



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 11-24-14

Permit No.: B14004308

Building Address: 6755 GAY ST HAVANLAND MILL RD
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Clarksville
 Section: _____ Area: _____ Lot: _____
 Tax Map: 34 Parcel: 257 Grid: 13
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.06

Property Owner's Name: Li Anning
 Address: 6757 Havaland Mill Rd
 City: Clarksville State: MD Zip Code: 21029
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ parking
 Estimated Construction Cost: \$ 8000
 Description of Work: Install 1000 sq ft underground parking
Truck

Applicant's Name & Mailing Address (If other than stated herein)
 Applicant's Name: Yuan, Li
 Address: PO Box 1733
 City: Clarksville State: MD Zip Code: 21029
 Phone: 410-343-1229 Fax: _____
 Email: Yuanli@applied.com

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

Contractor Company: Valley Structural Co
 Contact Person: William Greenway
 Address: 7801 Annapolis Rd
 City: Yielder State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410-29-1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	<input type="checkbox"/> Finished Basement
Construction type:	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms:
<input type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: _____
 Email Address: _____ Date: _____
 Title/Company: _____

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	<u>12/15/14</u>	<u>H. Oswald</u>

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$ <u>110</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>41167</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2350

Marsha S. McLaughlin, Director

www.howardcountymd.gov
FAX 410-313-3467
TDD 410-313-2323

March 25, 2013

Mr. Terry Fisher
Fisher, Collins and Carter, Inc.
Centennial Square Office Park
10272 Baltimore National Pike
Ellicott City, MD 21042

RE: 6457 Haviland Mill Road
Tax Map 34, Grid 13, Parcel 257

Dear Mr. Fisher:

This is in response to your letter dated March 14, 2013 in which you requested a determination that the above referenced property is considered by the County to be a buildable lot.

I have reviewed the documents and chronology which accompanied your letter. Based on these documents, I have confirmed that the property existed as a single 10.032 acre parcel in 1956 and was divided into two pieces (9.779 acres and 1.000 acre) by deeds dated November 26, 1969. To assess the legality of this division, I referred to the Subdivision Regulations which would have been in effect at the time. According to the First Edition of those Regulations (effective March 7, 1961), a subdivision of land was subject to compliance with the requirements of those Regulations. In those Regulations, the term "subdivision" was defined as being "the division of a parcel of land into 3 or more lots/parcels for the purpose of transfer of ownership or building development, or if a new street is involved, any division of a parcel of land". In consideration of this definition, the division of the subject parcel into two pieces in November of 1969 would have not constituted a "subdivision" and therefore did not require a recorded plat. Based on this, I would regard the property as being a legally separate entity.

Please be advised that while I can address the legality of the subject property, I cannot confirm its buildable status. Such a verification could only be made following a determination by the Health Department that the property can support both a well and a private sewerage easement.

If you have any questions, please contact me at chamilton@howardcountymd.gov.

Sincerely,

Cindy Hamilton, Chief
Division of Public Service
and Zoning Administration

CH/ch/Haviland mill Road 6457.doc

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Permission is hereby granted by the Howard County Department of Inspections, Licenses & Permits for an entrance permit:

Owner DILLAND LLC C/O DOUGLAS HOMES INC Phone 410-740-0522

Address 5034 DORSLEY HALL DR. E.C. MD 21042

New Building Address 6457 E NAVILAND MILL RD CLARKSVILLE MD 21029

For what use: Entrance To _____

Name of Contractor or Builder DOUGLAS HOMES INC.

Address 5034 DORSLEY HALL DRIVE E.C. MD 21042

The applicant hereby certifies and agrees as follows: (1) that he is the owner or the duly authorized agent of the owner to make this application; (2) that he has read all of the information set forth and that the same is correct; (3) that the permit, when issued, may be declared void should said information be incorrect; (4) that he will comply with all rules and regulations of Howard County Bureau of Highways; (5) that he will perform no work on the entrance not specifically described in this permit.

It must be noted that a use & occupancy permit will not be issued until entrance is completed to Bureau of Highways Standards & Specifications.

It is agreed and understood by the acceptance of this permit, the following conditions will be followed.

- A. The construction of the entrance or approach will, in no way, change the grade/and or alignment of any existing drainage ditches or structures. In the event same are damaged or destroyed, they shall be replaced to the satisfaction of the Howard County Department of Public Works representative.
- B. The right-of-way, affected by this permit, will be left in a neat and clean condition and no excess material will be permitted to remain on or adjacent to the right-of-way. Shoulders and flow-line areas disturbed shall be shaped up according to the Howard County Bureau of Highways Standards and Specifications. (For Driveway and Flow-line area.)

In consideration of the issuance of this permit, the applicant agrees that if he fails to comply with the above set-out standards and thereby causes damage to the Howard County Road System, that the applicant will be responsible to Howard County for such damage to its road system.

Sign [Signature]
(Name of applicant)

Address 5034 DORSLEY HALL DRIVE E.C. MD 21042

Date 5/5/13 Approved _____

ATTENTION: The permit, when issued, is valid for period not to exceed six months.

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: **B/3001139**

293000095

rec'd
 3/29/13

Building Address: **645 STEPHENSON Mill Rd
 Clarksville, MD 21029**

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

Census Tract: _____ Subdivision: **0000**

Section: _____ Area: _____ Lot: _____

Tax Map: **0034** Parcel: **0257** Grid: **0013**

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: **1 VACANT LOT**

Proposed Use: **SFD**

Estimated Construction Cost: \$ **789,000**

Description of Work: **GRANITE BRICK 1
 (PLANS ON FILE) 4 BR, 3 FB,
 GAS FP, 1 HB, 3 CAR GAR, UNFINISHED BSMT**

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: **DH Land, LLC**

Address: **5034 Dorsey Hall Dr. Suite 102**

City: **Ellicott City** State: **MD** Zip Code: **21042**

Home Phone: _____ Work Phone: **410-740-0522**

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

Phone: _____ Fax: _____

Email: **DH4life@aol.com**

Contractor Company: **DH Land LLC Douglas Hames**

Contact Person: **Douglas J Dieringer Inc**

Address: **5034 Dorsey Hall Dr. Suite 102**

City: **Ellicott City** State: **MD** Zip Code: **21042**

License No.: **13560394**

Phone: **410-740-0522** Fax: _____

Email: **DH4life@aol.com**

Engineer/Architect Company: **Fisher Collins Carter**

Responsible Design Prof.: **Joey Ecker**

Address: **10272 Baltimore National Pike**

City: **Ellicott City** State: **MD** Zip Code: **21042**

Phone: **410-411-2855** Fax: _____

Email: **joey@fcc-eng.com**

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq.-ft./floor: _____	<input type="checkbox"/> Private
	Sewage Disposal
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
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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	Water Supply
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 st floor: 58 64	<input checked="" type="checkbox"/> Private
2 nd floor: 58 64	Sewage Disposal
Basement: 58 64	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" 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: 4	<input checked="" type="checkbox"/> Electric
Multi-family Dwelling	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	Roadside Tree Affidavit
Roof: _____	
<input type="checkbox"/> State Certified Modular	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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.

Applicant's Signature: **[Signature]**

Email Address: **DH4LIFE@aol.com**

Title/Company: **Residential Title**

Print Name: **DHLAND LLC c/o DOUGLAS DIERINGER**

Date: **2/28/2013**

Signature: **[Signature]**

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	7/25/13	[Signature]
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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Check # 3232

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

Date: 12/10/14
To: Mark Oswald
(Person's Name and Division)
From: Jeremy Clancy 443, 340 1229
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 6457 Haviland Mill Rd
Permit # B14004308 SDP # _____
Other information pertinent to this project _____

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

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of Site Plan (be specific). ** corrected plot because previous house type change not shown - corrected plot now included - some tanks located*
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Jeremy Clancy Telephone No: (443) 340-1229
Please Print Name E-Mail Address: Jeremy@approved.com

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 AKH

PER HEALTH

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

RECEIVED

OCT 17 2013

Date: 10/17/13
To: Cathy Anest (DILP) Plan Review
From: Douglas Dierringer, Douglas Homes (410) 740-0525
Subject: Project name Haviland Mill-Parcel 257
Project site address 6457 Haviland Mill Road
Building permit # B13001139 SDP #
Other information pertinent to this project

LICENSES & PERMITS DIVISION

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 (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:

(Person's name) (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 IAM

check # 3618
invoice # 337322

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

Oswald, Hank

From: Oswald, Hank
Sent: Monday, December 08, 2014 4:06 PM
To: JEREMY@APPLIEDANDAPPROVED.COM
Subject: B14004308_6457 Haviland Mill Road
Attachments: As Built_6457 Haviland Mill Road.pdf; Wall Check_6457 Haviland Mill Road.pdf

Mr. Clancy:

The site plan submitted with the permit B14004308 shows a different house layout. Please refer to the as built and wall check attachments and revise plan accordingly.

Please contact me with any questions.

Regards,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786