

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: 7/1/13

Permit No.: B13002645

Building Address: 6238 Heather Glen Way
 City: Clarksville State: MD Zip Code: 21146
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Preserve at Clarksville
 Section: _____ Area: _____ Lot: 6
 Tax Map: 39 Parcel: 77 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Dayton Oaks, LLC
 Address: Po Box 299
 City: Serena Park State: MD Zip Code: 21146
 Phone: 410-531-1223 Fax: _____
 Email: Amy.compasshomeo@gmail.com
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: vacant lot
 Proposed Use: single family dwelling
 Estimated Construction Cost: \$ 600,000.00
 Description of Work: 5 bedrooms, 5 1/2 baths, 4-car garage, family room fireplace
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Compass Home, LLC
 Contact Person: Amy Ferrer
 Address: Po Box 299
 City: Serena Park State: MD Zip Code: 21146
 License No.: 6306
 Phone: 410-531-1223 Fax: _____
 Email: Amy.compasshomeo@gmail.com
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000219</u>	
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.

Amy Ferrer (AOS)
 Applicant's Signature
Amy.compasshomeo@gmail.com
 Email Address
Compass Home, LLC
 Title/Company

Amy Ferrer (AOS)
 Print Name
7/1/13
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY

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>10-31-10 Bernard</u>

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

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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>2327</u>

Bernard, Dana

From: Bernard, Dana
Sent: Thursday, September 12, 2013 1:56 PM
To: 'amy Ferrer'
Subject: RE: BP# 13002645

Amy,

As I stated before your building permit will not be approved until I receive your BAT site plan. Contact your engineer and have him give me a call if he has any questions.

Thanks
Dana

From: aferrer21@gmail.com [mailto:aferrer21@gmail.com] **On Behalf Of** amy Ferrer
Sent: Thursday, September 12, 2013 11:35 AM
To: Bernard, Dana
Subject: BP# 13002645

Dana:

Good Afternoon! Your comment is the same as the initial comment from Chuck Dammer's group, DED. We explained to Chuck Dammers that this site development handles all water quality and quantity management off lot. This means there is no BAT performed on the lot. Therefore, Chuck Dammers agreed that our site plan was accepted as submitted and they have signed off on this permit application. This means the Health Dept. review would deal with the appropriate site back distances for the work presently shown on our site plan. Please let me know if you have any questions.

--

Warm Regards,

Amy Ferrer
Compass Homes, LLC
410-531-1223

Bernard, Dana

From: Bernard, Dana
Sent: Thursday, October 31, 2013 10:15 AM
To: 'amy Ferrer'



Glen Way Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

DATE: October 31, 2013

TO: Compass Homes
C/o Amy Ferrer- E-mail: Amy.compasshomes@gmail.com

RE: **Building Permit # B13002645**
6238 Heather Glen Way
Clarksville, Maryland 21146

Ms. Ferrer,

Building permit # B130026145 has been approved however; radium samples were not collected during your yield test. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. Also note this is in addition to other standard testing parameters (bacteria, nitrate, turbidity and sand) that will still be required to help secure Use and Occupancy.

Respectfully,

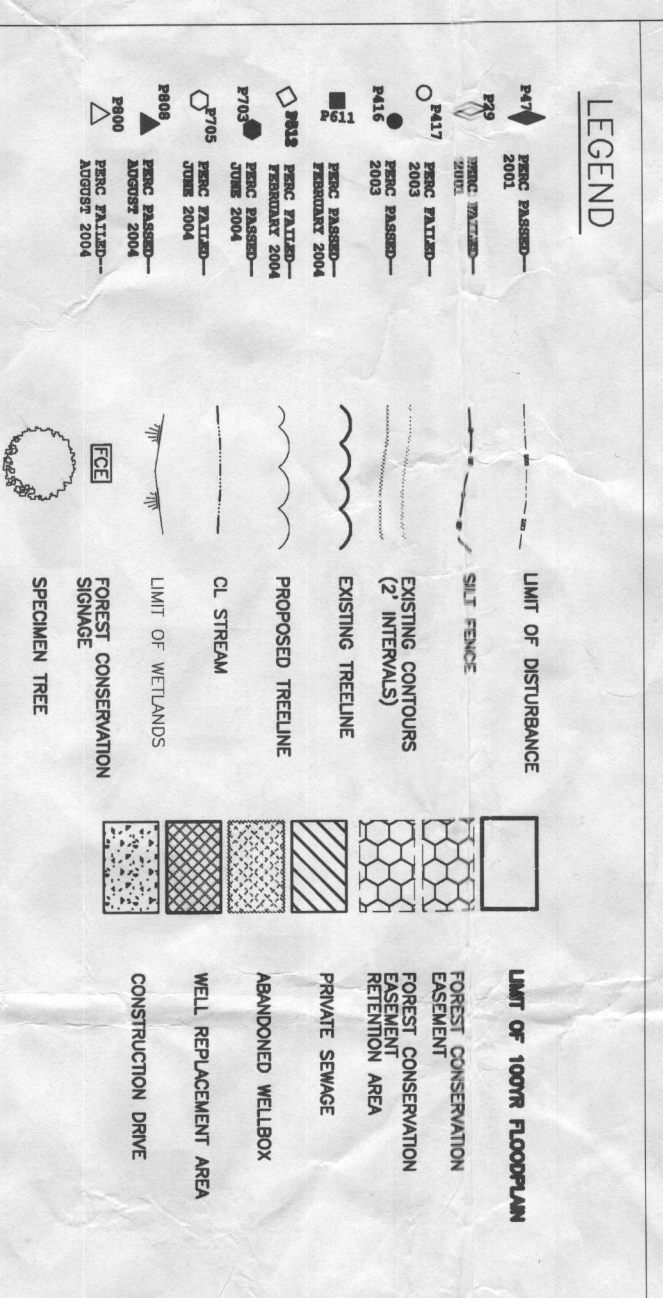
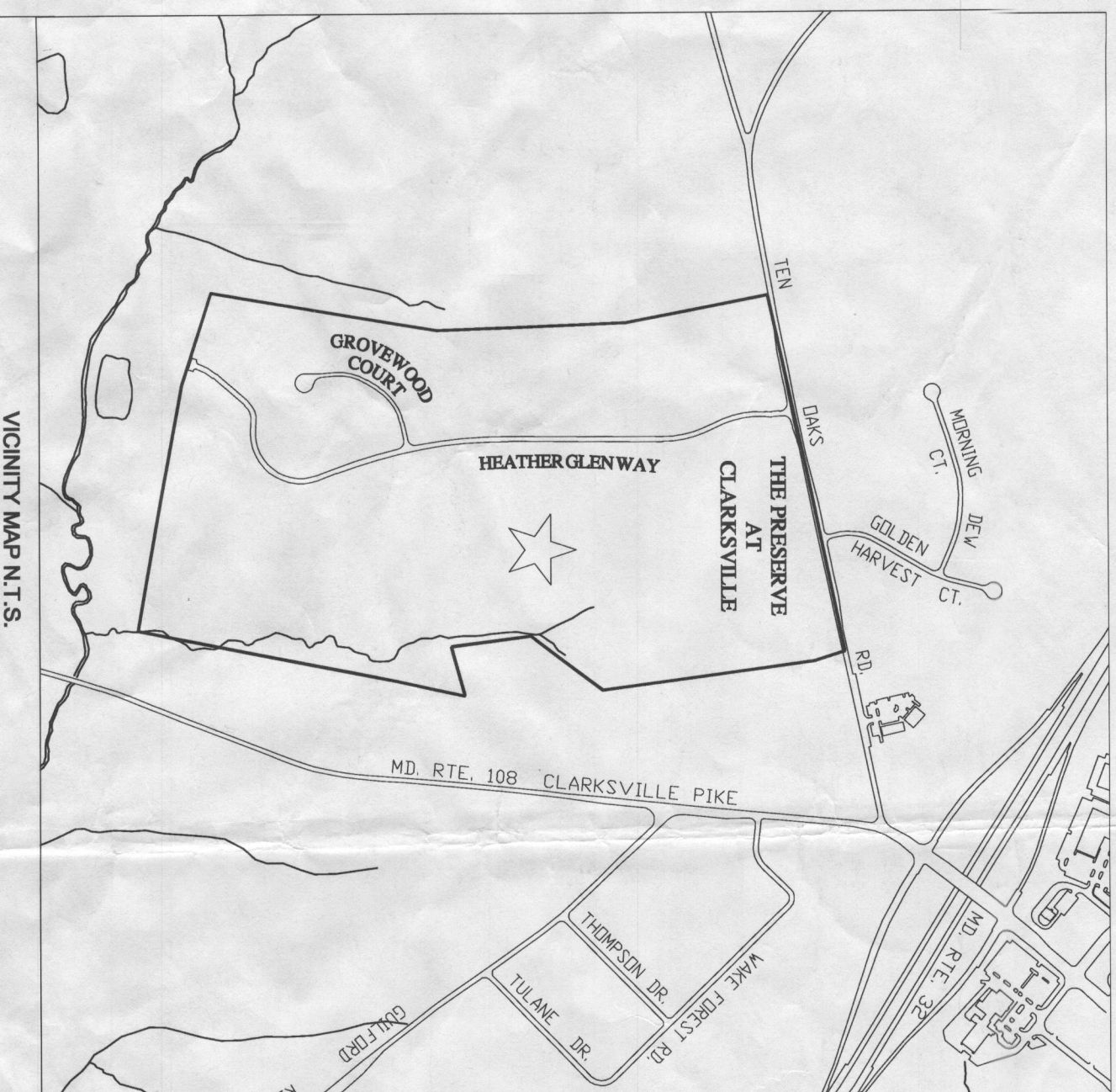
Dana Bernard

Dana Bernard, REHS/RS
Environmental Sanitarian II
Bureau of Environmental Health
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

Thank you & Have a*")
,:,*") ,:,*")
(,:' (,:' * Wonderful Day !

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov



BAT SITE PLAN NOTES:

1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 4 FEET.
3. THE BATTERMAN MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON MANUFACTURER'S SPECIFICATION.
4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE COMPLETED AND SIGNED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
9. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.
10. THERE ARE NO "ON LOT" STORM WATER MANAGEMENT FEATURES ON THIS LOT.
11. THERE ARE NO STREAMS, PONDS, FLOOD PLANS OR 25% AND GREATER SLOPES ON THIS LOT.
12. SYSTEM DESIGNED FOR 5 BEDROOMS.

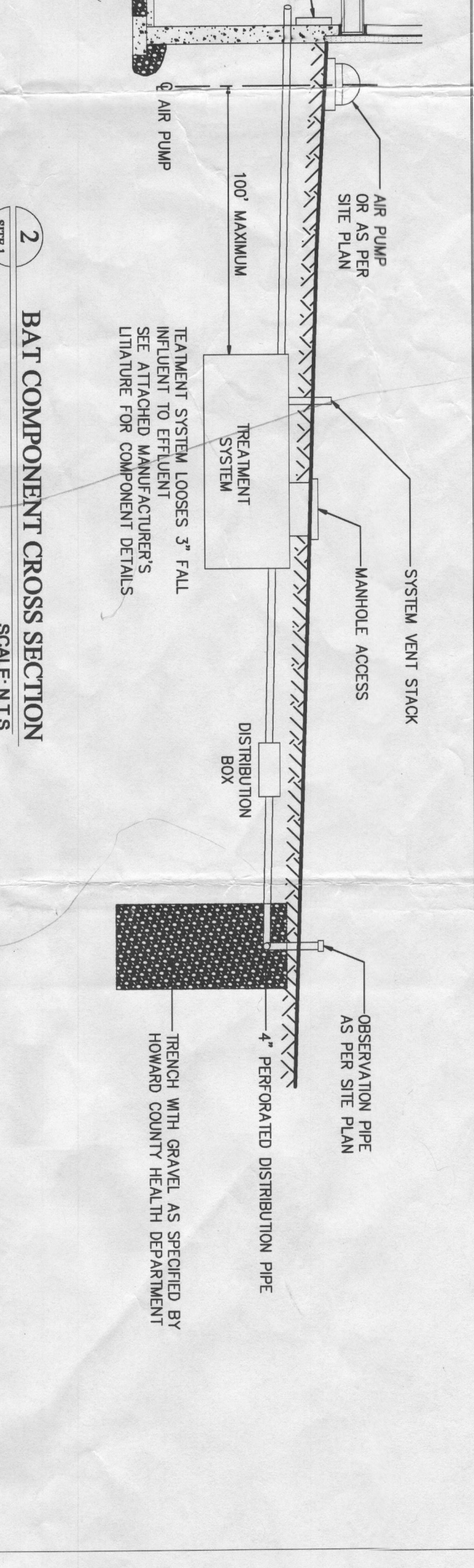
GENERAL NOTES:

1. THIS AREA IS DESIGNATED 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 RECOMMENDATION OF MODIFIED SEWERAGE AREA SHALL NOT BE NECESSARY.
2. TOPOGRAPHY SHOWN IS TWO-FEET CONTOUR INTERVALS AND HAS BEEN FIELD VERIFIED OR FIELD RUN.
3. ANY CHANGES TO A PRIVATE SEWAGE AREA SHALL REQUIRE A REVISED FIELD CERTIFICATION FROM THE FIELD ENGINEER AND THOSE WITHIN 20' DOWNGRADIENT OF EXISTING OR PROPOSED SEPTIC OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN USING ALL REASONABLE EFFORTS.
4. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT # 18214 ET. SEC. REFER TO PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS, ANY RESTRICTIONS, AND PROVISIONS.
5. THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY A PROFESSIONAL LAND SURVEYOR AND ARE ACCURATELY SHOWN.
6. TESTING AND RESULTS FOR GROSS ALPHA, GROSS BETA AND GROSS GAMMA WILL BE REQUIRED PRIOR TO USE AND OCCUPANCY.
7. TESTING AND RESULTS FOR GROSS ALPHA, GROSS BETA AND GROSS GAMMA WILL BE REQUIRED PRIOR TO USE AND OCCUPANCY.

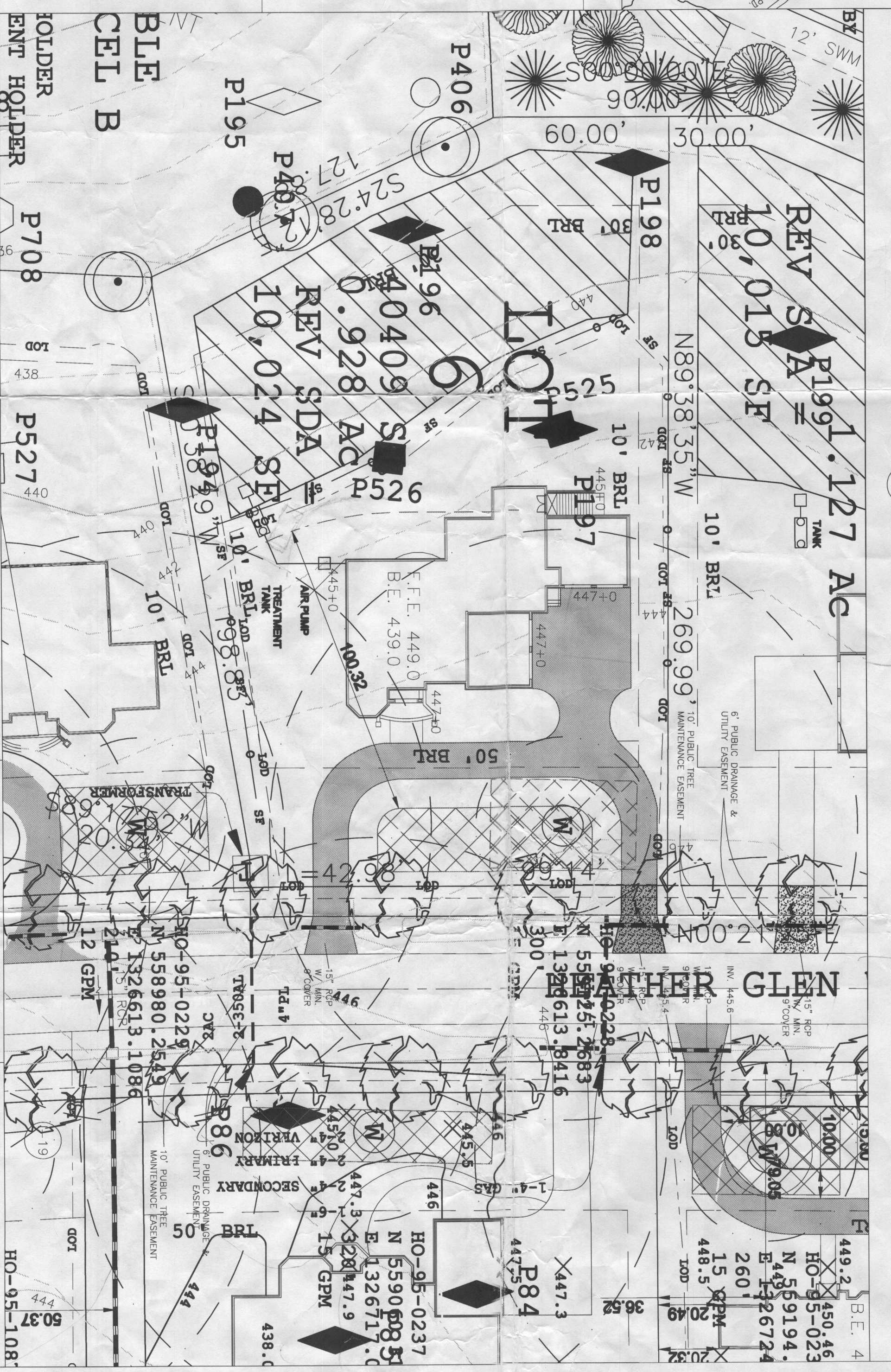
APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.

Maura J. Roseman, M.D., Health Officer

Approved Septic System Plan
 Howard County Health Department
 Howard County Health Department
 Signature: *Cona Howard* Date: 10-31-13
 Signature: *R 1300 JK* Date: *10-31-13*



2. BAT COMPONENT CROSS SECTION
 SCALE: N.T.S.



SEPTIC DESIGN PARAMETERS:

1st Floor Sq. Ft.	3104 sq.ft.
2nd Floor Sq. Ft.	3891 sq.ft.
Basement Sq. Ft.	3104 sq.ft.
Number of Bedrooms	5

TAGGED WELL DATA:

WELL NUMBER:	HO-95-0228
NORTHING:	559125.2383
EASTING:	1326613.5416
WELL YIELD:	130 GPM
WELL DEPTH:	300

DEVELOPER: Dayton Oaks, LLC
BUILDER: Compass Homes
 6206 Heather Glen Way
 Clarksville, MD 21029
PROJECT NAME: Pining Residence
 1177 Pining
 Clarksville, MD 21029
 240-569-9553
 TAX ID# 448182

TITLE: SITE PLAN FOR BAT INSTALLATION

PURPOSE:

DATE: 10-31-13
 DATE: 10-31-13

1. I certify that the information shown herein is based on field work performed under my direct supervision and is correct, to the best of my knowledge and belief.

DATE: 10-31-13

SCALE: 1:30

DATE: 10/10/13

DATE: 10/10/13

DATE: 10/10/13

DATE: 10/10/13

DATE: 10/10/13