

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07003277

Building Address <u>6380 WILLOW RD</u> <u>CLARKSVILLE MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>JOHN DUNLAP</u> Address <u>6380 WILLOW RD</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone <u>410 531 4146</u> Fax _____
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Existing Use <u>SFD</u> Proposed Use <u>SAME W/ DETACHED POLE BARN</u> Estimated Construction Cost \$ <u>20K</u> Description of Work <u>BUILD 28x30 POLE BARN, NO FLOOR, NO CEILING</u> <u>NO FLOOR</u>	Contractor Company <u>MARSHAL McWHORTER</u> Contact Person <u>RYAN McWHORTER</u> Address <u>6851 REDBERRY RD</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> License No. <u>9807</u> Phone <u>410 984 5813</u> Fax _____
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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 _____
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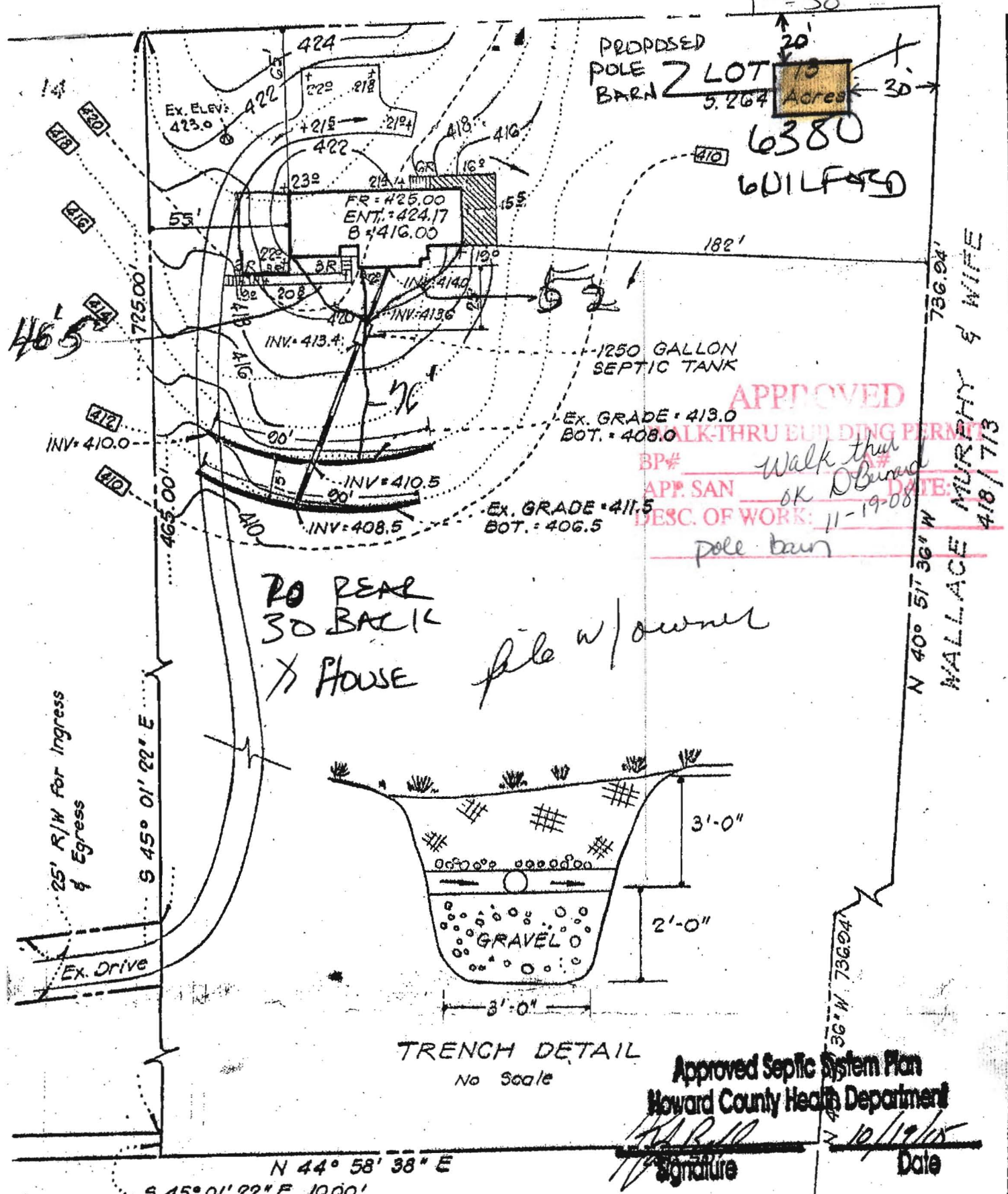
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: <u>28</u> Depth <u>30</u> Width	Sewage Disposal: _____ Public <input type="checkbox"/> 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"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____ Finished Basement <input 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 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 _____	No. of Bedrooms: _____	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: _____	
		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.

<u><i>[Signature]</i></u> Applicant's Signature _____ Title/Company	<u>RYAN McWHORTER</u> Print Name _____ Date <u>11/5/08</u>
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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 <u>11-19-08</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 # _____
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	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



CLARK, FINNEY, & SACKETT
ENGINEERS - PLANNERS - SURVEYORS
11315 Lockwood Drive
Silver Spring, Md. 20904 593-3400

FEATURES AND DIMENSIONS
MAY NOT BE ACCURATE.

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