

B/2000075

Building Address: 5472 Harris Farm Lane
Clarksville, MD 21029

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: P 14A

Tax Map: 0028 Parcel: 0281 Grid: 0020

Zoning: _____ Map Coordinates: _____ Lot Size: 2.05 Ac

Property Owner's Name: Mike + Lynn Jacobson

Address: 5472 Harris Farm Lane

City: Clarksville State: MD Zip Code: 21029

Home Phone: 301-590-9461 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
CGC Builders LLC
8489 Heatherwood Dr. Laurel MD

Phone: 301-490-9171 Fax: 301-490-3555

Email: CGCBUILDERS@Comcast.net

Existing Use: Residence

Proposed Use: Residence

Estimated Construction Cost: \$ 150,000

Description of Work: Addition/Remodel
29 x 40

Contractor Company: CGC Builders LLC

Contact Person: Stuart Colvin

Address: 3439 Heatherwood Dr.

City: Laurel State: MD Zip Code: 20723

License No.: MHE 71223

Phone: 301-490-9171 Fax: 301-490-3555

Email: cgcbuilders@comcast.net

Occupant or Tenant: property owner

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: TRANSFORMING Arch.

Responsible Design Prof.: Karen Pitsley

Address: 7612 Browns Bridge Rd

City: Hillman State: MD Zip Code: 20777

Phone: 301-776-2666 Fax: 301-776-2886

Email: info@TransformingArchitecture.com

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" 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>29 x 40</u>	<input checked="" type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: <u>29 x 40</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input 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	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input checked="" 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:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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: Stuart Colvin
 Print Name: STUART COLVIN

Email Address: CGCBUILDERS@Comcast.net
 Date: 1/3/12

Builder/Remodel
 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		
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? <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	\$ <u>75.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CK#: 8531
 71 101.0

Bernard, Dana

From: Stuart Colvin [cgcbuilders@comcast.net]
Sent: Friday, February 10, 2012 11:02 AM
To: Bernard, Dana
Subject: Permit B12000075
Attachments: 2012-2-9-CD A-100.pdf; 2012-2-9-CD A-101.pdf; 2012-2-9-CD A-102.pdf

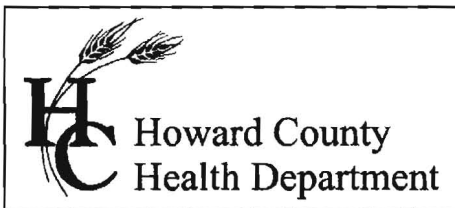
Dear Ms. Bernard,

Attached are the copies of the corrected plans for the above mentioned permit. The house will remain a 4 bedroom home with the changes and will not be adding an additional bedroom. Please let me know if you need any additional information or if you need us to bring a hard copy and how many to your office.

Thank you,

Stuart Colvin

CGC Builders
301-440-3326
cgcbuilders@comcast.net
www.cgcbuilders.net



7178 Columbia Gateway Drive, Columbia MD 21046
Phone (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

January 24, 2012

RE: 5472 Harris Farm Lane
Clarksville, Maryland 21029
Building Permit # B12000075
Building Site Plan

TO: CGC BUILDERS (Applicant)
C/o Stuart Colvin
8489 HEATHRWOLD DRIVE
Laurel, Maryland 20723
Via e-mail at: CGCBUILDERS@COMCAST.NET

The Howard County Code (sec.3.0808) requires a Percolation Certification Plan for an increase in living space of 250sq.ft. This plan delineates the existing septic reserve area and reflects any proposed changes to the property. Requirements for this plan can be found on our web site: <http://www.howardcountymd.gov/Health/docs/perstandplanreqs.pdf>. Percolation testing may also be required after further review. Prior to building permit approval, an approved Percolation Certification Plan is required. Once you have submitted your Percolation Certification Plan and it is approved, it can serve as your building plan. The plan submitted is 1:600 and plans submitted to our office should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.

In addition, floor plans for the existing house and proposed addition must be submitted. Your building permit will be placed "on hold" until all Howard County Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

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

cc: Well & Septic program file

Bernard, Dana

From: Stuart Colvin [cgcbuilders@comcast.net]
Sent: Tuesday, February 14, 2012 9:57 AM
To: Bernard, Dana
Subject: RE: Permit B12000075

Hi Ms. Bernard,

I received your phone message yesterday, but I am a little concerned this is the same letter after sending the updated plans we will be using which keeps the existing bedrooms the same.

I will call you to discuss.

Thank you,

Stuart Colvin

From: Bernard, Dana [mailto:dbernard@howardcountymd.gov]
Sent: Monday, February 13, 2012 2:24 PM
To: Stuart Colvin
Subject: RE: Permit B12000075

Stuart,

I have attached a memo describing requirements needed to process your building permit. If you have any questions please don't hesitate to give me a call.

Dana

From: Stuart Colvin [mailto:cgcbuilders@comcast.net]
Sent: Monday, February 13, 2012 12:40 PM
To: Bernard, Dana
Subject: Permit B12000075

Dear Ms. Bernard,

I just wanted to touch base on the status of permit B12000075 and see if you needed any additional information.

Thank you for your assistance,

Stuart Colvin

CGC Builders
301-440-3326
cgcbuilders@comcast.net
www.cgcbuilders.net



7612 Browns Bridge Road
 Highland, MD 20777
 301-776-2666
 301-776-2886 fax
 1-877-828-7267
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

STAMP

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NUMBER 13662.

NOTE: THESE DRAWINGS ARE THE PROPERTY OF TRANSFORMING ARCHITECTURE LLC AND, AS SUCH, MAY NOT BE REUSED OR REPRODUCED, EITHER WHOLLY OR IN PART, WITHOUT PRIOR WRITTEN CONSENT OF RESIDENTIAL REFLECTIONS ARCHITECTS, LLC.

PROJECT PHASE

PERMIT

PROJECT TITLE

THE JACOBSON RESIDENCE

5472 Harris Farm Lane
 Clarksville, MD 21029

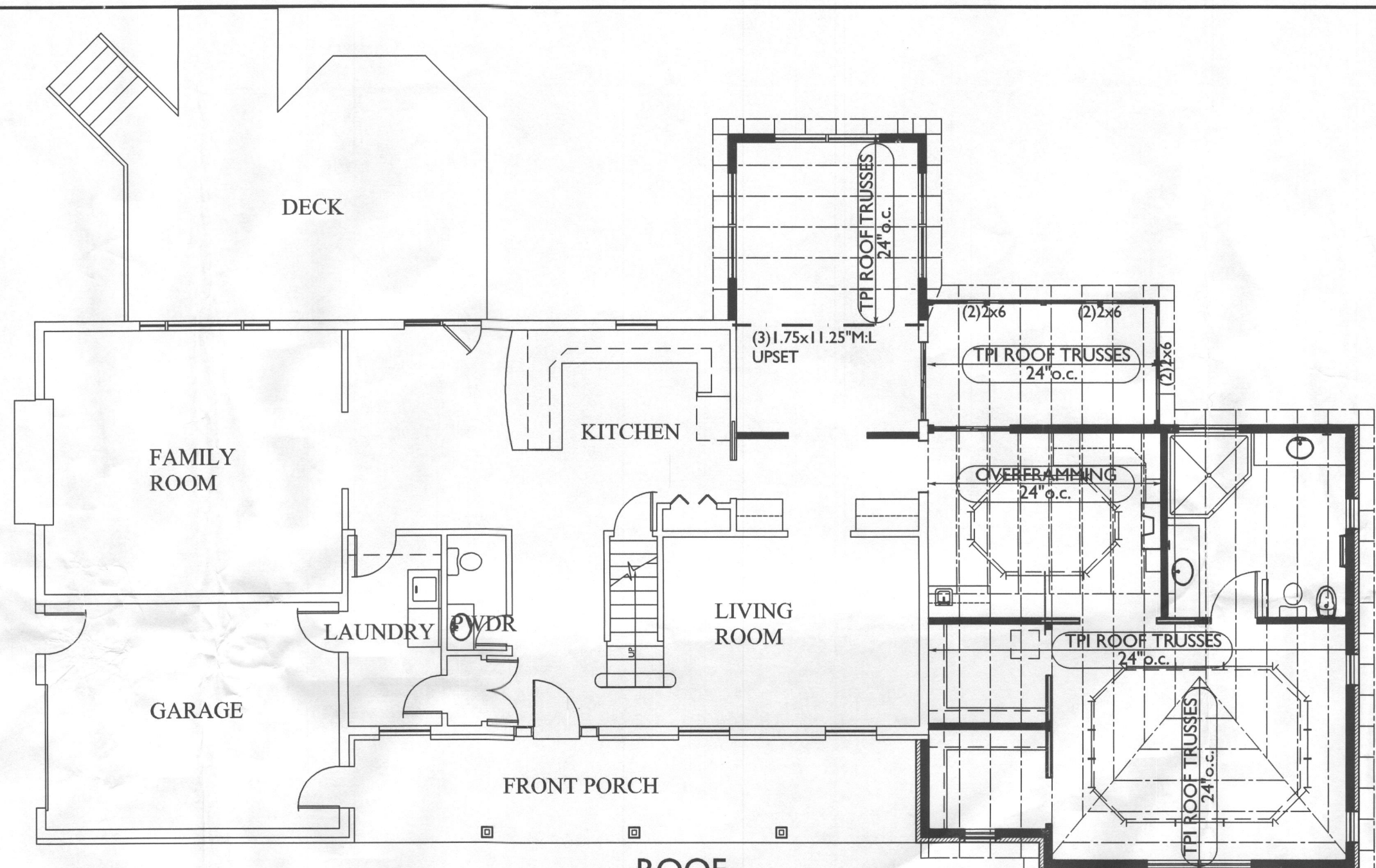
REVISIONS

SYMBOL	DATE	ISSUED FOR

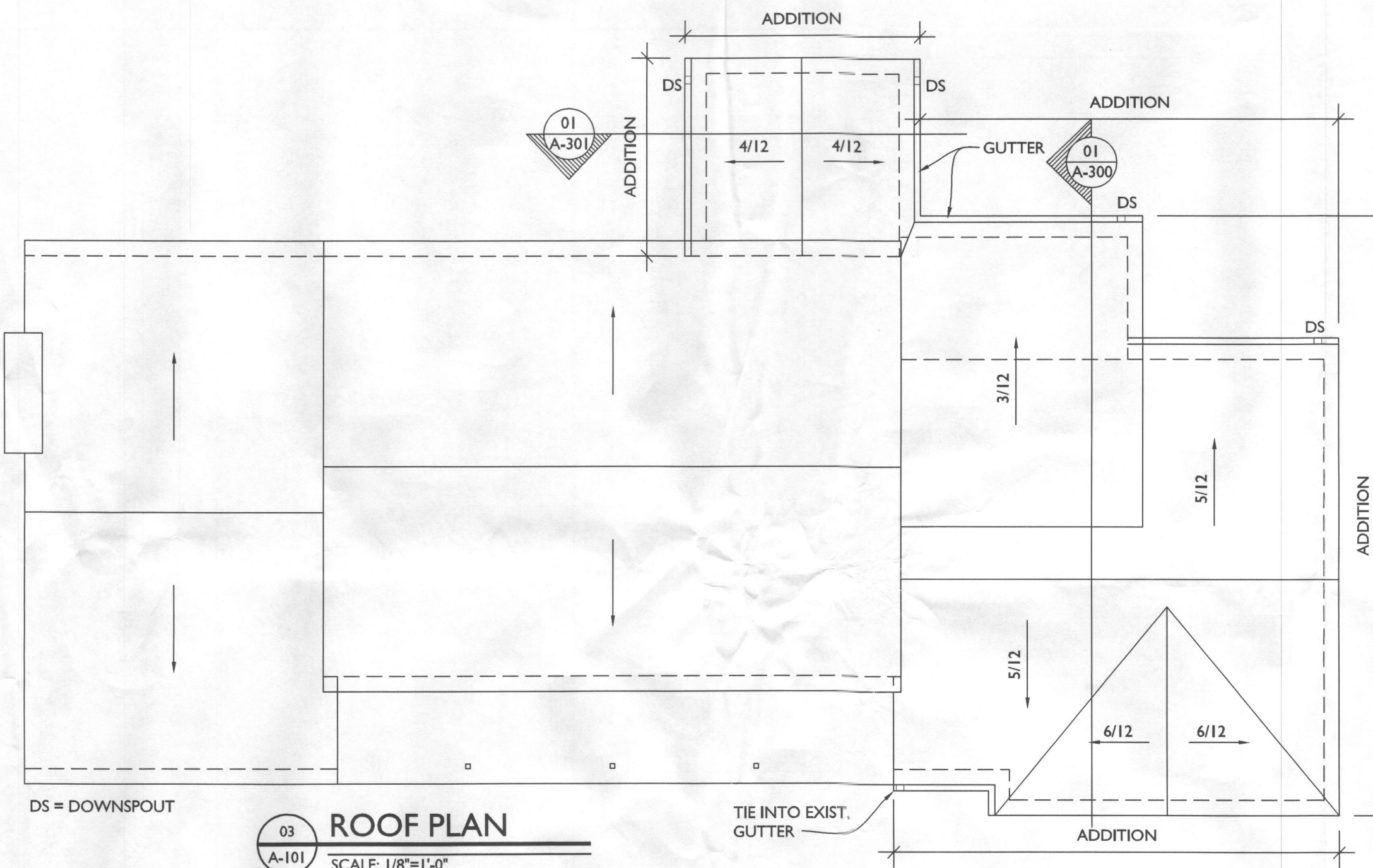
PROJECT NUMBER 11052
 DATE 02/09/2012
 SCALE AS NOTED

DRAWING TITLE
FLOOR, FRAMING, DEMO, & ROOF PLANS

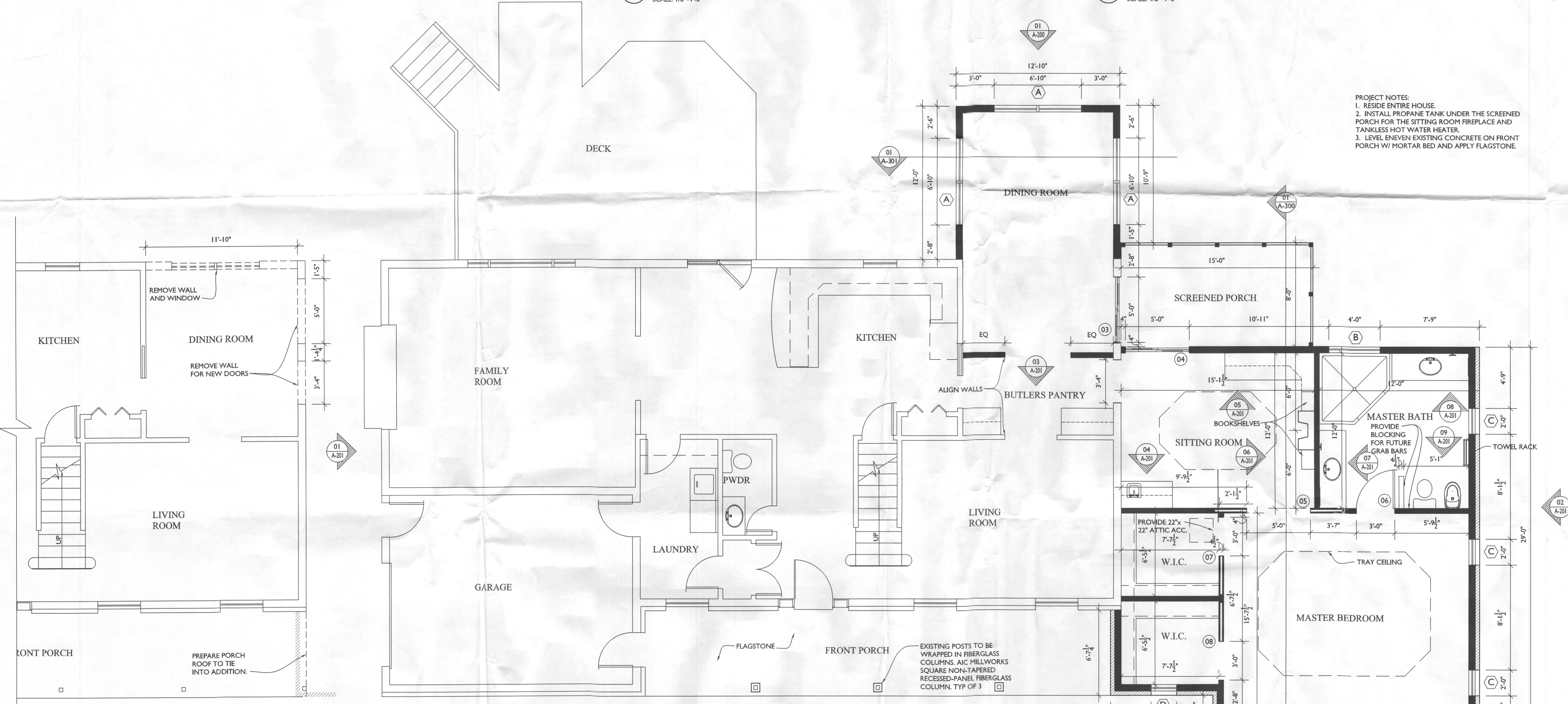
SHEET NUMBER
A-101



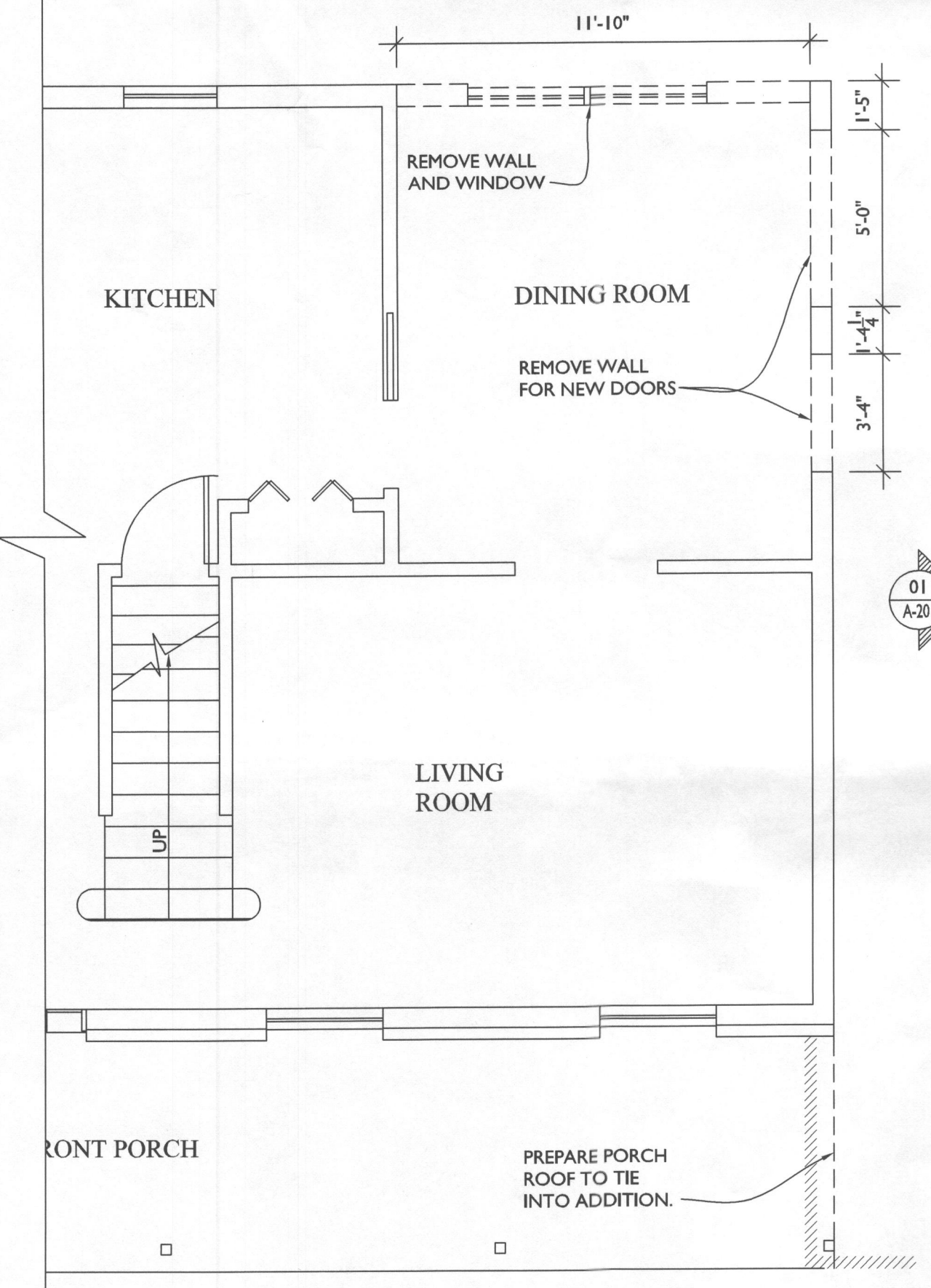
ROOF FRAMING PLAN
 SCALE: 1/8"=1'-0"



ROOF PLAN
 SCALE: 1/8"=1'-0"



FIRST FLOOR PLAN
 SCALE: 1/4"=1'-0"



FIRST FLOOR DEMOLITION PLAN
 SCALE: 1/4"=1'-0"

PROJECT NOTES:
 1. RESIDE ENTIRE HOUSE.
 2. INSTALL PROPANE TANK UNDER THE SCREENED PORCH FOR THE SITTING ROOM FIREPLACE AND TANKLESS HOT WATER HEATER.
 3. LEVEL ENEVEN EXISTING CONCRETE ON FRONT PORCH W/ MORTAR BED AND APPLY FLAGSTONE.

EXISTING POSTS TO BE WRAPPED IN FIBERGLASS COLUMNS. AIC MILLWORKS SQUARE NON-TAPERED RECESSED-PANEL FIBERGLASS COLUMN, TYP OF 3

STAMP

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PROJECT TITLE

THE JACOBSON RESIDENCE

5472 Harris Farm Lane
 Clarksville, MD 21029

REVISIONS

SYMBOL	DATE	ISSUED FOR

PROJECT NUMBER 11052

DATE 02/09/2012

SCALE AS NOTED

DRAWING TITLE

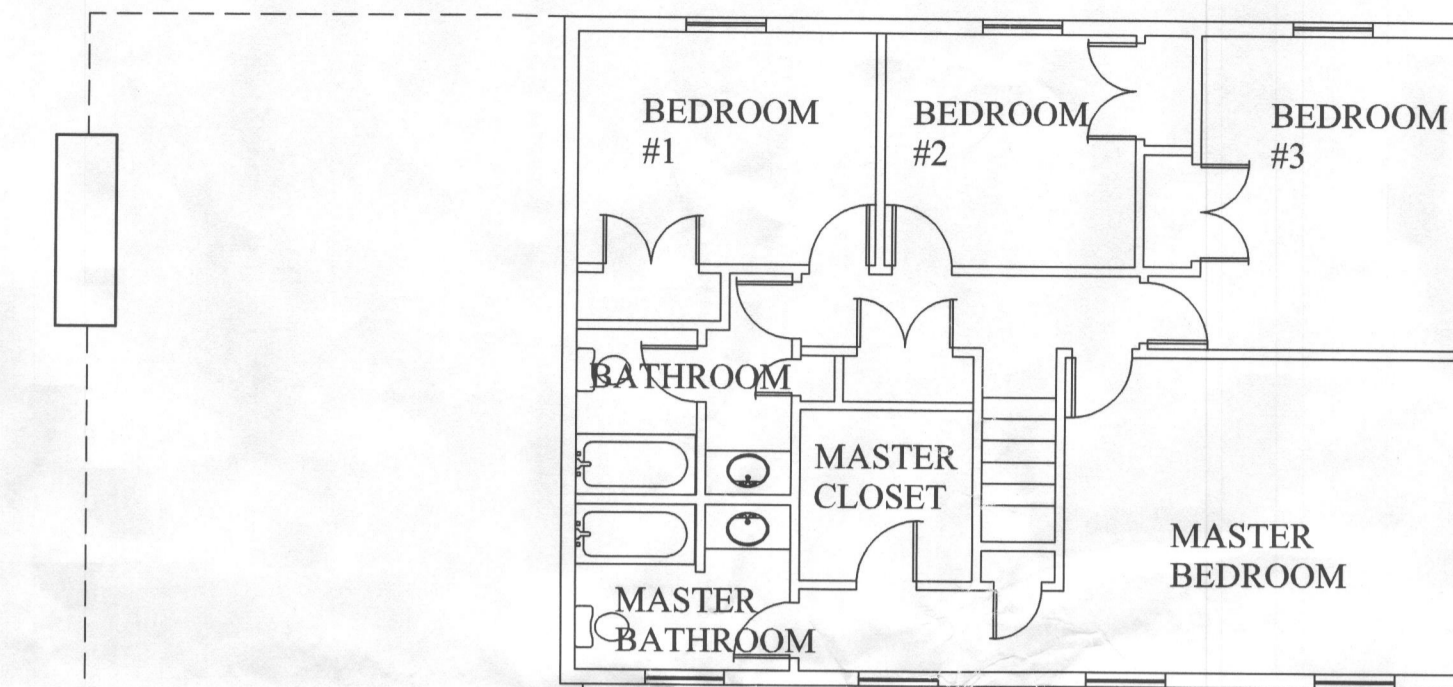
EXISTING CONDITIONS

SHEET NUMBER

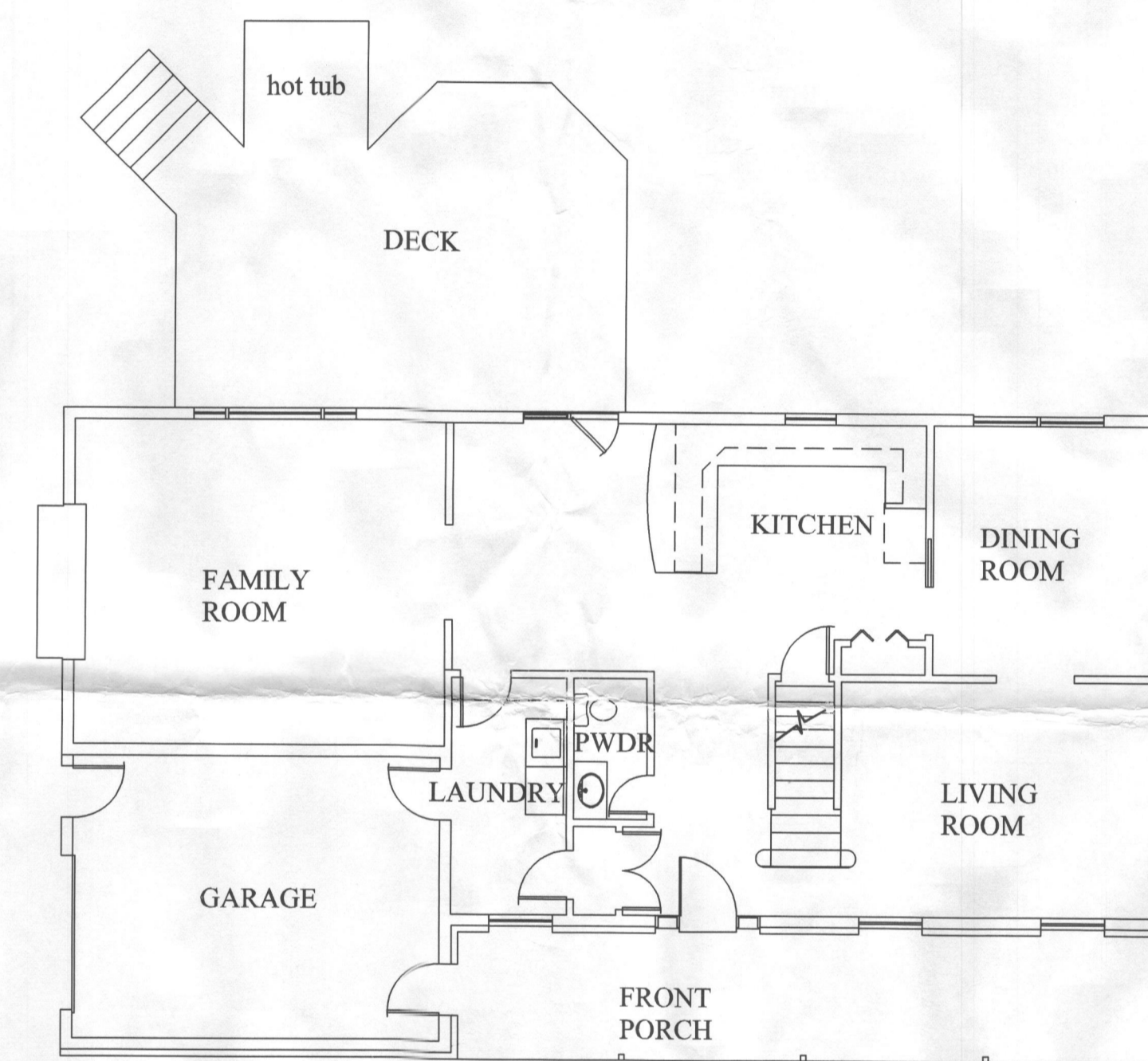
A-0



02
 A-0
FRONT ELEVATION
 SCALE: 1/4"=1'-0"



03
 A-0
SECOND FLOOR PLAN
 SCALE: 1/8"=1'-0"



04
 A-0
FIRST FLOOR PLAN
 SCALE: 1/8"=1'-0"



08
 A-0
BASEMENT FLOOR PLAN
 SCALE: 1/8"=1'-0"



05
 A-0
RIGHT ELEVATION
 SCALE: 1/8"=1'-0"

06
 A-0
REAR ELEVATION
 SCALE: 1/8"=1'-0"

07
 A-0
LEFT ELEVATION
 SCALE: 1/8"=1'-0"

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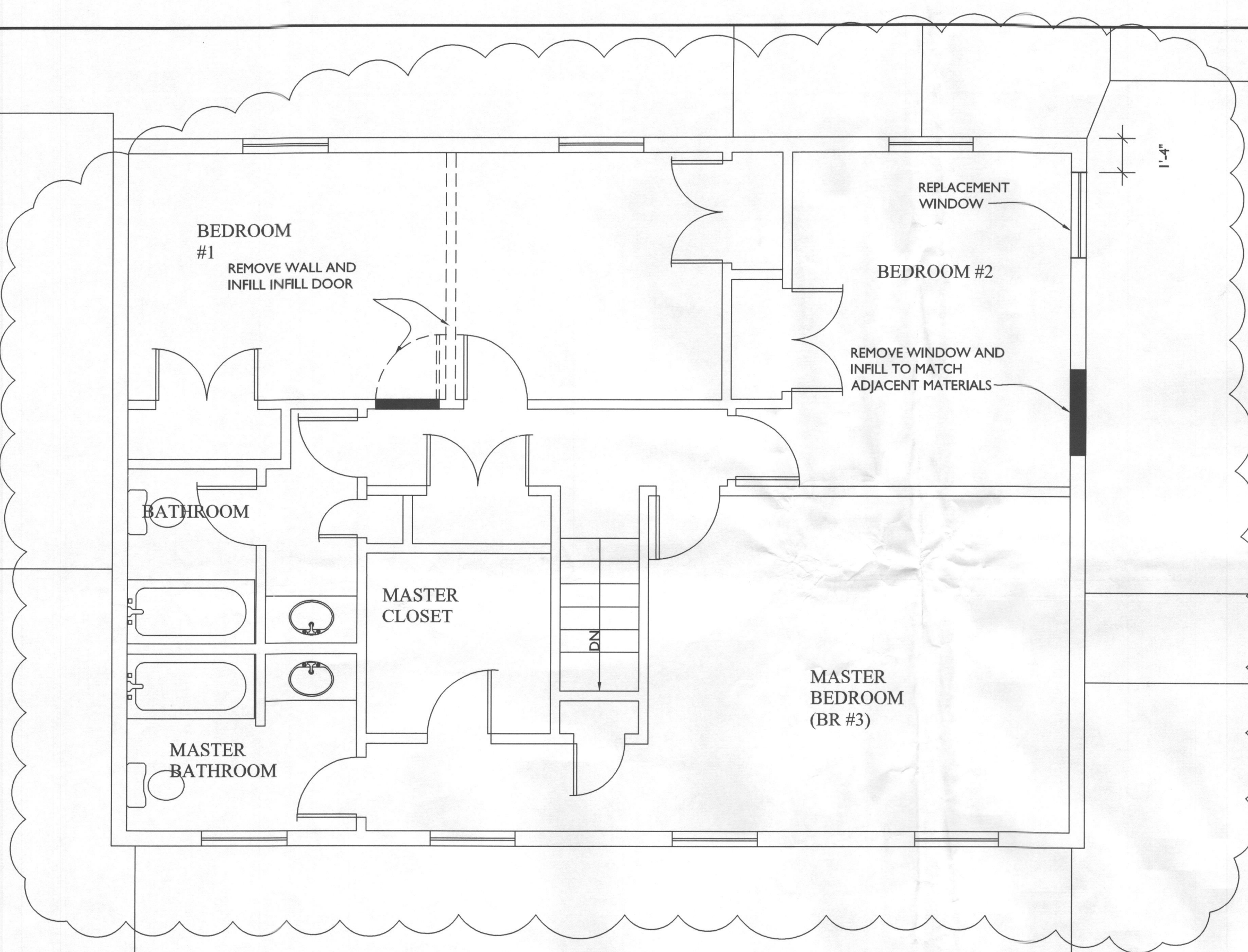
SYMBOL	DATE	ISSUED FOR

PROJECT NUMBER 11052
DATE 02/09/2012
SCALE AS NOTED

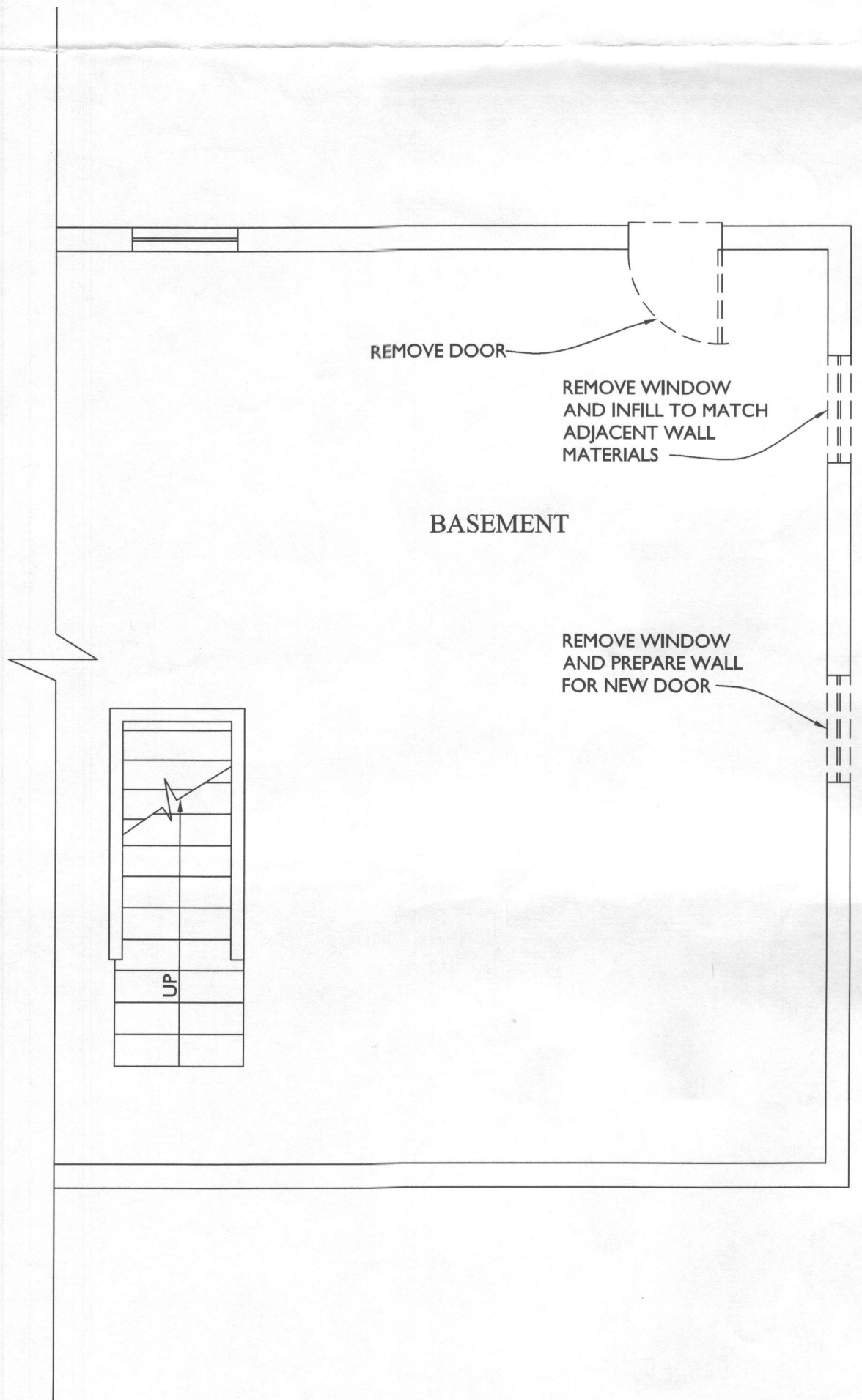
DRAWING TITLE
FOUNDATION, FRAMING, & DEMO PLANS

SHEET NUMBER

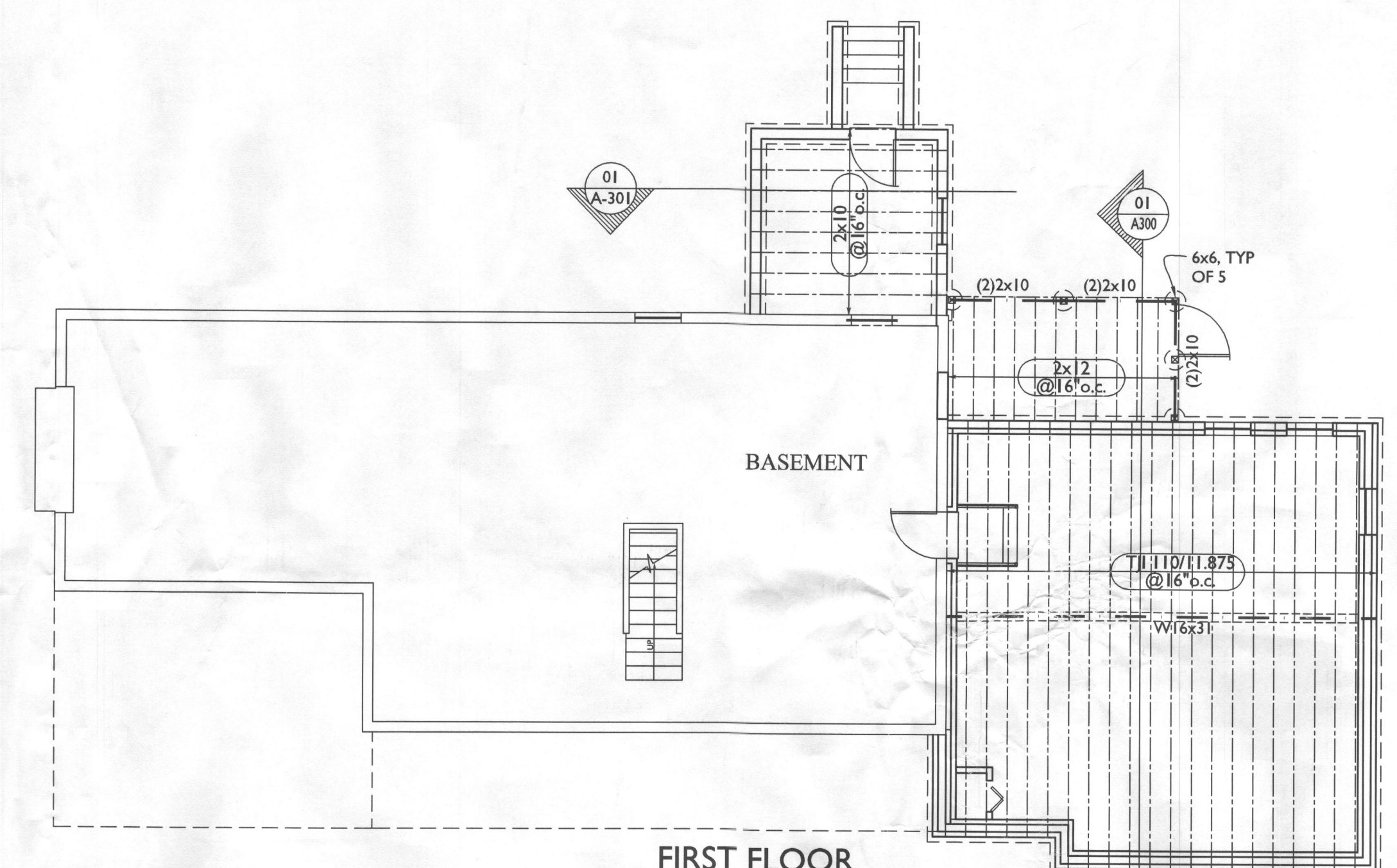
A-102



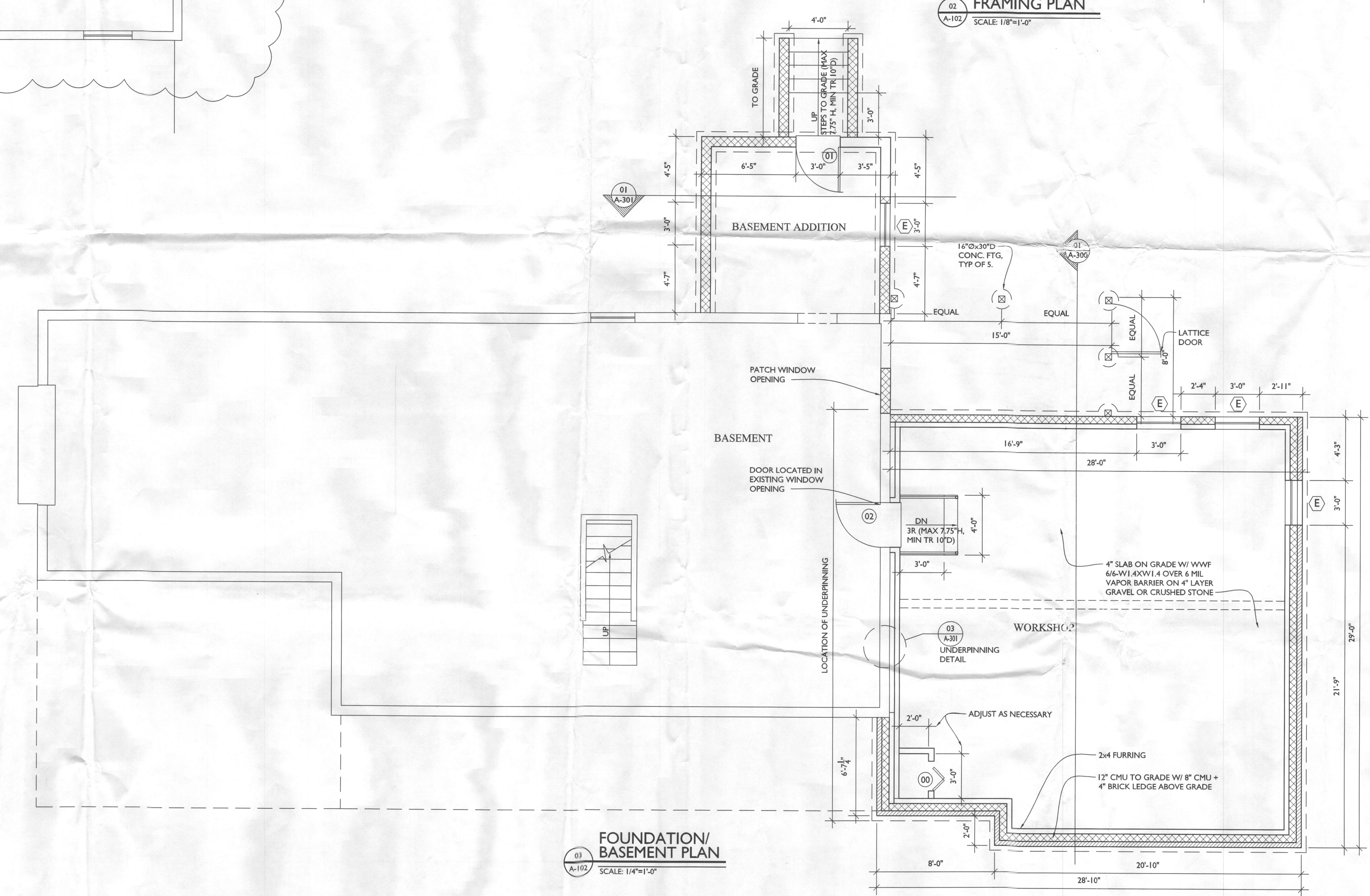
01 SECOND FLOOR PLAN
A-101 SCALE: 1/4"=1'-0"



01 BASEMENT DEMOLITION PLAN
A-102 SCALE: 1/4"=1'-0"



02 FIRST FLOOR FRAMING PLAN
A-102 SCALE: 1/8"=1'-0"



03 FOUNDATION/BASEMENT PLAN
A-102 SCALE: 1/4"=1'-0"