

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:

61000333

B10003759

Building Address: 6279 Heather Glen Way
Chesville, MD 21029

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

Census Tract: _____ Subdivision: Deer Creek

Section: _____ Area: _____ Lot: 17

Tax Map: 35 Parcel: 77 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: 1.14 acres

Existing Use: Unimproved lot

Proposed Use: single family dwelling

Estimated Construction Cost: \$ 1000,000.00

Description of Work: Four-bedroom, 4 1/2 bath gas fireplace, sun room, dual driveway

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Dustin Oak Hill

Address: 1717 Springdale

City: Chesville State: MD Zip Code: 21029

Home Phone: _____ Work Phone: 410 280 5134

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Carroll's Home LLC

Contact Person: Andy Ferrer

Address: 6279 Heather Glen Way

City: Chesville State: MD Zip Code: 21029

License No.: _____

Phone: 410 282-7683 Fax: 410 331 1861

Email: Andy.ferrer@carrollshome.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 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 checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" 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 checked="" 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.

Applicant's Signature: Andy Ferrer Print Name: Andy Ferrer

Email Address: andy.ferrer@carrollshome.com Date: 12/3/10

Title/Company: Carroll's Home LLC

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>09-0 Para Bernad</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

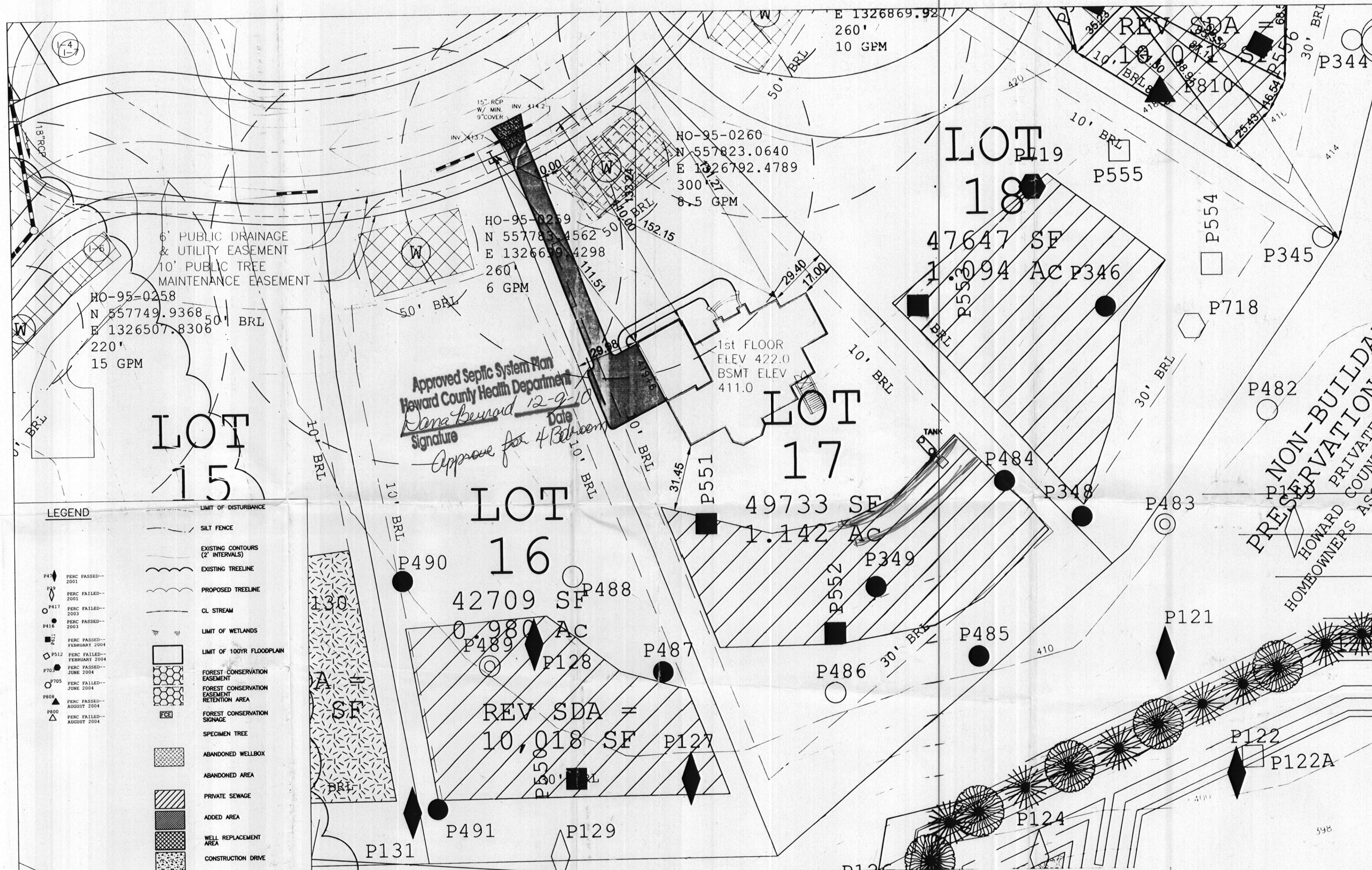
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



GENERAL NOTES:

- THIS AREA [X] DESIGNATES A PRIVATE SEWAGE ARE 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 [] ABANDONED AS PER PREVIOUSLY REVISED AND APPROVED PERC CERT. PLAN.
- 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' 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. SEQ. 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.

SITE SPECIFIC NOTES

- Plot Plan Lot # 17
- ALL DRIVEWAY CULVERTS ARE TO BE 15" RCP OR HDPE WITH MINIMUM 9" COVER
- 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:	411.0
TOP OF FOUNDATION WALL:	420.7
TOP OF FIRST SUBFLOOR:	422.0
INVERT OUT OF HOUSE:	416.0
INVERT INTO TANK:	413.7
INVERT OUT OF TANK:	413.0
INVERT INTO DISTRIBUTION BOX:	412.7

GRADE AT HOUSE INVERT:	419.7
GRADE AT SEPTIC TANK:	416.3
GRADE AT DISTRIBUTION BOX:	416.0
GRADE AT TRENCHES:	>416.0

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

DATE _____

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.

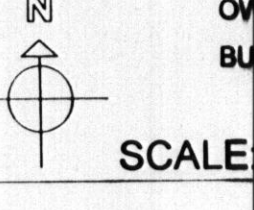
Dale Thompson
 DATE _____

SEPTIC DESIGN PARAMETERS:

1st Floor Sq. Ft.	3065.8 sq. ft.
2nd Floor Sq. Ft.	2536.0 sq. ft.
Basement Sq. Ft.	3065.8 sq. ft.
Number of Bedrooms	4

TAGGED WELL DATA

TAG NUMBER:	HO-95-0260
NORTHING:	557823.0640
EASTING:	1326792.4789
WELL YIELD:	8.5 GPM
WELL DEPTH:	300'



OWNER: Shih
BUILDER: Compass Homes
 6206 Heather Glen Way
 Clarksville, MD 21029

PROJECT NAME:
 Shih Residence
 PC-17
 PRESERVE @ CLARKSVILLE
 CLARKSVILLE
 HOWARD COUNTY
 MARYLAND

TITLE:
 PLOT PLAN LOT # 17
 6279 Heather Glen Way
 Clarksville, Maryland 21029

PURPOSE:
 CONSTRUCTION OF NEW SINGLE FAMILY DETACHED DWELLING AND PERC RE-CERTIFICATION TO REVISE WELL BOX