

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

13 09 001395

Building Address 6371 Heather Glen Way
Clarksville, MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision 16 Province Hill

Section _____ Area _____ Lot 19

Tax Map 34 Parcel 77 Grid 11

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name DuPont Oaks, LLC

Address 13717 Springdale Drive

City Clarksville State MD Zip Code 21029

Home Phone _____ Work Phone _____

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

Phone 410-250-5734 Fax _____

Existing Use vacant lot

Proposed Use single family dwelling

Estimated Construction Cost \$ 160k, incl. w/c

Description of Work 3-car garage, composite wood deck, 2nd floor laundry room, w/gas fireplace, single curved staircase, tennis room

Contractor Company Compass Homes Inc.

Contact Person Dave Thompson

Address 13717 Springdale Drive

City Clarksville State MD Zip Code 21029

License No. _____

Phone 410-250-5734 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: _____ 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 <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 checked="" 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: <u>deck</u>	
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.

Larry J. Hill (HBS)
Applicant's Signature
Compass Homes Inc.
Title/Company

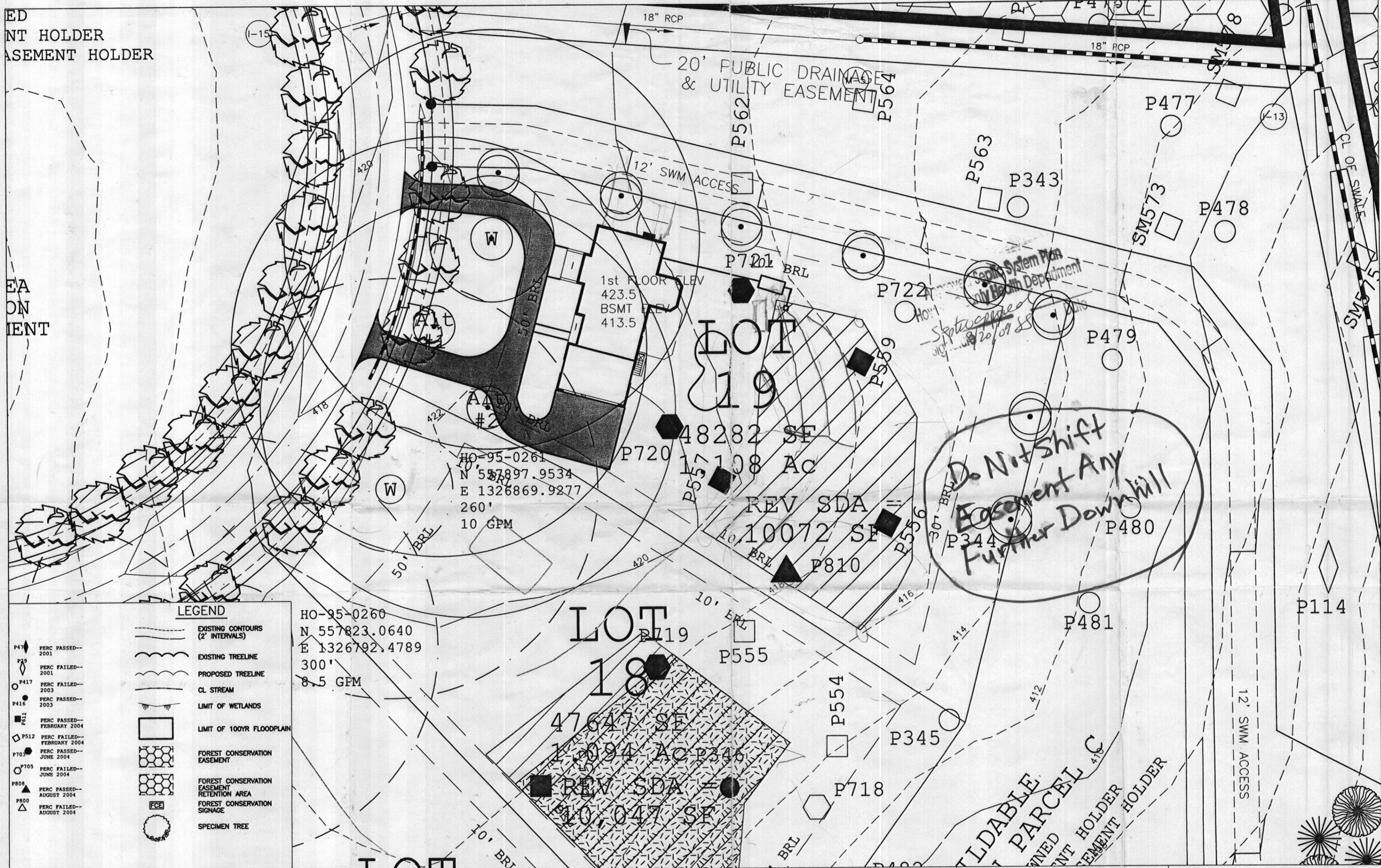
Amy Ferar
Print Name
Clarksville
Date

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	<u>8/20/09</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

175184



LEGEND

	PERC PASSED-- 2001		EXISTING CONTOURS (2' INTERVALS)
	PERC FAILED-- 2001		EXISTING TREELINE
	PERC FAILED-- 2003		PROPOSED TREELINE
	PERC PASSED-- 2003		CL. STREAM
	PERC PASSED-- FEBRUARY 2004		LIMIT OF WETLANDS
	PERC FAILED-- FEBRUARY 2004		LIMIT OF 100YR FLOODPLAIN
	PERC PASSED-- JUNE 2004		FOREST CONSERVATION EASEMENT
	PERC FAILED-- JUNE 2004		FOREST CONSERVATION EASEMENT RETENTION AREA
	PERC PASSED-- AUGUST 2004		FOREST CONSERVATION SIGNAGE
	PERC FAILED-- AUGUST 2004		SPECIMEN TREE

GENERAL NOTES:

- THIS AREA 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 DISPOSAL. 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.
- This area is abandoned.
- This area is added.
- This area is identified as well replacement area easement.
- TOPOGRAPHY SHOWN IS TWO-FOOT CONTOUR INTERVALS AND HAS BEEN FIELD VERIFIED OR FIELD RUN.
- ANY CHANGES TO A PRIVATE SEWAGE AREA SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
- EXISTING WELLS, SEPTIC SYSTEMS, AND SEWAGE DISPOSAL AREAS WITHIN 100' OF THE PROPERTY AND THOSE WITHIN 200' DOWNGRADEMENT OF EXISTING OR PROPOSED SEPTIC OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN USING ALL REASONABLE EFFORTS.
- THE LOT SHOWN HEREON ON THE PLAT # 19214 ET. SEQ. REFER TO PLAT FOR LOT DIMENSIONS, LOT AREA, ALL EASEMENTS, ANY RESTRICTIONS, AND PROVISIONS.
- THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY A PROFESSIONAL HAND SURVEYOR AND ARE ACCURATELY SHOWN.

SITE SPECIFIC NOTES

- 8009001395 Plot Plan Lot # 19
- ALL DRIVEWAY CULVERTS ARE TO BE 15" RCP OR HDPE
- ANY WELL DRILLED WITHIN 10' OF DRIVEWAY TO BE PROTECTED WITH TWO BOLLARDS.
- PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY

PROPOSED ELEVATIONS:

TOP OF BASEMENT SLAB:	413.5	GRADE AT HOUSE INVERT:	419.0
TOP OF FOUNDATION WALL:	422.2	GRADE AT SEPTIC TANK:	418.7
TOP OF FIRST SUBFLOOR:	423.5	GRADE AT DISTRIBUTION BOX:	418.2
		GRADE AT TRENCHES:	418.0
INVERT OUT OF HOUSE:	416.5		
INVERT INTO TANK:	416.0		
INVERT OUT OF TANK:	415.5		
INVERT INTO DISTRIBUTION BOX:	414.5		

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

Peter Beilenson 8/20/2009
Peter Beilenson, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER

I certify that the information shown hereon is based on field work performed under my direct supervision and is correct, to the best of my knowledge and belief.

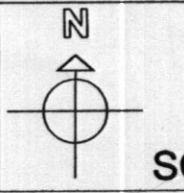
Dale Thompson 19 Aug 2009
Dale Thompson DATE

SEPTIC DESIGN PARAMETERS:

1st Floor Sq. Ft.	2990 sq.ft.
2nd Floor Sq. Ft.	2710 sq.ft.
Basement Sq. Ft.	2990 sq.ft.
Number of Bedrooms	6

TAGGED WELL DATA

TAG NUMBER:	HO-95-0262
NORTHING:	558016.5313
EASTING:	1326919.3990



OWNER: Mr/Mrs Patel
BUILDER: Compass Homes
6206 Heather Glen Way
Clarksville, MD 21029

PROJECT NAME: Patel Residence
PC-19
PRESERVE @ CLARKSVILLE
CLARKSVILLE
HOWARD COUNTY
MARYLAND

TITLE: PLOT PLAN LOT 19 AND REVISED PERCOLATION CERTIFICATION PLAN

PURPOSE: ESTABLISH TWO ALTERNATE WELL SITES IN LIEU OF WELL BOX

SCALE: 1:30