

**HOWARD COUNTY
 PERMIT APPLICATION**

B09001362

PERMIT NUMBER

Building Address 12827 MacBeth Farm La
Clarksville, MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Hestin Crandon
 Address 12827 MacBeth Farm La
 City Clarksville State MD Zip Code 21029
 Home Phone 410 245 7417 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
Outdoor Architects
5604 Freshair La
Columbia, MD 21044
 Phone 410 309 9169 Fax _____

Existing Use _____
 Proposed Use 14'x10' Porch & Steps
 Estimated Construction Cost \$ 9,000.

Contractor Company Outdoor Architects
 Contact Person Mark Sporch
 Address 5604 Freshair La
 City Columbia State MD Zip Code 21044
 License No. 79271
 Phone _____ Fax _____

Description of Work Build 14'x10' Stone
porch & steps w/ railing

Occupant or Tenant Hestin Crandon
 Contact Name Mark Sporch
 Address 5604 Freshair La
 City Columbia State MD Zip Code 21044
 Phone 410 309 9169 Fax 410 730 0053

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: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> 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: _____	Heating System: _____
____ Reinforced Concrete	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
____ Structural Steel	Natural Gas <input type="checkbox"/>
____ Masonry	Propane Gas <input type="checkbox"/>
____ Wood Frame	Sprinkler system: N/A <input type="checkbox"/>
____ State Certified Modular	____ Full
	____ Partial
	____ Other Suppression
	____ # of Heads

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

Applicant's Signature [Signature]
 Title/Company President / Outdoor Architects

Print Name Mark Sporch
 Date 6/9/2009

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

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
Health	<u>6/10/09</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 type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
				Historic District?	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

5 01°34'32" W 240.00'

W 69°53'19" 30.27'

S 04°51'02" W 182.80'

N 02°20'28" W 81.60'

APPROVED

WALKTHRU BUILDING PERMIT

BP# _____ A# 518543

APP. SAN CFD DATE: 6/10/04

DESC. OF WORK:

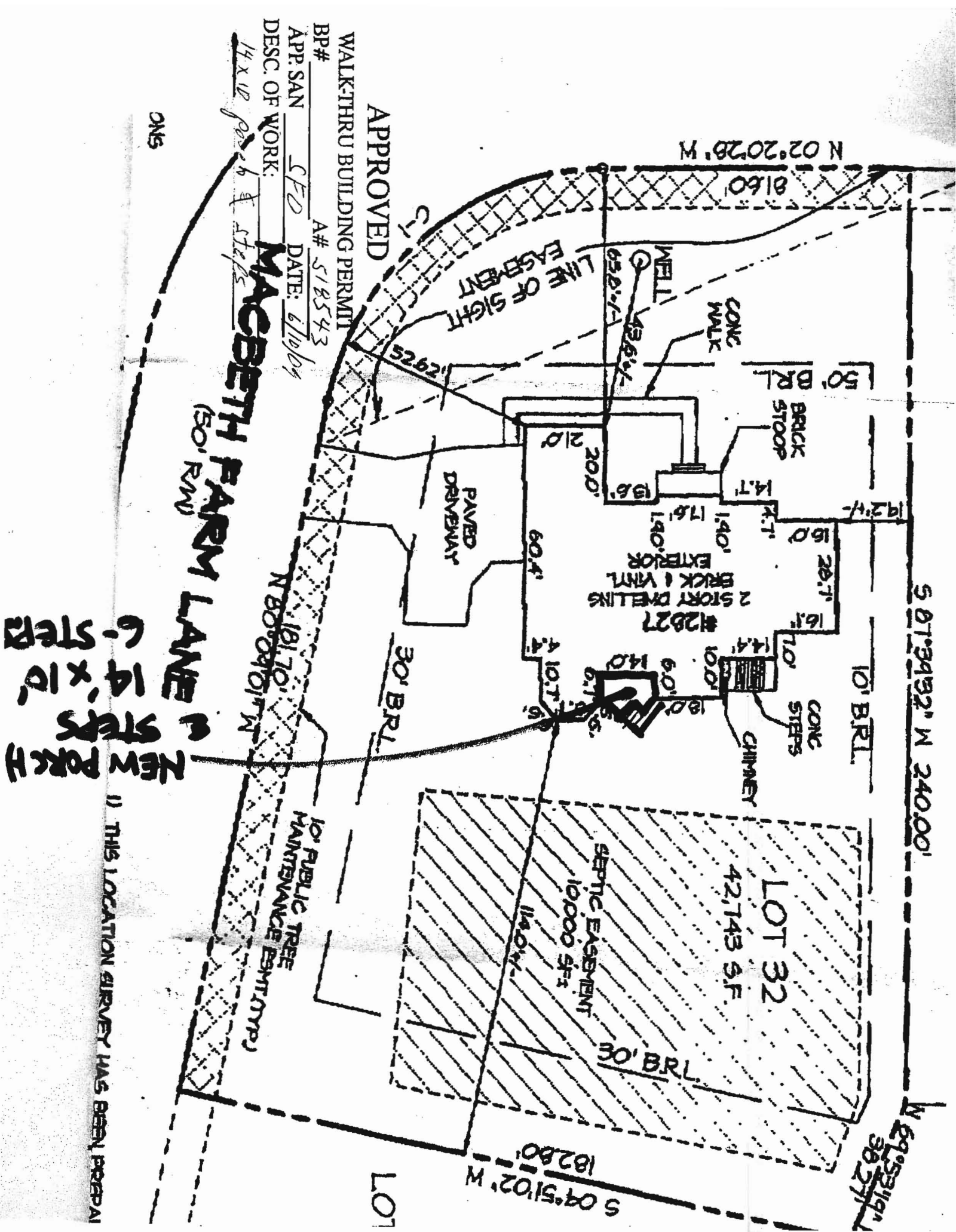
14x10 porch & steps

MACBETH FARM LANE
(50' R/W)

ONS

NEW PORCH
14' x 10'
6 STEPS

1) THIS LOCATION SURVEY HAS BEEN PREPARED



G-P 07-82 G06008499

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	<h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2>	<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 1.5em; margin:0;">B 07002274</p>
Building Address <u>12827 MacBeth Farm LN</u> <u>CLARKSVILLE MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>clarksville overlook</u> Section _____ Area _____ Lot <u>32</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>NU Homes</u> Address <u>1015 Marshfield Dr S. MD</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>21075</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone <u>410 379 5956</u> Fax _____	
Existing Use <u>vacant lot</u> Proposed Use <u>Single Family Home</u> Estimated Construction Cost \$ <u>310,000</u> Description of Work <u>New 2 Story "Monticello" C</u> <u>with 3 car garage, side swimming,</u> <u>morning room (unfinished basement)</u>	Contractor Company <u>Summit Building</u> Contact Person <u>Dustin Hill</u> Address _____ City _____ State _____ Zip Code _____ License No. <u>56</u> Phone _____ Fax _____	
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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics 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	Utilities 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 _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>74</u> <u>82,594</u> 2nd floor: <u>60</u> <u>52,486</u> Basement: <u>64</u> <u>82,292</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	Utilities 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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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: _____

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Applicant's Signature _____ Title/Company _____
 Print Name _____ 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 (ft): _____	Arch't. per. fee: \$ _____
Health	<u>6/22/17</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Fire Protection			Is Entrance Permit required? 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 checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone: _____	Check # <u>342536</u>
ONE STOP SHOP: <input type="checkbox"/>			BC/P/Reg-line approval date: _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		Accepted by: <u>[Signature]</u>		