

Building Address 11754 Chapel Estates DR
Clarksville, MD 21029

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

Census Tract 6051.01 Subdivision Chapel Woods III

Section _____ Area _____ Lot 35

Tax Map 29 Parcel 86 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Williamsburg Builders

Address 5785 Haspers Farm Rd

City Columbia State MD Zip Code 21044

Home Phone _____ Work Phone 410-997-8800

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Single Family Dwelling w/deck + steps

Estimated Construction Cost \$ 12,000.00

Description of Work APPROX. 417 S.E. DECK WITH
STEPS

Contractor Company ProBuilt Construction Inc

Contact Person Ed Paclowski

Address 13453 Long Days CT

City Highland State MD Zip Code 20777

License No. 20247

Phone 301-854-0821 Fax 301-854-9632

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" 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: _____	Heating System _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
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>SUN DECK w/STEPS</u> Dimensions <u>417 SF DECK w/STEPS</u> Footings <u>POST + PIER</u>
Other Structure _____ Dimensions _____ Footings _____ Roof _____	_____ State Certified Modular _____ Manufactured Home

THE UNDERSIGNED HEREBY CERTIFIES AND MAKES AN OATH THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT AND TRUE; (3) THAT HE/SHE WILL PERFORM ALL WORK ON THE ABOVE REFERENCED PROPERTY SO AS TO SECURELY AND LEGITIMATELY OBTAIN THE PERMIT FOR THIS PROPERTY FOR THE PURPOSE OF INSURING THAT THE WORK PERMITTED TO BE PERFORMED IS IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS; (4) THAT HE/SHE WILL PERFORM ALL WORK ON THE ABOVE REFERENCED PROPERTY SO AS TO SECURELY AND LEGITIMATELY OBTAIN THE PERMIT FOR THIS PROPERTY FOR THE PURPOSE OF INSURING THAT THE WORK PERMITTED TO BE PERFORMED IS IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS; (5) THAT HE/SHE GRANTS TO THE COUNTY OF HOWARD THE RIGHT TO

Susan Gawler
 Applicant's Signature

SUSAN GAWLER
 Print Name

Agent ProBuilt Construction Inc. 10-25-01
 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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/25/01</u>	<u>Mark R. [Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
CONTINGENCY CONSTRUCTION START:		
ONE STOP SHOP:		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St. _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee	\$
Permit fee	\$
Excise tax	\$
Add'l per. fee	\$
TOTAL FEES	\$
Sub-total paid	\$
Balance due	\$
Check	#
Validation	#

Accepted by _____

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

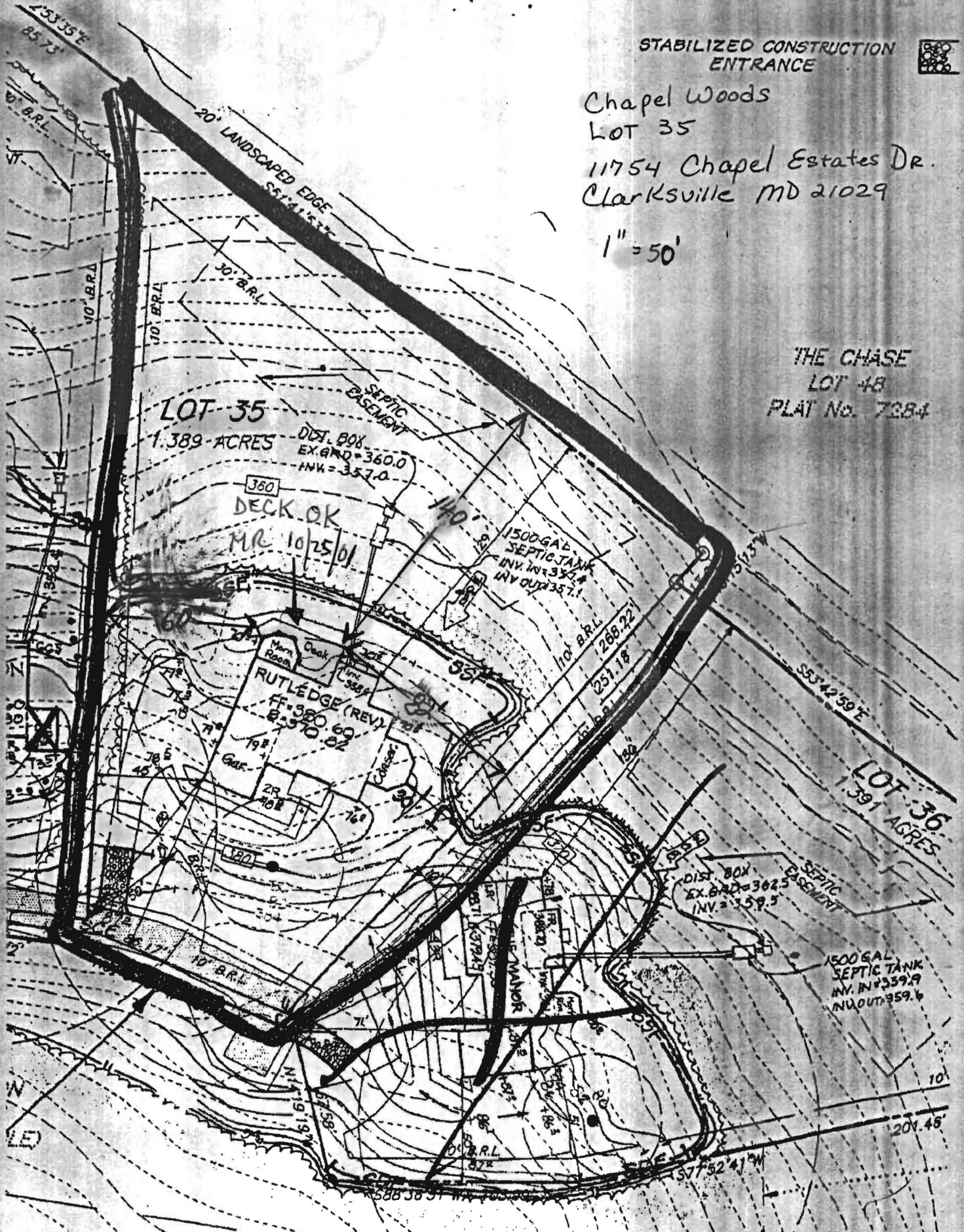
STABILIZED CONSTRUCTION
ENTRANCE



Chapel Woods
Lot 35
11754 Chapel Estates Dr.
Clarksville MD 21029

1" = 50'

THE CHASE
LOT 48
PLAT No. 7284



LOT 35

1.389-ACRES

DIST. BOX
EX. GRD. = 360.0
INV. = 357.0

DECK OK
M.R. 10/25/01

1500 GAL.
SEPTIC TANK
INV. IN = 354.4
INV. OUT = 357.1

RUTLEDGE (REV)
FF = 380.60
B = 370.02

DIST. BOX
EX. GRD. = 362.5
INV. = 359.5

1500 GAL.
SEPTIC TANK
INV. IN = 359.9
INV. OUT = 359.6

LOT 36
1.391-ACRES

LIMIT OF DISTURBANCE

Total linear feet of trench required 360 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 3.5 feet

Depth of stone required below distribution pipe 1.5 feet

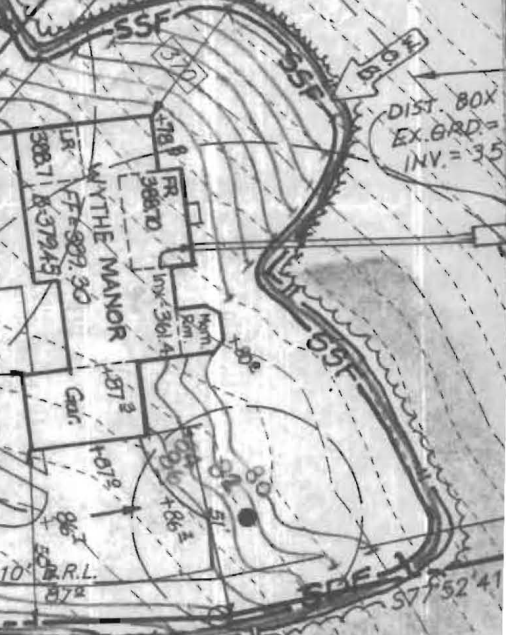
Approved Septic System Plan Howard County Health Department

[Signature]
Signature Date 4/6/01

EX. GRD = 354.0
INV. = 351.0

1500 Gal. Septic Tank
Inv. In = 351.4
Inv. Out = 351.1

LOT 35
1.389-ACRES
DIST. BOX
EX. GRD = 360.0
INV. = 358.0



PRESERVATION
PARCEL 'A'
(NON-BUILDABLE)

ENGINEER
R. K. FINEFROCK & SACKETT

300129179