

57018C

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00142672</u>
--	---	--

Building Address 6465 Haviland Mill Rd Property Owner's Name ERIC MAY
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Address 6465 Haviland Mill Rd
 City Clarksville State MD Zip Code 21029
 Census Tract 60510 Subdivision _____
 Section _____ Area _____ Lot 3
 Tax Map 34 Parcel 54 Grid 13
 Zoning RRD50 Map Coordinates 13H10 Lot size _____
 Home Phone 410-531-9343 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use S/D Contractor Company Custom Pools by MIDAde
 Proposed Use SF 3 00 Pa deck Contact Person Mary Meadows
 Estimated Construction Cost \$ 36K Address 21305 Ridge Rd
 Description of Work 7' x 25' Pool City Freeland State MD Zip Code 21053
12x25 License No. 83043 Phone 410-329-6415 Fax 410-329-2217

Occupant or Tenant _____ Engineer or Architect Company Hagan & Hamilton
 Contact Name _____ Contact Person Pat Hagan
 Address _____ Address 20 E. Timonium Rd. Suite 100
 City _____ State _____ Zip Code _____ City Timonium State MD Zip Code 21093
 Phone _____ Fax _____ Phone 410-561-6004 Fax 410-561-1654

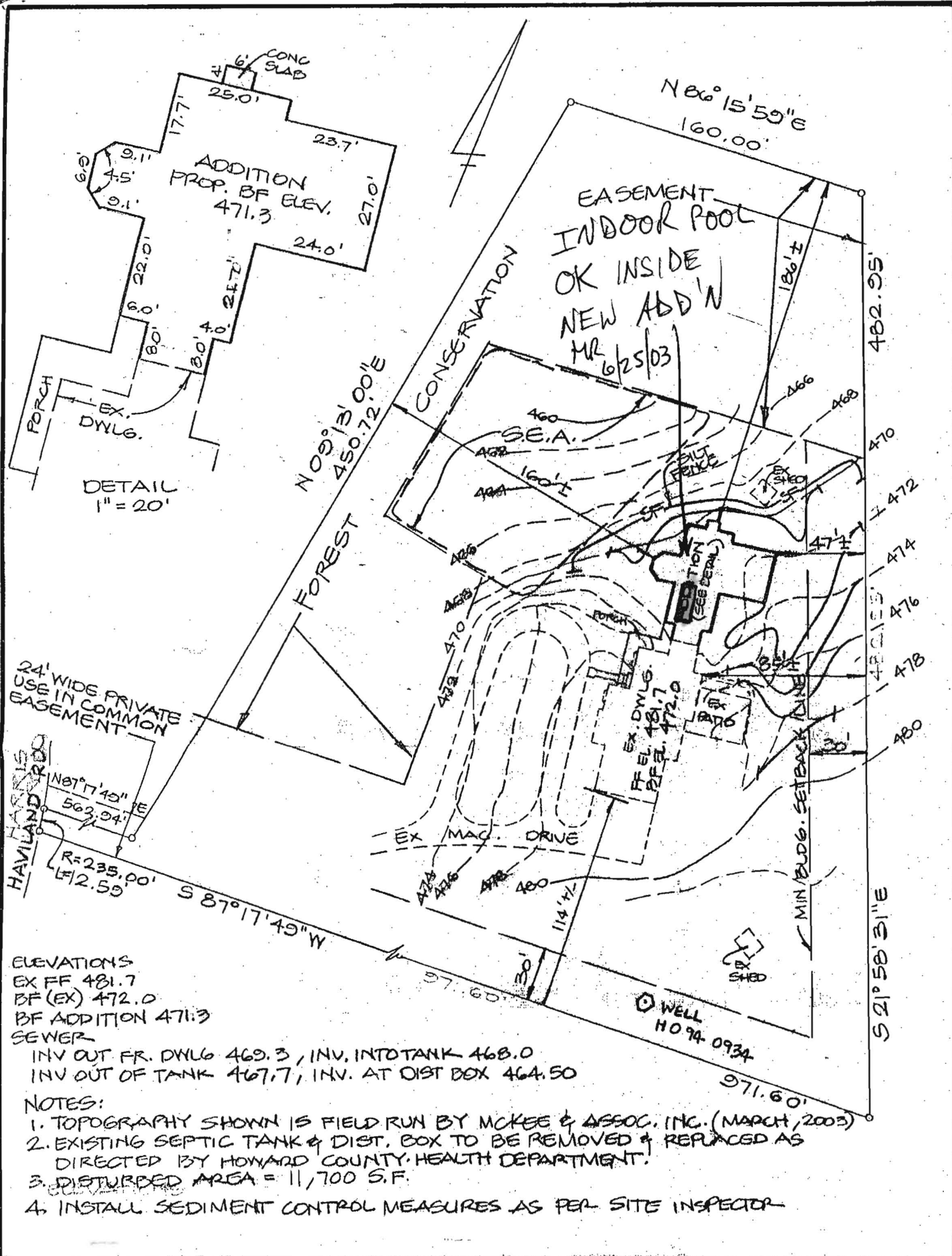
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____
Reinforced Concrete _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Structural Steel _____	Natural Gas <input type="checkbox"/>	No. of Bedrooms _____	Natural Gas <input type="checkbox"/>
Masonry _____	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	Heating System: _____
State Certified Modular _____	Full _____	No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
	Partial _____	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
	Other Suppression _____	Other Structure: <u>Slab on grade pool</u>	Sprinkler system: N/A <input type="checkbox"/>
	# of Heads _____	Dimensions: <u>12x25</u>	NFPA #13D _____
		Footings: _____	NFPA #13R _____
		Roof: <u>4" Depth</u>	Other: _____
		State Certified Modular _____	
		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 _____ Print Name Mary Meadows
 Title/Company _____ Date 6/25/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>35'</u>	29174
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>6/25/03</u>	<u>Mary Meadows</u>	Side: _____	Permit fee \$ <u>350</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>6/25/03</u>	<u>Mary Meadows</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>350</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1313</u>
				Validation # <u>27154</u>
				Accepted by _____



ELEVATIONS
 EX FF 481.7
 BF (EX) 472.0
 BF ADDITION 471.3
 SEWER

INV OUT FR. DWLG 469.3, INV. INTOTANK 468.0
 INV OUT OF TANK 467.7, INV. AT DIST BOX 464.50

NOTES:

1. TOPOGRAPHY SHOWN IS FIELD RUN BY MCKEE & ASSOC., INC. (MARCH, 2003)
2. EXISTING SEPTIC TANK & DIST. BOX TO BE REMOVED & REPLACED AS DIRECTED BY HOWARD COUNTY HEALTH DEPARTMENT.
3. DISTURBED AREA = 11,700 S.F.
4. INSTALL SEDIMENT CONTROL MEASURES AS PER SITE INSPECTOR

STATE OF MARYLAND
 JAMES WILLIAM MCKEE
 PROFESSIONAL SURVEYOR
 No. 9012 REGISTERED
 JAMES W. MCKEE DATE 03
 MARYLAND REG. No. 9012

DRAWN BY: W.D.G.
 CHECKED BY: [Signature]

SITE PLAN
 LOT 3
 HARRIS ESTATES
 PLAT # 12522
 5TH ELECT. DIST. HOWARD CO., MD

MCKEE & ASSOCIATES, INC.
 Engineering - Surveying - Natural Resources Planning
 Natural Resource Planning - Real Estate Development
 SHAWAN PLACE, 5 SHAWAN ROAD COCKEYSVILLE, MARYLAND 21030
 TELEPHONE: (410) 827-1553 FACSIMILE: (410) 827-1553

REVISION _____ DATE _____

SCALE:
 1" = 50'

DATE:
 4.1.03

JOB No.:

HH12

300141122

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
300141122 *ML*

Building Address 6465 Haviland Mill Rd.
Clarksville, MD 21029

Property Owner's Name Moy- Eric & Kristian
 Address 6465 Haviland Mill Rd.
 City Clarksville State MD Zip Code 21029

Suite /Ap t.#: na SDP/WP/P etition #: _____
 Census Tract 605101 Subdivision Harris Estates
 Section n/a Area n/a Lot 3
 Tax Map 34 Parcel 54 Grid 13
 Zoning RRDEO Map Coordinates 13413 Lot size 3.154ac

Home Phone 301-854-1213 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222
 Phone 410-477-9666 Fax 410-477-8437

Existing Use SFD
 Proposed Use Same w/addition
 Estimated Construction Cost \$ 250,000.00
 Description of Work Addition
2sty, bsmt, R FB HB & garage(Br)FP
(indoor Swimming Pool by others)

Contractor Company Hamilton Development-T/A Hagan
 Contact Person Pat Hagan w/ Hagan & Hamilton
 Address 20E. Timonium Rd. - Ste# 100
 City Timonium State MD Zip Code 21093
 License No. MHBR#97
 Phone 410-561-1004 Fax 410-561-1654

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height: _____	No. of stories: _____	Water Supply: Public _____ Private _____	Sewage Disposal Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>	Sewage Disposal Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Use group _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: _____	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Full _____	Partial _____	Other Structure: _____	Dimensions: _____	Sprinkler system: N/A <input type="checkbox"/>	NFPA # 13D _____
	Other Suppression _____	# of Heads _____		Footings: _____	Roof: _____	NFPA # 13R _____	Other: _____
				No. of Bedrooms <u>4 EX + 3 NEW</u>			
				Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____			
				State Certified Modular _____	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 HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK OTHER THAN THAT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

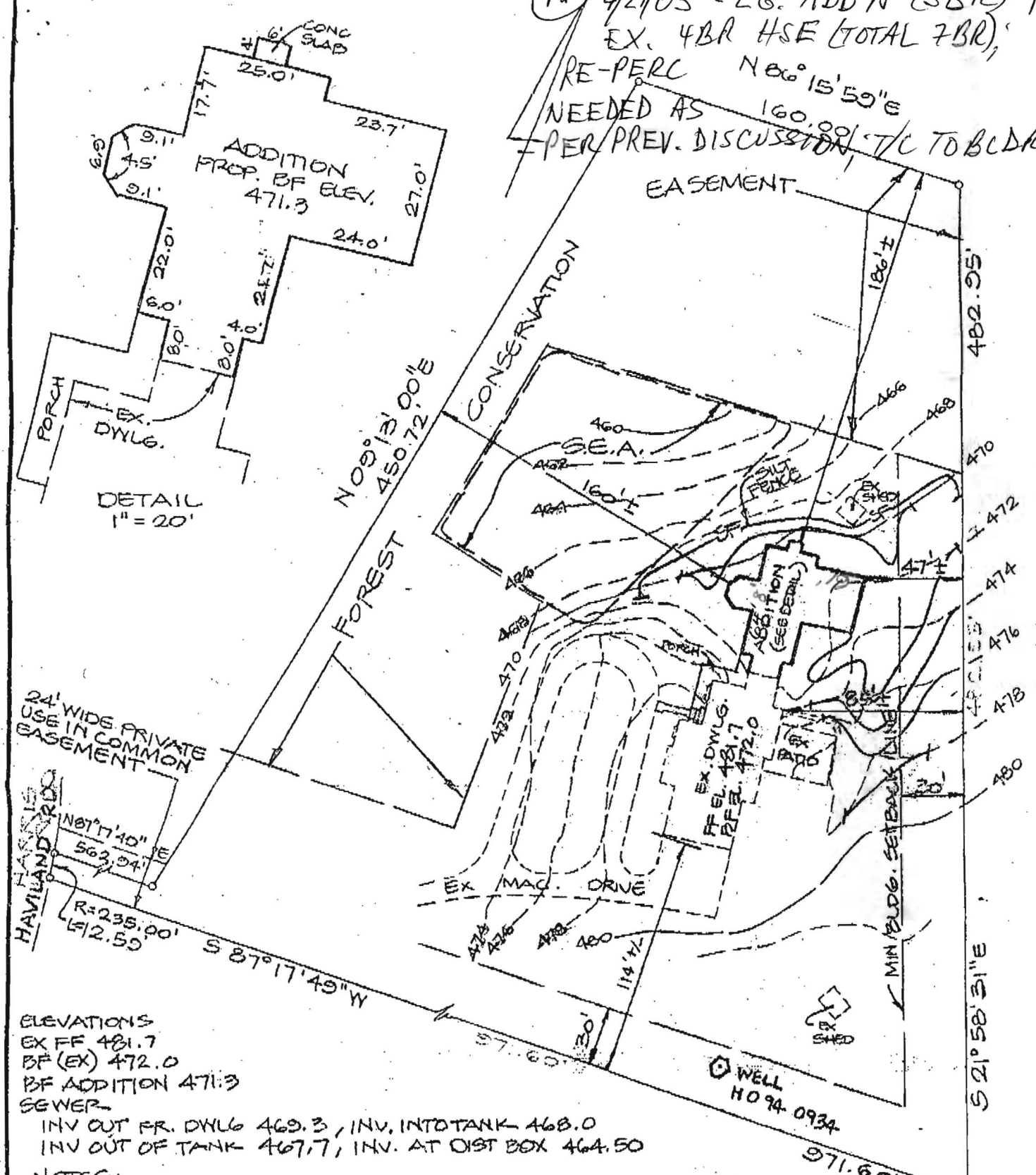
[Signature]
 Applicant's Signature Agent

Building Permit Services, Inc. - Pat Orla
 Print Name
 4/9/03
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development/DPZ			Front: _____	29474
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	6/12/03	<u>Mark [Signature]</u>	Side St.: _____	Subtotal paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>7752</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line, approval date _____	Validation # <u>2256</u>
			Accepted by <u>[Signature]</u>	

MR 4/21/03 = LG. ADD'N (3BR) TO EX. 4BR HSE (TOTAL 7BR); RE-PERC NEEDED AS PER PREV. DISCUSSION, T/C TO BCDR.



ELEVATIONS
 EX FF 481.7
 BF (EX) 472.0
 BF ADDITION 471.3
 SEWER
 INV OUT FR. DWLG 469.3, INV. INTOTANK 468.0
 INV OUT OF TANK 467.7, INV. AT OIST BOX 464.50

- NOTES:
1. TOPOGRAPHY SHOWN IS FIELD RUN BY MCKEE & ASSOC. INC. (MARCH, 2003)
 2. EXISTING SEPTIC TANK & DIST. BOX TO BE REMOVED & REPLACED AS DIRECTED BY HOWARD COUNTY HEALTH DEPARTMENT.
 3. DISTURBED AREA = 11,700 S.F.
 4. INSTALL SEDIMENT CONTROL MEASURES AS PER SITE INSPECTOR

DATE: 03
 DRAWN BY: W.D.G.
 CHECKED BY: [Signature]

SITE PLAN
 LOT 3
 HARRIS ESTATES
 PLAT # 12522
 5TH ELECT. DIST. HOWARD CO., MD

SCALE:
 1" = 50'
 DATE:
 4-1-03
 JOB No.:
 HH12

MCKEE & ASSOCIATES, INC.
 Engineering - Surveying - Natural Resources Planning
 Natural Resources Planning - Real Estate Development
 SHAWAN PLACE, 8 SHAWAN ROAD COCKEYSVILLE, MARYLAND 21030
 TELEPHONE: (410) 327-1855 FACSIMILE: (410) 327-1883

REVISION: _____ DATE: _____

Existing File not found.

A 57018C

P 58475-B

INDEXED

57018C
H25

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

B00111202

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

6465 Haviland Mill Rd
Highland Md 20777

291741

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Const. 2nd addition - Sun Rm +
Racquet Ball Court

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

3 54 - - 14 - -

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

Harris Estates RR 34 5 1051.01

OWNER NAME AND ADDRESS PHONE NO.

Moy - Eric + Kristin
Same as above 410-675-5210

OCCUPANT'S NAME AND ADDRESS PHONE NO.

Same

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

Agent: BPS Inc - Pat O'Leary
410-515-1717

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

owner

EXISTING USE

SFD

PROPOSED USE

Same + additions

EST. CONSTRUCTION COST

\$ 48,000

LICENSE NUMBER

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

CK# 12780

SIZE OF BLDG. FRONT DEPTH HEIGHT

1 23' 26'
B 23' 30' 16'

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS
ROOMS
BATHS
FIREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES

WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC
YES YES GAS YES

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Signature: [Signature] DATE: 4-31-98

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/5/12/98	[Signature]
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

A 57018-C