

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

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

Permit Number:

Building Address: 6259 HEATHER GLEN WAY
CLARKSVILLE, MD 21029

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

Census Tract: _____ Subdivision: PRESERVE @ CLARKSVILLE

Section: _____ Area: 2 Lot: 20

Tax Map: 34 Parcel: 77 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: 1.35 A

Existing Use: SF RESIDENTIAL

Proposed Use: "

Estimated Construction Cost: \$ 100,000

Description of Work: INGROUND SWIMMING POOL +
FENCE
43' x 20' IRREGULAR SHAPE

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: DWAYNE ROBINSON

Address: 8128 HIGH MEADOW CT

City: ELLCOTT CITY State: MD Zip Code: 21043

Home Phone: 410 707 3186 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: RHINE LANDSCAPING

Contact Person: DAN MURPHY

Address: 12885 OLD FREDERICK RD

City: SYKESVILLE State: MD Zip Code: 21784

License No.: MHIC # 121739

Phone: 410 442 2445 Fax: 410 489 4312

Email: dan@rhinelandscaping.com

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 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 checked="" type="checkbox"/> Private
2 nd 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" 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 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.

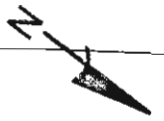
Dan Murphy
 Applicant's Signature

dan@rhinelandscaping.com
 Email Address

LANDSCAPE ARCHITECT
 Title/Company

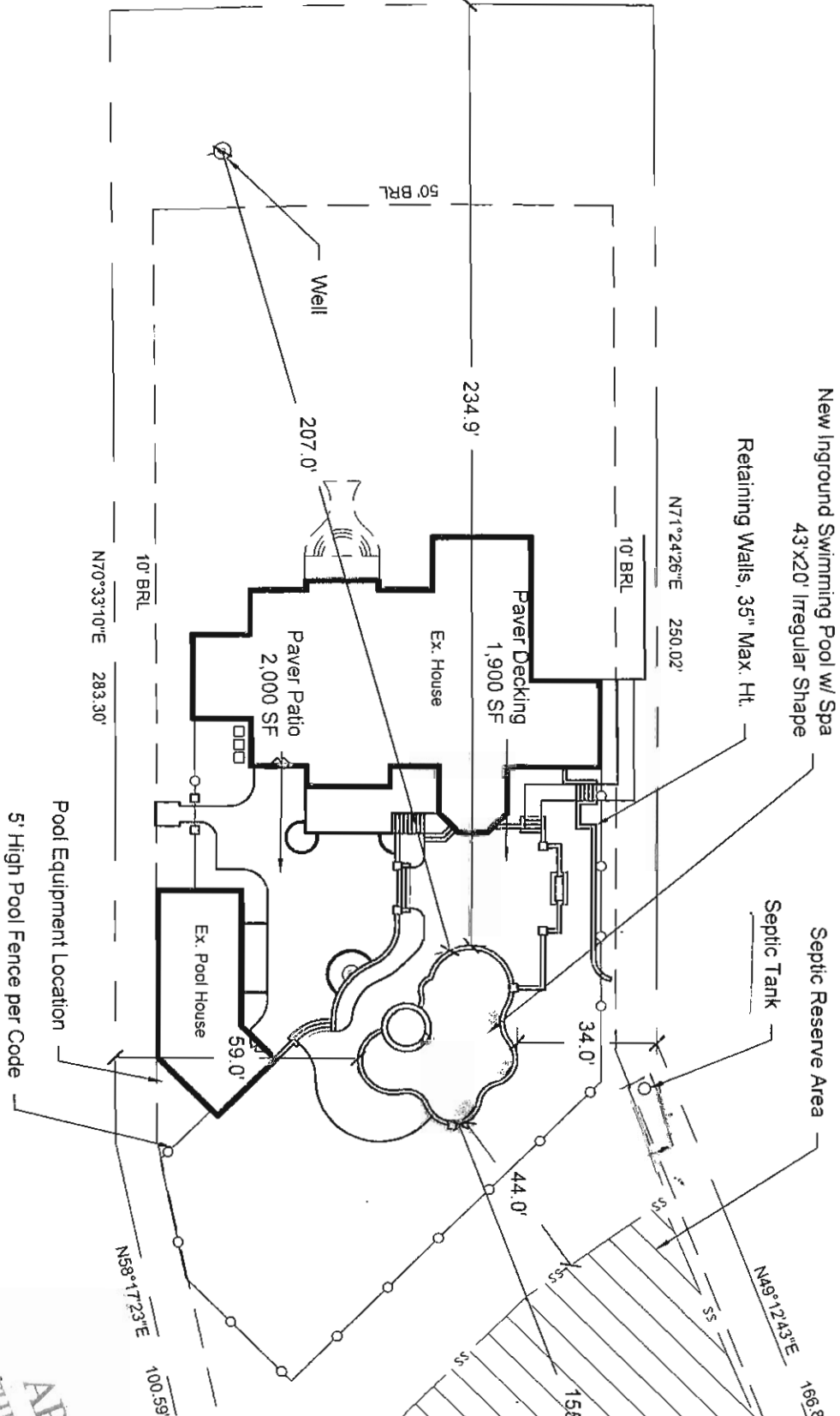
DAN MURPHY
 Print Name

9-25-12
 Date



HEATHER GLEN WAY

R=2275' L=110.18' S20°46'20"E 21.88'



THE
ROBINSON RESIDENCE
POOL SITE PLAN
 1" = 40' . 0"
 SEPTEMBER 24, 2012

ADDRESS:
 6259 HEATHER GLEN WAY
 CLARKSVILLE, MD 21029

PROPERTY INFO:
 PRESERVE AT CLARKSVILLE
 LOT 20 - 1.35 AC
 MAP - 34, GRID - 11, PARCEL - 77

WALK-THRU
 AP
 BP#
 APP#

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

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

Permit Number:
 B11002383

Building Address: 6259 Heather Glen Way
Clarksville MD 21029

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

Census Tract: _____ Subdivision: Reserve Clarksville

Section: _____ Area: _____ Lot: 20

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: _____

Address: _____

City: _____ State: MD Zip Code: 21029

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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Applicant's Signature _____

Email Address _____

Title/Company _____

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>8/30/11</u>	<u>Bunard</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

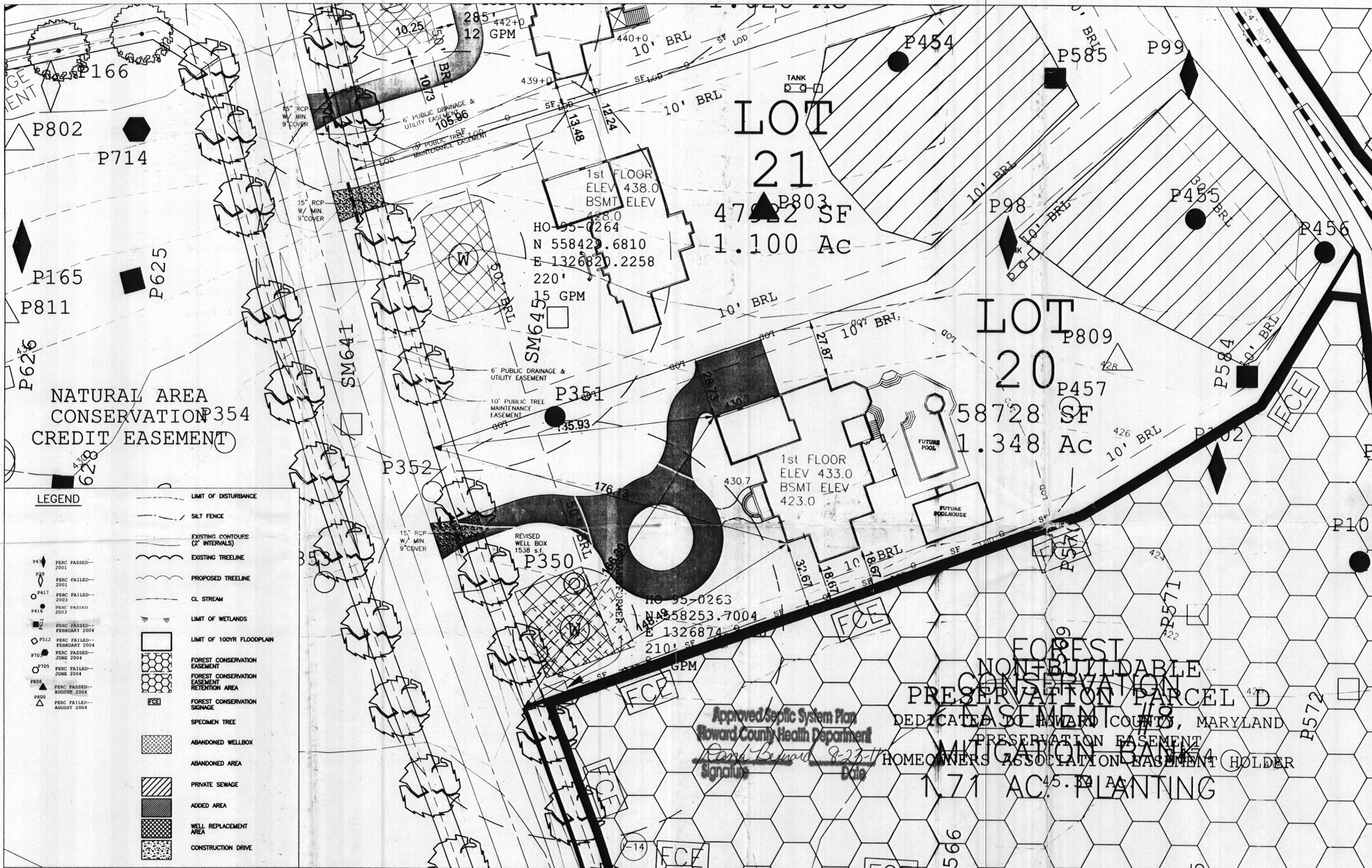
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>1500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



LEGEND

P417	PERC PASSED--2001	---	LIMIT OF DISTURBANCE
P418	PERC FAILED--2001	---	SILT FENCE
P419	PERC PASSED--2003	---	EXISTING CONTOURS (2' INTERVALS)
P420	PERC FAILED--2003	---	EXISTING TREELINE
P421	PERC PASSED--2003	---	PROPOSED TREELINE
P422	PERC PASSED--FEBRUARY 2004	---	CL. STREAM
P423	PERC FAILED--FEBRUARY 2004	---	LIMIT OF WETLANDS
P424	PERC PASSED--JUNE 2004	---	LIMIT OF 100YR FLOODPLAIN
P425	PERC FAILED--JUNE 2004	---	FOREST CONSERVATION EASEMENT
P426	PERC PASSED--AUGUST 2004	---	FOREST CONSERVATION EASEMENT RETENTION AREA
P427	PERC FAILED--AUGUST 2004	---	FOREST CONSERVATION SIGNAGE
P428	PERC PASSED--AUGUST 2004	---	SPECIMEN TREE
P429	PERC FAILED--AUGUST 2004	---	ABANDONED WELLBOX
		---	ABANDONED AREA
		---	PRIVATE SEWAGE
		---	ADDED AREA
		---	WELL REPLACEMENT AREA
		---	CONSTRUCTION DRIVE

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 SEWAGE IS AVAILABLE. THESE AREAS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE 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 AS PER PREVIOUSLY REVISED AND APPROVED PERC. CERT. PLAT.
- THIS AREA IDENTIFIES WELL REPLACEMENT AREA.
- 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' DOWNGRADIENT OF EXISTING OR PROPOSED SEPTIC OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN USING ALL REASONABLE EFFORTS.
- THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT # 19214 ET. SEC. REFER TO PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS, ANY RESTRICTIONS, AND PROVISIONS.
- THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY A PROFESSIONAL LAND SURVEYOR AND ARE ACCURATELY SHOWN.
- TESTING AND RESULTS FOR GROSS ALPHA, GROSS BETA AND VOC'S WILL BE REQUIRED PRIOR TO USE AND OCCUPANCY.

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

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

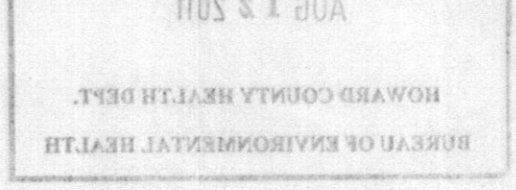
I certify that the information shown hereon is based on field work performed under my direct supervision and is correct, to the best of my knowledge and belief.

Dale Thompson
DATE: 10 Aug 2011

SEPTIC DESIGN PARAMETERS:
1st Floor Sq. Ft. 3113 sq.ft.
2nd Floor Sq. Ft. 2797 sq.ft.
Basement Sq. Ft. 3113 sq.ft.
Number of Bedrooms 5

SITE SPECIFIC NOTES	PROPOSED ELEVATIONS:
1. Plot Plan Lot # 20	TOP OF BASEMENT SLAB: 423.0
2. ALL DRIVEWAY CULVERTS ARE TO BE 15" RCP OR HDPE WITH MINIMUM 9" COVER	TOP OF FOUNDATION WALL: 431.66
3. ANY WELL DRILLED WITHIN 10' OF DRIVEWAY TO BE PROTECTED WITH TWO BOLLARDS.	TOP OF FIRST SUBFLOOR: 433.0
4. PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY	INVERT OUT OF HOUSE: 427.0
	INVERT INTO TANK: 426.0
	INVERT OUT OF TANK: 425.7
	INVERT INTO DISTRIBUTION BOX: 425.3
	GRADE AT HOUSE INVERT: 430.0
	GRADE AT SEPTIC TANK: 431.0
	GRADE AT DISTRIBUTION BOX: 431.0
	GRADE AT TRENCHES: 431.0

TAGGED WELL DATA	OWNER: DWAYNE ROBINSON	PROJECT NAME: Robinson Residence PC-20	TITLE: PLOT PLAN LOT #20	PURPOSE: CONSTRUCTION OF NEW SINGLE FAMILY DETACHED DWELLING AND WELL BOX RE-CERTIFICATION
TAG NUMBER: HO-95-0263	BUILDER: Compass Homes	PREPARE @: CLARKSVILLE	CLARKSVILLE	
NORTHING: 558253.7004	6206 Heather Glen Way	HOWARD COUNTY	MARYLAND	
EASTING: 1326874.7110	Clarksville, MD 21029			
WELL YIELD: 15 GPM	SCALE: 1:30			
WELL DEPTH: 210'	DATE: 7/28/11			





COMPASS HOMES, LLC

\$50.00 CK 2012
Scanned 12/8/11

December 7, 2011

Ms. Avis Corbin
Howard County Department Of Inspections
George Howard Building
3430 Court House Drive
Ellicott City, Maryland 21043

Re: **B11002387**
6259 Heather Glen Way
Clarksville, MD 21029

*Revision
Approved
BP# 1100-2383
DB
2-6-12*

Dear Ms. Avis Corbin:

Compass Homes, LLC has submitted to amend the above referenced building permit to accept a pool house. We would like to submit (2) sets of drawings of the pool house and site plans showing the Pool House for approval.

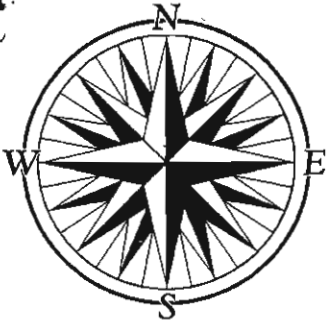
Should you have any questions or require additional information, please call me at 410-531-1223.

Very truly yours,

Amy Ferrer (AOB)
COMPASS HOMES, LLC

*cc: zoning
DET
Heather*

80.00 ck #1219



COMPASS HOMES, LLC.

A New Direction In Homebuilding

January 4, 2012

Ms. Avis Corbin
Howard County Department Of Inspections
George Howard Building
3430 Court House Drive
Ellicott City, Maryland 21043

Re: **B110023813**
6259 Heather Glen Way
Clarksville, MD 21029

Dear Ms. Avis Corbin:

Compass Homes, LLC has submitted to amend the above referenced building permit to accept a one-car garage. We would like to submit (2) sets of drawings of the garage and site plans showing the garage for approval.

Should you have any questions or require additional information, please call me at 410-531-1223.

Very truly yours,

Amy Ferrer
Amy Ferrer (AOB)
COMPASS HOMES, LLC

CC: DED
ZONING
HEALTH

RE: 11002383
Revision
Approved
BP# B11002383
DB
2-6-12
Revision required
increase of
trench
as
increase
in amount
of stone