

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B1000896

Building Address 7343 Hillmark Ct
Columbia, MD 21047
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Hillmark
Section _____ Area _____ Lot 34
Tax Map 41 Parcel 422 Grid _____
Zoning _____ Map Coordinates _____ Lot size 1.04 ac

Property Owner's Name Harry Eaton
Address 10097 Bullmark Ct
City Columbia State MD Zip Code 21044
Home Phone 443-474-0510 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Billy Boone
Phone 443-8101-8500 Fax 866-671-8290

Existing Use _____
Proposed Use Custom Sfd
Estimated Construction Cost \$ 200,000
Description of Work Construct custom sfd with
3 br 2 full ba 1 1/2 ba front porch

Contractor Company B Square Construction Co
Contact Person Billy Boone
Address 2420 Alps Dr
City New Windsor State MD Zip Code 21776
License No. 55004
Phone 410-557-7511 Fax 866-671-8290

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>24</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>24</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>24</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>3</u>	
Height: <u>34</u>	
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.

Billy Boone
Applicant's Signature
Title/Company B Square Construction Co

Billy Boone
Print Name
Date 1/12/10

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 Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5-6-10</u>	<u>Billy Boone</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 # <u>41011</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 -			Lot Coverage for NewTown Zone _____	Accepted by _____
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

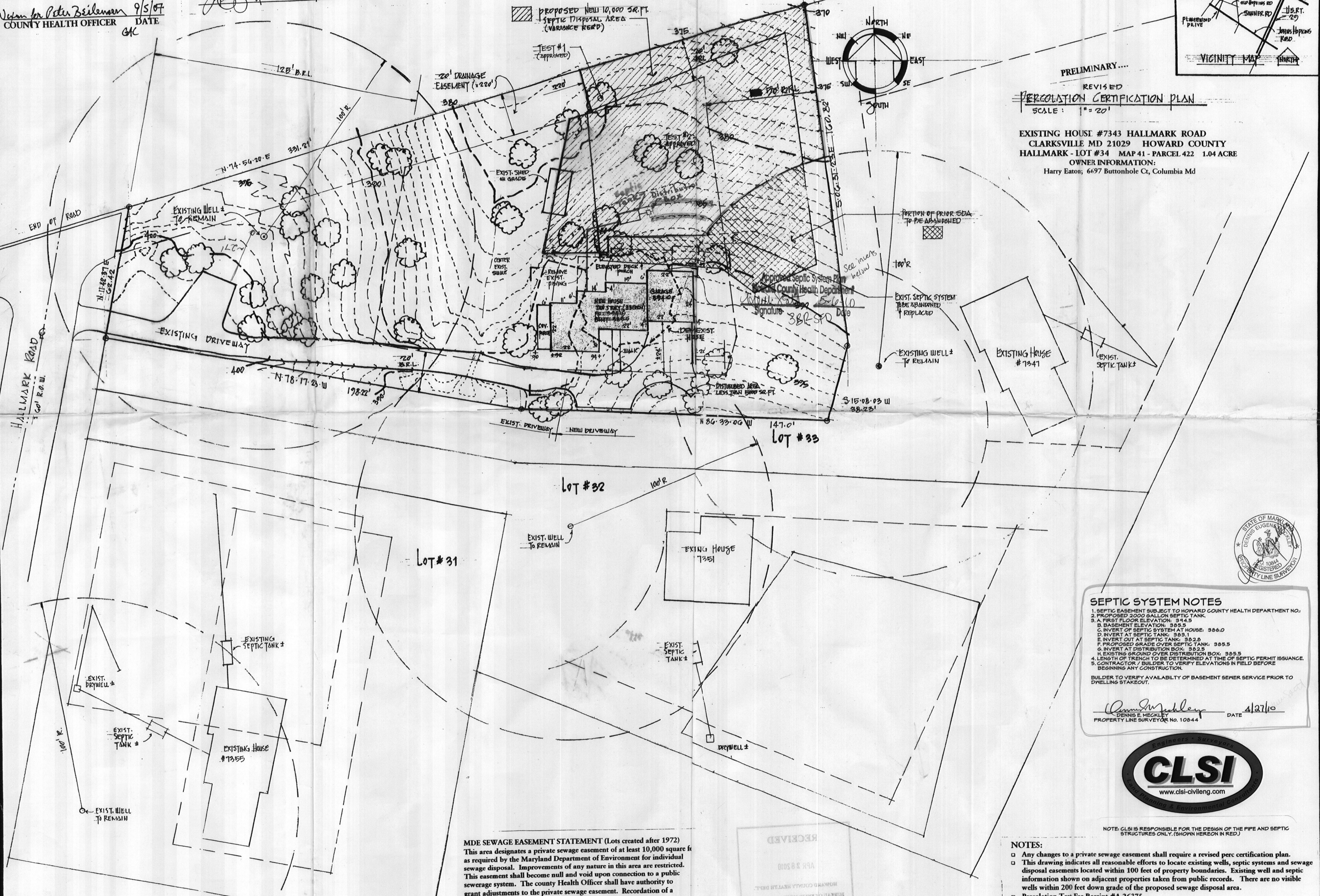
APPROVED: FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS.

HOWARD COUNTY HEALTH DEPT.

By *Nolan for Peter Beilman* 9/5/07
 COUNTY HEALTH OFFICER DATE
 GK

PERC CERTIFICATION: I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature] 22 AUG 07



PRELIMINARY...
 REVISED
PERCOLATION CERTIFICATION PLAN
 SCALE: 1" = 20'

EXISTING HOUSE #7343 HALLMARK ROAD
 CLARKSVILLE MD 21029 HOWARD COUNTY
 HALLMARK - LOT #34 MAP 41 - PARCEL 422 1.04 ACRE
 OWNER INFORMATION:
 Harry Eaton; 6497 Buttonhole Ct, Columbia Md

KEVIN MCKENNA ARCHITECTS
 PO BOX 722 COLUMBIA MD 21045 TEL. 410.381.6817
 WWW.KEVINMCKENNA-ARCHITECT FAX. 410.381.0929

KMA

PROPOSED NEW HOME:
EATON HOUSE
 7343 HALLMARK ROAD CLARKSVILLE MD 21029

SEPTIC SYSTEM NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT NO.
2. PROPOSED 2000 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 314.5
- B. BASEMENT ELEVATION: 305.5
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 306.0
- D. INVERT AT SEPTIC TANK: 303.1
- E. INVERT OUT AT SEPTIC TANK: 302.8
- F. PROPOSED GRADE OVER SEPTIC TANK: 305.5
- G. INVERT AT DISTRIBUTION BOX: 302.5
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 305.5
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

BUILDER TO VERIFY AVAILABILITY OF BASEMENT SEWER SERVICE PRIOR TO DWELLING TAKEOUT.

[Signature] DATE 4/27/10
 DENNIS E. MECKLEY
 PROPERTY LINE SURVEYOR NO. 10844



NOTE: CLSI IS RESPONSIBLE FOR THE DESIGN OF THE PIPE AND SEPTIC STRUCTURES ONLY. (SHOWN HEREON IN RED.)

- NOTES:**
- Any changes to a private sewage easement shall require a revised perc certification plan.
 - This drawing indicates all reasonable efforts to locate existing wells, septic systems and sewage disposal easements located within 100 feet of property boundaries. Existing well and septic information shown on adjacent properties taken from public records. There are no visible wells within 200 feet down grade of the proposed sewage disposal area.
 - Percolation Test Fee Receipt #A 26375

MDE SEWAGE EASEMENT STATEMENT (Lots created after 1972)
 This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This easement shall become null and void upon connection to a public sewerage system. The county Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised Sewage easement shall not be necessary.

ISSUE	DATES
23 MAY 2007	
09 JULY 2007	
22 AUG 2007	

SHEET NO.
 51
 OF ONE

DEPARTMENT OF INSPECTIONS,
 LICENSES & PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1850

HOWARD COUNTY
 RESIDENTIAL
 HEATING-VENTILATION-AIR
 CONDITIONING AND
 REFRIGERATION PERMIT
 APPLICATION

HVACR PERMIT # M10000753
 BUILDING PERMIT #
B10000886

BUILDING ADDRESS: 7343 Hallmark RD Clarksville
 SUITE/APT: -
 SUBDIVISION:
 CENSUS TRACT:
 LOT:
 BLOCK:
 SECTION: 41
 TAX MAP: 41
 ZONE:
 AREA:
 PARCEL:

OWNERS NAME: Harry Eaton
 ADDRESS: 6697 Buttonhole Ct
 CITY: Columbia
 STATE: MD
 ZIP CODE: 21044

PROPERTY ID: 847914
 MAP COORDINATES: 5052-f3
 TYPE OF IMPROVEMENTS:
 USE:

HOME PHONE: 443-276-0714
 WORK PHONE:

CHECK ONE	HOW MANY
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS

COMPANY NAME: A Quality HVAC
 LICENSEE NAME: EARI Post
 ADDRESS: 1824 Ridge RD
 CITY: Westminster
 STATE: MD
 ZIP CODE:
 PHONE: 410 751 9700
 HVACR LICENSE NO: 4860

- New
- Heating and Air Conditioning
 - Geo Thermal System
 - Heating System Only
 - Ductless Mini Splits
 - Other Work (Describe):
 - Thru The Wall Systems
- Replacement
- Heating
 - Air Conditioning
 - Heating and Air Conditioning
- Additions and Alterations
- Heating
 - Air Conditioning
 - Heating and Air Conditioning
- 9/21/2010
O.K. (BB)

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones

Permit Fee = # of Zones x \$40 = 80
 Technology Fee (10% of Permit Fee) = 8
 Plus Application Fee 50.00
 Total Fees Due = 138

Rooms

Permit Fee = # of Rooms x \$80 = _____
 Technology Fee (10% of Permit Fee) = _____
 Plus Application Fee \$50 50.00
 Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

SIGNATURE OF LICENSEE EARI Post DATE 7/18/10

PRINT NAME OF LICENSEE EARI Post

Email Address epost@qualityhvac.com

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application
 Rev:10.2009

Validation

Check Number: 20173
 Cash: _____
 Receipt Number: 214092

WTS

May 25, 1983

Wash 72
Smithson
202-357-3281
Mr. Roy Johnsen
13625 Avebury, Lot 33
Laurel, Maryland 20707

RE: Building Permit #54078
Lot 34, Section 1, Hallmark

Dear Mr. Johnsen:

This office has received the above referenced building permit application to construct a geodesic house.

Approval will not be given, as the house site is shown entirely within the private sewage easement area.

Please note that a house must be at least 20 feet away from and upslope from the lot's sewage easement.

If you have any questions, please call me at 992-2330.

Very truly yours,

Frank Skinner

Frank Skinner, Director
Water and Sewerage Program

FS:jr

cc: Bureau of Licenses, Inspections and Permits

6/6/83 OK. to release lot per revised plan d/ Mr. Johnsen attached btl