

B00133819

Building Address 6806 HAVILANO MILL RD
CLARKSVILLE, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 10010 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 4C Parcel 194 Grid 1
Zoning RPL Map Coordinates _____ Lot size _____

Property Owner's Name MONA TSOUKLERIS
Address 6806 HAVILANO MILL RD
City CLARKSVILLE State MD Zip Code 21029
Home Phone 301 854-7409 Work Phone 410-706-8312
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use DWELLING
Proposed Use DWELLING
Estimated Construction Cost \$1300.00
Description of Work INSTALL 500 GALLON
UNDERGROUND PROPANE TANK + LINE OUTSIDE
FOR GENERATOR

Contractor Company POSITIVE MECHANICAL
Contact Person CHRIS KOLB
Address 104 TENNESSEE CT
City ABINGDON State MD Zip Code 21029
License No. 15627
Phone 413-677-3656 Fax _____

Occupant or Tenant 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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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 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: N/A <input 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: _____ Dimensions: _____ Footings: _____ Roof: _____	
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 Chris Kolb
Title/Company Positive Mechanical

Print Name CHRIS KOLB
Date 12-20-01 1-4-02

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: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>1/16/02</u>	<u>Brian Baker</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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>1306</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by <u>Chris Kolb</u>

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

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:

B12001932

Building Address: 6806 Haviland Mill Road
 Clarksville, MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: 0000

Section: _____ Area: _____ Lot: 1

Tax Map: 0040 Parcel: 0193 Grid: 0001

Zoning: Residential Map Coordinates: _____ Lot Size: 1.954 acres

Existing Use: n/a

Proposed Use: Shed

Estimated Construction Cost: \$ 20,000

Description of Work: Lay concrete slab/foundation for placement of prefabricated skid-type 12' x 24' shed to be delivered and affixed to concrete slab.

Occupant or Tenant: n/a

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Mona & George Tsoukleris

Address: 6806 Haviland Mill Road

City: Clarksville State: MD Zip Code: 21029

Home Phone: 301-854-9409 Work Phone: 410-706-8312

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Petros Marafatsos & Sons (slab)

Contact Person: George Marafatsos

Address: 2816 Belle Crest Lane

City: Silver Spring State: MD Zip Code: 20906

License No.: 0000989

Phone: 301-526-7448 Fax: _____

Email: _____

Engineer/Architect Company: Myers Minibarns

Responsible Design Prof.: Gary Myers

Address: 16041 Frederick

City: Lisbon State: MD Zip Code: 21765

Phone: 410-489-5451 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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input 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:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private

Use group: Private

Electric: Yes No

Gas: Yes No

Construction type: Heating System

Reinforced Concrete Electric Oil

Structural Steel Natural Gas Propane Gas

Masonry Sprinkler System:

Wood Frame N/A

State Certified Modular Full

> **Roadside Tree Project Permit** Partial

Yes No Other Suppression

Roadside Tree Project Permit # No. of Heads: _____

Unfinished Basement

Electric: Yes No

Crawl Space

Gas: Yes No

Slab on Grade Heating System

No. of Bedrooms: Electric

Multi-family Dwelling Oil

No. of efficiency units: Natural Gas

No. of 1 BR units: Propane Gas

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: Shed

Dimensions: 12' x 24'

Footings: > **Roadside Tree Project Permit**

Roof: Yes No

State Certified Modular **Roadside Tree Project Permit #**

Manufactured Home

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Mona Tsoukleris
 Applicant's Signature

GEORGE and MONA @ VERIZON.NET
 Email Address

 Title/Company

MONA TSOUKLERIS
 Print Name

6/4/12
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

check # 4316

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/6/12</u>	<u>R. Butler</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Filing Fee	\$
Permit Fee	\$ <u>50</u>
Tech Fee	\$ <u>5</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$ <u>55</u>

Is Sediment Control approval required for Issuance? Yes No

CONTINGENCY CONSTRUCTION START

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

B12001933

Building Address: 6806 Haviland Mill Road
CLARKSVILLE, MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: 0000

Section: _____ Area: _____ Lot: 1

Tax Map: 0040 Parcel: 0193 Grid: 0001

Zoning: Residential Map Coordinates: _____ Lot Size: 1.954 acres

Existing Use: shed/barn

Proposed Use: garage

Estimated Construction Cost: \$ 15,000

Description of Work: Extend concrete foundation ~~to~~ total size 12'2" x 20'
garage shed, to be assembled on site with concrete floor

Occupant or Tenant: N/A

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Mona & George Tsoukleris

Address: 6806 Haviland Mill Road

City: Clarksville State: MD Zip Code: 21029

Home Phone: 301-854-9409 Work Phone: 410-706-8312

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Petros Marafatsos & Sons (slab)

Contact Person: George Marafatsos

Address: 2615 Belle Crest Lane

City: Silver Spring State: MD Zip Code: 20906

License No.: 0000989

Phone: 301-526-7448 Fax: _____

Email: _____

Engineer/Architect Company: Myers Minibarns

Responsible Design Prof.: Gary Myers

Address: 16041 Frederick

City: Lisbon State: MD Zip Code: 21765

Phone: 410-489-5451 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 checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input 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>2440</u>	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" 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: <u>GARAGE</u>	
Dimensions: <u>12x20'</u>	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Per
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	

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Mona Tsoukleris
 Applicant's Signature

georgeandmona@verizon.net
 Email Address

 Title/Company

Mona Tsoukleris
 Print Name

6/4/12
 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		
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? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-Line approval date: _____

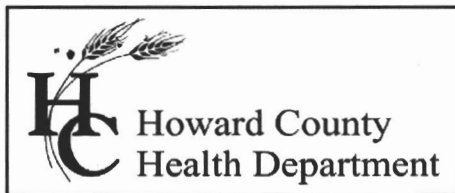
Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

RECEIVED
OWARD COUNTY HEALTH DISTRICT
ENVIRONMENTAL HEALTH

2012 JUN 12 PM 2:00

~~Awaiting reinspection~~
of ~~Well cap.~~

~~0.1~~
B12001933
To be Withdrawn



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

6/21/2012

TO: George and Mona Tsoukleris, owner/applicant
6806 Haviland Mill Road, Clarksville, MD 21029
GEORGEANDMONA @VERIZON.NET

FROM: Robert Bricker, REHS/R.S., Environmental Sanitarian
Well and Septic Program

RE: Building Permit Applications B12001932 and B12001933; Percolation Certification Plan
required

Dear Mr. and Mrs. Tsoukleris,

The referenced building permit applications cannot be approved by the Health Department at this time. The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a sewage easement (re: septic reserve area) having "adequate area for an initial septic system and two 2 repairs".

The Howard County Health Department requires that you have an approved Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit applications (B12001932 B12001933) and any subsequent building permit applications.

Percolation tests must be conducted in order to establish a septic easement. The existing on-site sewage disposal system may need to be certified as well. Certification of an existing on-site sewage disposal system is accomplished by exposing, and documenting the condition of, the components of the septic system. If an existing distribution trench or dry well appears suitable for continued use, a soil profile observation is dug nearby to describe and prove that an adequate soil buffer extends 4 feet deeper [COMAR 26.04.02.04.C(1)] than the bottom of the trench or dry well. An Environmental Sanitarian records data of these evaluations.

Usually the data are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. The Health Department maintains lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

RB
Copy: file

