

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00143666 *JRB*

Building Address 6825 HAVILAND HILL RD
CLARKSVILLE, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision O'Malley & Staggan
Section _____ Area _____ Lot 5
Tax Map 40 Parcel 483 Grid 1
Zoning ERDEO Map Coordinates _____ Lot size 6.56 AC

Property Owner's Name MARK & MARY CANNON
Address 14140 EIGHTH OAK RD
City CLARKSVILLE State MD Zip Code 21029
Home Phone 301 219-3200 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
TICO MCCREADY
STEWART/MCCREADY ARCHITECTS
1329 MAIN ST., ELLCOTT CITY, MD
21043
Phone 410 465-7687 Fax 410 465-7737

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 750,000
Description of Work CONTRACTOR UELI S BORNIS SFD
(TP REPLACE 4 BDRM SFD - BURNED DOWN)
ATTACHED TO EXISTG 2-CAR GAR. 5 BATHS,
2 HALF BATHS, WOOD DECK & SIDE PORCH.
1620 SF. FIN ESMT

Contractor Company HOWARD THOMPSON BLDGS
Contact Person HOWARD THOMPSON
Address 6297 FIRETHORN LA
City CLARKSVILLE State MD Zip Code 21029
License No. 19996
Phone 410 531-2399 Fax 410 531-2399

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

Engineer or Architect Company STEWART/MCCREADY ARCH
Contact Person TICO MCCREADY
Address 8329 MAIN ST.
City ELLCOTT CITY State MD Zip Code 21043
Phone 410 465-7687 Fax 410 465-7737

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>1st - 3160</u> <u>2nd - 968</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>EX. 2-CAR GAR</u> Dimensions: <u>25' x 23'</u> Footings: <u>CONCRETE</u> Roof: <u>ASPH/FLT CHIMALE</u>	
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 Tico McCready
Title/Company I.P. STEWART/MCCREADY ARCHITECTS

Print Name TICO MCCREADY
Date 08.19.03

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	57781
State Highways			Rear: _____	Filing fee \$ <u>100.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
Health	<u>02/15/03</u>	<u>[Signature]</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 \$ _____
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 NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>103</u>
				Validation # <u>30235</u>
				Accepted by <u>[Signature]</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Neary Grants Permit

Health

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0050416 *KLB*

Building Address 6825 Harwood Mill Rd
Clarksville, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision _____
Section _____ Area _____ Lot 5
Tax Map 40 Parcel 483 Grid 1
Zoning RPOE Map Coordinates 13612 Lot size _____

Property Owner's Name Mary Cannon
Address 14140 Brighton Dam Rd
City Clarksville State MD Zip Code 21029
Home Phone 410 531 2299 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use underground propane tank
Estimated Construction Cost \$ 2600.00
Description of Work Install @ SED-500
gallon underground propane tank
in accordance with NFPA 58.

Contractor Company Suburban Propane
Contact Person Ferry
Address 31 Deuced Circle
City Rockville State MD Zip Code 20850
License No. _____
Phone 301 251 0606 Fax _____

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

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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.

Lisa Shifflett
Applicant's Signature

Lisa Shifflett
Print Name

Title/Company

Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>57721</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>10.00</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>2292136</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>77402</u>
Lot Coverage for NewTown Zone _____	
SDP/Red line approval date _____	Accepted by <u>DE</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Never
signed
off?
Right as of
12/6/01 FJR

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2004 SP 21 AM 1:45

S 14° 43' 51" E
433.72'

60' BR

Lot 5
286.0678
6.5672 AC±

EXIST'G 1 STY FRAME
GARAGE/SHED

S 78° 38' 18" E
1414.18'

30' BRL

STREAM

EXISTING SEPTIC
EASEMENT

75' BUFFER

TRANSFORMER

EXIST'G GAR

PROPOSED
SFD

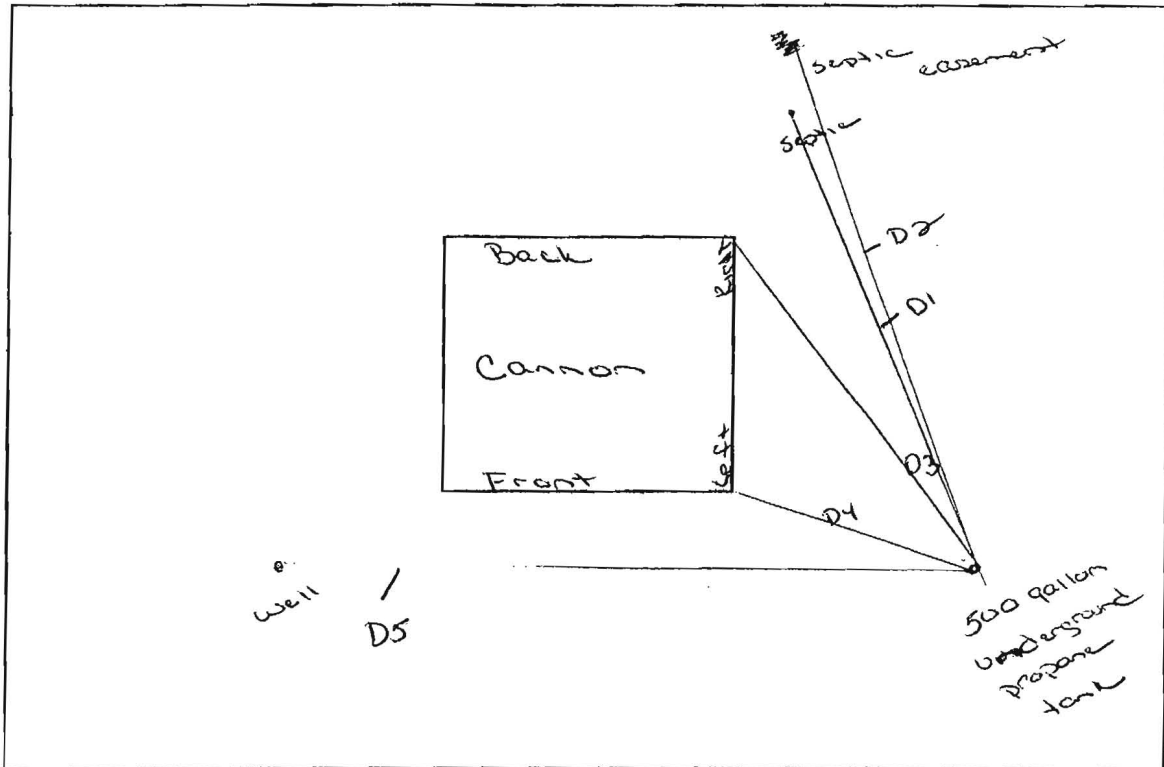
0.00'
45° 04' E

Handwritten notes:
K. Bell
need a
20' separation
9/27/09

30' BRL

201.66'
178° 36' 19" W





CUSTOMER NAME: Mary Cannon

ADDRESS: 6825 Haviland mill Rd / Clarksville, MD

SCALE: 1" = 50ft

D1 - TANK TO SEPTIC 140

D2 - TANK TO SEPTIC EASEMENT 145

D3 - TANK TO HOUSE - RIGHT 100

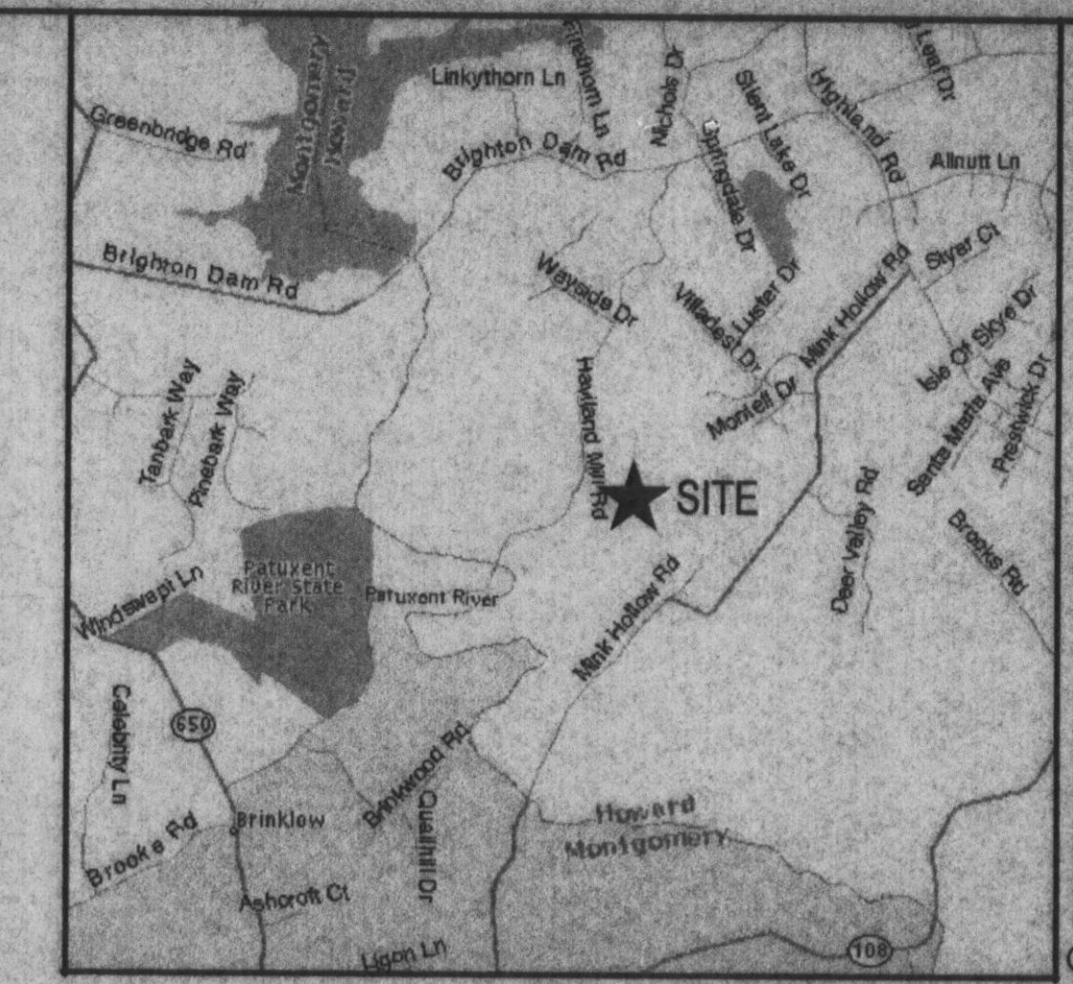
D4 - TANK TO HOUSE - LEFT 70

D5 - TANK TO WELL 180

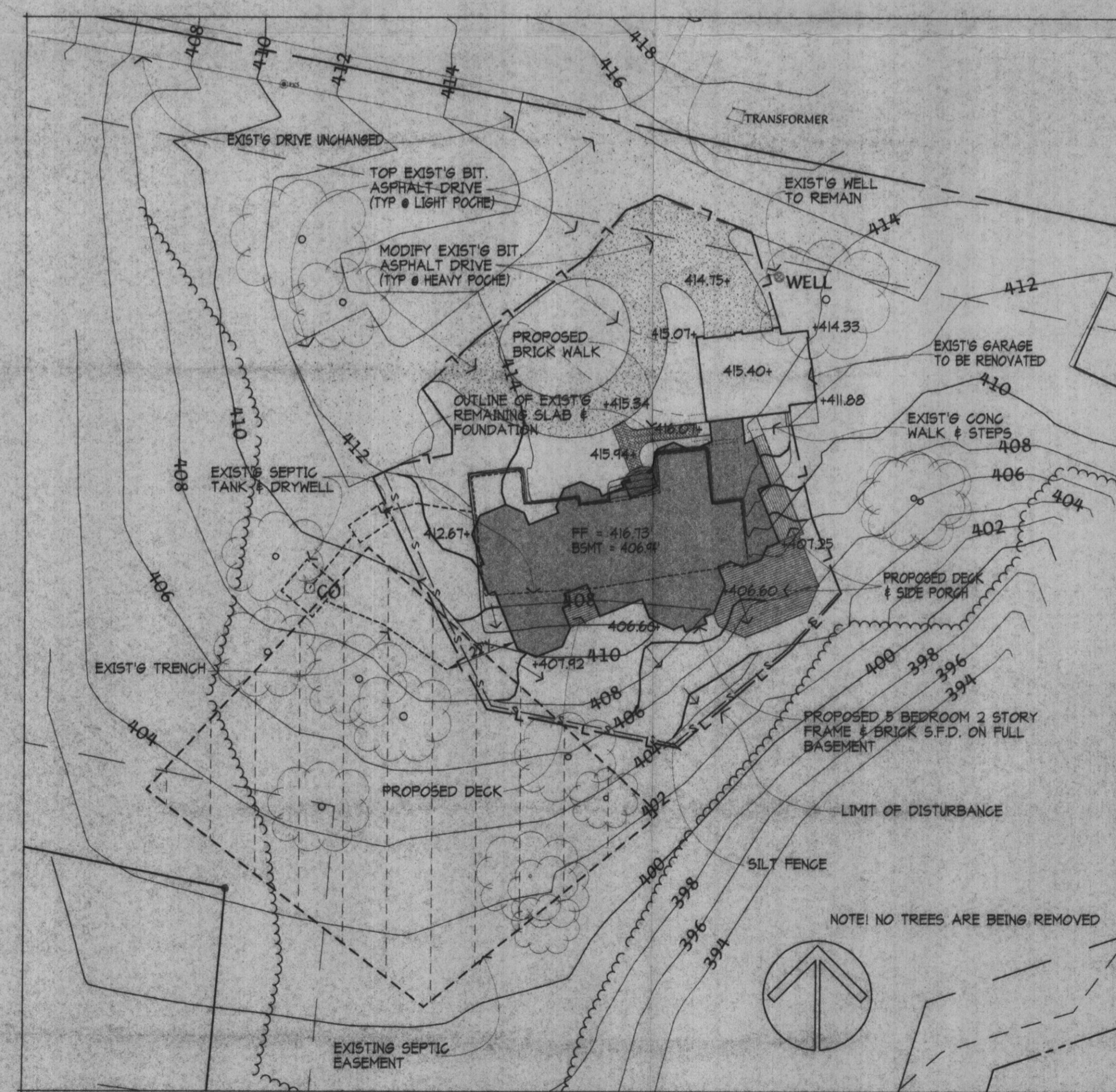
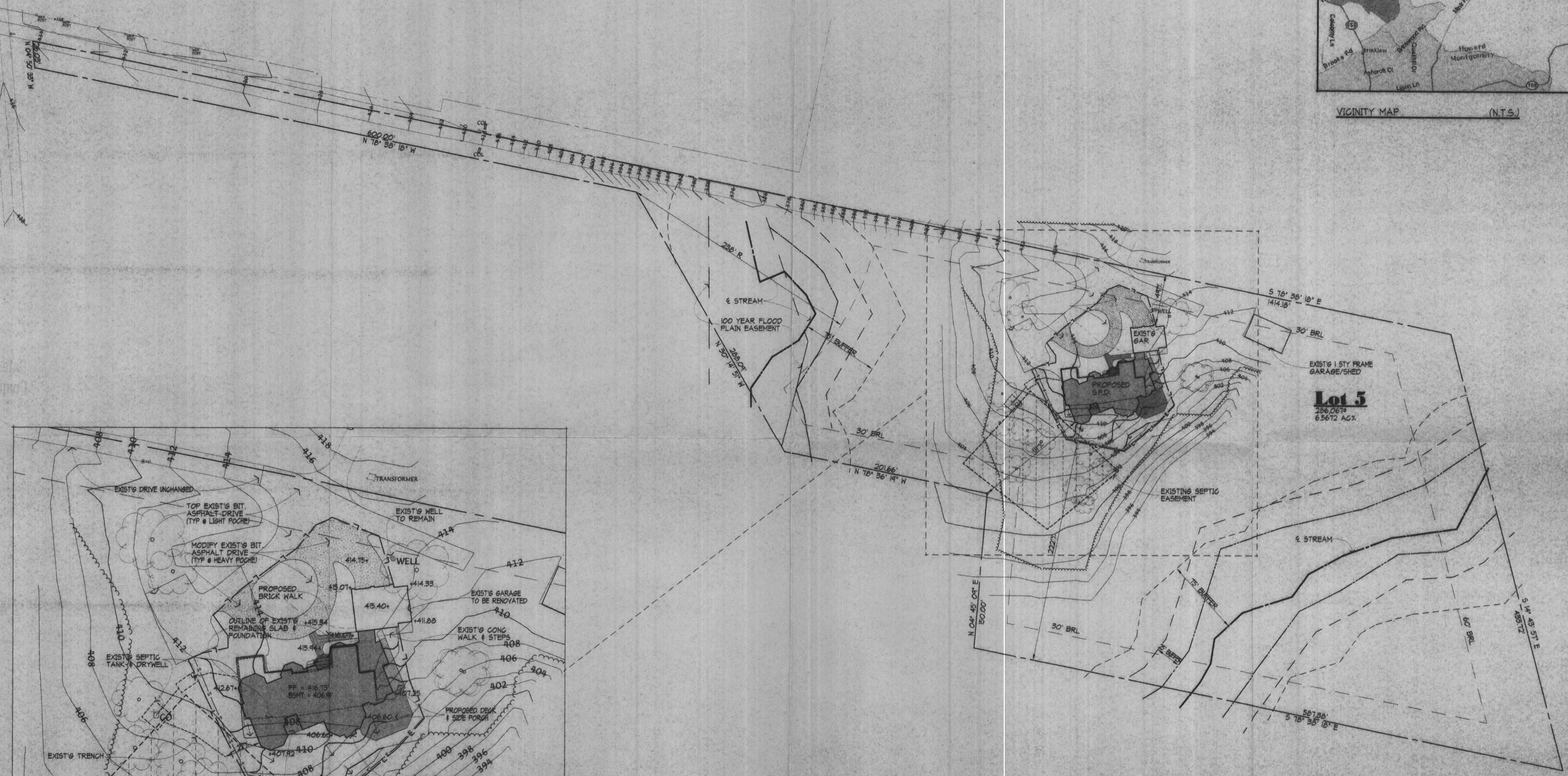
TANK SIZE 500

TANK DIMENSIONS 10 x 4

HAVILAND MILL RD.



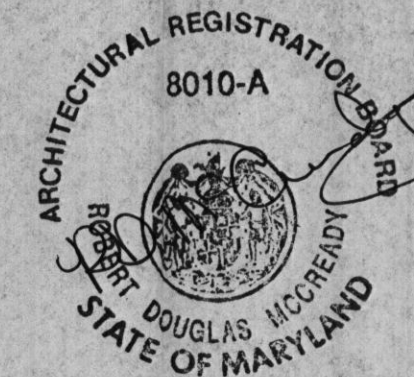
VICINITY MAP (N.T.S.)



SITE PLAN DETAIL 1"=30'

SITE PLAN 1"=50'

REVISED
Date: 8-28-03
Comments: See 192644
6825 Haviland Mill Rd



LOT SIZE - 6.3612 AC. (266,067)
DISTURBED AREA - 0.9169 AC. (39,004)

TOPOGRAPHY SHOWN IS BASED ON DRAWING OF FIELD-RUN TOPOGRAPHY BY LDE, INC. DATED 08/25/03

6825 HAVILAND MILL ROAD, CLARKSVILLE, MD
LOT 5, O'MALLEY PROPERTY, HOWARD COUNTY
DISTRICT 5, MAP 40, GRID 1, PARCEL 483,
GROUP 81, PLAT #B780, DEED REF. 2355/186
ZONING: RR200

PROPERTY OWNERS: MARK AND MARY CANNON
1410 BRIGHTON DAM RD
CLARKSVILLE, MD 21024

BUILDER: HOWARD THOMPSON BUILDERS, INC.
6281 FIRETHORN LANE
CLARKSVILLE, MD 21024

PAVING SPEC: BITUMINOUS ASPHALT (TOTAL FINISHED THICKNESS TO BE 2")
OVER 4" GRAVEL BASE COMPACT SOIL TO 90% MIN. OPTIMUM DENSITY.

© COPYRIGHT STEWART MCCREADY ARCHITECTS, PA 8 AUGUST 2003

1/20/21/03 - ADD LOD, SPOT ELEV, ETC. BY M. CO. REVISIONS

The CANNON RESIDENCE
6825 HAVILAND MILL ROAD, CLARKSVILLE, MD 21024
SITE PLAN



DATE: 08/08/03
SCALE: AS NOTED
JOB NO.: 08-03

S-1
OF 1 SHEETS