

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

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

Permit Number:

Building Address: 12610 Grovewood Ct.

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family Residential

Proposed Use: Same

Estimated Construction Cost: \$ _____

Description of Work: Construct detached masonry fireplace at existing patio

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: M/M Grasso

Address: 12610 Grovewood Ct.

City: Clarksville State: MD Zip Code: 21029

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Dale Thompson
13717 Springdale Dr.

Phone: 443-250-5934 Fax: _____

Email: dalethompson@gmail.com

Contractor Company: Dale Thompson Com

Contact Person: - Same -

Address: - Same -

City: Clarksville State: MD Zip Code: 21029

License No.: _____

Phone: 443-250-5934 Fax: _____

Email: dalethompson@gmail.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 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:	<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.

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>6-27-12</u>	<u>Dana Bernard</u>
Fire Protection		<u>Jeff Williams</u>

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

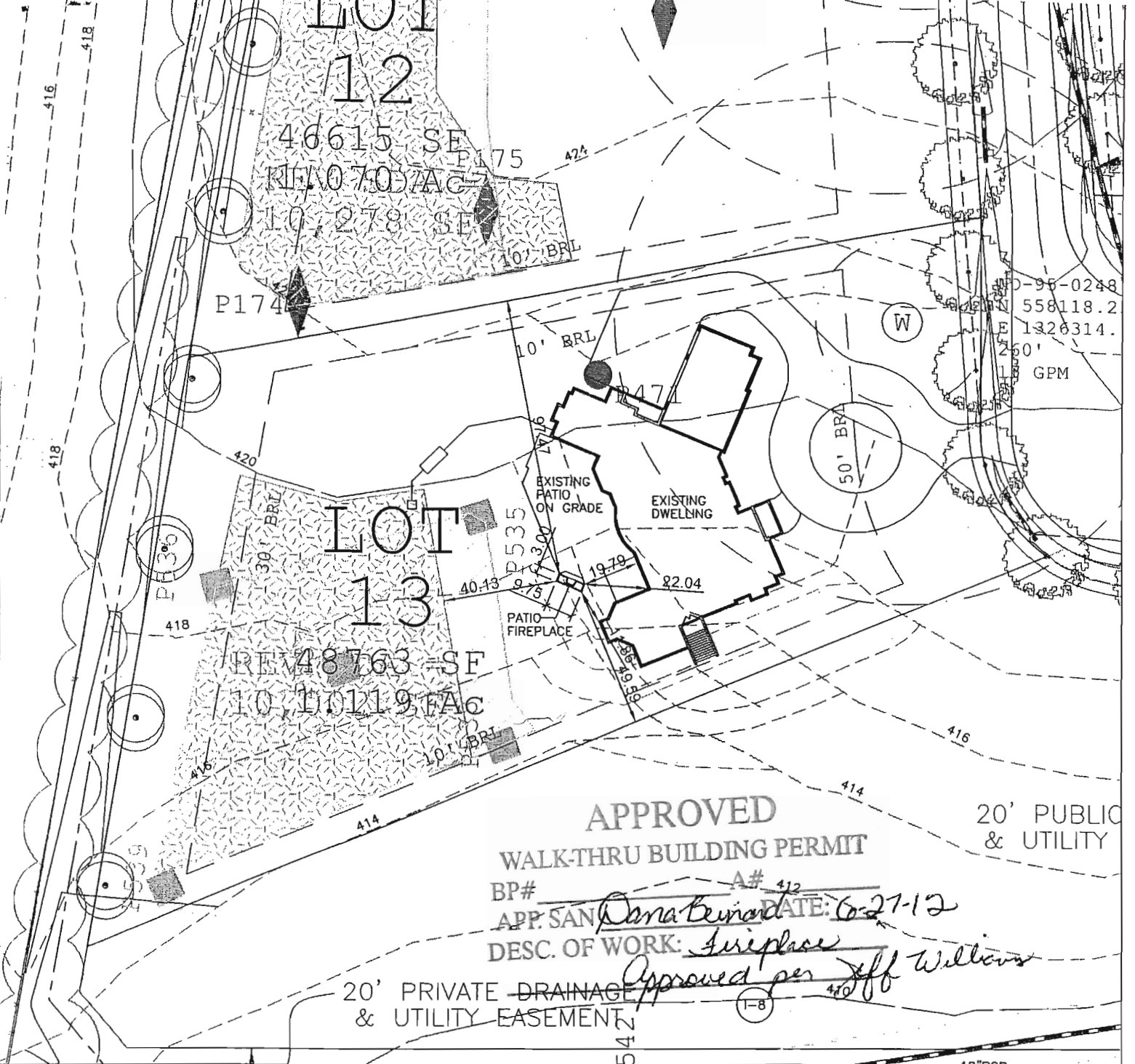
Is Entrance Permit Required? Yes No

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	\$



**APPROVED
WALK-THRU BUILDING PERMIT**

BP# _____ A# 42
 APP. SAN Dana Bernard DATE: 6-27-12
 DESC. OF WORK: fireplace

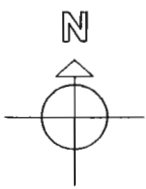
Approved per Jeff Williams
 20' PRIVATE DRAINAGE & UTILITY EASEMENT

The existing well(s) shown on this plan have been field located by a Professional Land Surveyor, and is (are) accurately shown. All drilled wells and SDA's within the boundaries of this property are shown.

TAGGED WELL DATA	
TAG NUMBER:	HO-95-0248
NORTHING:	558118.2596
EASTING:	1326314.6482

TITLE:
**SITE PLAN
 PATIO FIREPLACE**

DATE: 6/22/12
 SCALE: 1:50



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

PROPOSED ELEVATIONS:

TOP OF BASEMENT SLAB:	000.00 413.5
TOP OF FOUNDATION WALL:	000.00 422.2
TOP OF FIRST SUBFLOOR:	000.00 423.5
INVERT OUT OF HOUSE:	000.00 416.5
INVERT INTO TANK:	000.00 416.0
INVERT OUT OF TANK:	000.00 415.5
INVERT INTO DISTRIBUTION BOX:	000.00 414.5
INVERT INTO TRENCHES:	000.00
GRADE AT HOUSE INVERT:	000.00 419.0
GRADE AT SEPTIC TANK:	418.7
GRADE AT DISTRIBUTION BOX:	000.00 418.2
GRADE AT TRENCHES:	000.00 418.0
	000.00
	000.00

PROJECT NAME:
 GRASSO RESIDENT
 PC-13
 12610 GROVEWOOD COURT
 PRESERVE @ CLARKSVILLE
 CLARKSVILLE, HOWARD COUNTY
 MARYLAND, 21029

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

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

DATE _____

PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY

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

Permit Number:
 B12001155

Building Address: 12610 Greenwood Court
Clarksville, MD 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Pressure at Clarksville
 Section: _____ Area: _____ Lot: 10
 Tax Map: 34 Parcel: 77 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Dayton Oaks, LLC
 Address: 6000 Heather Glen Way
 City: Clarksville State: MD Zip Code: 21029
 Home Phone: _____ Work Phone: 410-531-1223
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone: _____ Fax: 410-531-1884
 Email: _____

Existing Use: Vacant Lot
 Proposed Use: Single family dwelling
 Estimated Construction Cost: \$ 600,000
 Description of Work: Four-car garage, (2) 1/2 baths, 6 full baths, 5 bedrooms, 2nd floor laundry room, (2) gas fireplaces

Contractor Company: Compass Homes, LLC
 Contact Person: Amy Ferrer
 Address: 6000 Heather Glen Way
 City: Clarksville State: MD Zip Code: 21029
 License No.: _____
 Phone: 410-531-1223 Fax: 410-531-1884
 Email: Amy.Compasshomes@gmail.com

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>
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<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"/> Craw Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>5</u>	<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:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
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Amy Ferrer (AORS)
 Applicant's signature
Amy.Compasshomes@gmail.com
 Email Address
Compass Homes, LLC
 Title/Company

Amy Ferrer (AORS)
 Print Name
4/16/12
 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>6/12/12</u>	<u>R. Buckner</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
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Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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	\$

