

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B07004134

Building Address SE Clifton Oaks Dr Clarksville 2029
 Suite/Apt. #: _____ SDPWP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 15
 Tax Map 34 Parcel 3 Grid 5
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Blake Kenneth H
 Address 3202 Shortridge Ln
 City Bowie State MD Zip Code 20721
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use PROPANE TANK
 Estimated Construction Cost \$ 1000.00
 Description of Work INSTALL (2) 1000 UG LP TANKS AS PER NFPA #58

Contractor Company Michel Welding
 Contact Person Robert J Michel Sr
 Address 2518 Green Rd
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant BLAKE Kenneth H
 Contact Name _____
 Address 3202 Shortridge Ln
 City Bowie State MD Zip Code 20721
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply: _____
 Public
 Private
 Sewage Disposal: _____
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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

Utilities
 Water Supply: _____
 Public
 Private
 Sewage Disposal: _____
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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 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 OFFIC THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Robert J Michel Sr
 Applicant's Signature
Owner / Michel Welding
 Title/Company

Robert J Michel Sr
 Print Name
9/25/07
 Date

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

FOR OFFICE USE ONLY

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>9/25/07</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone	
White: Building Official			SDP/Reading approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

G-7661

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B 00159584

Building Address 5912 Clifton Oaks Dr.
Clarksville, MD 21029
Suite/Apt. # 05-408873 DP/WP/Petition #: GP-06-085
Census Tract 60611 Subdivision Westside
Section na Area na Lot 15
Tax Map 34 Parcel 3 Grid 5
Zoning RR Map Coordinates 14C0 Lot size _____

Property Owner's Name Kenneth Blake
Address 3202 Shortridge Lane
City Bowie State MD Zip Code 20721
Home Phone 301-785-5251 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222
Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot
Proposed Use SFD
Estimated Construction Cost \$ 900,000.00
Description of Work Const. SFD w/5 car garage, Elevator
3sty, Full Bsmt, R, 6FB, 3HB, 2FP (7Br)

Contractor Company Hagan - Hamilton
Contact Person Pat Hagan
Address 20 E. Timonium Rd. Ste 100
City Timonium State MD Zip Code 21083
License No. MHBRA 97
Phone 410-561-1004 Fax 410-561-1654

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
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
Multi-family dwellings:
No. of efficiency units: _____
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No. of 2 BR units: _____
No. of 3 BR units: _____
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Roof: _____
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 Manufactured Home

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Water Supply:
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 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
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Natural Gas
Propane Gas
Sprinkler system: N/A
 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 HERETO; (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 _____
Agent

Building Permit Services, Inc. - Pat Orla
Print Name _____
5-15-06
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			
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	69564
Rear: _____	Filling fee \$ <u>100.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Subtotal paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>972</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>115907</u>
Lot Coverage for NewTown Zone _____	
SDP/Red-line, approval date _____	Accepted by <u>[Signature]</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
a: permit.frn Rev. 10/15/98



The Roots for Development

BUILDING PERMIT SERVICES INC.

LICENSES AND
PERMITS DIVISION

2006 MAY 25 PM 12: 13

7806 Deboy Avenue • Baltimore, MD 21222

410-477-9666 • Fax: 410-477-8437 • E-mail: bpsinc.@starpower.net

May 25, 2006

Howard County
Licenses & Permits
3430 Court House Dr.
Ellicott City, MD 21043

Attn: Avis Corbin

RE: Amendment

Permit# **B001159584**

5912 Clifton Oaks Dr. – Lot#15

KEEP
IN
FILE
FN

B00159584

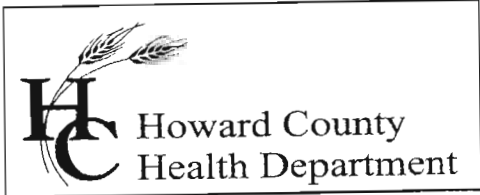
Dear Avis,

Please amend this permit to delete the two bedrooms on the upper level. This area will unfinished and remain an attic. This house is to have five (5) bedrooms.

Respectfully,

Patricia A. Orla
Agent for Hagan & Hamilton

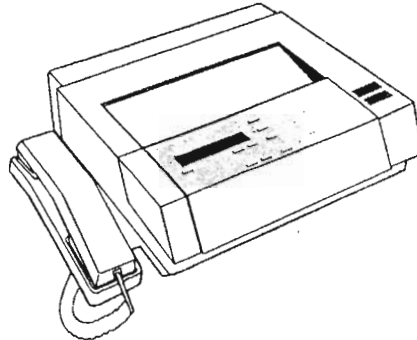
cc: Pat Hagan
file



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

F A X



Date 6/29/06
 To DAN SWINDER
 Department _____
 FAX # 3298

From Stephanie
 Telephone 2641 FAX (410) 313-2648
 # Of Pages 2 (including cover page)
 Comments B00159584

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SER.# : 000G4J161082

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