

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

D07003544

Building Address 5930 SE Clifton Oaks Dr
Clarksville, MO 274
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 12
 Tax Map 34 Parcel 3 Grid 5
 Zoning _____ Map Coordinates 14.87 Lot size 3.24

Property Owner's Name TERRY Stambaugh
 Address 5930 SE Clifton Oaks Dr
 City Clarksville State MO Zip Code 27427
 Home Phone 417 245 2949 Work Phone 417 535 9358
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use same with tank
 Estimated Construction Cost \$ 10000
 Description of Work replace tank (1) 1000 gal
replace tank for tank
cost 1000

Contractor Company Michel Working Tank & AP
 Contact Person Michel Working
 Address 7515 Green Rd
 City Baldwin State MO Zip Code 64013
 License No. 73061
 Phone 417 625 4141 Fax 417 532 7155

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

[Signature]
 Applicant's Signature
[Title/Company]
 Title/Company

[Print Name]
 Print Name
[Date]
 Date

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

FOR OFFICE USE ONLY

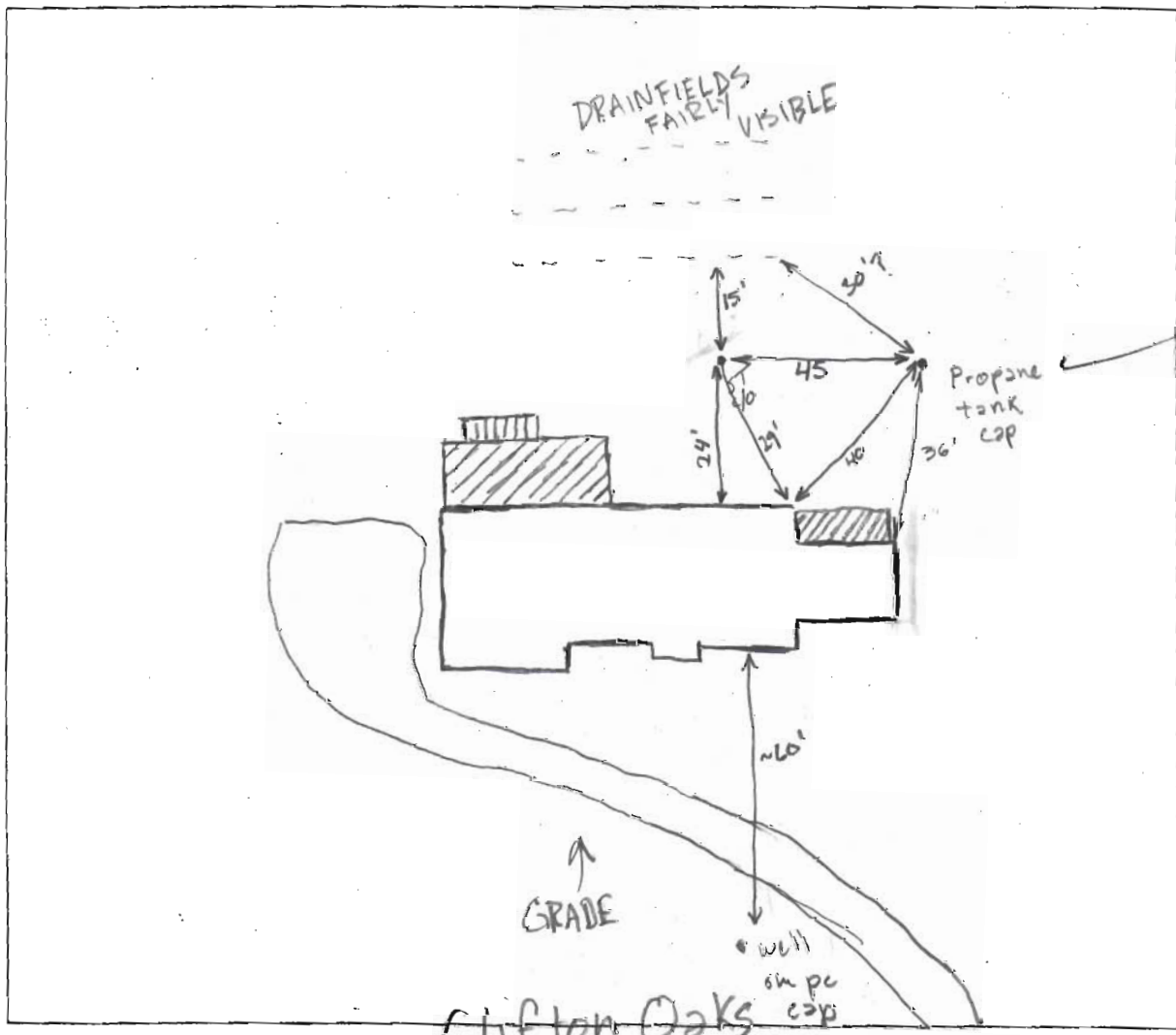
AGENCY	DATE	SIGNATURE/ APPROVAL	DRZ SETBACK INFORMATION	PROPERTY ID#
Land Department, DEZ			Front _____	Filing fee \$ _____
State Highway			Rear _____	Permit fee \$ _____
Building Official			Side _____	Excise tax \$ _____
Dev. Engineering, DEZ			Side St. _____	Add'l per. fee \$ _____
Health	<u>9/26/2007</u>	<u>R. Bucker</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Env. Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Setback Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Rec-Ins approval date _____	Validation \$ _____
Distribution of Copies: White: Building Official Green: LOD, DFZ Yellow: DEZ, DFZ Pink: Health Gold: SHA			Accepted by _____	

410 245-4570

SITE INSPECTION SHEET

OWNER: Terry Stanbaugh PHONE #: 410 848 2469
 ADDRESS: 5930 Clifton Oaks Dr CONTRACTOR: _____
Clarksville MD 21029 WELL TAG #: HO-81-2422
 SUBDIVISION: Westside LOT: 12 COUNTY #: A39247 P44952
 PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: New Propane tank > 100' to well. Distance to septic easement?

DATE: 9/13/07 INSPECTOR: Daniel A. Gh



39°12'44"

-76°57'24"



By: _____
Office: _____
Map Width: 910.00 ft.
Print Date: 9/24/2007
Scale: 1 in. = 100 ft.

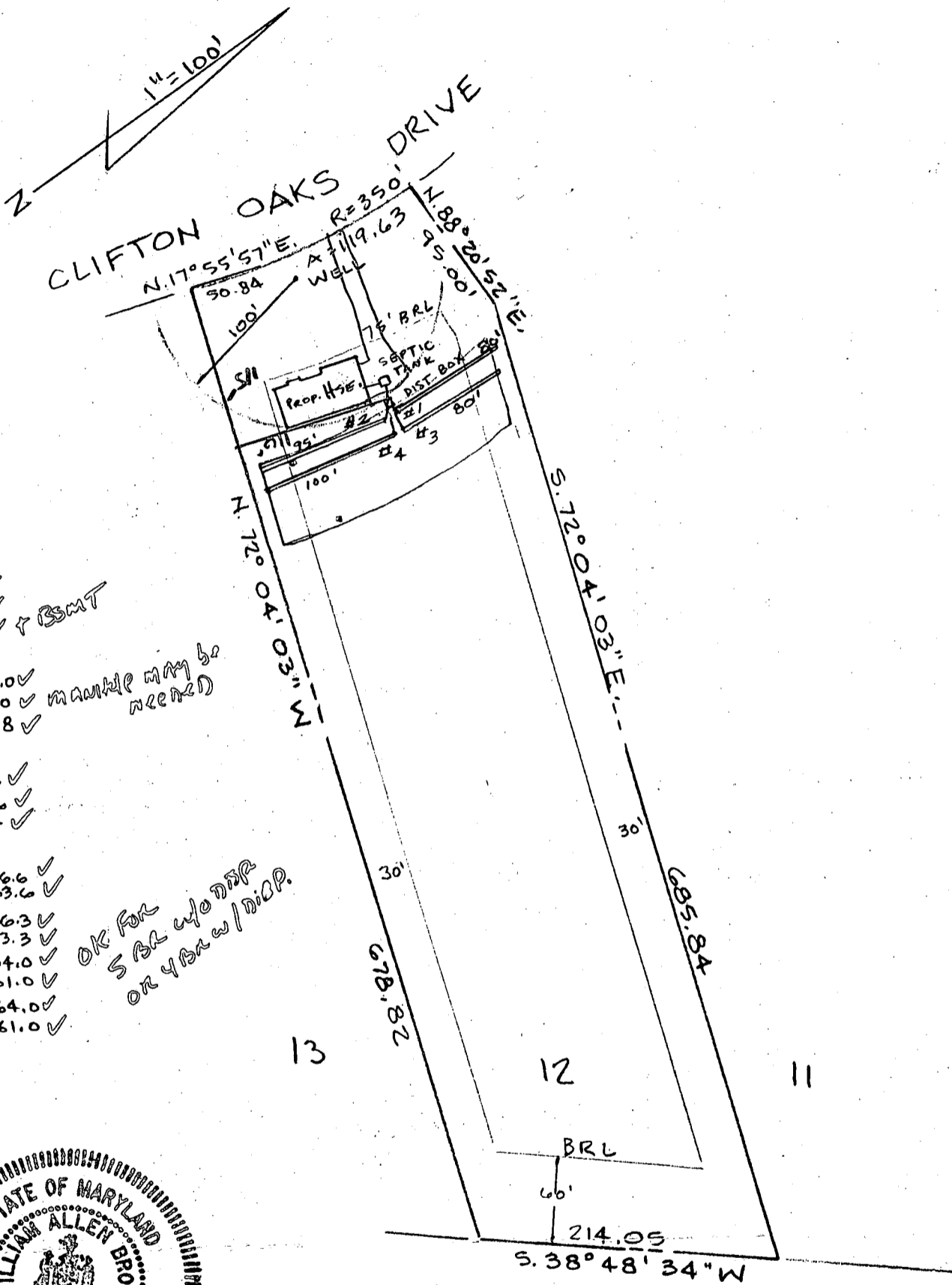
Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this report or the information contained herein or derived therefrom. The user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this information. There are no oral agreements or warranties relating to the use of this report.

-76°57'24"

39°12'44"

Howard County
M A R Y L A N D

SITE PLAN
LOT 12, WESTSIDE
CLARKSVILLE (5TH) DISTRICT
HOWARD COUNTY, MARYLAND
 SCALE 1" = 100' AUGUST, 1988



House
 F.F. 478.0 ✓
 Bemt. 469.0 ✓
 INV. OUT 467.5 ✓ + BMT

SEPTIC TANK
 EX. GRD. 470.0 ✓
 INV. IN 466.0 ✓
 INV. OUT 465.8 ✓
MANHOLE MAY BE NEEDED

DIST. BOX
 EX. GRD 467.5 ✓
 INV. IN 464.6 ✓
 INV. OUT 464.4 ✓

TRENCHES

#1	EX. GRD	466.6 ✓
	INV. IN	463.6 ✓
#2	EX. GRD.	466.3 ✓
	INV. IN	463.3 ✓
#3	EX. GRD	464.0 ✓
	INV. IN	461.0 ✓
#4	EX. GRD	464.0 ✓
	INV. IN	461.0 ✓

OK FOR S BR w/ DWP OR Y BR w/ DWP.



BUDG. PERMIT SIGNED
 AND RETURNED 9-30-88

BP 21589
 SAC

I CERTIFY TO THE BEST OF
 MY KNOWLEDGE AND BELIEF
 THAT THE PLAN SHOWN HEREON
 IS CORRECT.

W. Allen Brown 8/11/88
 W. ALLEN BROWN MD. PLS #299

Al Brown Surveys Inc.

7305 MINK HOLLOW ROAD
 HIGHLAND, MARYLAND 20777
 RES. 301-854-0913