

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B07001141

Building Address 12845 RT. 108
CLARKSVILLE, MD. 21029
 Suites/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 34 Parcel 258 Grid _____
 Zoning RR Map Coordinates _____ Lot size 1 AC

Property Owner's Name GERALD R. COONEY
 Address 12845 RT. 108 BOX 513
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301 854 2318 Work Phone NONE
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use RESIDENCE
 Proposed SAME
 Estimated Construction Cost \$ 69,400.00
 Description of Work ADD FIREPLACE AND CHIMNEY
ADD FRONT PORCH

Contractor Company _____ OWNER
 Contact Person GERALD R. COONEY
 Address CLARKSVILLE 12845 RT. 108
XXXXXXXXXX
 City CLARKSVILLE State MD Zip Code 21029
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant GERALD R. COONEY
 Contact Name SAME
 Address 12845 RT. 108 BOX 513
 City CLARKSVILLE, MD State _____ Zip Code 21029
 Phone 301 854 2318 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: _____ _____ 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 _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>52</u> Width <u>28</u> 2nd floor: _____ Basement: <u>52</u> <u>28</u>	Water Supply: _____ _____ Public _____ Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Height: _____	Sewage Disposal: _____ _____ Public _____ Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: _____

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; (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.

Gerald R. Cooney
 Applicant's Signature
Owner
 Title/Company

GERALD R. COONEY
 Print Name
4/3/07
 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: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>4/3/07</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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Check \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA

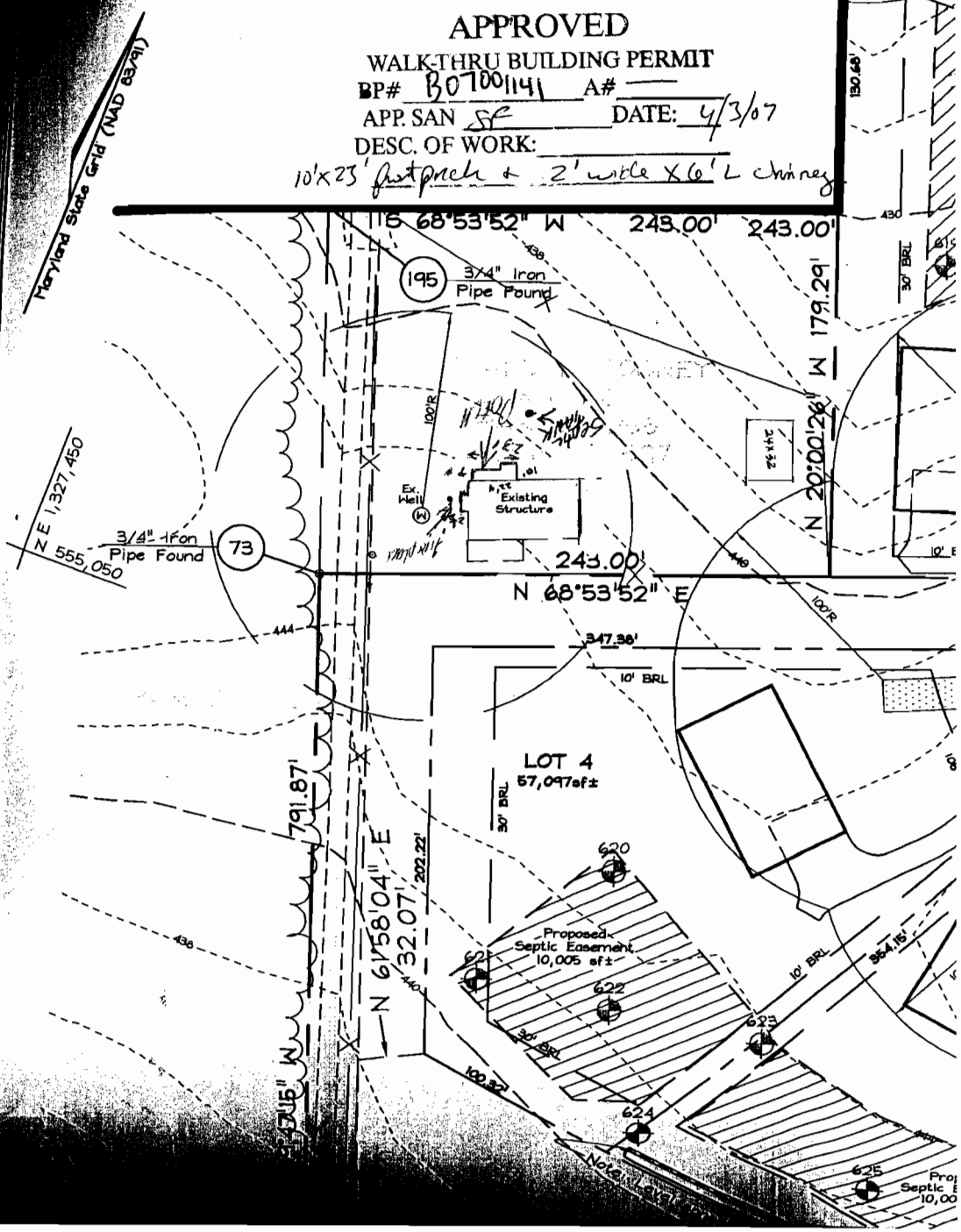
1" = 60'

APPROVED

WALK-THRU BUILDING PERMIT

BP# B07001141 A#
APP. SAN SP DATE: 4/3/07
DESC. OF WORK:

10'x23' footprint + 2' wide x 6' L chimney



SITE INSPECTION SHEET

OWNER: _____ PHONE #: 301-854-2318

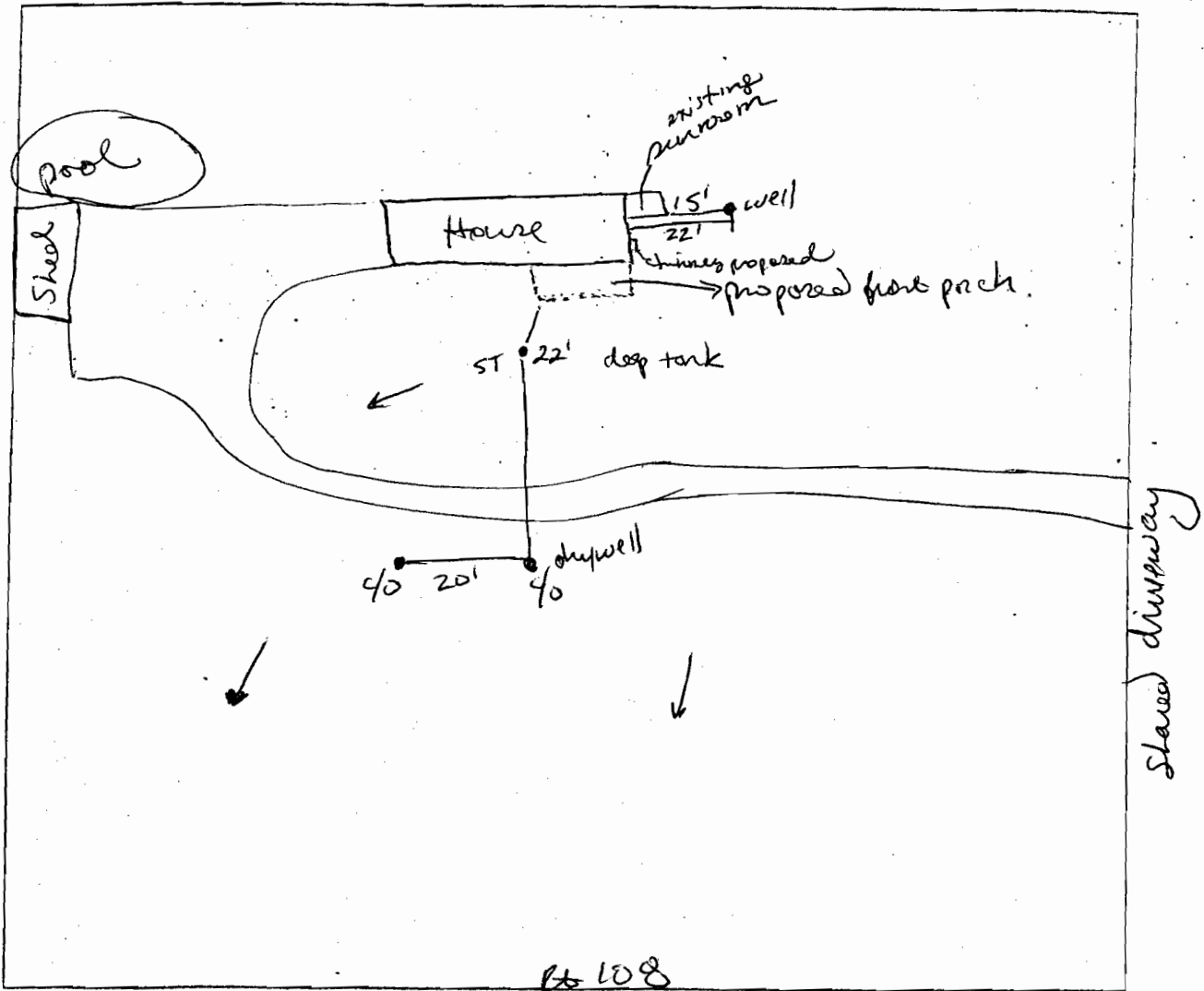
ADDRESS: 12845 Rt 108 CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: verify distance to septic tank from proposed
pack and verify well location to house.

LOCATION DIAGRAM



COMMENTS: _____
