

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B07003321

Building Address 13726 Pasture Green Rd  
Chalkville MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Benny F...

Address 13726 Pasture Green Rd

City Chalkville State MD Zip Code 21029

Home Phone 410-531-1117 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SI 11/11/11

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 67,000

Description of Work 1-1000 gallon propane tank

Contractor Company Suburban Propane

Contact Person Sam McKenny

Address 31 D...

City Chalkville State MD Zip Code \_\_\_\_\_

License No. 7356

Phone 410-281-0066 Fax \_\_\_\_\_

Occupant or Tenant Benny F...

Contact Name \_\_\_\_\_

Address 13726 Pasture Green Rd

City Chalkville State MD Zip Code 21029

Phone 410-531-1117 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input 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: 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: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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.

Applicant's Signature [Signature]

Title/Company Suburban Propane

Print Name Sam McKenny

Date \_\_\_\_\_

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	FEES/SETBACK INFORMATION	PROPERTY FEE
Land Development, DPZ			Front _____	Filing fee \$ _____
State Highway			Rear _____	Permit fee \$ <u>200</u>
Building Official			Side _____	Excise tax \$ <u>10.00</u>
Dev. Enforcement, DPZ			Side Set _____	Add'l per. fee \$ _____
Health	<u>10/11/07</u>	<u>[Signature]</u>	All setbacks satisfied? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>210.00</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to installation? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
EMERGENCY CONSTRUCTION STARTED <input type="checkbox"/>			Let Coverage for New Town Zone _____	Check # <u>0076477</u>
Distribution of Copies: _____	Witnessing Official _____	Grantor/IDD, DPZ _____	SDR/Red-line approval date _____	Validation \$ _____
Yellow: DEP, DPZ				Accepted by <u>[Signature]</u>
Pink: Health				Gold: SHA

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

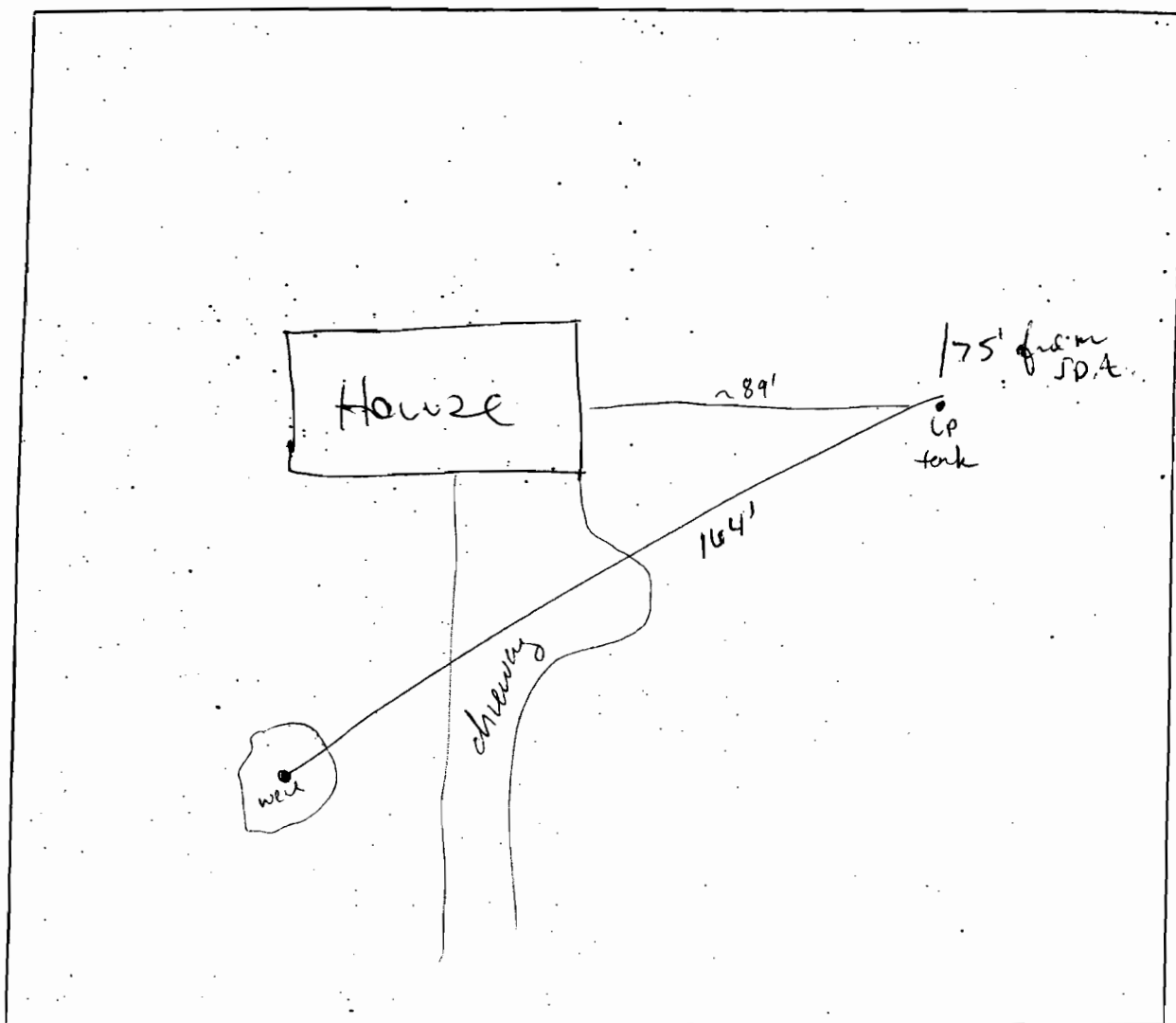
ADDRESS: 13726 Pasture Green CONTRACTOR: \_\_\_\_\_

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Verifying LP tank location proposed to well end  
Septic.

LOCATION DIAGRAM



COMMENTS: LP tank location ok 10/9/07 SR  
for D07003821

FIGARD RESIDENCE

13726 PASTURE GREEN

CLARKSVILLE, MARYLAND

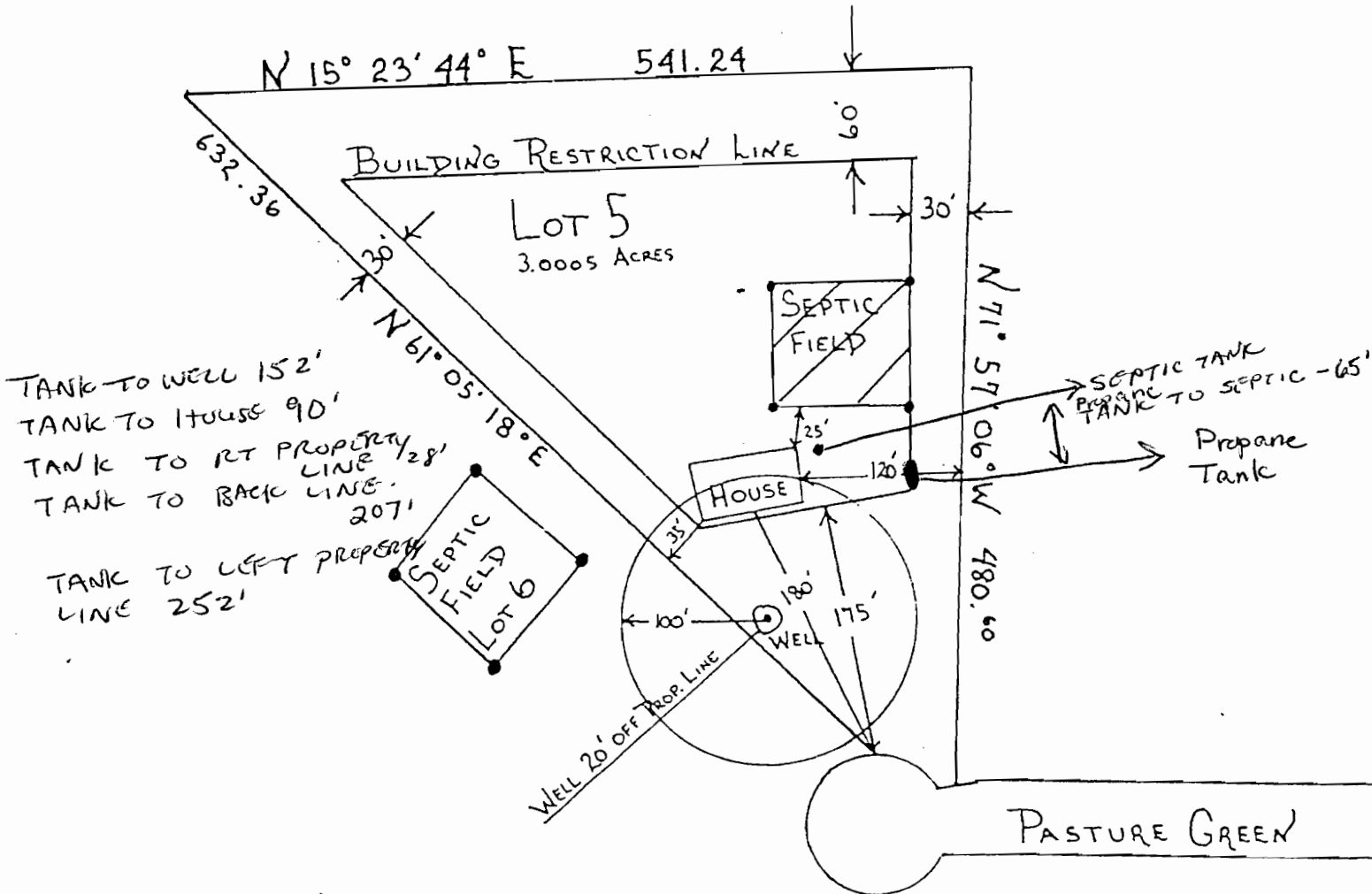
SITE PLAN 1" = 120'

DUNFRETTE ESTATES

E. 215

L. 1242

164 well to left



FIGARD RESIDENCE

13726 PASTURE GREEN

CLARKSVILLE, MARYLAND

SITE PLAN 1" = 120'

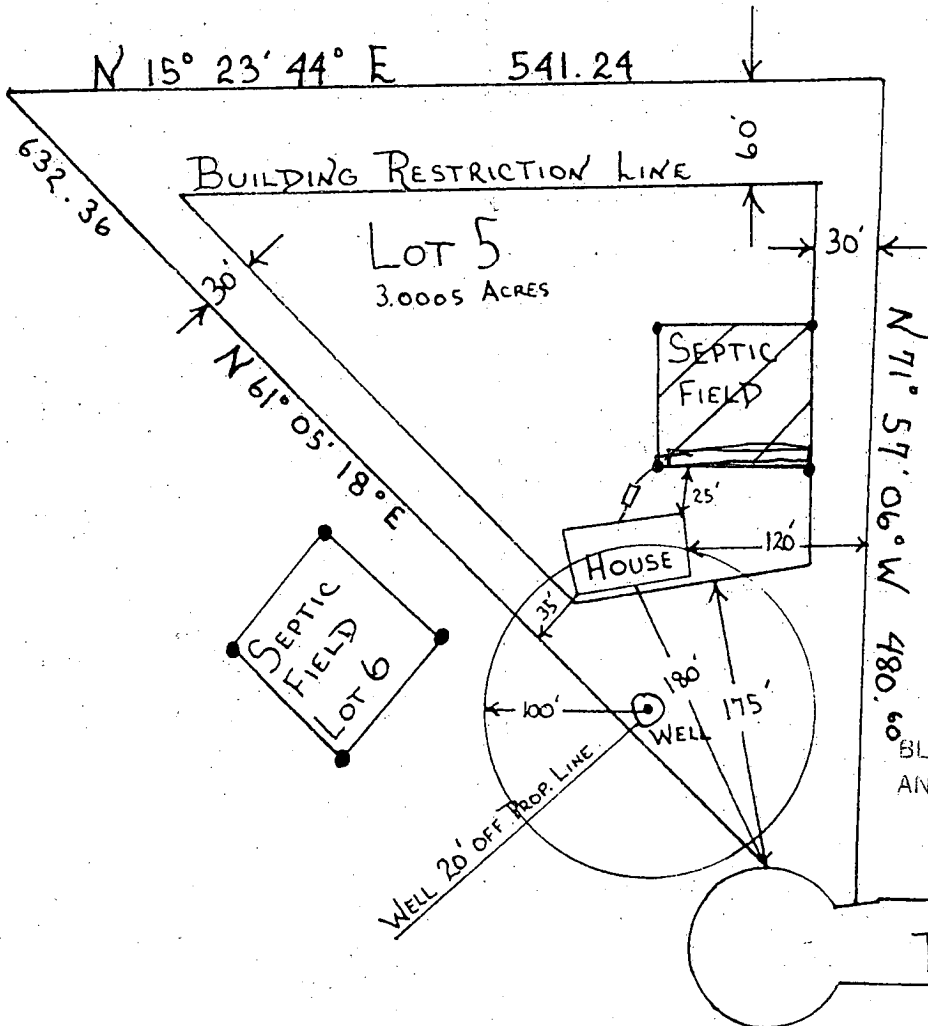
B.P. # 63106

DUNFRETEN ESTATES

F. 215

L. 1242

Septic Eler's & location etc  
3-13-85 7.7-



- WU:
- HOUSE OUT - 100
  - TANK IN - 99.8
  - TANK OUT - 99.55
  - DIST. BOX - 99.35
  - Grade - 102.55 AT BOX

BLDG. PERMIT SIGNED  
AND RETURNED 3.12.85

PASTURE GREEN

