

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07004182

Building Address 13768 Lakeside Dr.
Clarksville 21029

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

Census Tract _____ Subdivision Brighton Pines

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Martin & Constance
Breland

Address 13768 Lakeside Dr.

City Clarksville State MD Zip Code 21029

Home Phone 301-854-3002 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Resident

Proposed Use resident

Estimated Construction Cost \$ _____

Description of Work install ~~new~~ interior walls

Contractor Company _____

Contact Person Constance Breland

Address Same as above

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Constance & Martin Breland

Contact Name Constance

Address Same as above

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

C. Breland
Applicant's Signature

Constance Breland
Print Name

_____ Title/Company

10-10-07 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 Official		
Dev. Engineering DPZ		
Health	<u>10/10/2007</u>	<u>R. Bunker</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ		
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
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 New/Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	
Yellow: DED, DPZ	Pink: Health
Gold: SHA	

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07000014

Building Address 13768 Lakeside Drive
Clarksville, MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 2

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mr. + Mrs. Martin Buland

Address 13768 Lakeside Drive

City Clarksville State MD Zip Code 21029

Home Phone 301 854 3002 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
P. Dann Cummings, Revisions

Phone 410 313 9398 Fax 410 313 9298

Existing Use Single Family Home

Proposed Use same

Estimated Construction Cost \$ _____

Contractor Company Showcase for Remodeling

Contact Person P. Dann Cummings

Description of Work Replacement of existing Mstr Bedroom, 14'x8', ADD to existing MASTER BATHROOM, Addition of Sunroom 18'x12' total addition - 529 sq. ft. ab.

Address 9398 C BALTIMORE NAT'L PIKE

City ELICOTT CITY State MD Zip Code 21042

License No. 32959

Phone 410 313 9398 Fax 410 313 9298

Occupant or Tenant Mr. + Mrs. Martin Buland

Contact Name P. Dann Cummings

Address 13768 Lakeside Drive

City Clarksville State MD Zip Code 21029

Phone 301-854-3002 - SAME

Engineer or Architect Company Michael A. Boyer

Contact Person Michael Boyer

Address 862 Doris Drive

City Arnold State MD Zip Code 21012-1446

Phone 410 349 9060 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>35'</u> x Width <u>90'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>19'</u> x <u>60'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>35'</u> x <u>90'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>N/A</u>	
Dimensions: _____	
Footings: _____	
Roof Height: <u>32'</u>	
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.

P. Dann Cummings
Applicant's Signature
Owner
Title/Company

P. Dann Cummings
Print Name
1-02-06
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 \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>1/2/07</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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Check \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by _____

APPROVED

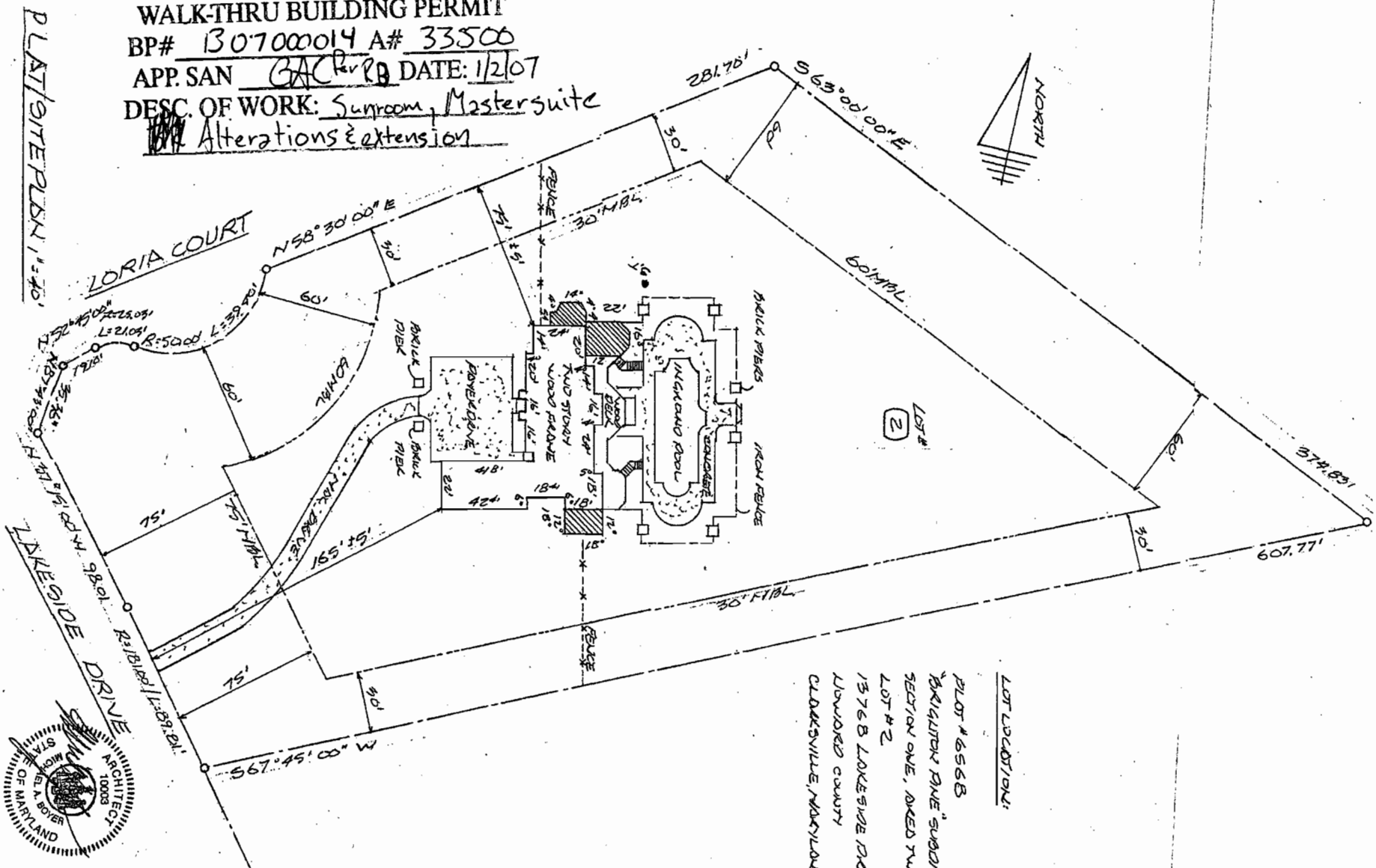
WALK-THRU BUILDING PERMIT

BP# 130700014 A# 33506

APP. SAN GAC Rev 18 DATE: 12/07

DESC. OF WORK: Sunroom, Mastersuite

~~Alterations~~ Alterations & extension



LOT LOCATION:
 PLOT # 6568
 "BRIQUET PINE" SUBDIVISION
 SECTION ONE, DEED TWO
 LOT # 2
 13768 LAKESIDE DRIVE
 HOWARD COUNTY
 CLARKSVILLE, MARYLAND 21029

<p>6 OF 10</p>	<p>12.23.06 QUEST</p>	<p>BRELAND RESIDENCE ADDITIONS</p> <p>13768 LAKESIDE DRIVE CLARKSVILLE, MARYLAND 21029</p>
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HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

306009049

Building Address 13708 Lakeside Drive
Clarksville, MD 21029
Suite/Apt. #: _____ SDP/W/P/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 2
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mr. + Mrs. Martin Breland
Address 13708 Lakeside Drive
City Clarksville State MD Zip Code 21029
Home Phone 301-854-3002 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Single Family Unit
Proposed Use Single Family Unit
Estimated Construction Cost \$ 128,1695

Contractor Company Showcase for KENSIMS
Contact Person P. Dann Cummings

Description of Work Additions of Master Bedroom + ADD to existing MASTER BATH TOTAL addition 490 SF. [replacement of any existing bedroom]

Address 9308 C BALTIMORE NAT'L Pk
City Ellicott City State MD Zip Code 2104
License No. 32952
Phone 410-313-9398 Fax 410-313-9298

Occupant or Tenant Mr. + Mrs. Martin Breland
Contact Name P. Dann Cummings
Address 13708 Lakeside Drive
City Clarksville State MD Zip Code 21029
Phone 301-854-3002 Fax SAME

Engineer or Architect Company Michael A. Bayer, Architect
Contact Person Michael Bayer
Address 862 Doris Drive
City Arnold State MD Zip Code 21012-1446
Phone 410-349-9000 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: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>Some</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Height: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>N/A</u>	
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.

Applicant's Signature

Print Name

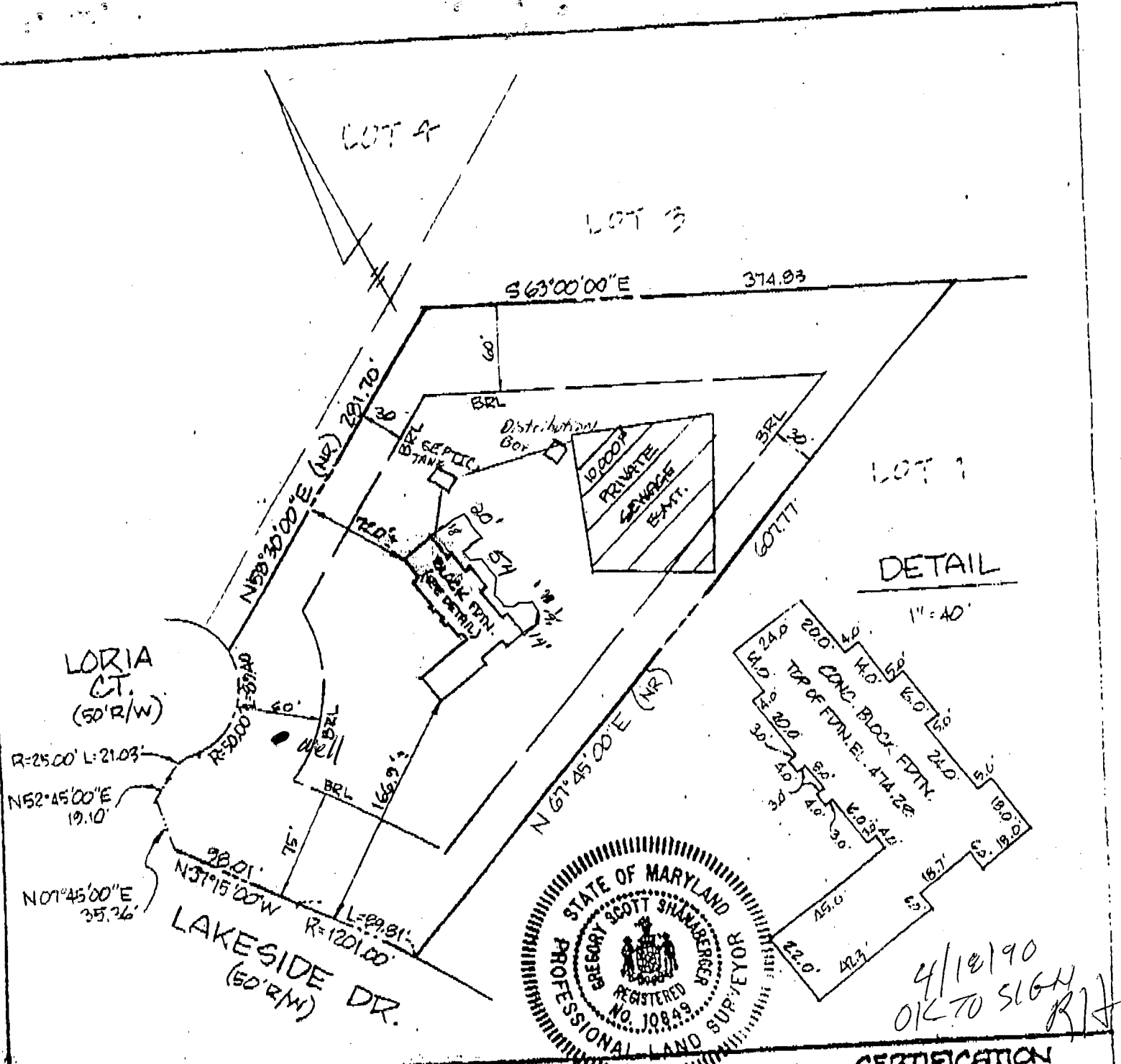
Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEPT. SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>12/14/2006</u>		<u>Schiff AC</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 type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
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			Lot Coverage for NewTown Zone	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

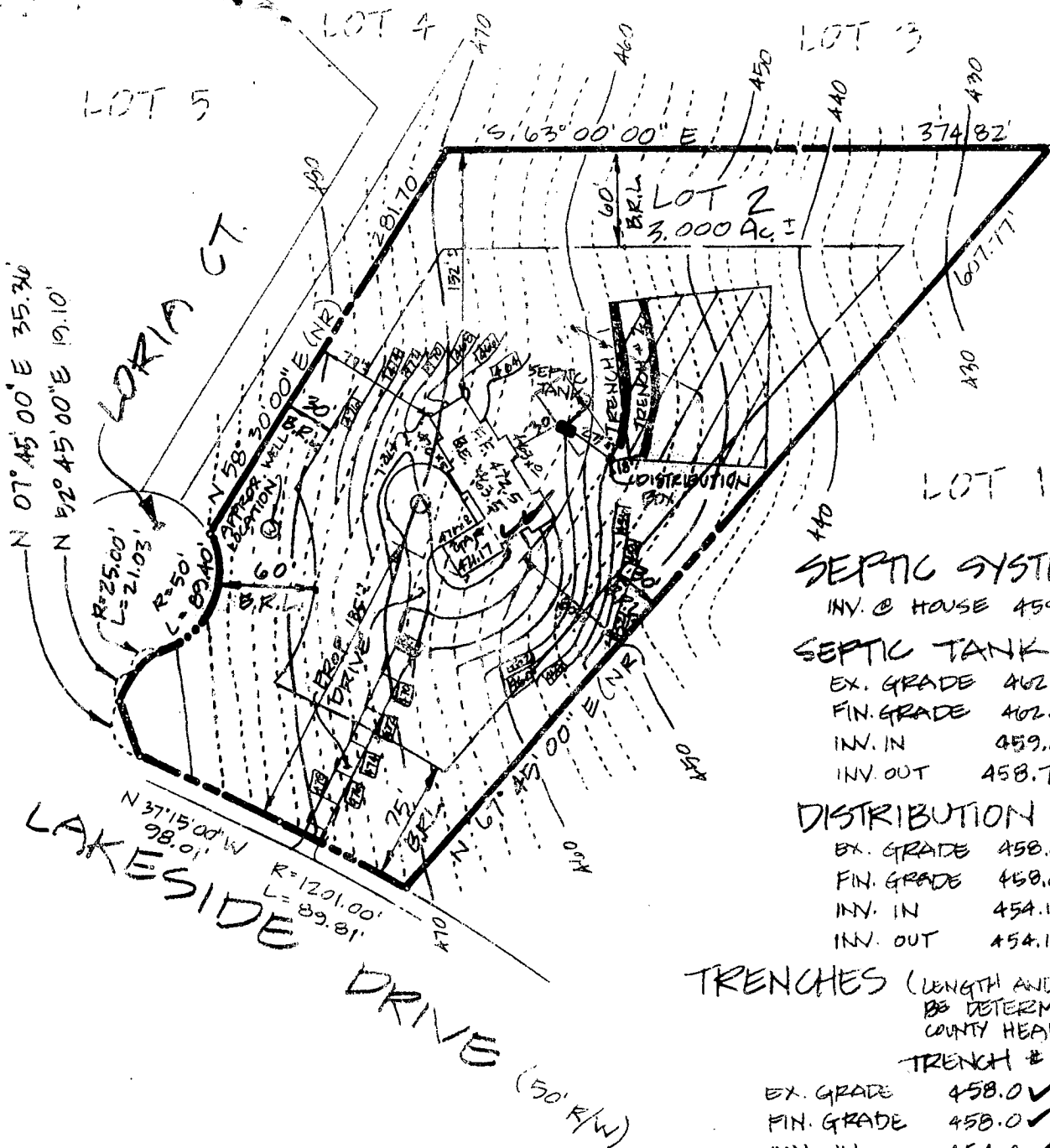


I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY & CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Gregory Scott Shanaberger 0/7/1989
 SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITES 106 & 107
 ELLCOTT CITY, MD. 21043
 (301) 461-2563

FOUNDATION CERTIFICATION

LOT 2
 "BRIGHTON PINES, SEC. 1,
 AREA 2" SHEET 1 OF 3
 PLAT # 6568
 ELECTION DISTRICT : 5
 COUNTY : HOWARD
 SCALE : 1" = 100'
 DATE : 0/7/1989



SEPTIC SYSTEM INFO.

INV. @ HOUSE 459.60 @ 2% ✓

SEPTIC TANK + BSMT

EX. GRADE 462.0 ✓
 FIN. GRADE 402.0 ✓
 INV. IN 459.0 ✓
 INV. OUT 458.7 ✓

DISTRIBUTION BOX

EX. GRADE 458.0 ✓
 FIN. GRADE 458.0 ✓
 INV. IN 454.10 ✓
 INV. OUT 454.10 ✓

TRENCHES (LENGTH AND NUMBER TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPARTMENT)

	TRENCH #1	TRENCH #2
EX. GRADE	458.0 ✓	456.0 ✓
FIN. GRADE	458.0 ✓	456.0 ✓
INV. IN	454.0 ✓	452.0 ✓

ENGR. PERMIT SIGNED
 AND RETURNED 6-21-89

~~ENGR.~~
 BP27234 SITE PLAN
 LOT 2

BRIGHTON PINES

SECTION 1, AREA 2
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MD
 TAX MAP 34
 SCALE: 1" = 100'
 DATE: 5/23/89

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITES 106 & 107
 ELLICOTT CITY, MD 21043
 (301) 461-9563

BOOK 140745

3/25/03

Tank location OK

(SRV)

1,000 Gallon U.G. PROpane TANK

LORIA CT. (60' R/W)

2-25'00" W 21.03'

52-45'00" E 19.10'

07-45'00" E 35.76'

LAKESIDE DR. (60' R/W)



WHEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND TO ESTABLISH PROPERTY LINES OR CORNERS.

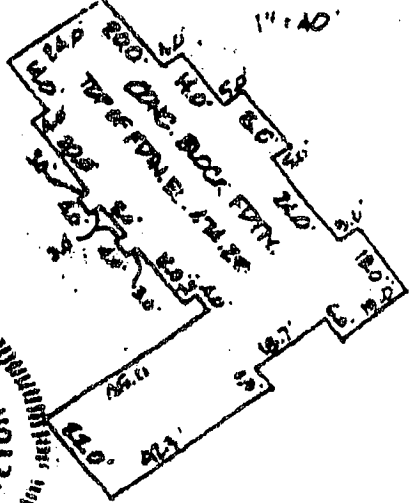
Scott Shanaberger 01/1/02
SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITES 106 & 107
ELLICOTT CITY, MD. 21043
(301) 461-2563

FOUNDATION CERTIFICATION

LOT 2
"BRIGHTON PINES, SEC. 1,
AREA 2" SHEET 1 OF 3
PLAT # 6560
ELECTION DISTRICT 15
COUNTY: HOWARD
SCALE: 1" = 100'
DATE: 01/1/02

DETAIL

1" = 40'



LOT 4

LOT 3

LOT 1

863'00"00" E

374.85

N 67° 25' 00" E (NR)

N 67° 25' 00" E (NR)

60' 0" 0" 0" E

60' 0" 0" 0" E

60' 0" 0" 0" E

60' 0" 0" 0" E

60' 0" 0" 0" E

60' 0" 0" 0" E

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