

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:

B13002078

Building Address: 6214 Heather Glen Way
Clarksville, MO 21029

Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 3
 Tax Map: 34 Parcel: 77 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot
 Proposed Use: Single family dwelling
 Estimated Construction Cost: \$ 600,000.00
 Description of Work: 3-car garage, sunroom, morning room, 5-bedroom, 4 1/2 baths, deck, family room fireplace
 Occupant or Tenant: _____

Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Dayton Oaks, LLC
 Address: 6206 Heather Glen Way
 City: Clarksville State: MD Zip Code: 21029

Home Phone: 410-531-1223 Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein): _____
 Phone: _____ Fax: 410-531-1884
 Email: _____

Contractor Company: Compass Homes, LLC
 Contact Person: Amy Ferrer
 Address: 6206 Heather Glen Way
 City: Clarksville State: MD Zip Code: 21029
 License No.: 6306
 Phone: 410-531-1223 Fax: 410-531-1884
 Email: Amy.CompassHomes@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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<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	Sprinkler System:
<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 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>
Depth Width	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input checked="" 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"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms:	<input type="checkbox"/> Electric
Multi-family Dwelling	<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"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Amy Ferrer (APD)
 Applicant's Signature
Amy.Compasshomes@gmail.com
 Email Address
Compass Homes/ Agent & Builder
 Title/Company

Amy Ferrer
 Print Name
5/22/13
 Date

RECEIVED

MAY 24 2013

LICENSES & PERMITS
 DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>7/29/13</u>	<u>R. Buehler</u>
Fire Protection		

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? <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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CK# 2150

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 12/19/13
To: Robert Bricker
(Person's Name and Division)
From: Amy Ferrer, Compass Homes, LLC 410) 531-1223
(Your Name, Company Name and Telephone Number)
Subject: Project name Preserve at Clarksville Lot#3
Project site address 6214 Heather Glen Way, Clarksville, MD 21029
Building permit # B13002078 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of BAT Site plans (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

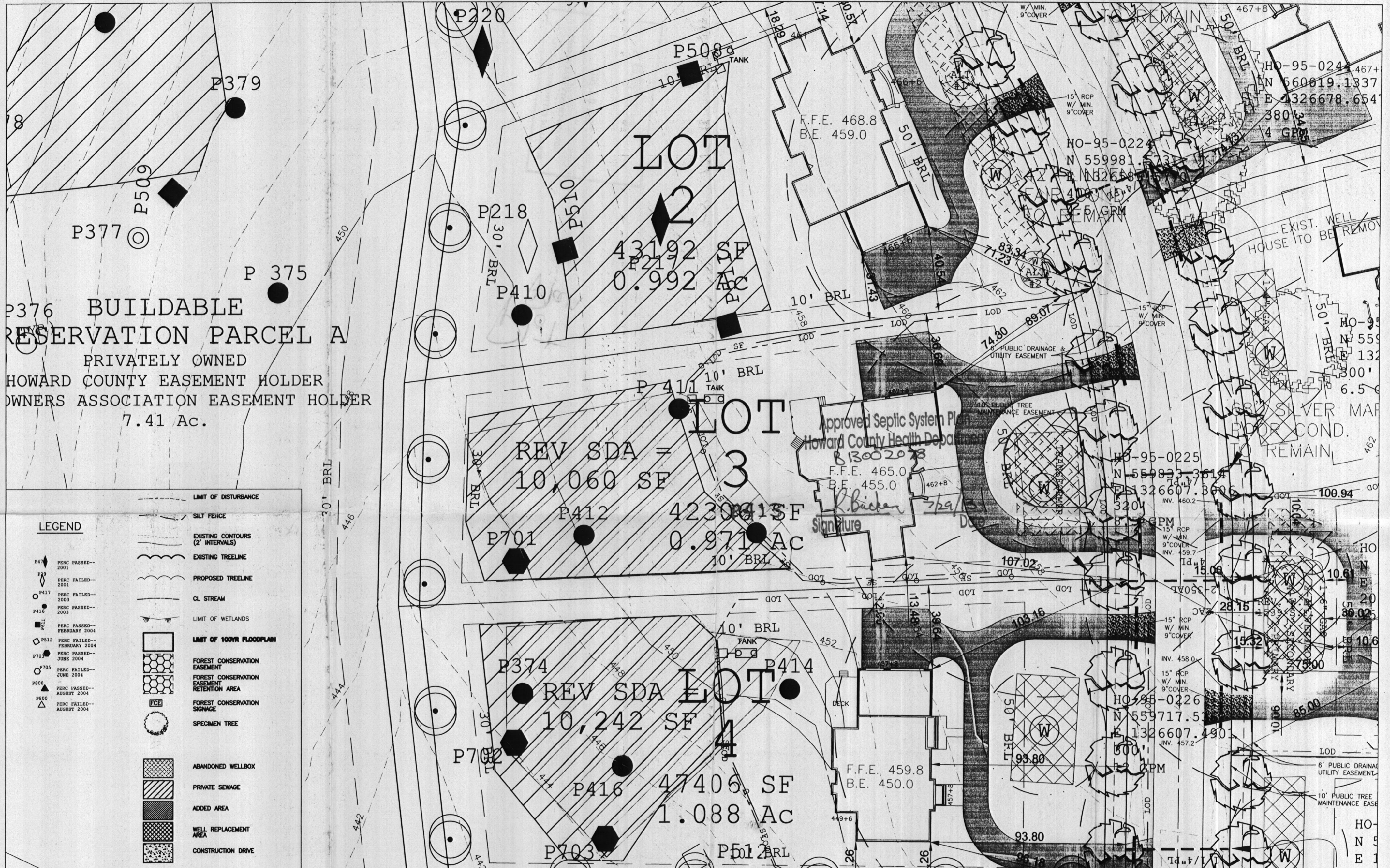
If so, please list that person's name and telephone number below:

Amy Ferrer (AFO) (Person's name) (410) 531-1223 (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by J King

white: Plan Review Division
yellow: Applicant
pink: Permit Division



P376 BUILDABLE RESERVATION PARCEL A PRIVATELY OWNED HOWARD COUNTY EASEMENT HOLDER OWNERS ASSOCIATION EASEMENT HOLDER 7.41 Ac.

LEGEND

- PERC PASSED--2001
- PERC FAILED--2001
- PERC PASSED--2003
- PERC PASSED--2003
- PERC PASSED--FEBRUARY 2004
- PERC FAILED--FEBRUARY 2004
- PERC PASSED--JUNE 2004
- PERC PASSED--JUNE 2004
- PERC PASSED--AUGUST 2004
- PERC PASSED--AUGUST 2004

- LIMIT OF DISTURBANCE
- SILT FENCE
- EXISTING CONTOURS (2' INTERVALS)
- EXISTING TREELINE
- PROPOSED TREELINE
- CL. STREAM
- LIMIT OF WETLANDS
- LIMIT OF 100YR FLOODPLAIN
- FOREST CONSERVATION EASEMENT
- FOREST CONSERVATION EASEMENT RETENTION AREA
- FOREST CONSERVATION SIGNAGE
- SPECIMEN TREE
- ABANDONED WELLBOX
- PRIVATE SEWAGE
- ADDED AREA
- WELL REPLACEMENT AREA
- CONSTRUCTION DRIVE

<p>GENERAL NOTES:</p> <ol style="list-style-type: none"> THIS AREA 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. RECORDED OF MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY. THIS AREA IDENTIFIES WELL REPLACEMENT AREA ASSESSMENT. THIS AREA IDENTIFIES WELL REPLACEMENT AREA ASSESSMENT. 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 # 18214 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. 		<p>SITE SPECIFIC NOTES</p> <ol style="list-style-type: none"> 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 		<p>PROPOSED ELEVATIONS:</p> <table border="1"> <tr><td>TOP OF BASEMENT SLAB:</td><td>455.0</td><td>GRADE AT HOUSE INVERT:</td><td>460.0</td></tr> <tr><td>TOP OF FOUNDATION WALL:</td><td>463.7</td><td>GRADE AT SEPTIC TANK:</td><td>455.8</td></tr> <tr><td>TOP OF FIRST SUBFLOOR:</td><td>464.8</td><td>GRADE AT DISTRIBUTION BOX:</td><td>455.0</td></tr> <tr><td>INVERT OUT OF HOUSE:</td><td>458.0</td><td>GRADE AT TRENCHES:</td><td>454.8</td></tr> <tr><td>INVERT INTO TANK:</td><td>454.3</td><td></td><td></td></tr> <tr><td>INVERT OUT OF TANK:</td><td>454.0</td><td></td><td></td></tr> <tr><td>INVERT INTO DISTRIBUTION BOX:</td><td>453.7</td><td></td><td></td></tr> </table>		TOP OF BASEMENT SLAB:	455.0	GRADE AT HOUSE INVERT:	460.0	TOP OF FOUNDATION WALL:	463.7	GRADE AT SEPTIC TANK:	455.8	TOP OF FIRST SUBFLOOR:	464.8	GRADE AT DISTRIBUTION BOX:	455.0	INVERT OUT OF HOUSE:	458.0	GRADE AT TRENCHES:	454.8	INVERT INTO TANK:	454.3			INVERT OUT OF TANK:	454.0			INVERT INTO DISTRIBUTION BOX:	453.7		
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<p>APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.</p> <p>Peter Belkenson, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER</p>		<p>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.</p> <p><i>Del Thompson</i> 15 May 13</p>		<p>SEPTIC DESIGN PARAMETERS:</p> <table border="1"> <tr><td>1st Floor Sq. Ft.</td><td>2607 sq.ft.</td></tr> <tr><td>2nd Floor Sq. Ft.</td><td>2314 sq.ft.</td></tr> <tr><td>Basement Sq. Ft.</td><td>2607 sq.ft.</td></tr> <tr><td>Number of Bedrooms</td><td>5</td></tr> </table>		1st Floor Sq. Ft.	2607 sq.ft.	2nd Floor Sq. Ft.	2314 sq.ft.	Basement Sq. Ft.	2607 sq.ft.	Number of Bedrooms	5	<p>TAGGED WELL DATA</p> <table border="1"> <tr><td>TAG NUMBER:</td><td>HO-95-0225</td></tr> <tr><td>NORTHING:</td><td>559833.3614</td></tr> <tr><td>EASTING:</td><td>1328607.3006</td></tr> <tr><td>WELL YIELD:</td><td>8.5 GPM</td></tr> <tr><td>WELL DEPTH:</td><td>320'</td></tr> </table>		TAG NUMBER:	HO-95-0225	NORTHING:	559833.3614	EASTING:	1328607.3006	WELL YIELD:	8.5 GPM	WELL DEPTH:	320'	<p>OWNER: Hunter BUILDER: Compass Homes 6206 Heather Glen Way Clarksville, MD 21029</p> <p>PROJECT NAME: Hunter Residence PC-3 PRESERVE @ CLARKSVILLE CLARKSVILLE HOWARD COUNTY MARYLAND</p> <p>SCALE: 1:30 DATE: 12/21/10</p>		<p>TITLE: PLOT PLAN LOT # 3 6214 Heather Glen Way Clarksville, Maryland 21029</p> <p>PURPOSE: CONSTRUCTION OF NEW SINGLE FAMILY DETACHED DWELLING AND WELL BOX RE-CERTIFICATION</p>					
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Plot Plan