



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: **B13003376**

Building Address: 5610 Chamblis Drive
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Glen Mary Est
 Section: _____ Area: _____ Lot: 6
 Tax Map: 34 Parcel: 15 Grid: 28-23 5
 Zoning: RC-DEO Map Coordinates: 4933-H6 Lot Size: 99.1 acres

Existing Use: Field
 Proposed Use: Temporary horse stables for event
 Estimated Construction Cost: \$ 5,000 rental
 Description of Work: Erect one 75'x200' tent w/stalls.
 Tent will be set up 9/17/13 through 9/23/13. Flame retardent certificate attached.

Occupant or Tenant: See "applicant" information
 Was tenant space previously occupied? Yes No
 Contact Name: HOWARD COMMUNITY COLLEGE
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: George Doetsch
 Address: 5610 Chamblis Drive
 City: Clarksville State: MD Zip Code: 21029
 Phone: 410-979-1600 Fax: _____
 Email: gdoetsch@appleford.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Melissa Matly
 Address: 10901 Little Patuxent Parkway
 City: Columbia State: MD Zip Code: 21044
 Phone: 410-218-3856 Fax: 443-518-4477
 Email: mmatley@howardcc.edu

Contractor Company: SMTX, Inc.
 Contact Person: Julie Karpan
 Address: P.O. Box 418
 City: Upper Marlboro State: MD Zip Code: 20773
 License No.: _____
 Phone: 352-895-8958 Fax: 301-952-8056
 Email: buttonkarp@aol.com

Engineer/Architect Company: NA
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height: 18'	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: 1	Depth	Width
Gross area, sq. ft./floor: 15,000 sf	1 st floor:	
Area of construction (sq. ft.): 15,000 sf	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
➤ Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire suppression - extinguishers
Grading Permit Number:	
Building Shell Permit Number:	

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: Melissa Matly
 Print Name: Melissa Matly
 Date: 9.3.13
 Email Address: mmatley@howardcc.edu
 Title/Company: Executive Director, Howard Community College Educational Foundation

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>9/20/13</u>	<u>R. Buckner</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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	\$	
Check	#	

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx
 X will pick up X

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:

B1300 3375

Building Address: 5610 Chamblis Drive
Clarksville, MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Glen Manor Est.
 Section: _____ Area: _____ Lot: _____
 Tax Map: B4 Parcel: 15 Grid: 5
 Zoning: R-1-D Map Coordinates: _____ Lot Size: 99.1 acres
4,316,796 sq ft

Existing Use: Field
 Proposed Use: Temporary Tent for Event
 Estimated Construction Cost: \$ Rental \$16,000
 Description of Work: Erect one 30'x300' tent and one 40'x160' tent with side walls. Flame retardant certificate attached. Tent will be set up between 09/18/2013 through 9/23/2013.
 Occupant or Tenant: HOWARD COMMUNITY COLLEGE
 Was tenant space previously occupied? Yes No
 Contact Name: See Applicant
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: George Doetsch
 Address: 5610 Chamblis Drive
 City: Clarksville State: MD Zip Code: 21029
 Home Phone: 410-978-1600 Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein):
Missy Mattey, 10901 Little Patuxent Parkway
Columbia, MD 21044
 Phone: 443-518-4208 Fax: 443-518-4477
 Email: MMattey@howardcc.edu

Contractor Company: Virginia Tent Rental
 Contact Person: Lorena Kush
 Address: P.O. Box 5124
 City: Charlottesville State: VA Zip Code: 22905
 License No.: 1218154
 Phone: 434-296-7595 Fax: 434-296-7911
 Email: vatentrental@earthlink.net

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: <u>18'</u>	NA <u>Water Supply</u>
No. of stories: <u>1</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: <u>15,400sf</u>	<input type="checkbox"/> Private
Area of construction (sq. ft.): <u>15,400sf</u>	NA <u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	NA <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 Fire Extgr.
<u>ROADSIDE TIRE REPAIR</u>	No. of Heads: _____
<u>- NO</u>	

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

Missy Mattey
 Applicant's Signature
 mmattey@howardcc.edu
 Email Address
 Director of Development, Howard Community College
 Title/Company

Missy Mattey
 Print Name
AUGUST 30, 2013
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

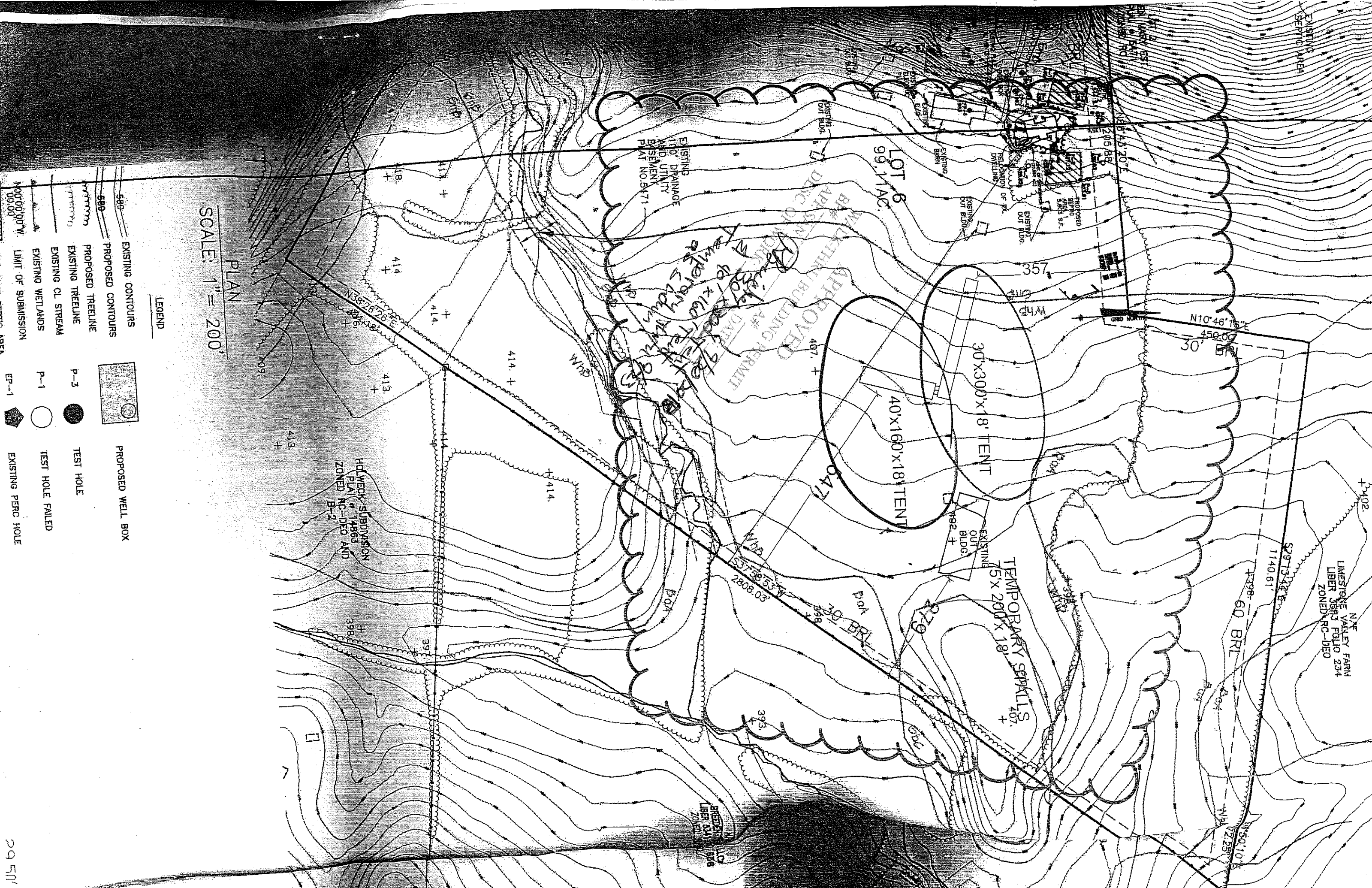
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>9/20/13 R. Brinkman</u>
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>300.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
 T:Operations/Updated Forms/Building App. 6/2010

** will pick up **



SCALE: 1" = 200'

PLAN

- LEGEND**
- EXISTING CONTOURS
 - PROPOSED CONTOURS
 - PROPOSED TREELINE
 - EXISTING TREELINE
 - EXISTING CL STREAM
 - EXISTING WETLANDS
 - LIMIT OF SUBMISSION
 - PROPOSED WELL BOX
 - TEST HOLE
 - TEST HOLE FAILED
 - EXISTING PERG. HOLE

APPROVED
 BUILDING PERMIT
 DATE: 10/10/18
 PROJECT: 18-000000-0000

N/E
 LIMESTONE VALLEY FARM
 LIBER 3883 FOLIO 234
 ZONED RC-DEO

HOLMECK SUBDIVISION
 PLAN # 14863
 ZONED NC-DEO AND
 B-2