

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Walk thru
 Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B10002958

Building Address: 12606 Greenwood St
Clarksville MD 21029

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

Census Tract: _____ Subdivision: Reserve

Section: _____ Area: _____ Lot: 9

Tax Map: 34 Parcel: 55 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: 1.02 AC

Property Owner's Name: Thomas Sung

Address: 12606 Greenwood St

City: Clarksville State: MD Zip Code: 21029

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Robert Kewy
312 Highland Ter Prince Frederick MD

Phone: 301 928 0622 Fax: 210 652 9323

Email: DL@NADECK.COM

Existing Use: SFD

Proposed Use: Deck

Estimated Construction Cost: \$ 20,000

Description of Work:
32x22 deck w/ steps

Contractor Company: North Americas Deck

Contact Person: Robert Kewy

Address: 312 Highland Ter

City: Prince Frederick State: MD Zip Code: 20628

License No.: 92704

Phone: 301 928 2622 Fax: 210 652 9323

Email: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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:	
Roof:	
<input 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 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.

Robert Kewy
 Applicant's Signature

DL@NADECK.COM
 Email Address

 Title/Company

Robert Kewy
 Print Name

 Date

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>7-22-10</u>	<u>DP Bernard</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? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes 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	\$

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B-90006678

309 000 100

Building Address 12606 LINDENWOOD
ANNE ARUNDEL COUNTY, MD 21029

Property Owner's Name TOM & SUZANNE YOUNG
Address _____

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

Census Tract _____ Subdivision _____

City _____ State _____ Zip Code _____

Section _____ Area _____ Lot LOT 9

Home Phone _____ Work Phone _____

Tax Map 34 Parcel 77 Grid 11

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

Zoning CR Map Coordinates _____ Lot size 1.066 AC

Phone _____ Fax _____

Existing Use VACANT LOT

Contractor Company CONRAD'S INTERIORS

Proposed Use WHOLE FAMILY DWELLING

Contact Person _____

Estimated Construction Cost \$ 420,000

Description of Work _____

Address _____

City _____ State MD Zip Code 21029

License No. _____ Phone _____ Fax _____

Occupant or Tenant TOM & SUZANNE YOUNG

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State MD Zip Code 21029

Phone _____ Fax _____

Phone 410-251-5784 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>28 feet</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>3</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input checked="" 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 _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ 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 _____

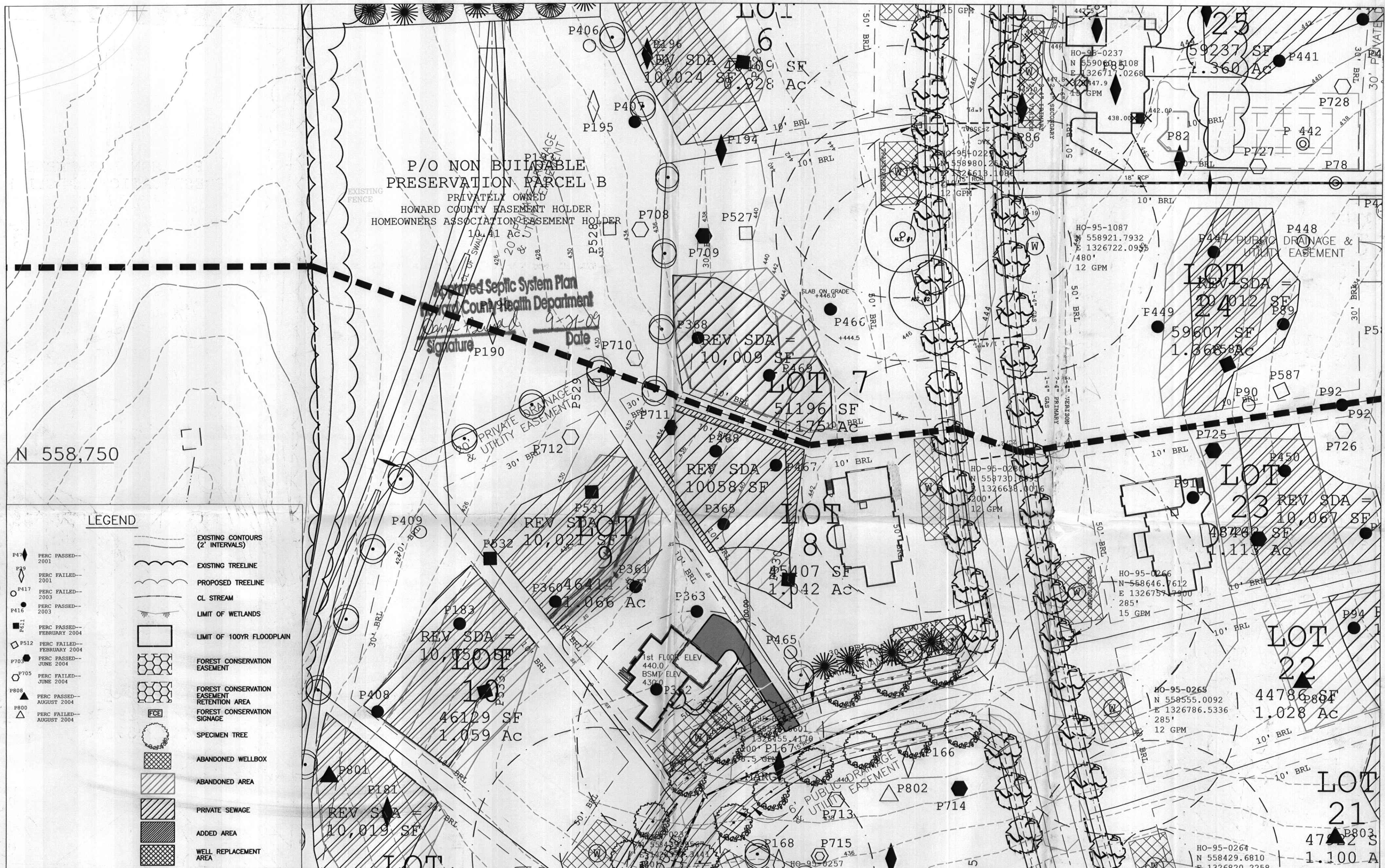
Date _____

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ	7/2/09		
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	9-24-09	Donna Berard	
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"/>			
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	
T:\forms\PERMIT.FRM			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: <u>30</u>	Permit fee \$ _____
Side: <u>10</u>	Excise tax \$ _____
Side St.: <u>N/A</u>	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone <u>N/A</u>	
SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health
	Gold: SHA



N 558,750

LEGEND

- P47 PERC PASSED--2001
 - P79 PERC FAILED--2001
 - P417 PERC FAILED--2003
 - P416 PERC PASSED--2003
 - P512 PERC PASSED--FEBRUARY 2004
 - P512 PERC FAILED--FEBRUARY 2004
 - P703 PERC PASSED--JUNE 2004
 - P705 PERC FAILED--JUNE 2004
 - P808 PERC PASSED--AUGUST 2004
 - P800 PERC FAILED--AUGUST 2004
- 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:

- 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 IDENTIFIES 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 HERON WAS RECORDED ON THE PLAT # 19214 ET. SEQ. REFER TO PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS, ANY RESTRICTIONS, AND PROVISIONS.

*Radium testing will be required prior to issuance of UTO

SITE SPECIFIC NOTES

- B009001642 Plot Plan Lot # 9
- 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: 430.0
- TOP OF FOUNDATION WALL: 438.7
- TOP OF FIRST SUBFLOOR: 440.0
- INVERT OUT OF HOUSE: 416.5
- INVERT INTO TANK: 416.0
- INVERT OUT OF TANK: 415.5
- INVERT INTO DISTRIBUTION BOX: 414.5

- GRADE AT HOUSE INVERT: 419.0
- GRADE AT SEPTIC TANK: 418.7
- GRADE AT DISTRIBUTION BOX: 418.2
- GRADE AT TRENCHES: 418.0

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

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

9/21/2009

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

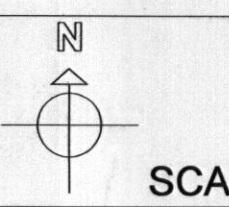
14 Sep 09

SEPTIC DESIGN PARAMETERS:

1st Floor Sq. Ft.	3208 sq.ft.
2nd Floor Sq. Ft.	2826 sq.ft.
Basement Sq. Ft.	3268 sq.ft.
Number of Bedrooms	4

TAGGED WELL DATA

TAG NUMBER:	HO-95-0231
NORTHING:	558531.6601
EASTING:	1326455.4170



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

PROJECT NAME: Young Residence
PC-9
PRESERVE @ CLARKSVILLE
CLARKSVILLE
HOWARD COUNTY
MARYLAND

TITLE: PLOT PLAN LOT # 9
REVISED PERCOLATION
CERTIFICATION PLAN FOR
LOT # 9
12806 Greenwood Court
Clarksville, Maryland 21029

PURPOSE: ESTABLISH REVISED
WELL BOX EASEMENT

SCALE: 1:50

DATE: 9/14/09