

Logged Out Needs Filing File

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURTHOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00045113

Building Address 6280 LINKY THORN WAY Property Owner's Name JAMES & PHYLLIS CARE
CLARKSVILLE MD 21029
 Suite/Apt. #: 05-349559 SDP/WP/Petition #: _____
 Address 6280 LINKY THORN WAY
 City CLARKSVILLE State MD Zip Code 21029
 Census Tract 605101 Subdivision Aintree Estates #14/97
 Home Phone 301 554-2533 Work Phone _____
 Section 1 Area _____ Lot 6 Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 34 Parcel 247 Grid 13
 Zoning RR-DP Map Coordinates 13P9 Lot size 1.98 A Phone _____ Fax _____

Existing Use SFD Contractor Company DESIGN CONTRACTING
 Proposed Use SFD W/ FINISHED BASEMENT Contact Person THOMAS FREY
 Estimated Construction Cost \$ 11,000.00
 Description of Work FRAME WOOD FRAMED WALLS TO CREATE A FAMILY ROOM, EXERCISE ROOM, OFFICE, BATHROOM + KITCHENETTE AREA. FINISH ALL WALLS CEILING & FLOOR
 Address 760 MIDDLETRAIL CT
 City MT. AIRY State MD Zip Code 21771
 License No. 23034
 Phone 443-679-8455 Fax _____

Occupant or Tenant JAMES & PHYLLIS CARE Engineer or Architect Company CONTRACTOR
 Contact Name SAME Contact Person SAME
 Address _____
 Address _____
 City _____ State _____ Zip Code _____
 City _____ State _____ Zip Code _____
 Phone 301 554-2533 Fax _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<p>Building Characteristics</p> 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	<p>Utilities</p> 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<p>Building Characteristics</p> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<p>Utilities</p> 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 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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

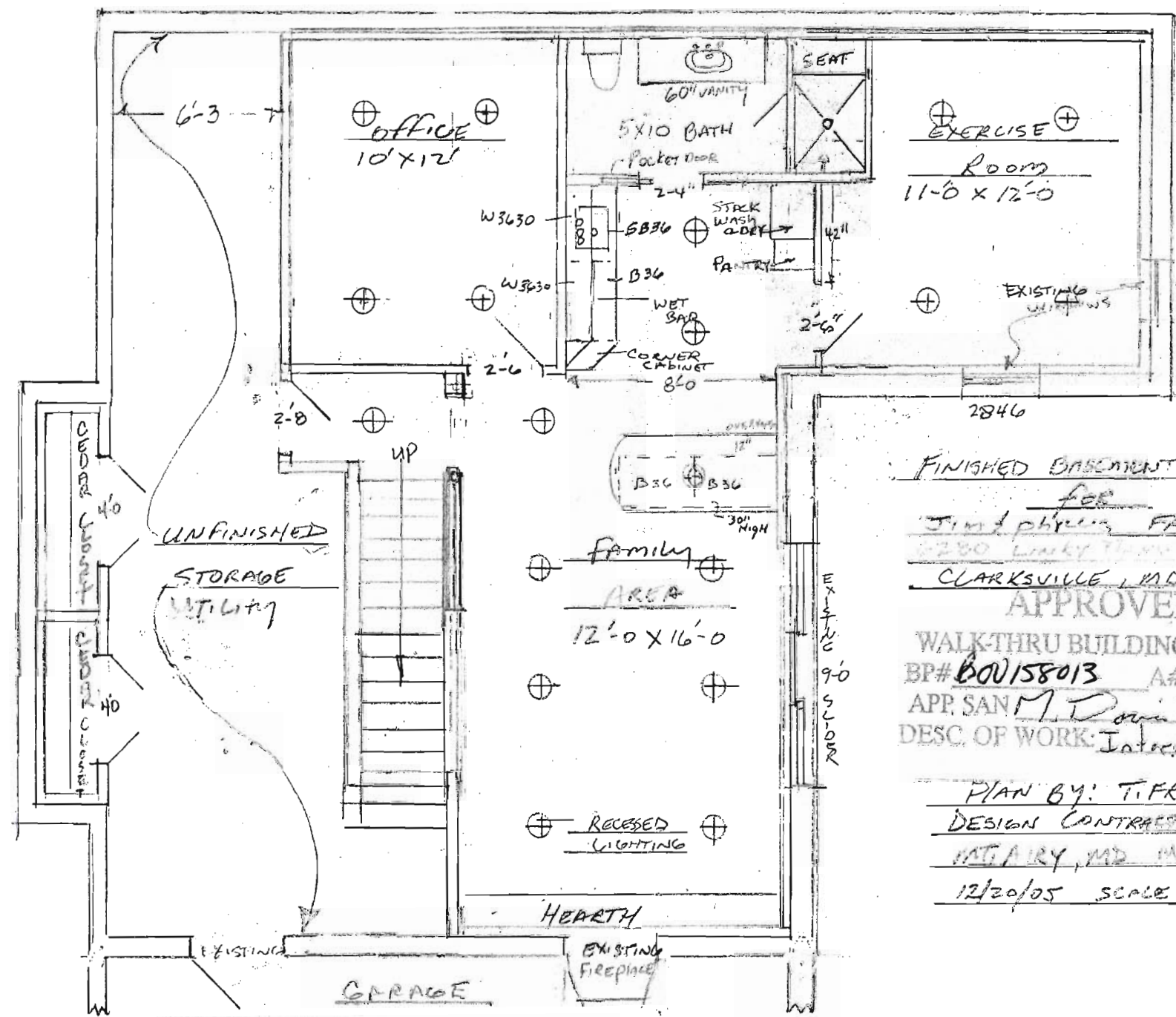
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Applicant's Signature Thomas Frey Print Name THOMAS FREY
 Title/Company OWNER/DESIGN CONTRACTING Date 2/02/06

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 Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health			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				

lane
 6280 LINKY THORN WAY
 05-349559



FINISHED BASEMENT PLAN
 FOR
 Jim & Phyllis FINE
 6280 Linky Thorn Way
 CLARKSVILLE, MD 21029
 APPROVED

WALK-THRU BUILDING PERMIT
 BP# 600158013 A#
 APP. SAN M. DAVIS DATE: 2/2/05
 DESC. OF WORK: Interior Renovation

PLAN BY: T. FREY
 DESIGN CONTRACTING
 NATARY, MD LIC# 23034
 12/20/05 SCALE 3/16" = 1 FT