

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

110000824

Building Address 13511 Mitchells Way
West Friendship MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Clarksfield
Section _____ Area _____ Lot 20
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Clarksfield Perfection LLC
Address 1175 Stratfield Court
City Marriottsville State MD Zip Code 21104
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 408,000
Description of Work Custom SFD

Contractor Company Catonsville Homes
Contact Person Frank Patepan
Address 1175 Stratfield Court
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant N/A
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

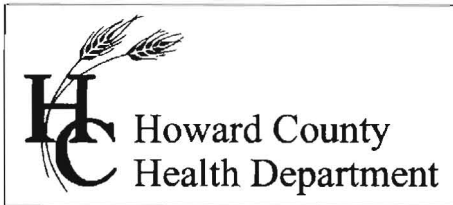
Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public	<input type="checkbox"/>
Gross area, sq. ft. per floor:		Private	<input type="checkbox"/>
Use group:		Sewage Disposal:	
Construction type:		Public	<input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Private	<input type="checkbox"/>
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full	<input type="checkbox"/>
		Partial	<input type="checkbox"/>
		Other Suppression	<input type="checkbox"/>
		# of Heads	

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 _____
Title/Company _____ Date _____

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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>5-3-10</u>	<u>DBernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA



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

April 20, 2010

RE: **Building Permit # B10000884**
13511 Mitchells Way
Building Site Plan

Mr. Doroshenko:

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Well location and setbacks required are 30 feet from new foundation, 100 feet from septic tank, septic system and easement, and 10 feet from driveways. Well tag numbers for existing wells must be included.

The following notes must be included in the General Notes:

- General notes on Building Site Plan must include the following statement, "**The existing well(s) shown on this plan** (identified with the attached well tag number ex: (HO-95-0380) **has been located by** _____ (individual or company name) **professional land surveyor(s) and is accurately shown.**"

Your building permit will be placed "on hold" until all Health Dept. 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 L. Bernard, Sanitarian
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

Frank
12/12



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 TDD (410) 313-2323 Toll Free 1-866-313-6300
 Website: www.hchealth.org

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

April 20, 2010

RE: Building Permit # B10000884 *CF 20*
 13511 Mitchells Way
 Building Site Plan

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- General notes on Building Site Plan must include the following statement, "The existing well(s) shown on this plan (identified with the attached well tag number ex: (HO-95-0380) has been located by _____ (individual or company name) professional land surveyor(s) and is accurately shown."

Your building permit will be placed "on hold" until all Health Dept. 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 L. Bernard, Sanitarian
 Bureau of Environmental Health
 Well and Septic Program
 Phone (410) 313-2775
 E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



**FISHER, COLLINS
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.
Mark L. Robel, P.L.S.
Aldo M. Vitucci, P.E.

April 30, 2010

Ms. Dana Bernard, Sanitarian
Bureau of Environmental Health
Well and Septic Program
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Re: Building Permit #B10000884
13511 Mitchell's Way
Cloverfield, Lot 20
GP-10-72

Dear Ms. Bernard:

On behalf of our client, Cloverfield Pfefferkorn, LLC, and in reply to comments contained in your letter dated April 20, 2010, we offer the following responses:


1. As shown on the plan, the existing well is 30' from what will be the new foundation for the house; over 100' from the septic tank, septic system, septic easement and in excess of 10' from the driveway. Also, the tag for the existing well is HO-95-0380 and is shown on the plan.
2. A note has been added to Sheet 2 of the Site Development Plan stating "The existing well(s) shown on this plan, HO-95-0381, HO-95-0380, HO-95-0363, HO-95-0364, HO-95-0365 and HO-95-0368 have been located by Fisher, Collins and Carter, Inc., Professional Land Surveyors, and are accurately shown."

Accordingly, we are forwarding the following for your use:

1. Two (2) copies of the revised Site Development Plan.
2. One (1) of your comment letter dated April 20, 2010.

Should you have questions, or require additional information, please telephone this office at 410-461-2855.

Very truly yours,
Fisher, Collins and Carter, Inc.


Johanna M. Ecker

WO #30757
c.c. Cloverfield Pfefferkorn, LLC