



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: 3-18-13

Permit No.: B13000996

Building Address: 10985 Clarksville Pike
 City: Columbia State: MD Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Bill Klemmer
 Address: 10985 Clarksville Pike
 City: Columbia State: MD Zip Code: 21044
 Phone: 267-304-3674 Fax: _____
 Email: bill.klemmer@hotmail.com

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

Existing Use: Storage SFD
 Proposed Use: SFD with addition
 Estimated Construction Cost: \$ 100,000
 Description of Work: Construct two story addition on slab to include 4 bedrooms and 2 bathrooms, garage (24' x 30' first floor) (62' x 28' second floor)
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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: <u>30'</u>	<u>24'</u>
Area of construction (sq. ft.):	2 nd floor: <u>30'</u>	<u>28'</u>
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" 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 checked="" 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: Bill Klemmer
 Email Address: bill.klemmer@hotmail.com
 Title/Company: Owner

Print Name: Bill Klemmer
 Date: 3-26-13

RECEIVED
 MAR 18 2013
 LICENSES & PERMITS DIVISION

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		

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

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>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>318</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



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 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

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

Property Owner's Name: Bill Klemm
 Address: 10985 Clarksville Pike
 City: Columbia State: MD Zip Code: 21044
 Phone: 267-304-3074 Fax: _____
 Email: bill.klemm@hwdmail.com

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

Contractor Company: Owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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

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Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input 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:	
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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Bill Klemm
 Applicant's Signature _____ Print Name _____
 Email Address bill.klemm@hwdmail.com Date 3-20-13
 Title/Company owner

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		

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	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
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Check	# <u>318</u>



Building Permit Application

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

Date Received: 5/22/14

Permit No.: B14001678

Building Address: 10985 Clarksville Pike
 City: Columbia State: MD Zip Code: 21044
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: C10077
 Section: _____ Area: 2 Lot: _____
 Tax Map: 0029 Parcel: 0664 Grid: 0017
 Zoning: R05 Map Coordinates: _____ Lot Size: 1.731

Property Owner's Name: Bill Klemmer
 Address: 10985 Clarksville Pike
 City: Columbia State: MD Zip Code: 21044
 Phone: 267-304-3074 Fax: _____
 Email: billklemmer@hotmail.com

Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$ 160,000
 Description of Work: Adding a garage and 2nd story to an existing home. ~ 1800 sqft addition
 Occupant or Tenant: Occupant
 Was tenant space previously occupied? Yes No
 Contact Name: Bill Klemmer
 Address: 10985 Clarksville Pike
 City: Columbia State: MD Zip Code: 21044
 Phone: 267-304-3074 Fax: _____
 Email: billklemmer@hotmail.com

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

Contractor Company: None
 Contact Person: HOME OWNER
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ 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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	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:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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

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Applicant's Signature: William Klemmer Print Name: William Klemmer
 Email Address: billklemmer@hotmail.com Date: 22 May 2014
 Title/Company: _____

RECEIVED
MAY 22 2014
LICENSES & PERMITS DIVISION

SEE PREV. CANCEL. B13000996

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		

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	\$ 75.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	336

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



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Department of Inspections, Licenses and Permits
3430 Court House Drive
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www.howardcountymd.gov

Date Received: 3/22/14

Permit No.: B14001678

Building Address: 10985 CLARKSVILLE PK
 City: Columbia State: MD Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: E Lot: _____
 Tax Map: 0-23 Parcel: 566 Grid: 217
 Zoning: R-2 Map Coordinates: _____ Lot Size: 1/2

Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$ 100,000
 Description of Work: Add garage and 2nd story to existing home on 1800 sq ft addition
 Occupant or Tenant: Occupant
 Was tenant space previously occupied? Yes No
 Contact Name: B. Williams
 Address: 10985 Clarksville Pk
 City: Columbia State: MD Zip Code: 21044
 Phone: 227-304-3074 Fax: _____
 Email: bwilliams@holwood.com

Property Owner's Name: B. Williams
 Address: 10985 Clarksville Pk
 City: Columbia State: MD Zip Code: 21044
 Phone: 227-304-3074 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
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Contractor Company: _____
 Contact Person: HOME OWNER
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ 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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input 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 type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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

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Applicant's Signature: B. Williams Print Name: B. Williams
 Email Address: bwilliams@holwood.com Date: 22 - Mar - 2014
 Title/Company: _____

SEE PREV. CANCEL. B13000996

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>6/1/14</u>	<u>[Signature]</u>

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

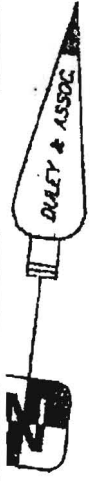
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 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	\$
Check	# <u>336</u>

CLARKSVILLE PIKE

N82°54'00"E

125.00'



Sealed well

#10985
1 STORY
FRAME
W/ BSMT

--- addition

N09°52'00"W
465.85'

S09°52'00"E
461.86'

SHED

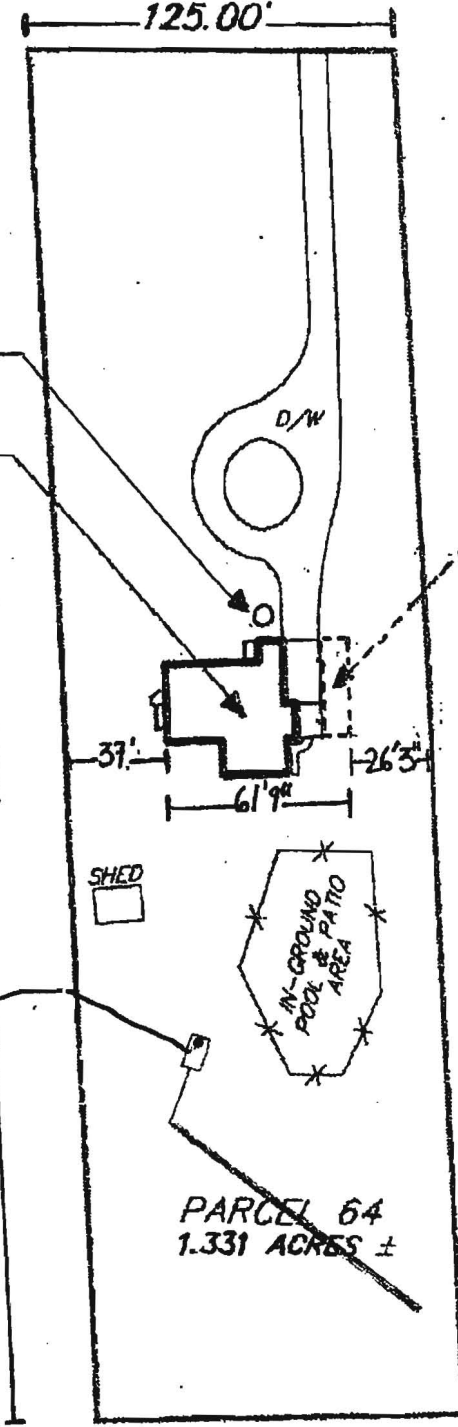
Septic

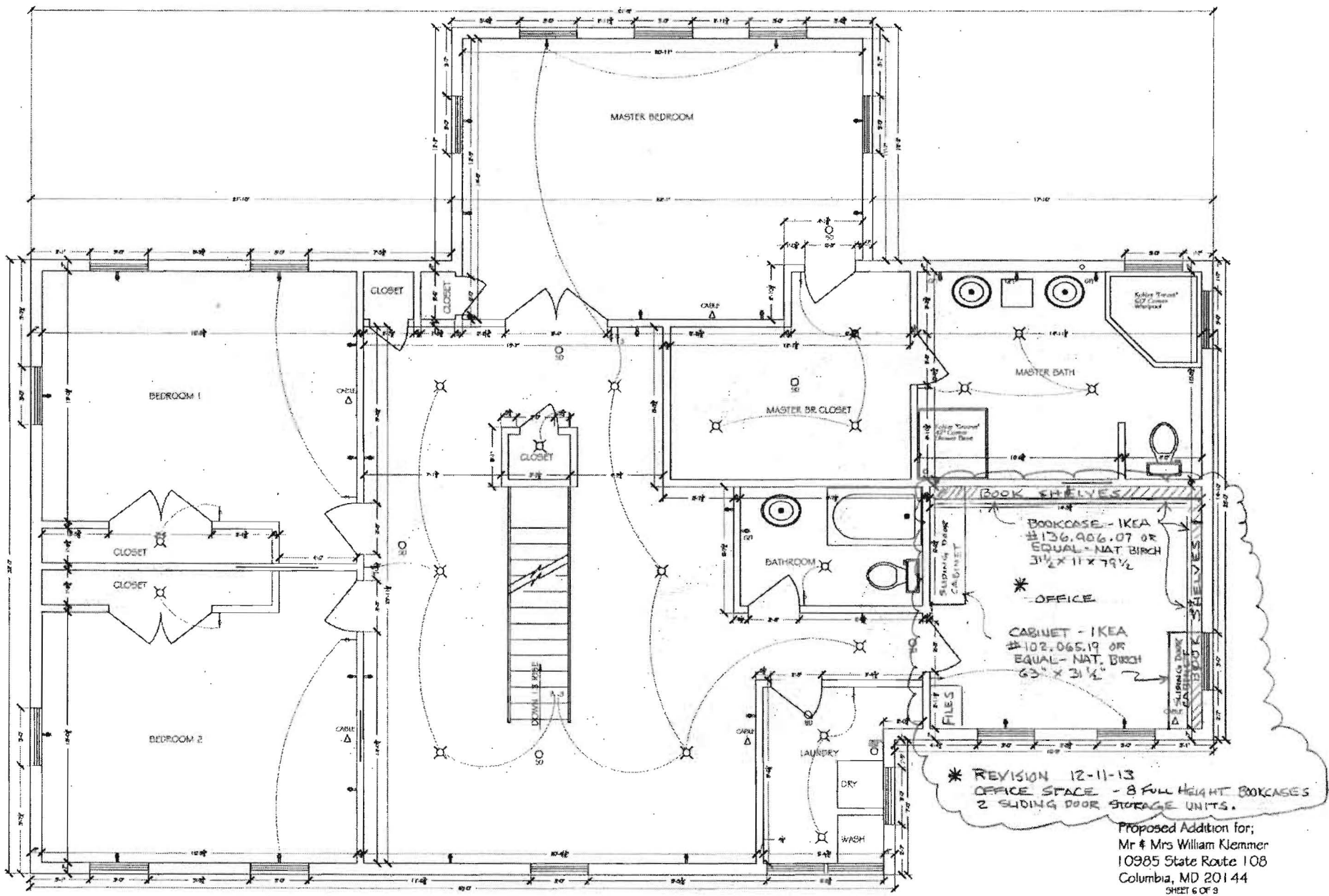
IN-GROUND
POOL & PATIO
AREA

PARCEL 64
1.331 ACRES ±

1" = 50'

S81°10'00"W
125.00'





Proposed Addition for;
 Mr & Mrs William Klemmer
 10985 State Route 108
 Columbia, MD 20144
 SHEET 6 OF 8

2nd floor plan (above ^{new} garage)

GENERAL NOTES:

THE FOLLOWING SPECIFICATIONS ARE AN OUTLINE OF MINIMUM REQUIREMENTS AND THEIR APPLICATION. MANUFACTURER SPECIFICATIONS AND LOCAL CODE REQUIREMENTS WHEN IN EXCESS OF MINIMUM SPECIFICATIONS SHALL CONTROL.

THE DRAWINGS SHOW THE DESIRED ARRANGEMENT AND EXTENT OF WORK TO BE PERFORMED TO OBTAIN A BUILDING PERMIT. ACTUAL CONSTRUCTION MAY BE SUBJECT TO MODIFICATIONS BY THE GENERAL CONTRACTOR TO MEET FIELD & DESIGN CONDITIONS.

DETAILS AND SECTIONS SHOWN ON THE DRAWINGS ARE SHOWN AT SPECIFIC LOCATIONS AND ARE INTENDED TO SHOW GENERAL REQUIREMENTS THROUGHOUT. DETAILS NOTED "TYPICAL" IMPLY ALL CONDITIONS TREATED SIMILARLY. MODIFICATIONS IF REQUIRED ARE TO BE MADE BY THE CONTRACTOR TO ACCOMMODATE MINOR VARIATIONS. ALL DRAWINGS SHALL BE FULLY COORDINATED BY CONTRACTOR TO VERIFY ALL DIMENSIONS, LOCATE SLABS, SLOPES, DRAINS, OUTLETS, RECESSES, REGLETS, BOLT SETTINGS, SLEEVES, ETC.

THE CONTRACTOR SHALL FIELD VERIFY ALL DIMENSIONS AND CONDITIONS AT THE JOB SITE PRIOR TO BEGINNING THIS PROJECT AND DISCLOSE ANY DISCREPANCIES WITH HOME OWNER BEFORE STARTING THE WORK.

LIVE LOAD DESIGN CRITERIA:

LIVING AREA.....	40 PLF	} 10 PLF DL
ATTIC.....	20 PSF	
SLEEPING ROOMS.....	40 PLF	
ROOF (SNOW).....	30 PSF	
WIND LOAD.....	90 MPH	
CONCRETE FLOORS.....	30 PSF	
GUARDRAILS (HALFWALLS).....	55 PSF DL	
	200# ALONG TOP MEMBER ANY	
	POINT AND DIRECTION.	
HANDRAIL.....	100# ANY POINT AND DIRECTION.	

ALL WORK SHALL BE PERFORMED IN STRICT ACCORDANCE WITH NATIONAL, STATE AND LOCAL CODES. CONTRACTOR SHALL VERIFY ALL CODE REQUIREMENTS BEFORE COMMENCEMENT OF CONSTRUCTION AND BRING CODE DISCREPANCIES AND CONSTRUCTION DOCUMENTS TO THE ATTENTION OF THE HOME OWNER.

FOUNDATIONS ARE DESIGNED FOR A GROSS SOIL BEARING OF 3000 PSF. FOUNDATION SHALL REST ON UNDISTURBED SOIL OR COMPACTED GRAVEL 3'-0" MINIMUM BELOW FINISH GRADE.

EXCAVATION FOR FOOTING SHALL BE NEAT AND FOOTING SHALL BE POURED IMMEDIATELY AFTER EXCAVATION. ALL FILL WITH IN CONFINES OF BUILDING SHALL BE COMPACTED TO 95 % OF MAXIMUM DENSITY WHERE SLAB OR GRADE CONSTRUCTION IS POURED ON THE FILL.

ALL CONCRETE CONSTRUCTION SHALL CONFORM TO THE LATEST ACI CODE. CONCRETE SHALL HAVE AN ULTIMATE COMPRESSIVE STRENGTH OF 3000 PSI @ 28 DAYS

ALL REINFORCING SHALL BE ASTM A63 GRADE 60 SPECIFICATIONS. CONCRETE COVERAGE OF REINFORCING STEEL SHALL BE:

- 3" FOR BOTTOM OF FOOTINGS
- 2" FOR OTHER CONCRETE IN CONTACT WITH SOIL
- 1 1/2" BEAMS AND COLUMNS IF APPLICABLE
- 2" FOR SLAB

ALL WELDED FABRIC SHALL CONFORM TO ASTM A-105 SPECIFICATIONS AND SHALL BE PLACED IN UPPER 1/3 OF THE SLAB.

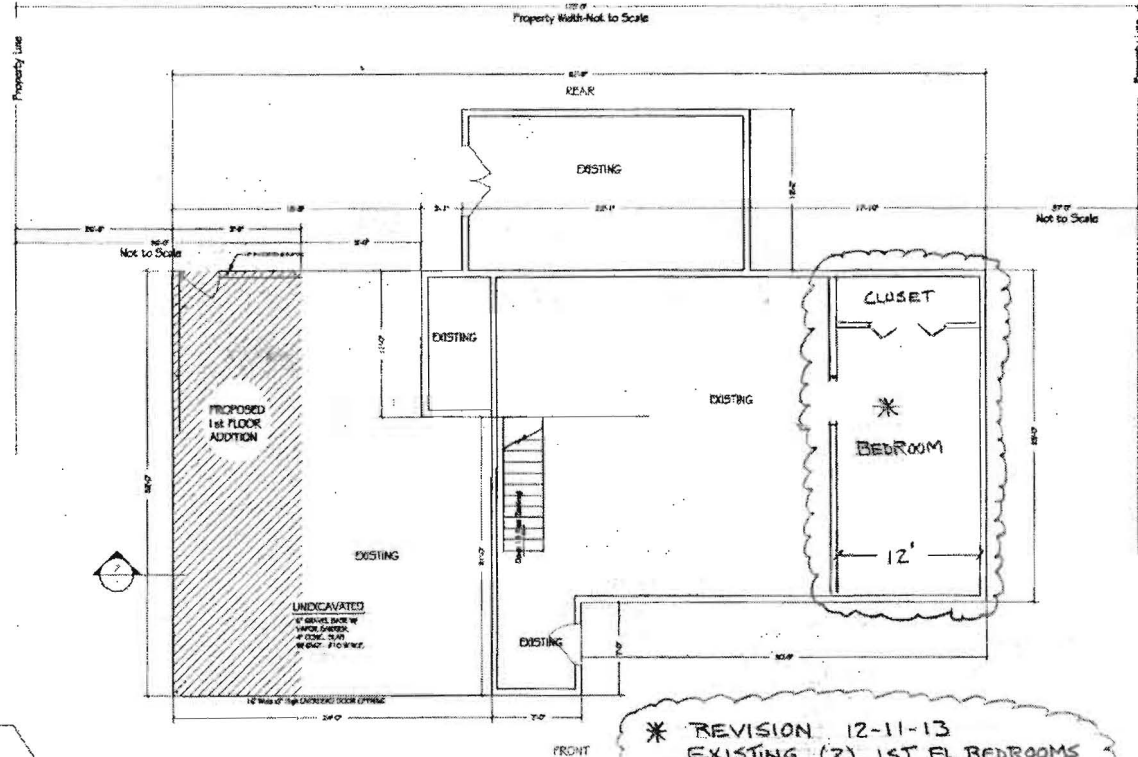
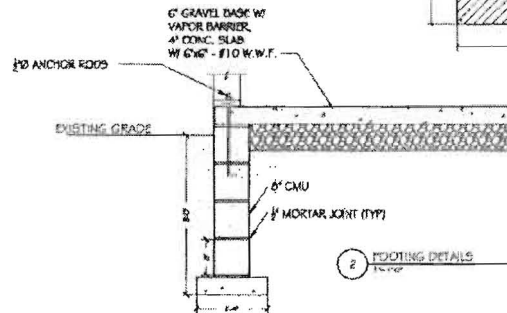
ALL CONCRETE BLOCK BELOW GRADE SHALL BE REGULAR UNITS (UNLESS OTHERWISE NOTED).

MORTAR SHALL CONFORM TO ASTM C-270 TYPE S OR M.

WOOD FRAMING SIZES, VERTICAL FRAMING, HORIZONTAL FRAMING, FIRE STOPS, DRAFT STOPS, ANCHORS, FURRING AND CONNECTORS NOT SHOWN ON DOCUMENTS SHALL BE PER LOCAL BUILDING CODE MINIMUM REQUIREMENTS.



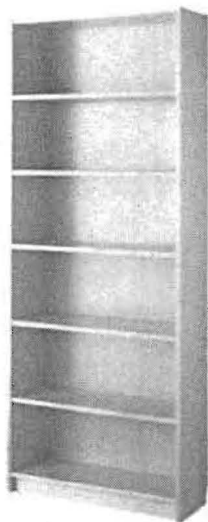
POINT LOAD 84 Kip in.
UNIFORM 825 Kip in.
907 Kip in.



*** REVISION 12-11-13**
EXISTING (2) 1ST FL BEDROOMS
COMBINED FOR 12' x 24', 288 SQ FT
BEDROOM; EXISTING HVAC & ELECT.
TO REMAIN.

Proposed Addition for;
Mr & Mrs William Klemmer
10985 State Route 108
Columbia, MD 20144
SHEET 1 OF 8

Home / Living room / Bookcases



Share Print

Like Share 535

Color



Coordinating Products

Product information

BILLY

Bookcase, birch veneer

\$79.99

The price reflects selected options

Article Number: 136.905.07

Adjustable shelves can be arranged according to your needs. A simple unit can be enough storage for a limited space or the foundation for a larger storage solution if your needs change. [Read more](#)

Color

birch veneer

Size

31 1/2x11x79 1/2 "

1

Coordinating Products



[View all coordinating products](#)

Buy at your local store

Choose

Store selection may vary and prices may differ from those online.

Assembly instructions

[Downloads](#)

Services

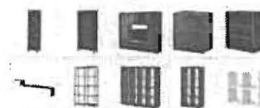
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[Picking and Delivery Service](#)

[Office Planning](#)

More Bookcases



[Go to Bookcases](#)



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Search



Ask Anna!

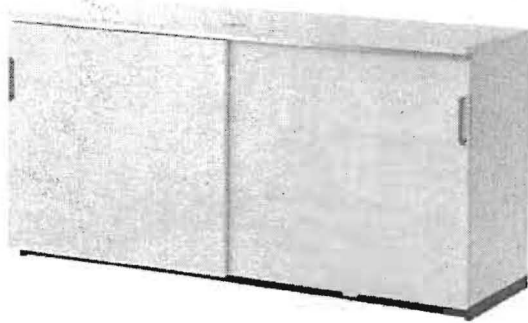
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Información en español

Offers New Living room Bedroom Kitchen & Appliances Children's IKEA Textiles & Rugs For Business Departments

Home / Office furniture / Desks for stationary computers / GALANT system Storage combinations

View more images



GALANT

Cabinet with sliding doors, birch veneer

\$449.00

The price reflects selected options

Article Number: 102.065.19

10-year Limited Warranty. Read about the terms in the Limited Warranty brochure. Read more

Size
63x31 1/2"

Color
birch veneer

1 Save to list

Coordinating Products



View all coordinating products

Buy at your local store

Choose Ok

Store selection may vary and prices may differ from those online.

Assembly instructions & manuals

Downloads

Services

Assembly Service

Picking and Delivery Service

Delivery Service

Office Planning

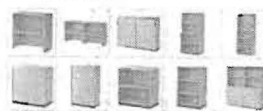
Share Print 0

Like Share 1

Color



More Models



Show all (5 more)

Coordinating Products

Product information



GALANT
add-on unit
\$160.00

More GALANT system



Go to GALANT system

More Desks for stationary computers



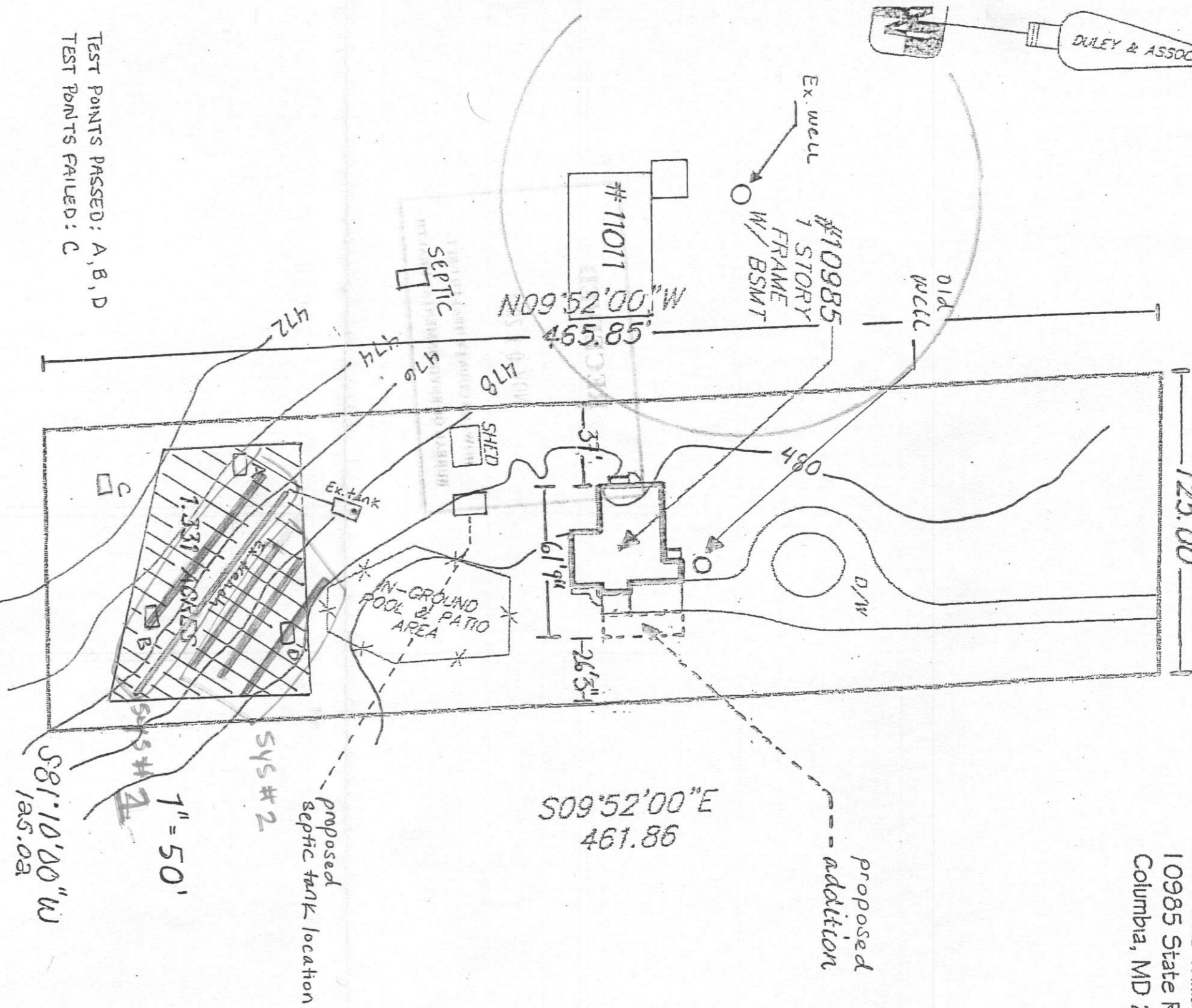
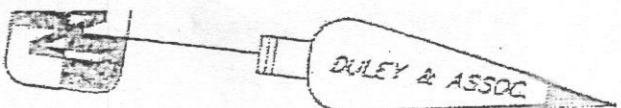
Go to Desks for stationary computers

CLARKSMILLE PIKE

N82°54'00"E

125.00'

Percolation Certification Plan
 Mr & Mrs William Klemmer
 10985 State Route 108
 Columbia, MD 20144



"Approved For Public Water and Private Sewerage Systems"
 Health Officer, Howard County Health Dept. Date

Notes:

1. Any changes to a private sewage easement shall require a revised percolation certification plan
2. The topography of this plat is taken from the Howard County Health Dept. and is verified to accurately represent the relative changes on the subject property
3. All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown
4. Purpose of project: To increase the septic capacity of the property to adequately supply the proposed home addition & establish a S.P.A. The home will be 5 bedrooms.
5. 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."

6. The old well will be sealed and abandoned prior to building permit approval.

"I certify that the information shown hereon is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief."

William Klemmer

William Klemmer 21-dct-2013

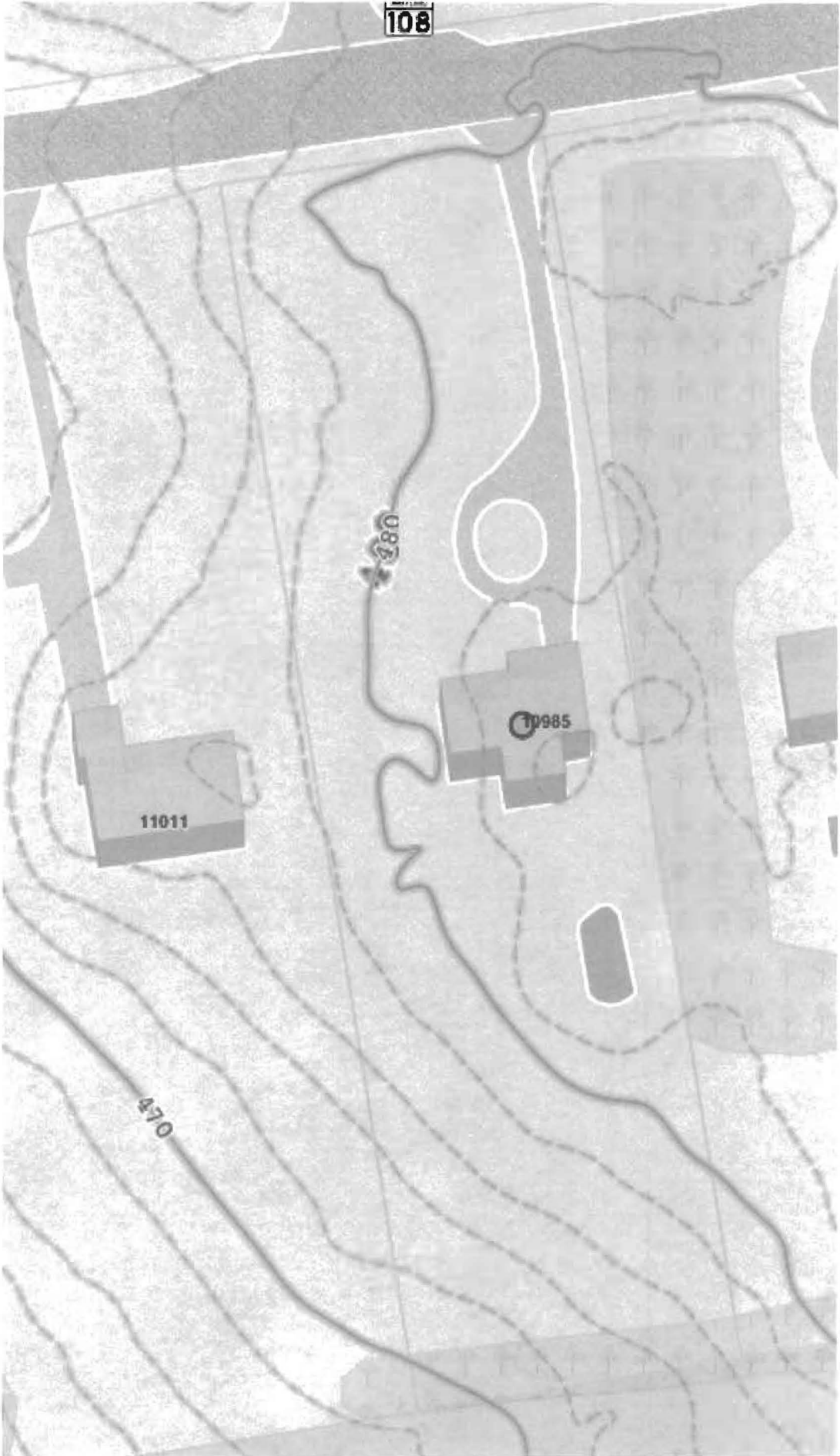
108

480

11011

10985

470



Scott, Heidi

From: DiMarco, Paul
Sent: Thursday, April 18, 2013 11:32 AM
To: Lieu, Don; Scott, Heidi
Subject: RE: Public Sewer - Rt. 108

Heidi,

This property does not front public sewer and there are currently no plans to extend service to serve this area. Hopefully this information helps. If you have any other questions or need more information please contact me.

Paul S. Di Marco

Project Manager, Utility Design Division

Howard County Maryland
9250 Bendix Road
Columbia, MD 21045
Phone: 410-313-6126

pdimarco@howardcountymd.gov

From: Lieu, Don
Sent: Thursday, April 18, 2013 8:55 AM
To: Scott, Heidi; DiMarco, Paul
Subject: RE: Public Sewer - Rt. 108

Paul,

Could you respond.

Thanks,
Don

From: Scott, Heidi
Sent: Wednesday, April 17, 2013 11:18 AM
To: Lieu, Don
Subject: Public Sewer - Rt. 108

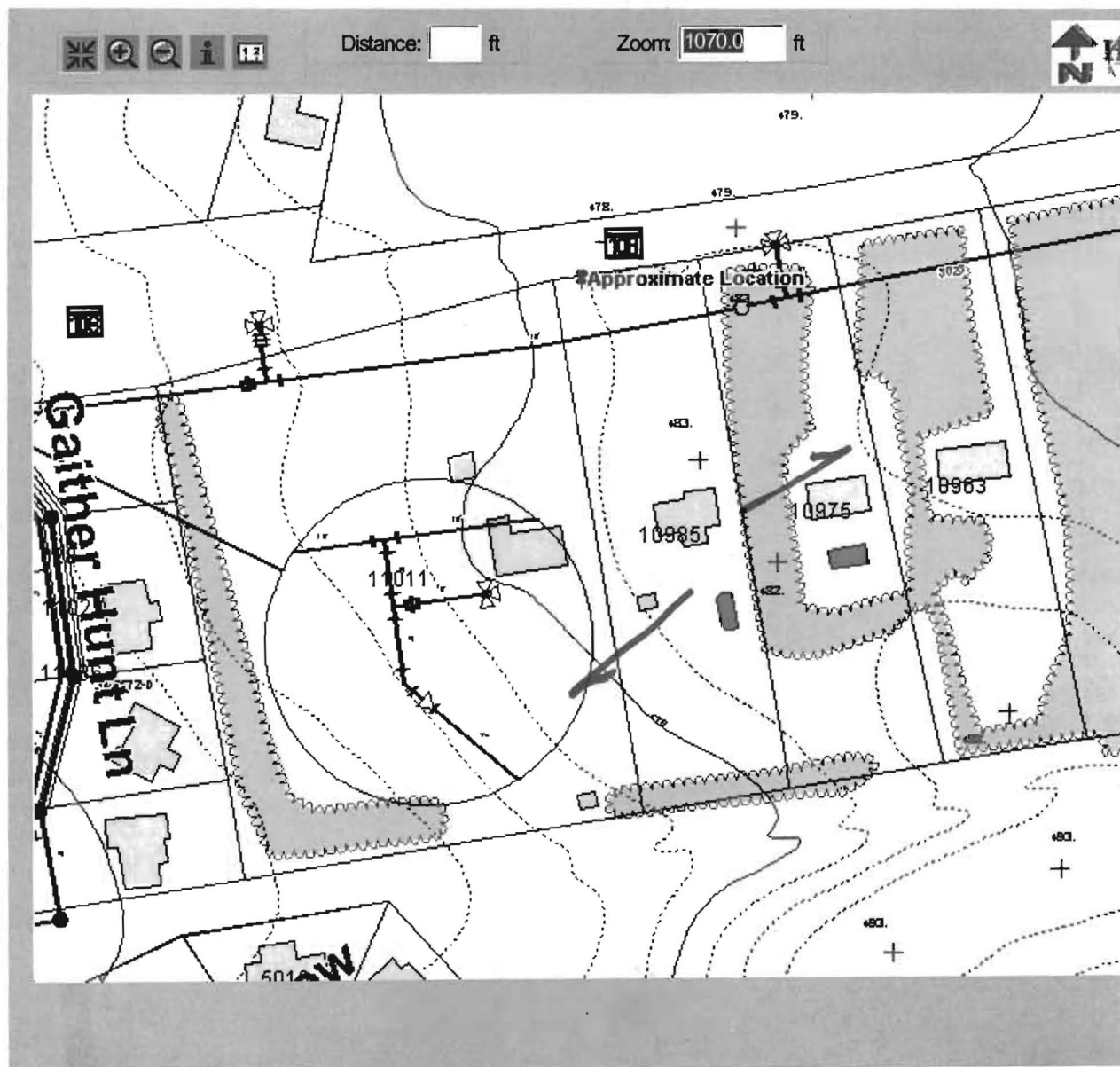
Hi Don –

There is a property located at **10985 Route 108 Columbia 21044** currently on a well and septic system. There is public water available and the owner plans to connect to it . There is also public sewer close by but not currently available to this property that I can tell. Do you know if there are any plans in the near future to extend sewer to this section of Rt. 108?

Thanks!

Heidi Scott
Environmental Sanitarian













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- Zoom Fit 
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- Map Exit 

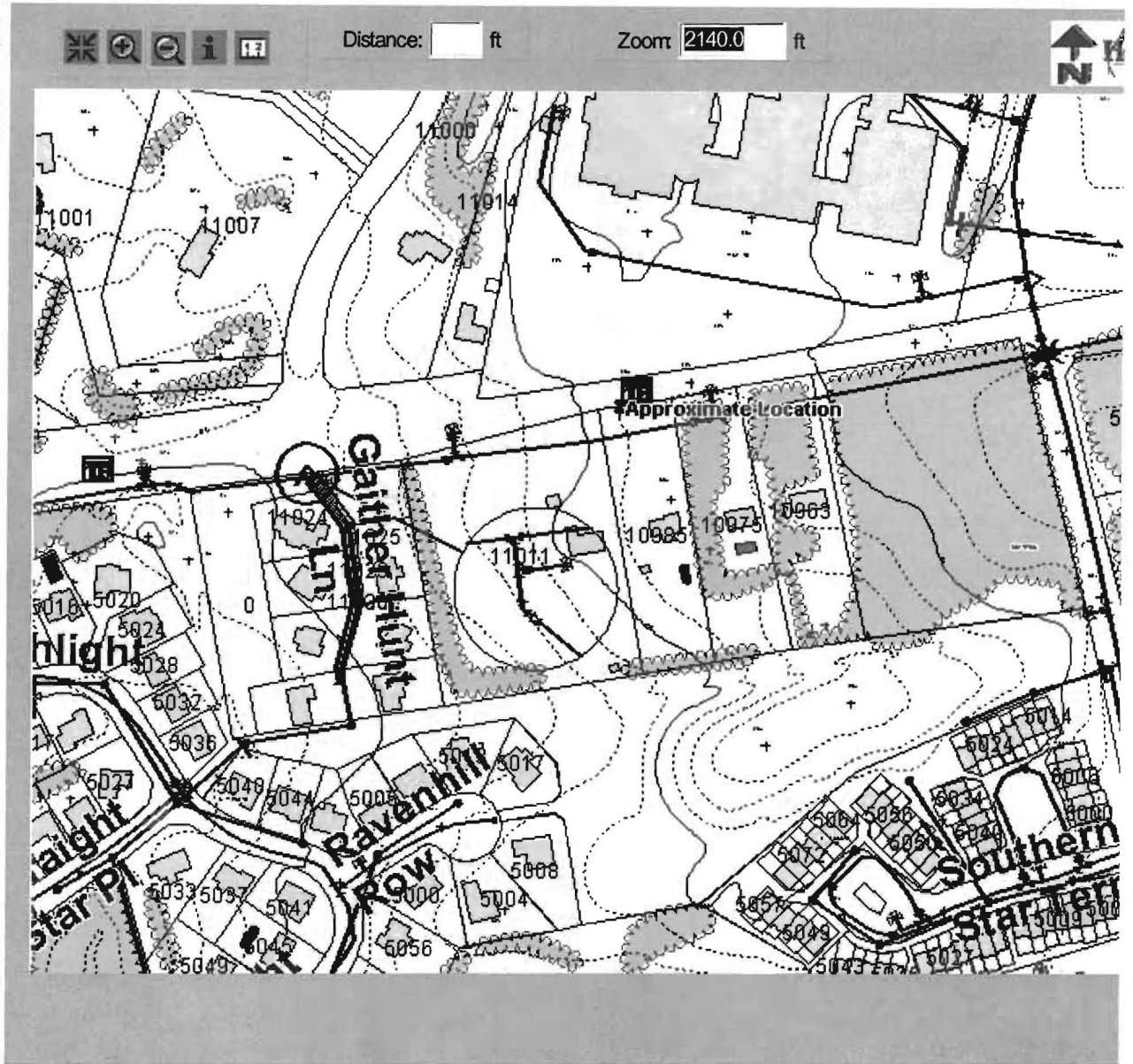


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Monday, December 27 2004 | 8:42:20 AM | @613

Contacts: John Bussiere (x3044) Virginia Peterman (x3659) Yut Phasukyued (x3093) Robert Slivinsky (x3094)

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Monday, December 27 2004 | 8:43:30 AM | @613

Contacts: John Bussiere (x3044) Virginia Peterman (x3659) Yut Phasukyued (x3093) Robert Slivinsky (x3094)