

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO0128365

Building Address 7408 Flamewood Drive, Clarksville
MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.02 Subdivision Flamewood
Section 1 Area 1 Lot 1
Tax Map 41 Parcel 412 Grid 15
Zoning RR Map Coordinates _____ Lot size _____

Property Owner's Name Jeffrey Gordon
Address 7408 Flamewood Dr Clarksville
City Clarksville State MD Zip Code 21029
Home Phone 301 217 4043 Work Phone 301-704 6565
Applicant's Name & Mailing Address, (if other than stated hereon):
Same
Phone _____ Fax _____

Existing Use Single Family Residential
Proposed Use Fire Restoration
Estimated Construction Cost \$ 120,000
Description of Work Fire Restoration - like a kind replacement of Garage framing, Siding, roof and slab Approx 15% of home framing, roof and

Contractor Company Paul Davis Restoration of MD
Contact Person John Ross
Address 9785 Dorsey Hall Drive
City Ellicott City State MD Zip Code 21042
License No. 32055
Phone 443 367 3402 Fax 410 730 6160

Occupant or Tenant apartment and church replacement
Contact Name 220 P addition to front porch, later thru roof. Fire 11-3-00
Address See Owner Information
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company Anco Engineering
Contact Person Tom Anco Colicchio
Address 4500 Indian Lane
City College Park State MD Zip Code 20740
Phone 301 345 5152 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: <u>8 P 2</u>	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 _____

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: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
<input checked="" 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 THERE TO; (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 Stephen T. Mitchell
Title/Company Project Manager

Print Name Stephen T. Mitchell
Date 2-7-01

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	<u>2/7/01</u>	<u>[Signature]</u>
State Highways	<u>2/7/01</u>	<u>[Signature]</u>
Building Official	<u>2/7/01</u>	<u>[Signature]</u>
Dev. Engineering, DPZ	<u>2/7/01</u>	<u>[Signature]</u>
Health	<u>2/7/01</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
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 _____

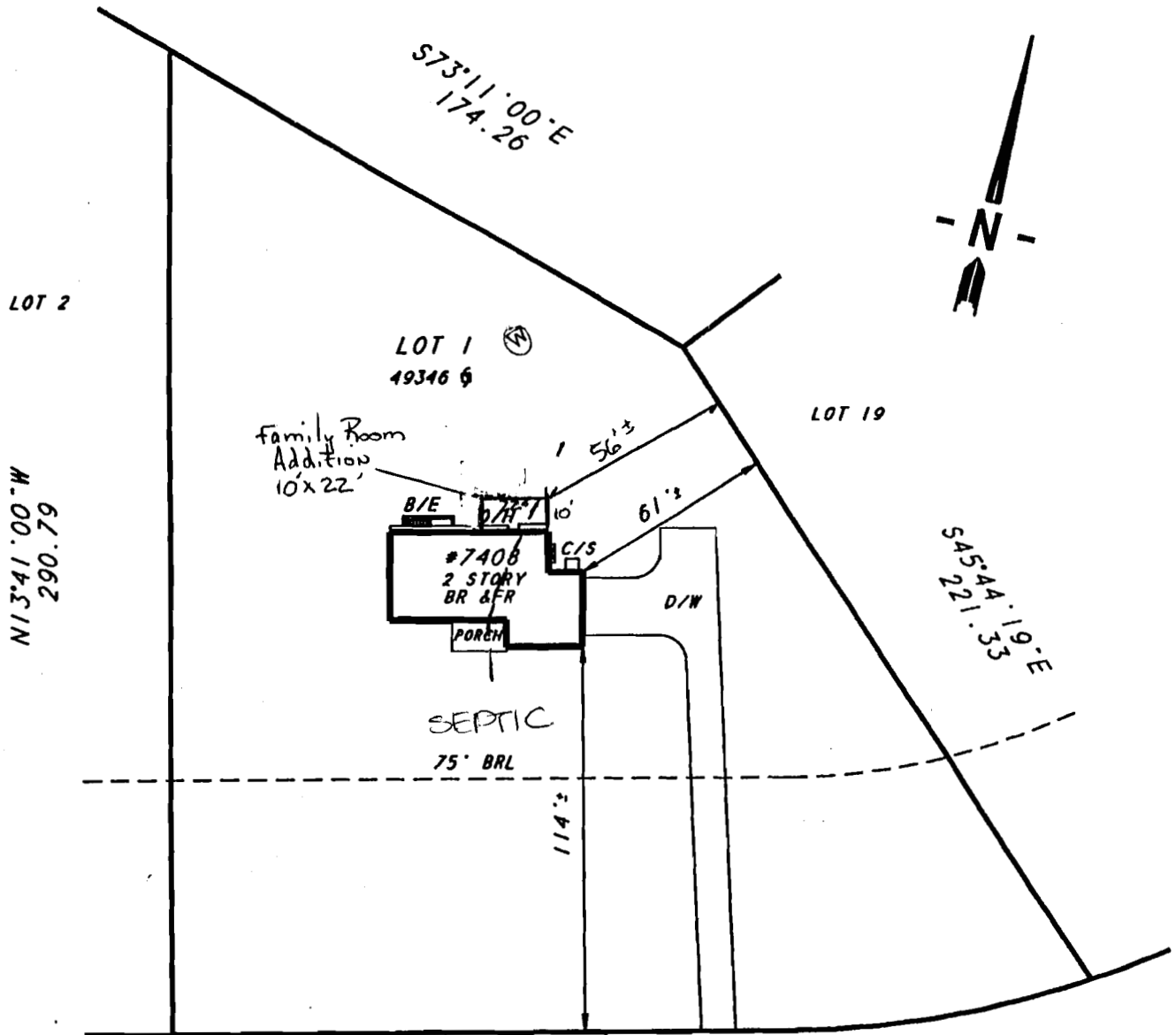
PROPERTY ID#:	
Filing fee	\$ _____
Permit fee	\$ <u>133</u>
Excise tax	\$ <u>799</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>799</u>
Balance due	\$ _____
Check	# <u>2262</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



DULEY
AND
ASSOCIATES, INC.
 P.O. BOX 1431
 UPPER MARLBORO, MD.
 20773-1431
 PHONE : 301-888-1111
 FAX : 301-888-1114



2/7/01
 Proposed additions
 OK as shown. (OK)

S76°19'00"W
 179.71

R - 270.00
 L - 89.56

FLAMEWOOD DRIVE

NOTE:

SAID PROPERTY SUBJECT TO ALL NOTES AND RESTRICTIONS PER RECORD PLAT.

LOCATION SURVEY OF:

#7408 FLAMEWOOD DRIVE

LOT 1 BLOCK A

FLAMEWOOD

5TH ELECTION DISTRICT

PLAT NO 3610

HOWARD COUNTY, MD

SCALE 1"=50' DATE: 4/23/96



CROCKETT
 CASE # 96-07-0132G
 FILE # NG961441

SURVEYOR'S CERTIFICATE

I HEREBY STATE THAT THE POSITION OF THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO BE IN FLOOD ZONE "C". THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1". NO TITLE REPORT WAS FURNISHED TO, NOR DONE BY, THIS COMPANY.

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH ISSUE DATE _____
410-313-2640

P 26277
ADDITION
A 514926-C

INDEXED

RPS# 378664

APPROVAL DATE _____

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Flamewood LOT NUMBER 1 ADDRESS 7408 Flamewood Drive

PROPERTY OWNER Jeffrey Gordon PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

~~SEWER PERMIT~~
NOT RETURNED 2/7/2001

B00128365
Fire restoration - Add family room

7/5/07 ADVISED HOMEOWNER THAT SEPTIC CONN + H₂O CONN INSP REQUIRED (initials)

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 514926-C