

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

000156587

Building Address 5489 Harris Farm Lane  
Clarksville MD 21029

Suite/Apt. #: 05-375495 SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605101 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot P-8A

Tax Map 28 Parcel 279 Grid 20

Zoning RR-DEP Map Coordinates 1354 Lot size 2.09A

Existing Use house SFD

Proposed Use house masterbed

Estimated Construction Cost \$ 125,000.00

Description of Work one (1) story addition  
Masterbed, bath, closet, guest room, two  
car garage, unfinished basement, cont. porch.  
sitting room, reconfig 2nd floor bedrooms/bath

Occupant or Tenant Paul & Susanne Kneeland

Contact Name Paul Kneeland

Address 5489 Harris Farm Lane

City Clarksville State MD Zip Code 21029

Phone 443-277-1350 Fax 410-290-1495

Property Owner's Name Paul & Susanne Kneeland

Address 5489 Harris Farm Lane

City Clarksville State MD Zip Code 21029

Home Phone 410-531-0367 Work Phone 443-277-1350

Applicant's Name & Mailing Address: (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax 410-290-1495

Contractor Company Owner

Contact Person Paul Kneeland

Address 5489 Harris Farm Lane

City Clarksville State MD Zip Code 21029

License No. \_\_\_\_\_

Phone 443-277-1350 Fax 410-290-1495

Engineer or Architect Company Scott Heiges

Contact Person Scott Heiges

Address 4500 Rt 94

City Woodbine State MD Zip Code \_\_\_\_\_

Phone 410-489-7468 Fax 410-489-7468

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input 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 <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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>60'</u> Depth <u>188'</u> Width	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>30'</u> <u>40'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>60'</u> <u>188'</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Geothermal <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>5</u>	
Height: <u>25'</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: _____	
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.

Paul Kneeland  
Applicant's Signature  
Owner  
Title/Company

Paul Kneeland  
Print Name  
10/18/05  
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>10/31/05</u>	<u>[Signature]</u>
Fire Protection		

is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
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 \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>876</u>
SDP/Red-line approval date _____	Validation # <u>100670</u>

