

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
**B00156977**

Building Address **6862 HAVILAND MILL RD**  
**CLARKSVILLE MD 21029-1309**  
Suite/Apt. # **05-301907** SDP/WP/Petition #:  
Census Tract **005101** Subdivision **J W SEITZ**  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot **3**  
Tax Map **40** Parcel **1** Grid **1**  
Zoning **RR-DT-0** Map Coordinates **1362** Lot size **4.19 AC**

Property Owner's Name **GENRIKH & JULIA SPETENSKI**  
Address **SAME**  
City **CLARKSVILLE** State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone **301-854-3295** Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use **SFD**  
Proposed Use **SFD w/ Add**  
Estimated Construction Cost **\$130,000**

Contractor Company **TED**  
Contact Person \_\_\_\_\_

Description of Work **Additions on crawl space Master BR / Bath / Closets on 2nd floor / 1st Floor Fan Pnt Kitch + Din Pnt living Rm Expansion + New Family Rm**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant **OWNERS** **COVERED WALKWAY - 2ND FL DECK**  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person **KEN SMILEY**  
Address **3742 SMILEY LN**  
City **HARWOOD** State **MD** Zip Code **20776**  
Phone **410-798-6912** Fax **410-798-7190**

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

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: 2nd floor: Basement:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <b>27</b> Height: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: <b>0</b> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <b>N/A</b> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

**Kenneth S. Smiley**  
Applicant's Signature  
**ARCHITECT**  
Title/Company

**KENNETH S. SMILEY**  
Print Name  
**11/10/05**  
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	<b>11/5/06</b>	<b>Race</b>
Health		
Fire Protection		

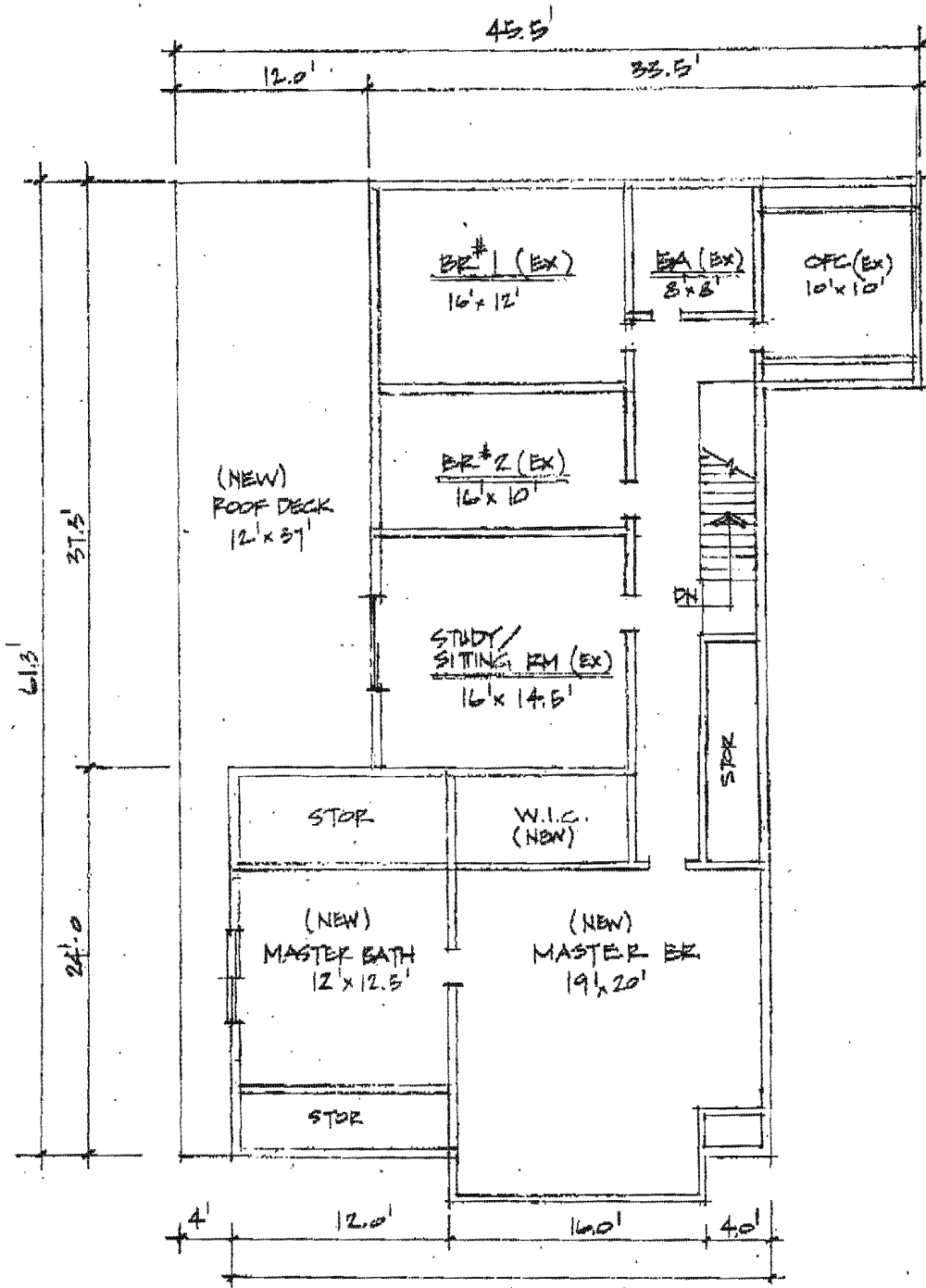
Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:\forms\PERMIT.FRM

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <b>25</b>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <b>6428</b>
SDP/Red-line approval date _____	Validation # <b>102544</b>

Accepted by **[Signature]**



SECOND FLOOR PLAN 3/32" = 1'-0"

# SRETENSKI RESIDENCE

Genrikh Sretenski  
6862 Haviland Mill Road  
Clarksville, MD 21029

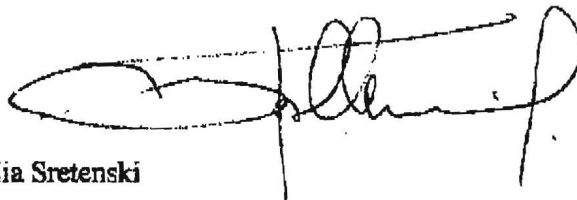
Kacie Noonan, RS  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046

RE: proposed addition  
BP# 00156977

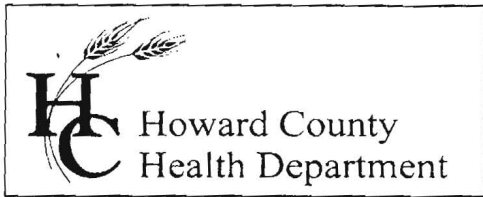
Kacie,

We are proposing an addition to our house at this time. The existing rooms on the second floor are going to remain. However, the existing larger bedroom is to be converted to a home office. The other room is to be converted to a sewing room. We currently have no children, but are expecting our first in February. There are no unrelated guests in our house or borders, nor do we anticipate any in the future. Our hope is to bring the house up to modern standards, dictated by the current real estate trends with a larger master bedroom with an attached bath. We hope the attached sketch exhibiting our intentions for the existing second floor rooms satisfies your inquiry.

Thank you,



Genrikh and Julia Sretenski



7178 Columbia 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](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

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November 28, 2005

Mr. & Mrs. Sretenski  
6862 Haviland Mill Road  
Clarksville, MD 21029


Re: Proposed Addition  
6862 Haviland Mill Road  
BP# 00156977

Dear Mr. Sretenski,

Our office has received the above mentioned permit for an addition on the existing house. Our records indicate the septic is sized for a three bedroom house. The permit application submitted to our office describes a new master bedroom. If you are not increasing the number of bedrooms in the house, submit a plan showing the house floor plans. If you are adding a bedroom, an upgrade to the septic will be necessary for our department approval.

If you have any questions, do not hesitate to contact me at 410-313-1775. Thank you for your time in this important matter.

Sincerely,

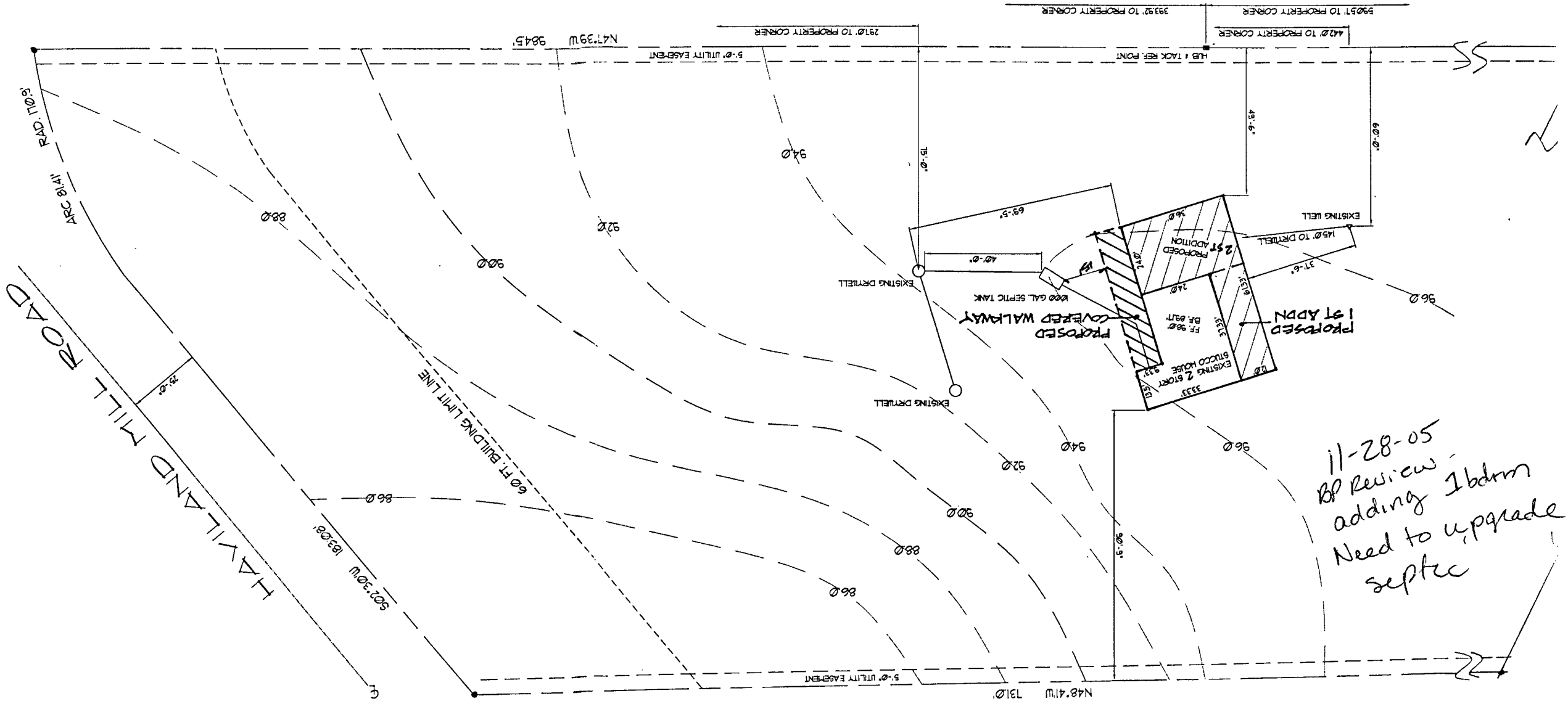
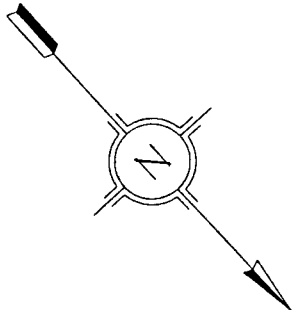
  
Kacie Noonan, R. S.  
Well & Septic Program

KN

Cc: file

Health

A 18445  
P 21481  
SCALE: 1" = 40'  
PARTIAL SITE PLAN



11-28-05  
BP Review -  
adding 1bdm  
Need to upgrade  
septic

1/5/06  
clasp on dry well 1/2'  
full (6' below grade)  
Will okay B.P for  
Larger master bedroom

DRAWING

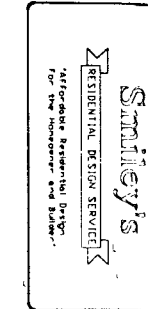
DATE 01NOV05

BY HSS CHK KSS

SRETENSKI RESIDENCE

REVISIONS			
DATE	REV	DATE	REV

When every attempt has been made to locate the original owner of the property, the engineer shall be responsible for the accuracy of the information provided. The engineer shall be responsible for the accuracy of the information provided. The engineer shall be responsible for the accuracy of the information provided.



Plot Date and Time: Nov. 03, 2005 - 10:08am