

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B09000224

Building Address 13738 Lakeside Dr
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 Brian Gentile
 Address 13738 Lakeside Dr
 City Clarksville State MD Zip Code 21029
 Phone 410-531-6337 Phone 410-707-6749 (C)
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family
 Proposed Use Single family
 Estimated Construction Cost \$ 400K
 Description of Work New garage and kitchen
relocate existing garage 13750A4
22' x 10' to 11' x 10'

Contractor Company Hagan & Hamilton
 Contact Person Pet Hagan
 Address 20 E. Timonium Rd. Suite 100
 City Timonium State MD Zip Code 21093
 License No. ADTC 86274
 Phone 410-561-1004 Fax 410-561-1654 (F)

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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
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: _____ <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <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	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 type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" 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.

[Signature]
 Applicant's Signature

Brian D. Gentile
 Print Name
17 Feb 2009
 Date

Title/Company _____
 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	<u>4/9/09</u>	<u>[Signature]</u>	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 # <u>241</u>
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 <u>[Signature]</u>
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B09003021

Building Address 13738 Lakeside Dr
Clarksville, MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 7

Tax Map 37 Parcel 376 Grid 7

Zoning _____ Map Coordinates _____ Lot Size 3.481

Property Owner's Name Brian Gentle
 Address 13738 Lakeside Dr
 City Clarksville State MD Zip Code 21029
 Home Phone 410-531-6337 Work Phone 301-288-0205
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use SFD
 Proposed Use same with propane tank
 Estimated Construction Cost \$ 1000.00

Description of Work Below ground 500 gal propane tank

Contractor Company Valley National Excav, LLC
 Contact Person Jeff Keenan
 Address 7201 Montevideo Rd
 City Tessup State MD Zip Code 20799
 License No. 67793
 Phone 410-777-1114 Fax 410-777-0838

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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Brian D. Gentle
 Applicant's Signature

 Title/Company

Brian D. Gentle
 Print Name

5 NOV 2009
 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 Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Officials			Side: _____	Excise tax \$ <u>10.00</u>
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>11-9-09</u>	<u>Heidi Scott</u>	All minimum setbacks met?	TOTAL FEES \$ <u>110.00</u>
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 # <u>2509</u>
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\Operations\Updated forms

[Signature] 11/9/09

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <i>M09000446</i> BUILDING PERMIT # <i>B09000224</i>
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BUILDING ADDRESS: _____ SUITE/APT: <i>same</i> ← SUBDIVISION: _____ CENSUS TRACT: _____ SECTION: _____ AREA: _____ LOT: _____ TAX MAP: _____ PARCEL: _____ BLOCK: _____ ZONE: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENTS: _____ USE: _____	OWNERS NAME: <i>BRIAN GENTILE</i> ADDRESS: <i>13738 LAKESIDE DRIVE</i> CITY: <i>CLARKSVILLE</i> STATE: <i>MD</i> ZIP CODE: <i>21029</i> HOME PHONE: <i>410-531-6339</i> WORK PHONE: _____
--	---

	<u>CHECK ONE</u>	<u>HOW MANY</u>	COMPANY NAME: <i>OWENS COMFORT SYSTEMS</i>
SINGLE FAMILY DWELLING ZONES	<input checked="" type="checkbox"/>	<i>3</i>	LICENSEE NAME: <i>Thomas Owens</i> ADDRESS: <i>P.O. BOX 348</i> CITY: <i>DAVIDSONVILLE</i>
SINGLE FAMILY TOWNHOUSE ZONES	<input type="checkbox"/>	_____	STATE: <i>MD</i> ZIP CODE: <i>21035</i>
MULTI-FAMILY / HOTEL/MOTEL UNITS	<input type="checkbox"/>	_____	PHONE: <i>410-989-9340</i> HVACR LICENSE NO: <i>5106</i>

GEO THERMAL

New
 Heating and Air Conditioning Heating System Only Other Work (Describe): *DUCT MODIFICATION*

Replacement
 Heating Addition and Alterations
 Air Conditioning Heating
 Heating and Air Conditioning Air Conditioning
 Heating and Air Conditioning Heating and Air Conditioning
+ Replacement

Zones	Units
Permit Fee = # of Zones x \$40 = <i>120</i> Technology Fee (10% of Permit Fee) = <i>12</i> Plus Application Fee <i>\$50</i> Total Fees Due = <i>182</i>	Permit Fee = # of Units x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <i>\$50</i> Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Thomas Owens

SIGNATURE OF LICENSEE DATE: *6-25-09*

Thomas Owens

PRINT NAME OF LICENSEE

Validation
Check Number: _____
Cash: _____
Receipt Number: _____

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
Word doc: HVAC APPLICATION - JUNE 2004

RECEIVED

JUN 25 2009

LICENSES & PERMITS
DIVISION

Health Dept. Approved
α pin wall



PROPOSED VIEW OF LEFT FRONT OF HOUSE
(N.T.S.)



VIEW OF LEFT FRONT OF EXISTING HOUSE
(N.T.S.)

NOTE:
QUOINING TO REPLICATE
EXISTING CONDITIONS. FIELD
VERIFY. AS PER CLIENT'S
RECOMMENDATIONS.

GENERAL NOTES

DIMENSIONS
REFER TO ARCHITECTURAL DRAWINGS FOR BUILDING DIMENSIONS
WOOD FRAMING
ALL STRUCTURAL TIMBER SHALL CONFORM TO THE REQUIREMENTS OF
THE "TIMBER CONSTRUCTION MANUAL"
PREPARED BY THE AMERICAN INSTITUTE OF TIMBER CONSTRUCTION
WOOD SHALL BE SOUTHERN PINE OR DOUGLASS FIR WITH
A MIN. Fb=1,100psi AND E=1,500,000psi
PLYWOOD FLOOR DECK SHALL BE TONGUE AND GROOVE APA RATED
STURDY FLOOR WITH A SPAN RATING OF 24 O.C., EXPOSURE-1
PLYWOOD ROOF SHEATHING SHALL BE APA RATED SHEATHING 32/16
EXPOSURE-1 USE MINIMUM PLYWOOD THICKNESS AS SPECIFIED ON
DRAWINGS
ALL MICRO-LAMS (ML) SHOWN ON THESE DRAWINGS SHALL CONFORM
TO TRUSS JOIST CORPORATION'S SPECS.
LVL (MICRO-LAM = LAMINATED VENEER LUMBER) SHALL HAVE A
MINIMUM Fb=3,000 psi., AND Fv=200psi.
ALL CONNECTORS SHALL BE GALVANIZED AND MANUFACTURED BY
TECO OR APPROVED EQUAL AS RECOMMENDED BY THE MANUFACTURER
FOR INTENDED USAGE UNLESS OTHERWISE NOTED ON THE DRAWINGS

NOTES

- *FIELD VERIFY ALL MEASUREMENTS
- *ALL LVL BEAMS, ROOF TRUSSES, TGI FLOOR SYSTEMS,
TREX OR P.T. DECKING AND RAIL SYSTEMS
AS PER MANUF.'S SPECS.
- *WINDOWS AND DOORS TO BE ANDERSON OR EQUAL
- *ALL ELECTRIC, H.V.A.C., AND PLUMBING
AS PER HOWARD COUNTY CODES

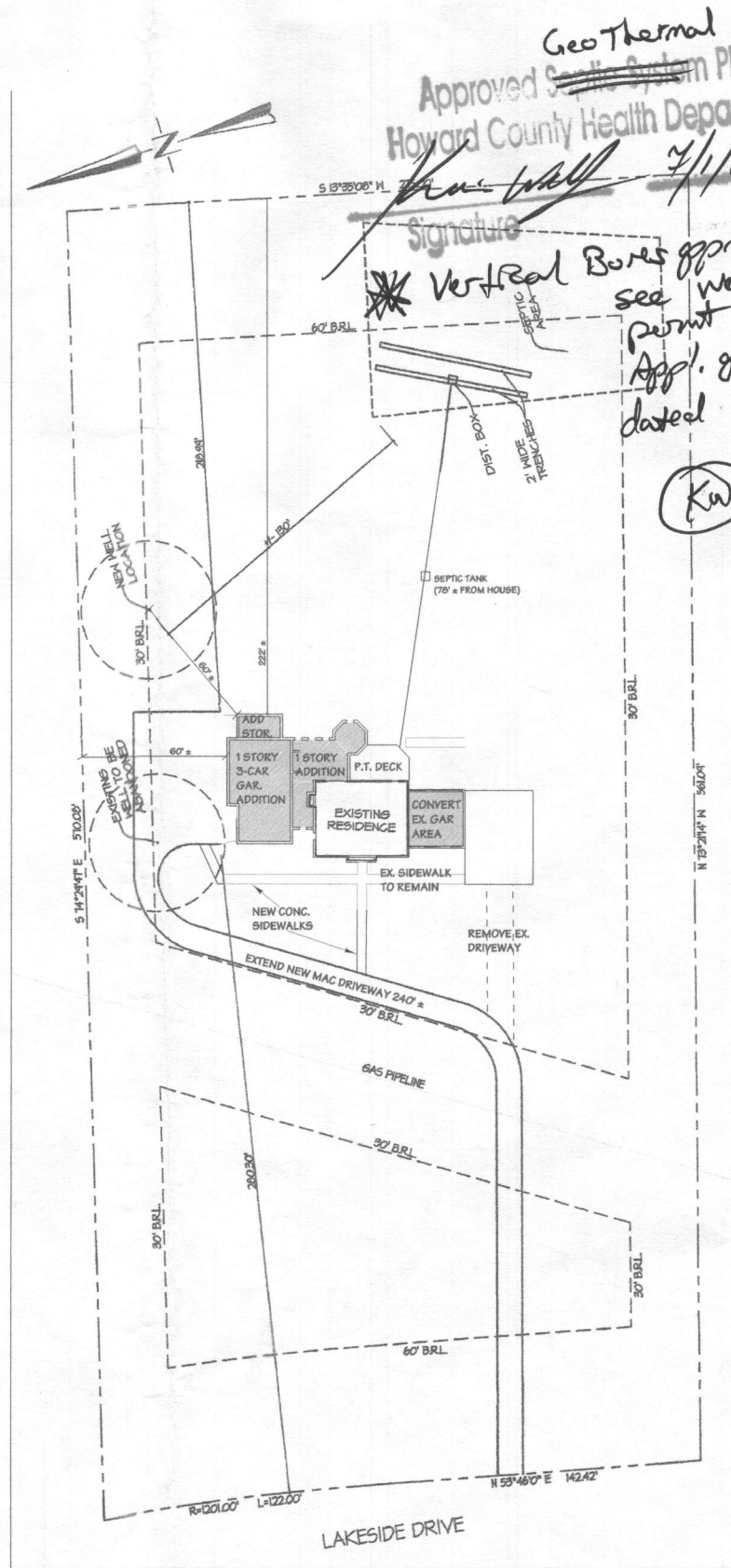
Square Footage

EXISTING 2-STORY HOUSE	2,758 sq. ft. ±
ADDED LIVING SPACE	1,375 sq. ft. ±
NEW TOTAL LIVING AREA	4,103 sq. ft. ±
REPLACEMENT REAR DECK	344 sq. ft. ±
ADDED 3-CAR GARAGE & STORAGE ROOM (NON HEATED)	1,368 sq. ft. ±

M09600446

Gentile Residence

NEW KITCHEN & BREAKFAST ROOM ADDITION,
3-CAR GARAGE & REAR DECK SYSTEM



SITE PLAN @ 1" = 40'

Index Of Drawings

- A-1 Scope Of Work, Site Plan, Square Footage, Notes.
- A-2 Proposed Front & Left Elevations
- A-3 Proposed Rear & Right Elevations
- A-4 Proposed Foundation Plan
- A-5 Proposed 1st Floor & Rear Deck Plans
- A-6 Roof & Proposed 2nd Floor Plans, Section Views
- A-7 General Construction Notes

Scope Of Work

- CONSTRUCT LEFT SIDE & REAR ONE-STORY BRICK ADDITION TO EXISTING 2-STORY SINGLE FAMILY HOME.
- CONVERT CURRENT 2-CAR GARAGE INTO LIVING SPACE W/ ONE BEDROOM, ONE BATH, & LAUNDRY ROOM.
- PROVIDE FOR FULL BLOCK BASEMENT UNDER LIVING AREA OF NEW ADDITION.
- DEMO EX. KITCHEN & RELOCATE TO NEW ADDITION W/ ATTACHED BREAKFAST ROOM. PROVIDE NEW ENGINEERED FLOOR SYSTEM, CABINETS, COUNTERTOPS & APPLIANCES AS PER CLIENT'S SPECS.
- ADDITION TO INCLUDE A 3- CAR GARAGE W/ REAR STORAGE ROOM
- ADDITION TO HAVE BRICK VENEER & QUOINING TO MATCH EXISTING HOUSE W/ A TRUSS ROOF HIP DESIGN AS PER MANUF'S SPECS.
- WINDOWS & DOORS TO BE ANDERSON OR EQUAL. SHINGLES TO MATCH EX. HOUSE.
- CONSTRUCT P.T. REAR DECK W NEW RAIL & STAIRS TO REPLACE EX. W/ NEW RAIL & STAIR SYSTEM
- INSTALL TRAY BUILD- DOWN CEILING IN KITCHEN AREA W/ A 2X12 STICK- BUILT VAULTED BREAKFAST ROOM CEILING.
- EXTEND, REDIRECT & MAC PAVE DRIVEWAY & CONC. SIDEWALKS AS PER CLIENT'S SPECS.
- ADDITION ELECTRIC, PLUMBING, & HVAC TO HOWARD COUNTY CODES
- ALL WORK TO COMPLY W/ LOCAL CODES.

Account Identifier: District - 05 Account Number - 396042			
Owner Information			
Owner Name:	GENTILE BRIAN D GENTILE EMILY B WF	Use:	RESIDENTIAL
Mailing Address:	13738 LAKESIDE DR CLARKSVILLE MD 21029-1345	Principal Residence:	YES
		Deed Reference:	1) / 1437/ 15 2)
Location & Structure Information			
Premises Address	13738 LAKESIDE DR CLARKSVILLE 21029	Legal Description	LOT 7 3.481 A 13738 LAKESIDE DR BRIGHTON PINES S 1 AR 1
Map Grid	Parcel 34 7 396	Sub District	2
Sub Division	7	Section	2
Block	7	Assessment Area	6012
Lot	7	Plat No:	
Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, RURAL FIRE TAX	
Primary Structure Built	1986	Enclosed Area	2,758 SF
Stories	2	Property Land Area	3.48 AC
Basement	YES	Type	STANDARD UNIT
		County Use	EXTERIOR BRICK

1-Sty. Addition, Garage &
Interior Renovations

Mr. & Mrs. Brian & Beth Gentile
13738 Lakeside Drive
Clarksville, Md. 21029

DRAWN
W.H.C./R.K.A.
CHECKED
M.A.B.
DATE
2/16/2009
SCALE
AS NOTED
JOB NO.
R-004-09

SHEET
A-1
7

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ARCHITECTURAL DESIGN & DRAFTING
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BALTIMORE, MARYLAND 21220
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