



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 11848 LINDEN CHAPEL RD.
City: CLARKSVILLE State: MD Zip Code: 21146
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 15
Tax Map: 29 Parcel: 354 Grid: 14
Zoning: RL-DEB Map Coordinates: _____ Lot Size: 3.06 ac

Existing Use: S.F.D.
Proposed Use: S.F.D.
Estimated Construction Cost: \$ 90,000
Description of Work: NEW 3'x12' ADDITION AT MASTER BDRM. INTERIOR MASTER BATH RENO.
Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>59</u>	<u>89</u>
Area of construction (sq. ft.):	2 nd floor: <u>40</u>	<u>48</u>
Use group:	Basement: <u>45.5</u>	<u>66</u>
Construction type:	<input checked="" type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: SAMI GARBIS
Address: 11848 LINDEN CHAPEL RD.
City: CLARKSVILLE State: MD Zip Code: 21146
Phone: _____ Fax: _____
Email: sjgarbis@gmail.com
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: DAVID MYERS
Address: 733 W. 40th ST., STE 250PS
City: BALTO State: MD Zip Code: 21211
Phone: 410-366-9982 Fax: _____
Email: david@vgarchitect.com

Contractor Company: RICK OF WESTWOOD
Contact Person: CHERYL WHITNEY
Address: 4927 KERIN RD.
City: MANCHESTER State: MD Zip Code: 21102
License No.: 73655 (MHIC#)
Phone: 410-239-8660 Fax: _____
Email: howinc@rickofwestwood.com

Engineer/Architect Company: VINCENT GREENE ARCHITECTS
Responsible Design Prof.: DAVID MYERS
Address: 733 W. 40th ST. STE 250PS
City: BALTO. State: MD. Zip Code: 21211
Phone: 410-366-9982 Fax: _____
Email: david@vgarchitect.com

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: David Myers
Email Address: david@vgarchitect.com
Title/Company: VINCENT GREENE ARCHITECTS

Print Name: DAVID MYERS
Date: 10/10/17

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

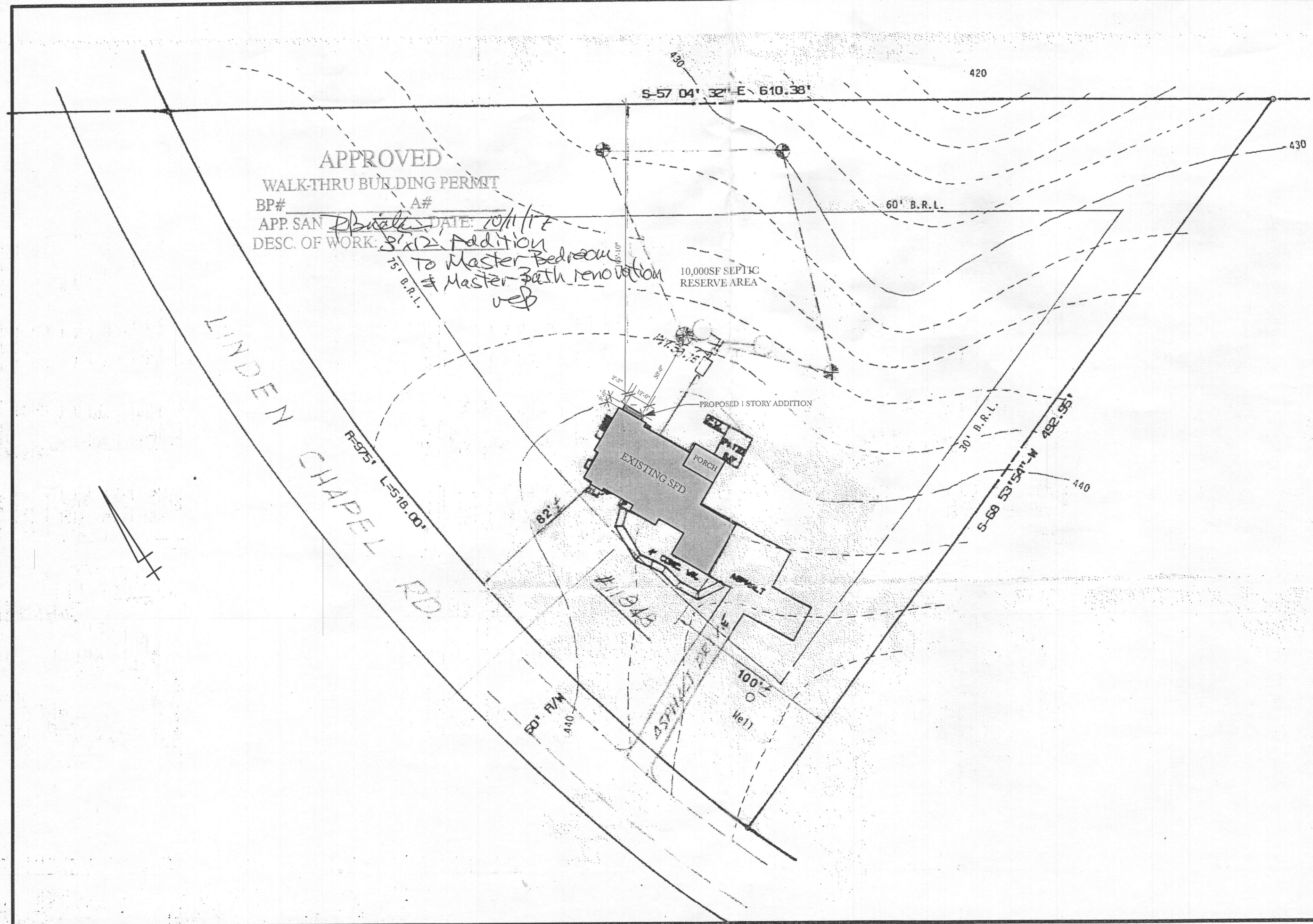
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>10/11/17 R. B...</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *P. B. Walker* DATE: 10/11/17
 DESC. OF WORK: 8'x12' Addition
 to Master Bedroom
 & Master Bath renovation
 veb

PROJECT NAME:		GARBIS RESIDENCE 11848 LINDEN CHAPEL ROAD CLARKSVILLE, MARYLAND 21146	
DRAWING TITLE:		SITE PLAN	
DATE:	© 2017 GREENEARCH		
PERMIT SET: 10/10/17	SCALE: 1" = 50'		
SEAL:			
DRAWING #:		SP	

VINCENT GREENE ARCHITECTS

GARBIS RESIDENCE
 11848 LINDEN CHAPEL ROAD
 CLARKSVILLE, MARYLAND 21146

PROJECT NAME:

**EXISTING PLAN /
 FOUNDATION PLAN /
 PROPOSED PLAN**

DRAWING TITLE:

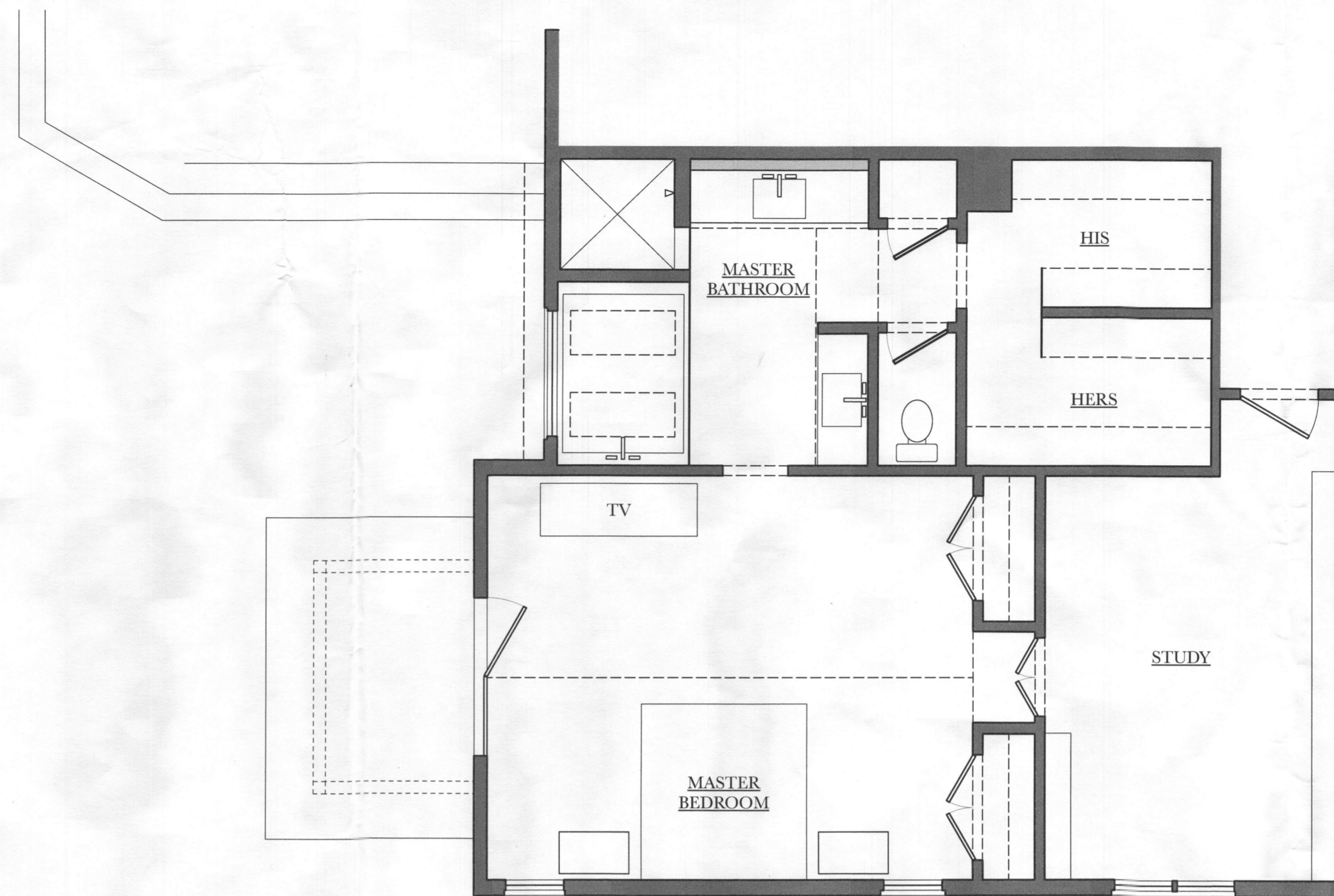
© 2017 GREENEARCH

DATE: PERMIT SET: 09/26/17

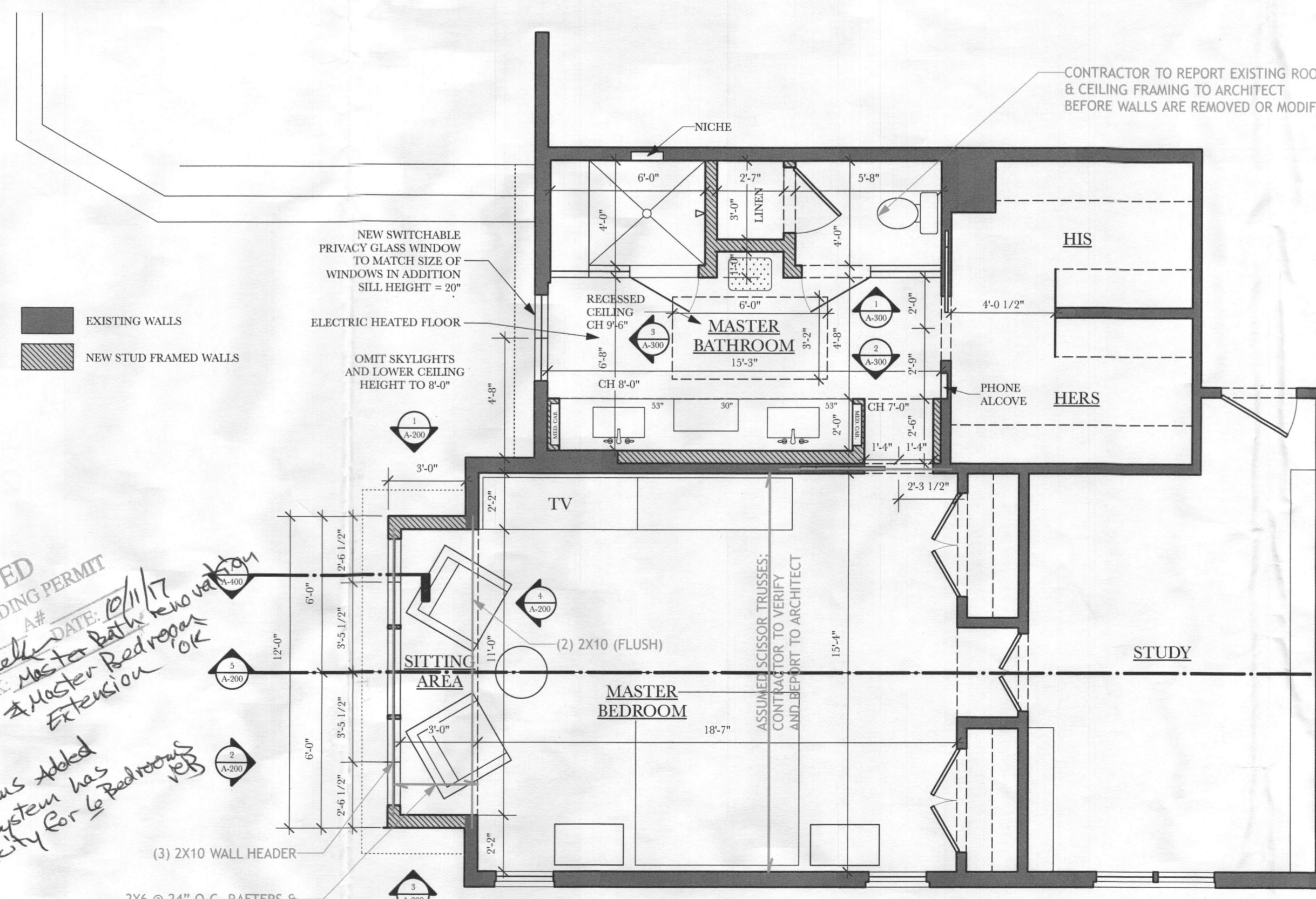
SCALE: 1/4"=1'-0"

DRAWING #:

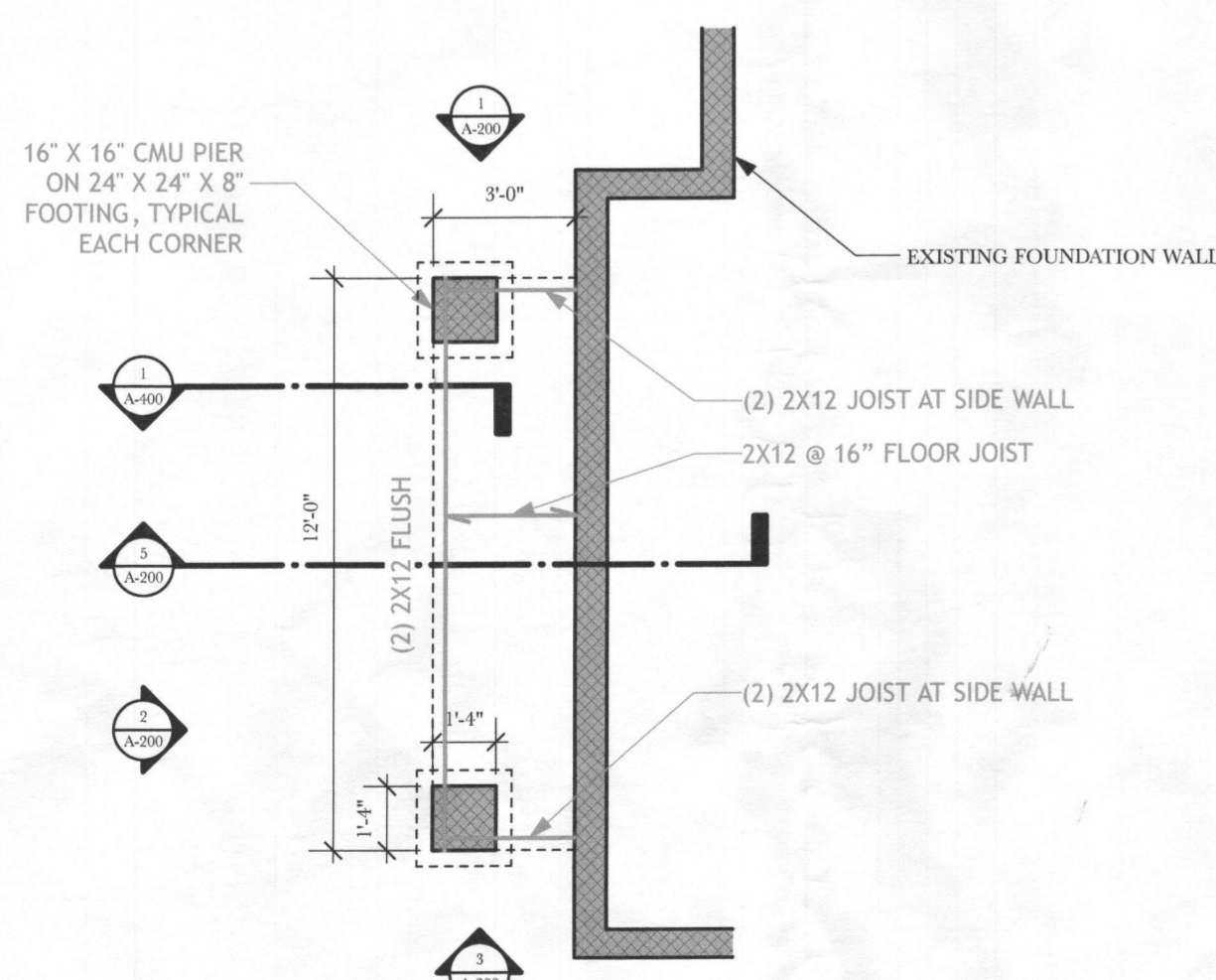
A-101



1 EXISTING FIRST FLOOR PLAN
 A-101 SCALE: 1/4"=1'-0"



3 PROPOSED FIRST FLOOR PLAN
 A-101 SCALE: 1/4"=1'-0"



2 PROPOSED FOUNDATION PLAN
 A-101 SCALE: 1/4"=1'-0"

APPROVED
 WALK-THRU BUILDING PERMIT
 DATE: 10/1/17
 APP. SAN. # [Signature]
 DESC. OF WORK: Master Bath renovation
 & Master Bedroom Extension
 No Bedrooms Added
 Septic System has capacity for 6 Bedrooms

NOTE:
 SWITCHABLE PRIVACY GLASS TO BE PROVIDED BY INNOVATIVE GLASS CORP.
 CONTRACTOR TO ORDER MARVIN FRAMES "OPEN FOR GLASS" FRAMES TO BE DROP SHIPPED TO INNOVATIVE GLASS WHERE THE SWITCHABLE PRIVACY GLASS WILL BE INSTALLED IN THE FRAMES PROVIDED AND A COMPLETE WINDOW UNIT WILL BE SHIPPED BACK.
 MARVIN FRAMES TO BE (2) 1'-8"W X 5'-0"H OPERABLE CASEMENTS MULLED TOGETHER.
 CONTACT INFO FOR INNOVATIVE GLASS:
 SALES ASSOCIATE: COREY VOSEFSKI
 PHONE: 516-773-1100 EXT. 309
 EMAIL: CVOSEFSKI@INNOVATIVEGLASSCORP.COM
 ADDRESS: 120 COMMERCIAL STREET, PLAINVIEW, NY 11803
 WEBSITE: WWW.INNOVATIVEGLASSCORP.COM