

Building Address 14115 Howard RD  
Dayton, MD 21036  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 105101 Subdivision Rose Hill Ridge  
 Section - Area 3.5524 AC Lot 2  
 Tax Map 27 Parcel 30 Grid 6  
 Zoning RD-D Map Coordinates 13F1 Lot size 3.5524 AC

Property Owner's Name Paul Keating  
 Address 5080 Ten Oaks Rd  
 City Clarksville State MD Zip Code 21029  
 Home Phone 410-531-5737 Work Phone 410-943-6211  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax 410-765-1492

Existing Use Residential  
 Proposed Use Residential  
 Estimated Construction Cost \$ 275,000  
 Description of Work New Home  
New custom single family home  
3 br 2 1/2 bath w/ finished basement

Contractor Company Paul Keating  
 Contact Person Paul Keating  
 Address 5080 Ten Oaks Rd  
 City Clarksville State MD Zip Code 21029  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax 410-765-1492

Occupant or Tenant Paul Keating  
 Contact Name Paul Keating  
 Address 5080 Ten Oaks Rd  
 City Clarksville State M Zip Code MD  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Woodhouse  
 Contact Person Peter C. McClennen  
 Address Route 549, Box 219  
 City Mansfield State PA Zip Code 16933  
 Phone 215-257-1677 Fax 215-257-0702

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth Width 1st floor: <u>32'</u> <u>40'</u> 2nd floor: <u>32'</u> <u>40'</u> Basement: <u>32'</u> <u>40'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>3</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ 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: _____	
_____ State Certified Modular <input checked="" 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.

Paul Keating  
 Applicant's Signature  
owner  
 Title/Company

Paul Keating  
 Print Name  
05/16/01  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	50652
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>6/15/01</u>	<u>Mark Riff</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>3194</u>
				Validation # <u>35112</u>
				Accepted by <u>[Signature]</u>

**Owner:** PAUL G. KEATING  
**Builder:** Owner  
**Address:** 14115 Howard Rd  
 Dayton, MD. 21036

**House Type:** Custom Single  
 Family Home

**Grade Elevation:**  
 534' from Orthmetric Topographic  
 Composite Map of Howard County  
 Map # 246

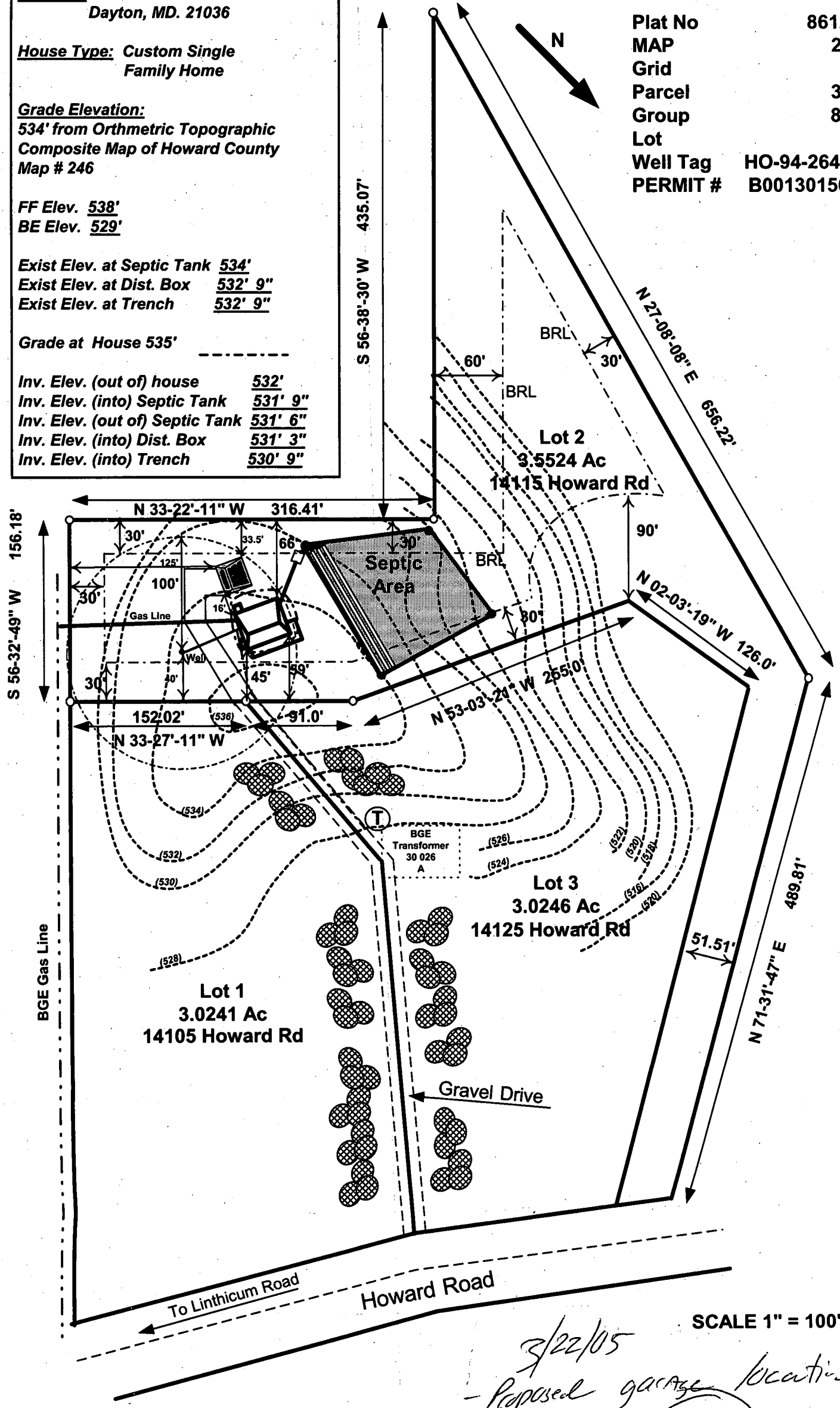
**FF Elev. 538'**  
**BE Elev. 529'**

**Exist Elev. at Septic Tank 534'**  
**Exist Elev. at Dist. Box 532' 9"**  
**Exist Elev. at Trench 532' 9"**

**Grade at House 535'**

**Inv. Elev. (out of) house 532'**  
**Inv. Elev. (into) Septic Tank 531' 9"**  
**Inv. Elev. (out of) Septic Tank 531' 6"**  
**Inv. Elev. (into) Dist. Box 531' 3"**  
**Inv. Elev. (into) Trench 530' 9"**

**Plat No** 8612  
**MAP** 27  
**Grid** 6  
**Parcel** 30  
**Group** 81  
**Lot** 2  
**Well Tag** HO-94-2641  
**PERMIT #** B00130150



SCALE 1" = 100'

3/22/05  
 Proposed garage location  
 J/K (KJB)