# _____

Accepted by [Signature]

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
 T:\forms\PERMIT.FRM Rev. 11/4/04

OIC Re Fees