



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: _____

Permit No.: **B14000175**

Building Address: 13212 CLARKSVILLE AVE.
 City: HAGERLAND State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 2.57

Existing Use: open lot
 Proposed Use: new home construction
 Estimated Construction Cost: \$ 242,200
 Description of Work: new home construction

Occupant or Tenant: VACANT
 Was tenant space previously occupied? Yes No
 Contact Name: Michael Seong
 Address: 11525 Jamestown Ct.
 City: Lanham State: MD Zip Code: 20773
 Phone: 240-447-5822 Fax: _____
 Email: mseong@comcast.net

Property Owner's Name: Michael Seong
 Address: 13212 Clarksville Ave
 City: Hagerland State: MD Zip Code: 20777
 Phone: 240-447-5822 Fax: _____
 Email: mseong@comcast.net

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Classic Homes of MD
 Contact Person: Colleen Swisher
 Address: 50 W Edmonston RD
 City: Rockville State: MD Zip Code: 20852
 License No.: 5421
 Phone: 301-251-2001 Fax: X 311
 Email: Cswisher@classicmd.net

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

| Commercial Building Characteristics | Residential Building Characteristics |
|---|---|
| Height: <u>31'1"</u> | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: <u>2</u> | Depth Width |
| Gross area, sq. ft./floor: <u>7054</u> | 1 st floor: <u>51'-4" x 56'-0"</u> |
| <u>including garage</u> | 2 nd floor: <u>46'-4" x 56'-0"</u> |
| Area of construction (sq. ft.): <u>0</u> | Basement: <u>51'-4" x 56'-0"</u> |
| Use group: _____ | <input type="checkbox"/> Finished Basement |
| Construction type: _____ | <input checked="" type="checkbox"/> Unfinished Basement |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Slab on Grade |
| <input type="checkbox"/> Structural Steel | No. of Bedrooms: <u>4</u> |
| <input type="checkbox"/> Masonry | Multi-family Dwelling |
| <input checked="" type="checkbox"/> Wood Frame | No. of efficiency units: <u>N/A</u> |
| <input type="checkbox"/> State Certified Modular | No. of 1 BR units: <u>N/A</u> |
| | No. of 2 BR units: <u>N/A</u> |
| | No. of 3 BR units: <u>N/A</u> |
| | Other Structure: <u>N/A</u> |
| | Dimensions: <u>N/A</u> |
| | Footings: <u>N/A</u> |
| | Roof: <u>N/A</u> |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input checked="" type="checkbox"/> State Certified Modular |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Manufactured Home |

| Utilities |
|---|
| <u>Water Supply</u> |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| <u>Sewage Disposal</u> |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Heating System</u> |
| <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil |
| <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other: _____ |
| <u>Sprinkler System:</u> |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Grading Permit Number: <u>00-4429</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.

Applicant's Signature: [Signature]
 Email Address: LRS.GDS@MSN.COM
 Title/Company: Permit Processor

Print Name: William R Stewart
 Date: 1/16/13

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



Office of the Health Officer

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Face book: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

DATE: April 7, 2014

TO: Mr. Kevin Soong
Via-e-mail: msoong@comcast.net

RE: **Building Permit # B14000175**
13212 Clarksville Pike
Highland, Maryland 20777-9703

Mr. Soong,

Further review is contingent upon submission of a revised Percolation Certification Plan and BAT plan showing the following: **(Note: Your BAT plan and Percolation Certification Plan must be prepared as separate documents.)**

BAT Plan must show the following:

- Illustrate the location of the **initial absorption system** and a **replacement (s)** with **perforated pipe elevations**. The absorption system should show the exact amount of trench in equal lengths to accommodate the number of bedrooms. Currently your floor plans are showing 5 bedrooms. The study you are showing is considered a bedroom because it has direct access to a full bathroom.
- The trenches must be shown in equal length and have the correct length for the number of bedrooms proposed. You must show initial and replacements.
- Show location of blower on plan.
- Show the location of the tank.
- Show the existing well with well tag number and 2 proposed well replacements.
- Place correct symbols in legend. (Percolation testing hole symbols must be different for passed and failed holes.)

Percolation Certification Plan must show the following:

- Percolation testing holes must be field located with elevations and labeled correctly. Percolation testing hole B does not exist so please remove it from the plan.

- Illustrate the location of the **initial absorption system** and a **replacement (s)** with **perforated pipe elevations**. The absorption system should show the exact amount of trench in equal lengths to accommodate the number of bedrooms. Currently your floor plans are showing 5 bedrooms. The study you are showing is considered a bedroom because it has direct access to a full bathroom.
- The trenches must be shown in equal length and have the correct length for the number of bedrooms proposed. You must show initial and replacements.
- Please only show the percolation testing holes that passed in your easement. The percolation testing hole that are on each corner on your plan were not tested.
- Show location of blower on plan.
- Show the location of the tank.
- Show the existing well with well tag number and 2 proposed well replacements.
- Place correct symbols in legend. (Percolation testing hole symbols must be different for passed and failed holes.) Please remove test B because it was not tested.
- The following standard note must be shown in the general notes.

MDE statement for lots created *before* March 1972:



"This area designates a private sewage area as required by the Maryland State Department of the Environment for individual sewage disposal. For lots created prior to March of 1972 it provides at least enough area to accommodate an initial and two replacement septic systems as required by the Howard County Health Department. Improvements of any nature in this area are restricted until public sewerage is available. This area 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. Recordation of a modified sewage area shall not be necessary."

Please note your building permit will not be released until the existing septic is abandoned and the existing house is demolished. If you would like further guidance on the preparation of your plan, please give me call to schedule a meeting to discuss your plan. I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard
Dana Bernard, REHS/RS

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

cc: Well & Septic program file
Kevin Huang/Engineer
Via-e-mail: Rui_Xu@cable.comcast.com