

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

BOB001816

Building Address 13714 LAKESIDE DRIVE  
CLARKSVILLE MD  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 6010  
 Census Tract 605101 Subdivision Brighton  
 Section 1 Area 1 Lot 3  
 Tax Map 34 Parcel 296 Grid 7  
 Zoning RP Map Coordinates 1367 Lot size 3

Property Owner's Name STEVE WILT  
 Address 13714 LAKESIDE DRIVE  
 City CLARKSVILLE State MD Zip Code 21029  
 Home Phone (301) 854-2321 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address (if other than stated hereon):  
STEVE BOWERS  
7 HAYMIRELET CRT BAIT 21036  
 Phone (410) 227-9843 Fax \_\_\_\_\_

Existing Use SFD W/DECKS  
 Proposed Use SFD W/DECKS  
 Estimated Construction Cost \$ 38000.-  
 Description of Work REDECK 20'x7' + 9'x16'  
GROUND LEVEL DECK AND CONSTRUCT  
A 33'x24' AND 26'x16' IRREGULAR  
SHAPED DECKS W/ STEPS

Contractor Company LORLI FENCE CO  
 Contact Person STEVE BOWERS  
 Address 1114 RT 3 NORTH  
 City CROFTON State MD Zip Code 21114  
 License No. 9615-01  
 Phone (410) 993-0600 Fax \_\_\_\_\_

Occupant or Tenant OWNER  
 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:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| No. of stories: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Use group: _____   | Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads _____                        |

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

Steve Bowers  
 Applicant's Signature  
AGENT  
 Title/Company

K. STEVEN BOWERS  
 Print Name  
6/12/2008  
 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 | 6/12/08 | <u>[Signature]</u> |
| State Highways       |         |                    |
| Building Official    |         |                    |
| Dev. Engineering DPZ |         |                    |
| Health               | 6/17/08 | <u>[Signature]</u> |
| Fire Protection      |         |                    |

| DPZ SETBACK INFORMATION   |            | PROPERTY ID#:           |
|---|------------|-------------------------|
| Front: <u>75</u>  |            | Filing fee \$ _____     |
| Rear: <u>180</u>  |            | Permit fee \$ _____     |
| Side: <u>30</u>   | <u>N/A</u> | Excise tax \$ _____     |
| Side St.: _____   |            | Add'l per. fee \$ _____ |
| All minimum setbacks met?   |            | TOTAL FEES \$ _____     |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |            | Sub-total paid \$ _____ |
| Is Entrance Permit required?  |            | Balance due \$ _____    |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            | Check # _____           |
| Historic District?  |            | Validation # _____      |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            |                         |

Is Sediment Control approval required prior to issuance?  
 YES  NO   
 CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:   
 Distribution of Copies: White: Building Official Green: LDD, DPZ  
 Yellow: DED, DPZ Pink: Health Gold: SHA

