

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B07004454

Building Address 5412 HARRIS FARM LANE
CLARKSVILLE, MD. 21029
 Suites/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 28 Parcel 286 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name CHARLES BRANNAN
 Address 5412 HARRIS FARM LANE
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone (410) 531-8670 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
MIKE KEANE
336 GORDON AVE, SEVERNA PK, MD.
 Phone (301) 674-3670 Fax (410) 544-1895

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 3,000.00
 Description of Work WHEEL CHAIR
RAMP 10x15 L-shaped ramp

Contractor Company MJ KEANE BUILDING
MD REMODELING
 Contact Person MIKE KEANE
 Address 336 GORDON AVE
 City SEVERNA PK. State MD Zip Code 21146
 License No. 79819
 Phone (301) 674-3670 Fax (410) 544-1895

Occupant or Tenant CHARLES BRANNAN
 Contact Name SAME
 Address 5412 HARRIS FARM LANE
 City CLARKSVILLE State MD Zip Code 21029
 Phone (410) 531-8670 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address N/A
 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: <u>N/A</u> <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 _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input 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 _____ Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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	

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.

Michael J. Keane
 Applicant's Signature

MICHAEL J. KEANE
 Print Name

 Title/Company

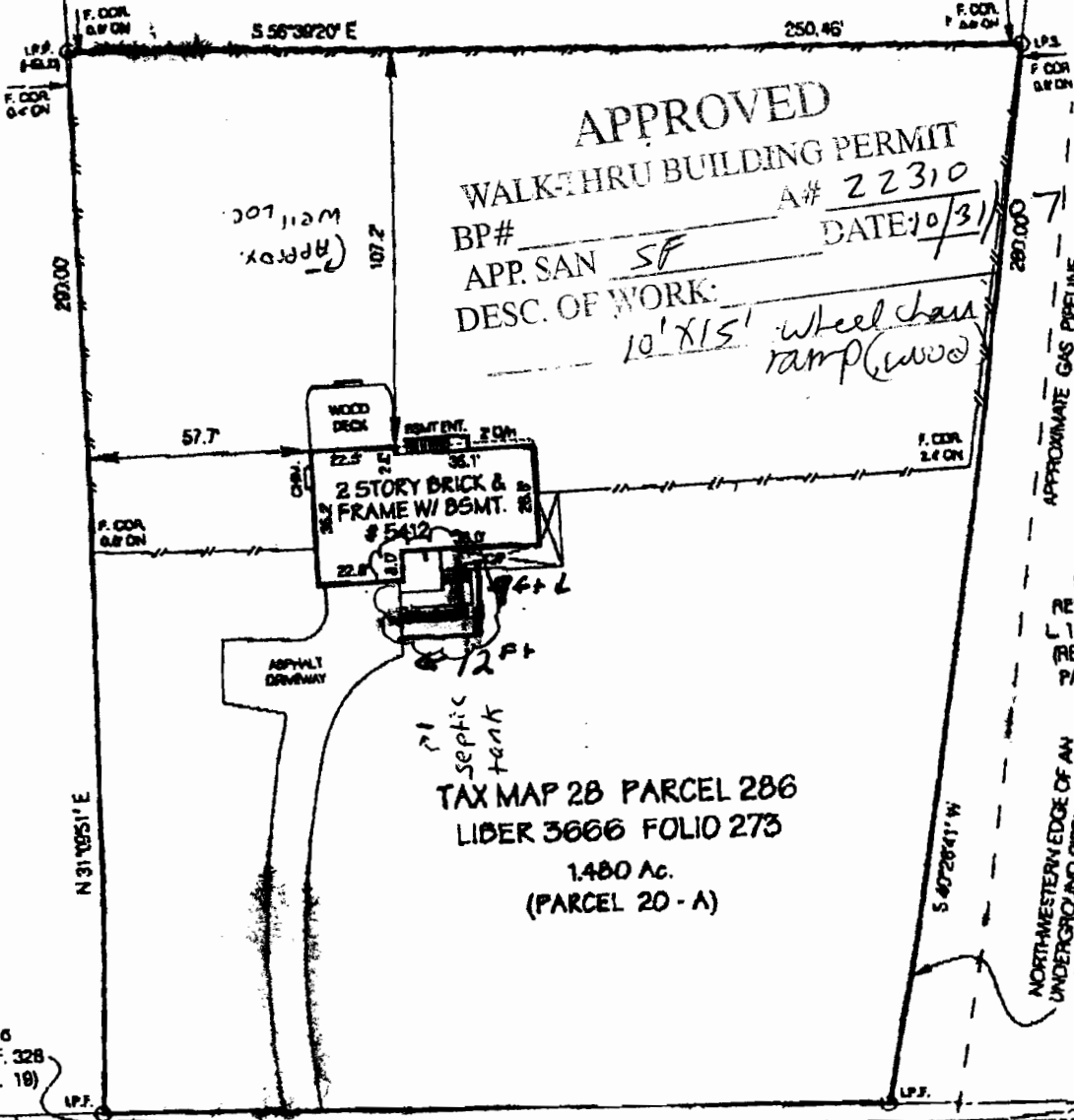
10/29/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/31/07</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies:	White: Building Official	Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>1019</u>
Lot Coverage for New Town Zone _____	Check _____
BDP/Red-line approval date _____	Validation \$ _____
Accepted by _____	

P. 267
L. 1798 F. 79
(PARCEL 20-B)



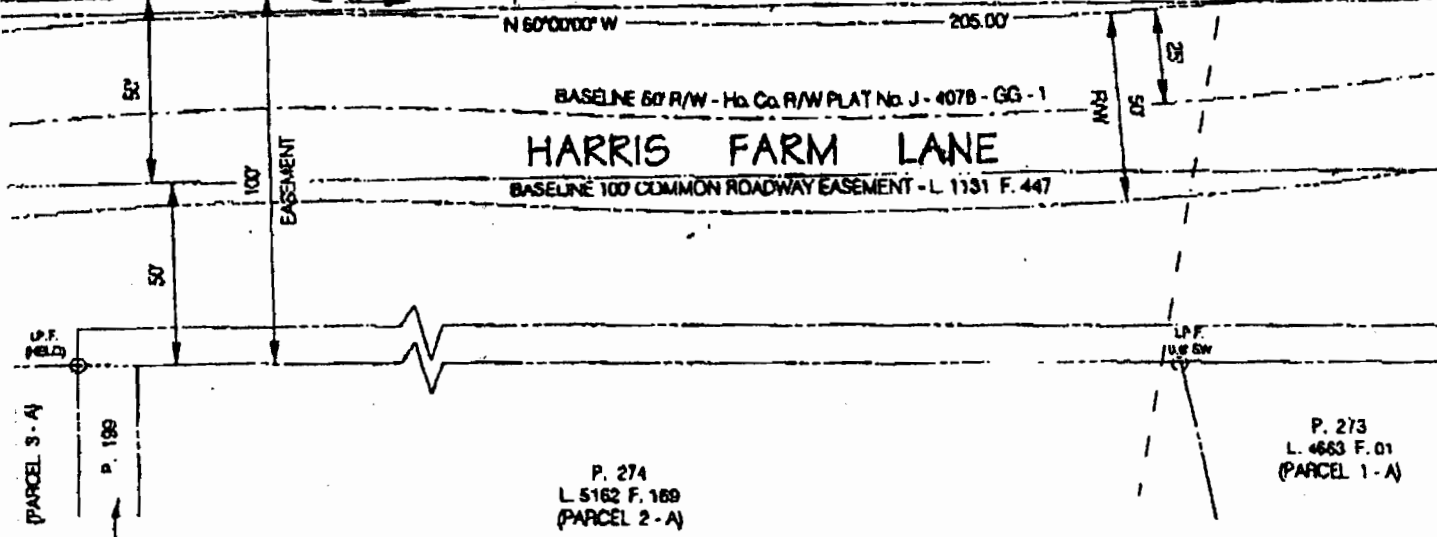
P. 285
L. 2119 F. 79
(PARCEL 19-A)

P. 217
RESIDUE OF
L. 1848 F. 523
(RESIDUE OF
PARCEL 20)

TAX MAP 28 PARCEL 286
LIBER 3666 FOLIO 273
1.480 Ac.
(PARCEL 20-A)

P. 216
L. 1238 F. 328
(PARCEL 19)

NORTH-WESTERN EDGE OF AN
UNDERGROUND PIPELINE, R/W
OF UNIDENTIFIED WIDTH
L. 287 F. 105



P. HARRIS T. BRANNAN