

B11002261

Building Address: 6242 HEATHER GLEN WAY  
CLARKSVILLE MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD

Proposed Use: COVERED SITTING AREA

Estimated Construction Cost: \$ 5000/-

Description of Work: Covered area outside of house, with grill, sink & shower 22x24 feet rectangular structure

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Property Owner's Name: HARKEERAT SANDHU

Address: 6242 HEATHER GLEN WAY

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: 410 623 8245 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_

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

Email: TINTINOS@HOTMAIL.COM

Contractor Company: N/A

Contact Person: HOME OWNER

Address: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Harkeerat Sandhu  
 Applicant's Signature

TINTINOS@HOTMAIL.COM  
 Email Address

HARKEERAT SANDHU  
 Print Name

5/6/2011  
 Date

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

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
**-FOR OFFICE USE ONLY-**

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>5/6/11</u>	<u>FBuckner</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APPROVED

APP. SAN *Bucher*

DATE: *5/16/01*

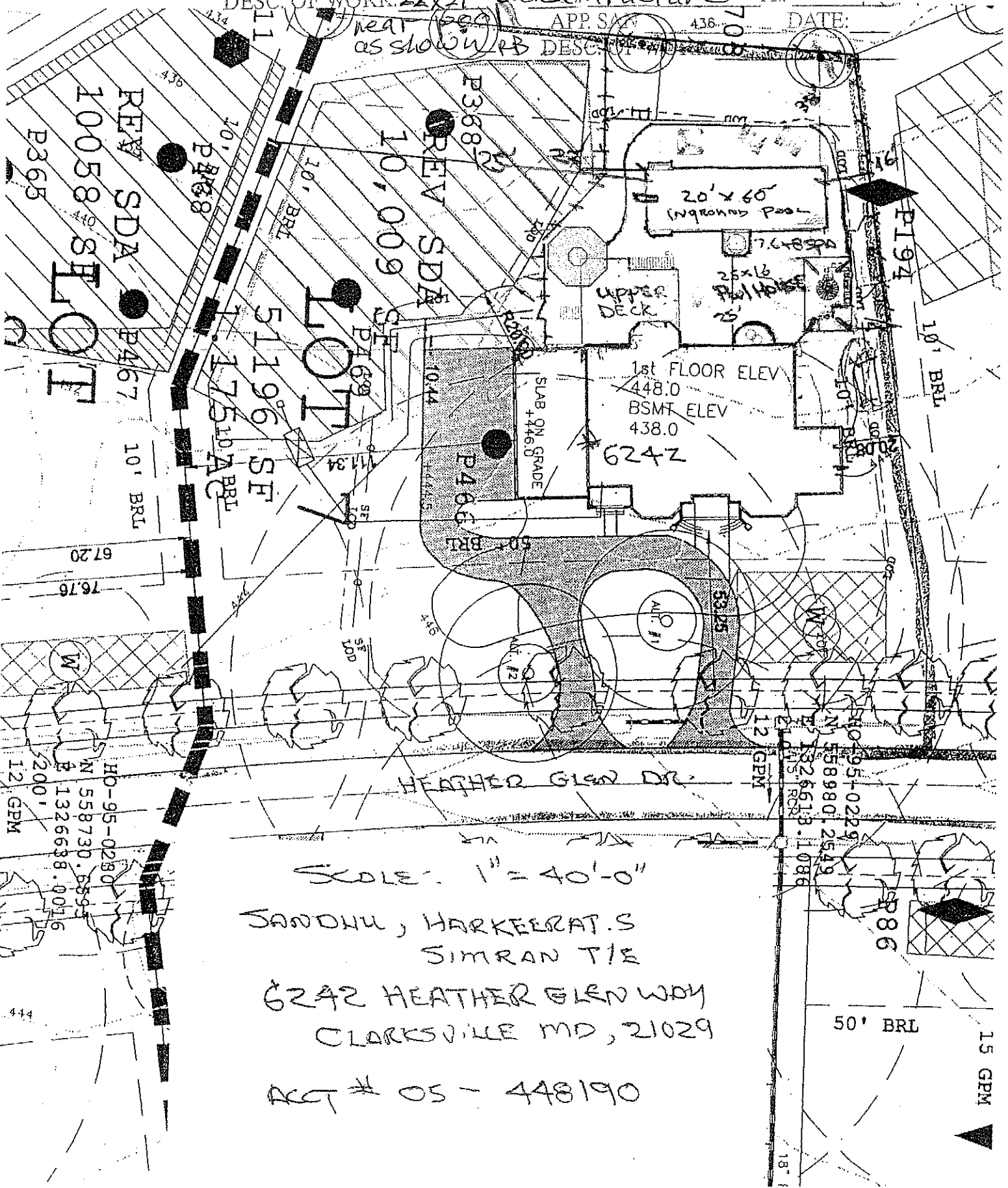
WALK-THRU BUILDING PERMIT

DESC. OF WORK: *22' x 24' covered structure*

DATE:

APP. SAN

436



SCALE: 1" = 40'-0"

SANDHU, HARKEERAT S  
SIMRAN TIE

6242 HEATHER GLEN WAY  
CLARKSVILLE MD, 21029

ACT # 05 - 448190

HO-95-0280  
 N 558730.8893  
 S 1326638.0016  
 200'  
 12' GPM

HO-95-0229  
 N 589801.2549  
 S 1326618.1086  
 12' GPM

15 GPM

50' BRL

10' BRL

10' BRL

P365

P288

P368

REV SDA

REV SDA

P467

P194

P466

P86

67.20

76.76

HEATHER GLEN DR.

12' GPM

18'

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

Walk-Through

B10002962

Building Address 6242 HEATHER GLEN WAY CLARKSVILLE MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 19216  
 Census Tract 6051.01 Subdivision PRESERVE  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 7  
 Tax Map 34 Parcel 77 Grid 11  
 Zoning RR Map Coordinates \_\_\_\_\_ Lot Size 1.18

Property Owner's Name HARKEERAT SANDHU  
 Address 6242 Heather Glen way  
 City clarksville State MD Zip Code 21029  
 Home Phone 646-220-0666 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone 646-220-0666 Fax \_\_\_\_\_  
 Contractor Company \_\_\_\_\_  
 Contact Person HARKEERAT SANDHU  
 Address 6242 Heather Glen way  
 City clarksville State MD Zip Code 21029  
 License No. \_\_\_\_\_  
 Phone 646-220-0666 Fax \_\_\_\_\_

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

Existing Use SPD  
 Proposed Use DECK  
 Estimated Construction Cost \$ 38,000  
 Description of Work Deck + open Gazebo  
40x20 40x20  
 Occupant or Tenant HARKEERAT SANDHU  
 Contact Name HARKEERAT SANDHU  
 Address 6242 HEATHER GLEN WAY  
 City CLARKSVILLE State MD Zip Code 21029  
 Phone 646 220 0666 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Natural Gas <input type="checkbox"/>
<input checked="" type="checkbox"/> Structural Steel	Propane Gas <input type="checkbox"/>
<input checked="" type="checkbox"/> Masonry	Sprinkler system: N/A <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Full
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	<input type="checkbox"/> # of Heads _____

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

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Applicant's Signature HARRY SANDHU  
 Email Address HARRYSANDHU@GMAIL.COM  
 Title/Company \_\_\_\_\_

Print Name HARKEERAT SANDHU  
 Date 9-22-10

10' 024 ST 928 AC  
 40' 5' 2' N  
 P407  
 195  
 P194  
 10' BRL  
 (Scale 1-30)

APPROVED  
 WALKHIRE BUILDING PERMIT

B  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN DIS. DATE: 9-23-10  
 DESC. OF WORK: Approved 10' Street  
 Shows Detail of Standards

P528  
 OLDER  
 432

P708

LOD

P709

SE

LOD

1st FLOOR ELEV  
 448.0  
 BSMT ELEV  
 438.0

SLAB ON GRADE  
 +446.0

*2x10x2  
 09209*

P710

P368

REV SDA

10,009

BRP711

P368

REV SDA

10058 SF

P365

NOT

51196 SF

17510 BRL

10' BRL

NOT  
 10' SF

NOT

SITE SPECIFIC NOTES

1. 8009001994 Plot Plan Lot # 7
2. ALL DRIVEWAY CULVERTS ARE TO BE 15" HDPE

Test results for  
 Gross Alpha, Gross Beta, and  
 Radium, and Uranium

STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE  
 SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE  
 CONNECTION OF MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 1430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21041 PERMITS (410) 313-2435 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-1800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b> <i>Walk In</i>	<b>PERMIT NUMBER</b> B10002445
Building Address <u>6242 Heather Glen Way</u> <u>Clarksville Md 21029</u>		Property Owner's Name <u>SANDHU, Harry + SIMRAN</u> Address <u>6242 Heather Glen Way</u> City <u>Clarksville</u> State <u>Md</u> Zip Code <u>21029</u> Home Phone <u>646-220-0666</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>Harry + Simran Sandhu</u> <u>10340 Swift Stream Place Apt 109</u> <u>Columbia Md 21047</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>34</u> Parcel <u>77</u> Grid <u>11</u> Zoning _____ Map Coordinates _____ Lot Size <u>1.18 AC</u>		Phone <u>646-220-0666</u> Fax _____ Contractor Company <u>CATALINA POOLS</u> Contact Person <u>Kip Seyffarth</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Existing Use <u>SFD</u> Proposed Use _____ Estimated Construction Cost \$ <u>30,000</u> Description of Work <u>2x60</u> <u>500 gallons</u>		Occupant or Tenant _____ Contact Name <u>Kip Seyffarth</u> Address <u>CATALINA POOLS</u> City <u>Arnold</u> State <u>Md</u> Zip Code <u>21222</u> Phone <u>410 677 7665</u> Fax _____	

**BUILDING DESCRIPTION - COMMERCIAL**

<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
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**BUILDING DESCRIPTION - RESIDENTIAL**

<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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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.

Applicant's Signature Kip Seyffarth  
 Email Address Kip@CatalinaPoolBuilders.com  
 Title/Company \_\_\_\_\_

Print Name John Eberl  
 Date 8/25/10

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

<b>AGENCY</b> <u>Land Development, DPZ</u> <b>DATE</b> <u>8-25-10</u> <b>SIGNATURE APPROVAL</b> <u>D. Bernard</u> <b>Health</b> <b>Fire Protection</b> <b>Is Sediment Control approval required prior to issuance?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone SDP/Red-line approval date _____	<b>PROPERTY ID #</b> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ <b>TOTAL FEES \$</b> _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____
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**P/O NON BUILDABLE PRESERVATION PARCEL B**

PRIVATELY OWNED  
 HOWARD COUNTY EASEMENT HOLDER  
 HOMEOWNERS ASSOCIATION EASEMENT HOLDER

10.41 Ac

REV SDA  
 10,024 SF  
 0.928 AC

REV SDA  
 10,009 SF

REV SDA  
 10,058 SF

LOT  
 51,196 SF  
 1.175 AC

LOT  
 021 SF

HO-95-0237  
 N 5590603.5108  
 E 1326717.0268  
 320'  
 15 GPM

HO-95-0229  
 N 558980.2549  
 E 1326618.1086  
 210' RCP  
 12 GPM

HO-95-0280  
 N 558730.6895  
 E 1326638.0016  
 200'  
 12 GPM

SCALE: 1" = 40'-0"  
 SANDHU, HARKELCAT'S  
 SIMRAN TIE  
 6242 HEATHER GLEN WAY  
 CLARKSVILLE MD, 21029  
 ACCT # 05 - 448190

**LEGEND**

- EXISTING CONTOURS (2' INTERVALS)
- EXISTING TREELINE
- PROPOSED TREELINE
- CL STREAM
- LIMIT OF WETLANDS
- LIMIT OF 100YR FLOODPLAIN
- FOREST CONSERVATION EASEMENT
- FOREST CONSERVATION EASEMENT RETENTION AREA
- FOREST CONSERVATION SIGNAGE
- SPECIMEN TREE
- ABANDONED WELLBOX
- ABANDONED AREA
- PRIVATE SEWAGE
- ADDED AREA
- WELL REPLACEMENT AREA

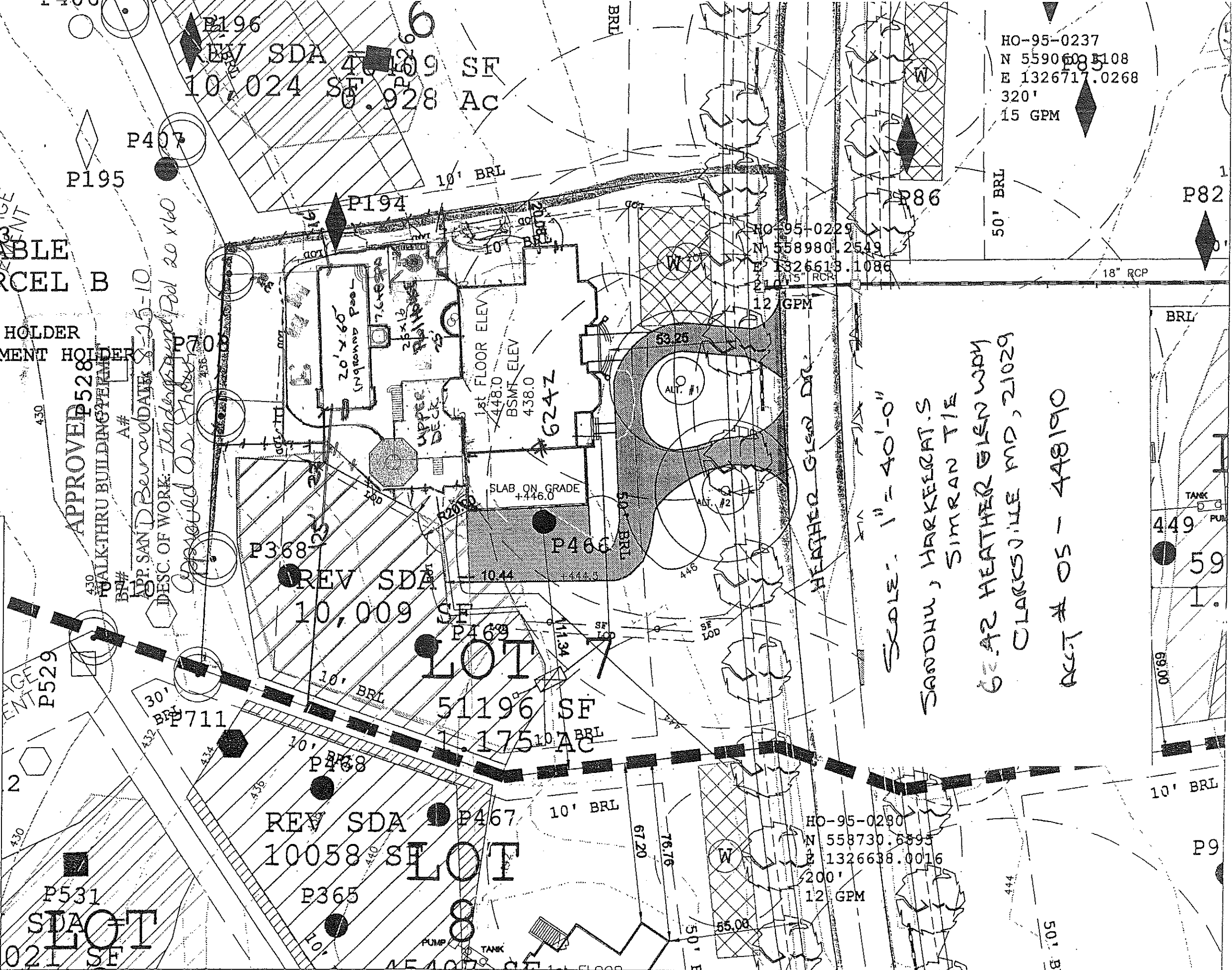
**GENERAL NOTES:**  
 1. DESIGNATES A PRIVATE SEWAGE AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE TREATMENT PLANTS. ALL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE AREAS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE AREA. RECORDATION OF MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.

**SITE SPECIFIC NOTES**

1. B009001984 Plot Plan Lot #7

**PROPOSED ELEVATIONS:**

TOP OF BASEMENT SLAB: 438.0  
 TOP OF FOUNDATION WALL: 448.0  
 GRADE AT HOUSE INVERT: 448.0



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
 157101004

Building Address <u>6242 HEATHROW GLEN                  COLUMBIA, MD. 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>12011</u> Subdivision <u>THE PRESERVE</u> Section _____ Area _____ Lot <u>7</u> Tax Map <u>34</u> Parcel <u>77</u> Grid <u>1K</u> Zoning <u>RR</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>MARKET SHANDHU</u> Address _____ City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
---	---

Existing Use <u>VACANT LOT</u> Proposed Use <u>SINGLE FAMILY DWELLING</u> Estimated Construction Cost \$ <u>975,000</u> Description of Work <u>CONSTRUCT SINGLE                  FAMILY DWELLING</u>	Contractor Company <u>COMPASS HOMES INC</u> Contact Person <u>DONNA RECKLINE</u> Address <u>316 E. DIAMOND AVE                  GAITHERSBURG</u> State <u>MD</u> Zip Code <u>20877</u> License No. _____ Phone <u>443-206-7053</u> Fax _____
---	--

Occupant or Tenant <u>HACKBERRY SHANDHU</u> Contact Name _____ Address _____ City _____ State <u>MD</u> Zip Code <u>20877</u> Phone <u>443-206-0665</u> Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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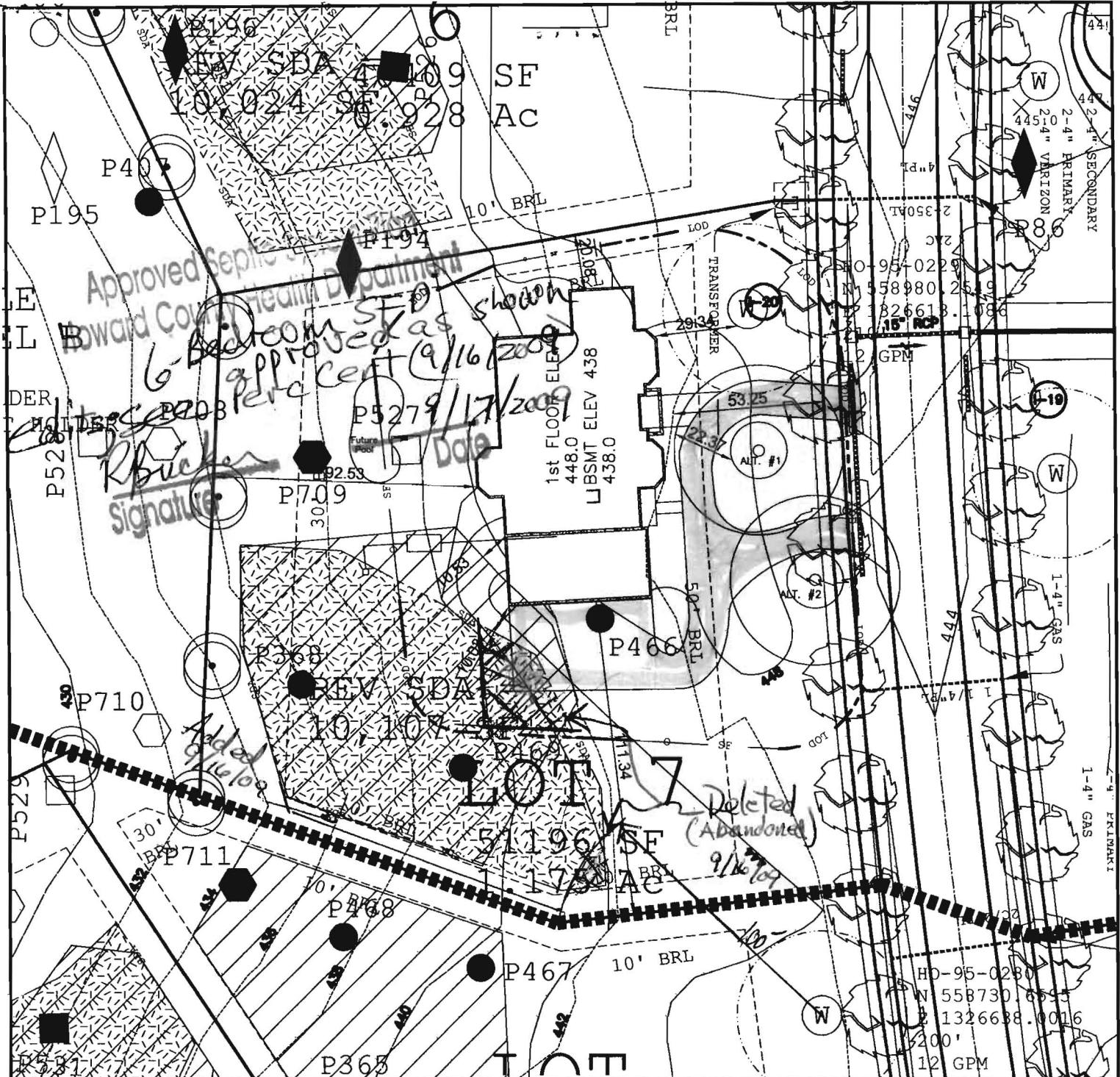
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private	1st floor: <u>20 FT</u> 2nd floor: <u>6 FT</u> <u>110 FT</u> Basement: <u>6 FT</u> <u>110 FT</u> _____ <u>110 FT</u>	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ <u>6</u> 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: _____ 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 _____	Other Structure: _____ <u>N/A</u> Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	Sprinkler system: <u>N/A</u> <input 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 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.

Applicant's Signature _____	Print Name _____
Title/Company _____	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 Highways				Rear: _____	Permit fee \$ _____
Building Official				Side: _____	Excise tax \$ _____
Dev. Engineering DPZ				Side St.: _____	Add'l per. fee \$ _____
Health <u>9/17/2009</u>		<u>R. Buckner</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 - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Lot Coverage for NewTown Zone _____	
T:\norma\PERMIT.FRM				SDP/Red-line approval date _____	Accepted by _____

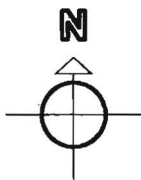


The existing well(s) shown on this plan have been field located by a Professional Land Surveyor, and is (are) accurately shown. All drilled wells and SDA's within the boundaries of this property are shown.

**TAGGED WELL DATA**  
 TAG NUMBER: HO-95-0262  
 NORTHING: 558016.5313  
 EASTING: 1326919.3990

TITLE:  
**PLOT PLAN**

DATE:  
SCALE: 1:50



OWNER: **Mr/Mrs Sandhu**  
 BUILDER: **Compass Homes LLC**  
 316 E. Diamon Ave  
 Gaithersburg, MD 20877  
 443-287-7083

**PROPOSED ELEVATIONS:**

TOP OF BASEMENT SLAB: 438.0  
 TOP OF FOUNDATION WALL: 447.0  
 TOP OF FIRST SUBFLOOR: 448.0  
 INVERT OUT OF HOUSE: 443.0  
 INVERT INTO TANK: 441.0  
 INVERT OUT OF TANK: 440.6  
 INVERT INTO DISTRIBUTION BOX: 439.0  
 INVERT INTO TRENCHES: 437.5  
 437  
 446  
 GRADE AT HOUSE INVERT: 442.0  
 GRADE AT SEPTIC TANK: 442.0  
 GRADE AT DISTRIBUTION BOX: 442.0  
 GRADE AT TRENCHES: 441.0

PROJECT NAME:  
**SANDHU RESIDENT**  
 PC-7  
**PRESERVE @ CLARKSVILLE**  
 CLARKSVILLE, HOWARD COUNTY  
 MARYLAND

APPROVED FOR PRIVATE WATER AND PRIVATE/PUBLIC SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.

Peter Ballenson, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER

DATE

PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY