

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B08021230

Building Address <u>5447 HARRIS FARM La. CLARKSVILLE, MD 21029</u>	Property Owner's Name <u>PHILIP T KRUG</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>5447 HARRIS FARM La</u>
Census Tract _____ Subdivision _____	City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>
Section _____ Area _____ Lot _____	Phone <u>410 340 6448</u> Phone <u>410 531 3122</u>
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____

Existing Use <u>STORAGE BUILDINGS</u>	Contractor Company _____
Proposed Use <u>STORAGE</u>	Contact Person _____
Estimated Construction Cost \$ <u>7500</u>	Address _____
Description of Work <u>INSTALL FLOOR JOISTS; 2" x 8" AND EDGE GIRTS; Replace rafters with trusses ON BUILDINGS BUILT 2002-2004</u>	City _____ State _____ Zip Code _____
	License No. _____
	Phone _____ Fax _____

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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"/>	Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: <u>Storage Buildings</u> Dimensions: <u>1660 x 51 ft</u> Footings: <u>160"</u> Roof Height: <u>160"</u>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

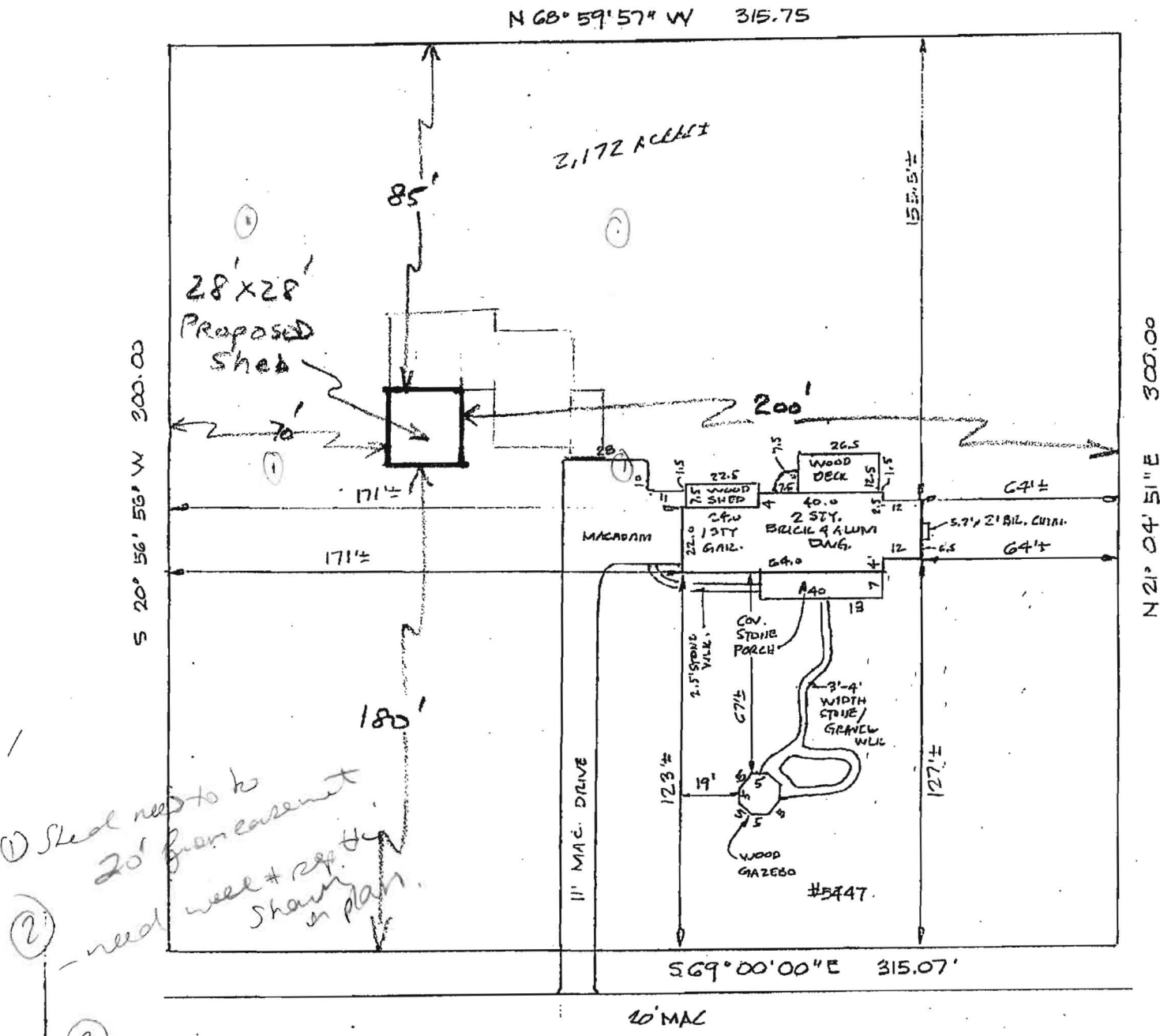
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

<u>[Signature]</u> Applicant's Signature	<u>PHILIP T KRUG</u> Print Name
_____	<u>30 April 2008</u> Date
Title/Company	Checks payable to: <b>DIRECTOR OF FINANCE OF HOWARD COUNTY</b> ** 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 Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			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				

Plat of Property known as # 5447 Harris Farm Lane, and recorded among the Land Records of Howard County in Liber 921, Folio 02.

\*\*\*NOTE: THIS HOUSE IS NOT LOCATED IN THE FLOOD PLAIN.



① Shed needs to be 20' from easement  
 ② - need well # 2247 shown on plan.

③



HARRIS FARM LANE  
 50' R/W

THIS PLAT IS NOT INTENDED FOR THE USE IN THE ESTABLISHMENT OF PROPERTY LINE

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08001055

Building Address 5447 HARRIS FARROW Ln.  
CLARKSVILLE, 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 PHILIP KRUG

Address 5447 Harris Farrow Ln.

City CLARKSVILLE State MD Zip Code 21029

Phone 410 340-6488 Phone \_\_\_\_\_

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

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

Existing Use SFD

Proposed Use Storage Shed

Estimated Construction Cost \$ 43,800

Description of Work 28x28 Framing Shed

Contractor Company \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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

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: <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement	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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: <u>28x28 Shed</u>	
Dimensions: <u>28' x 28'</u>	
Footings: <u>2x8 Posts x 56</u>	
Roof Height: <u>12' 6"</u>	
<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.

Philip Krug  
 Applicant's Signature

\_\_\_\_\_  
 Title/Company

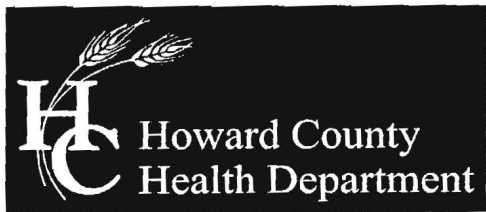
PHILIP KRUG  
 Print Name

16 April 2008  
 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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met?	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> 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 # <u>3274</u>
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- White: Building Official			Lot Coverage for NewTown Zone _____	Accepted by <input checked="" type="checkbox"/>
T:forms\PERMIT.FRM			SDP/Red-line approval date _____	Gold: SHA
			Green: LDD, DPZ	
			Yellow: DED, DPZ	
			Pink: Health	





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 9, 2008

Philip Krug  
5447 Harris Farm Ln  
Clarksville, MD 21029

RE: B08001280 and B08001055  
5447 Harris Farm Ln

Dear Mr. Krug,

Building permit applications #B08001280 and #B08001055 for the referenced property have been reviewed by our office and have been placed "On Hold." The site plan submitted must indicate the location of both the septic system and well. In addition, both structures are located in the sewage disposal area (SDA). Due to their impact on the septic area, additional area must be established and a Percolation Certification Plan must be submitted for approval. A minimum of a 10,000ft<sup>2</sup> SDA must be maintained. Both structures must keep a 20 foot setback from the sewage disposal area.

In order to proceed, a Percolation Test Application, a \$506 application fee, and a plan showing the septic area modifications and existing septic system and well locations will need to be submitted to the Health Department. Also include the structures on the plan.

Enclosed are the current well and septic setback requirements and the requirements for a percolation certification plan. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

[http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth\\_WaterSewerage.htm](http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm)

Sincerely,

Sara Sappington, R.S.  
Well and Septic Program  
Development Coordination Section