



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: 2/5/13

Permit No.: B13000399

Building Address: 6538 Haviland Mill Rd
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Clarksville
 Section: _____ Area: 2 Lot: 1
 Tax Map: 34 Parcel: 383 Grid: 19
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.56 @

Property Owner's Name: Ryan April Patocan
 Address: 6538 Haviland Mill Rd
 City: Clarksville State: MD Zip Code: 21029
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: JEREMY CLARY
 Address: PO Box 1253
 City: Eldersburg State: MD Zip Code: 21784
 Phone: 443-340-1829 Fax: _____
 Email: JEREMY@AppliedandApproved.com

Contractor Company: Valley National Gas
 Contact Person: William Gurwig
 Address: 7201 Montevideo Rd
 City: Crossup State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410-799-1114 Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 7000
 Description of Work:
Install 500 gal in-ground propane tank
 Occupant or Tenant:
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit II	<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 checked="" type="checkbox"/> No
Gas:	<input checked="" 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 type="checkbox"/> No
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: [Signature] Print Name: JEREMY CLARY
 Email Address: JEREMY@AppliedandApproved.com Date: 2/4/13
 Title/Company: permits

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>2/12/13</u>	<u>[Signature]</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	\$	<u>110.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>3257</u>

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:

B12002270

G12000178

Building Address: 6538 Haviland Mill Rd
CLARKVILLE MD 21029
 Suite/Apt. # _____ SDP/WP/BA #: GP-12-60
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 34 Parcel: 383 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.56 Ac.

Property Owner's Name: Ryan + April Incuboch
 Address: 6542 Haviland Mill Rd
 City: Clarksville State: MD Zip Code: 21029
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein): _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD & no deck
 Proposed Use: NEW SFD
 Estimated Construction Cost: \$ 400,000.00
 Description of Work: SFD full basement 4 bedrooms
3 1/2 bath 2 car garage (garage right)
full room 10
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: JST BUILDERS
 Contact Person: John Startt
 Address: 6030 Daphne Ave Ste 150
 City: Clarksville State: MD Zip Code: 21029
 License No.: 806
 Phone: 410-884-0334 Fax: 410-884-3983
 Email: jstartt@jstbuilders.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"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	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: <u>57'-4"</u> <u>59'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>46'-4"</u> <u>59'</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" 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: <u>4</u>	<input checked="" 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"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" 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: [Signature] Print Name: JOHN STARTT
 Email Address: jstartt@jstbuilders.com Date: 6/26/12
 Title/Company: OWNER THE SHEPWOOD COOP/KA JST BUILDERS

RECEIVED

JUN 26 2012

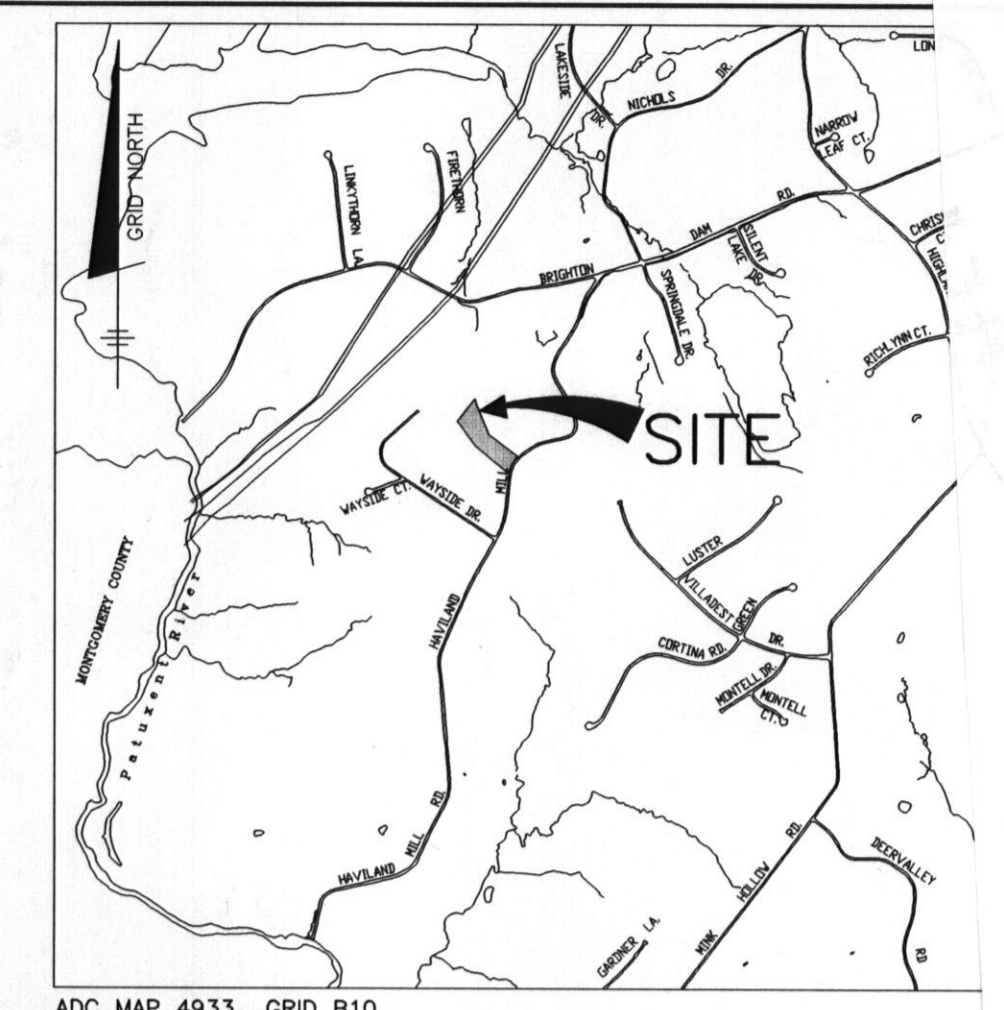
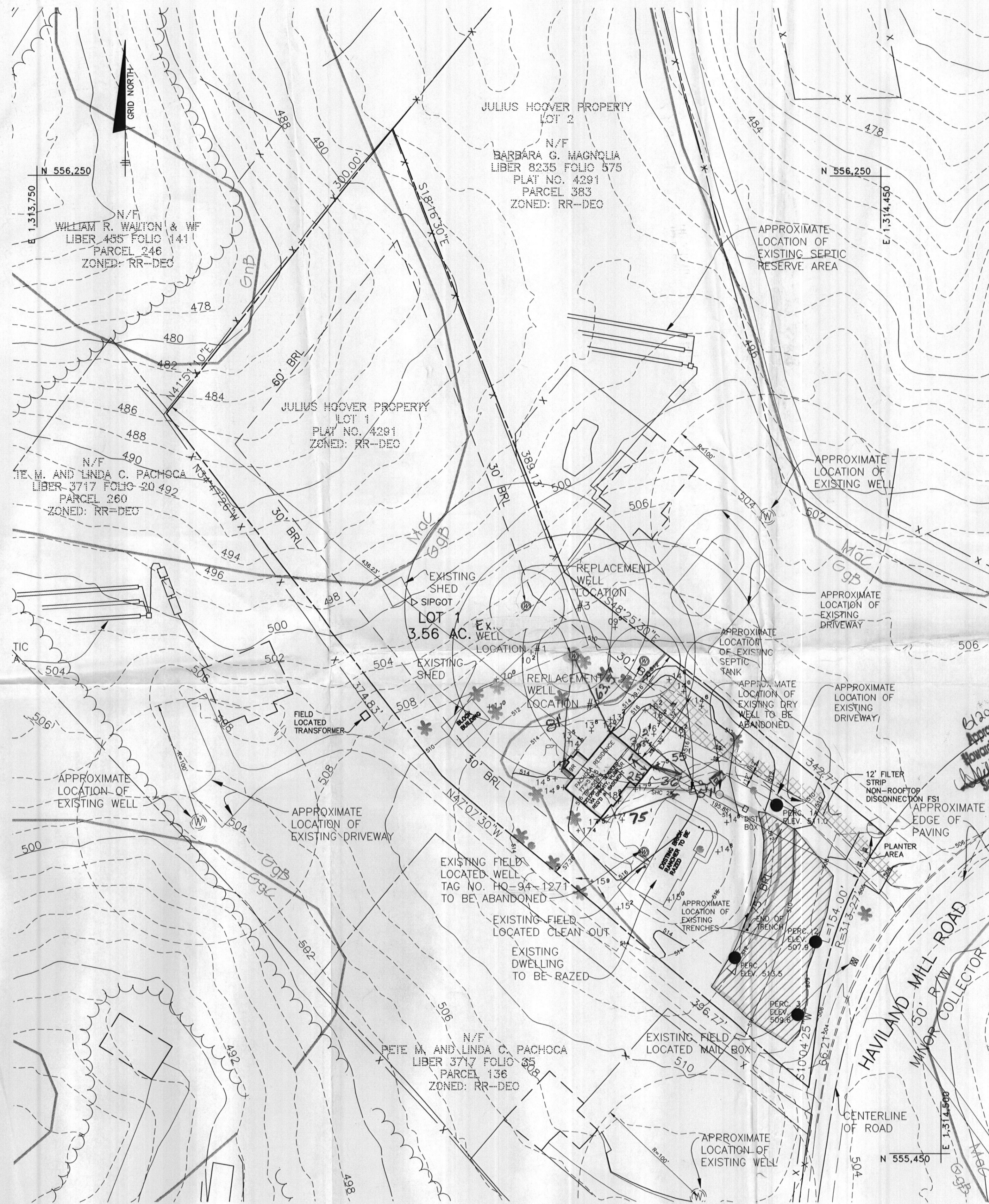
LICENSES & PERMITS

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

8-24-12 [Signature]

GENERAL NOTES

- PER PLAT NO. 4291 THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 S.F. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE REQUIRED.
- EXACT LENGTH OF SEPTIC TRENCHES IS TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
- TOPOGRAPHY SHOWN IS BASED ON A FIELD RUN SURVEY BY BENCHMARK ENGINEERING, INC., PERFORMED ON OR ABOUT JUNE, 2012.
- THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
- THE EXISTING SEPTIC TANK IS 2000 GALLONS. THE TANK IS TO REMAIN IN USE UNLESS IT IS DAMAGED. THE DISTRIBUTION BOX AND TRENCHES ARE TO REMAIN IN PLACE AND IN USE.
- THE EXISTING WELL (TAG NO. HO-94-1271) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON OR ABOUT JUNE, 2012 AND IS ACCURATELY SHOWN. THE WELL IS TO BE PROPERLY ABANDONED BY A LICENSED WELL DRILLER, NOTIFY THE HEALTH DEPARTMENT PRIOR TO ABANDONMENT.
- ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.



VICINITY MAP
SCALE: 1" = 2000'

- LEGEND
- EXISTING CONTOURS
 - EXISTING WELL
 - EXISTING OR PROPOSED WELL
 - PASSING TEST HOLE
 - SOILS DELINEATION
 - EXISTING SEPTIC AREA
 - PROPOSED SEPTIC AREA
 - LIMIT OF SUBMISSION

SYMBOL	HYDRIC	HYDROLOGIC GROUP	ALTERNATE GROUP	NAME
G9B	B			GLENELO LOAM, 3 TO 8 PERCENT SLOPES
G9B*	YES	C		GLENELO-BAILE SILT LOAM, 0 TO 8 PERCENT SLOPES
Mac	YES	B		MANOR LOAM, 8 TO 15 PERCENT SLOPES

62009370
Approved Septic System Plan
Howard County Health Department
Signature: [Signature]
Date: 8/3/2012
408 SFD

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

John Carney 7/24/12
PLAN PREPARER
JOHN CARNEY
FOR BENCHMARK ENGINEERING, INC.

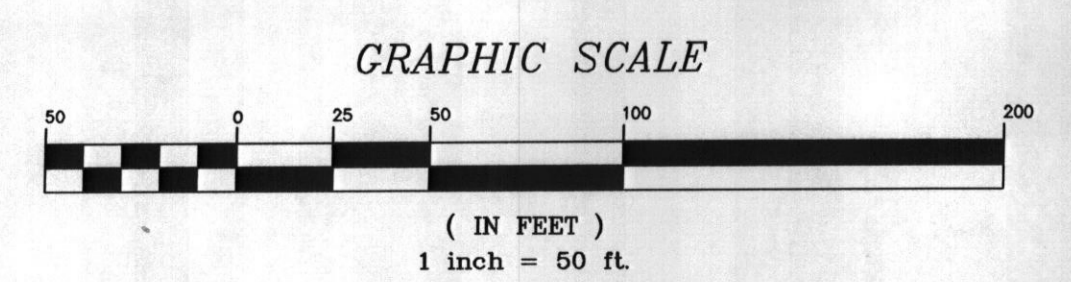
APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

Peter Bailewson 8/3/2012
HOWARD COUNTY HEALTH OFFICER [Signature] DATE

BENCHMARK ENGINEERING, INC.
ENGINEERS • LAND SURVEYORS • PLANNERS

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 ▲ FAX: 410-465-6644
WWW.BEI-CVLENGINEERING.COM

OWNER: RYAN AND APRIL PACHOCA 6538 HAVILAND MILL ROAD CLARKSVILLE, MARYLAND 21029-1315	JULIUS HOOVER PROPERTY LOT 1
BUILDER: JUST BUILDERS 6030 DAYBREAK CIRCLE SUITE 150, BOX 146 CLARKSVILLE, MARYLAND 21029 410-884-0334	LOCATION: TAX MAP: 34, GRID: 19 PARCEL: 383 ELECTION DISTRICT NO. 5 HOWARD COUNTY, MARYLAND
DESIGN: JC	TITLE: PERCOLATION CERTIFICATION PLAN A#537347
DRAFT: EDD	DATE: JULY, 2012
CHECK: JC	BEI PROJ. NO. 2491
	SCALE: 1" = 50'
	SHEET 1 OF 1



PLAN