

Building Address <u>11510 Crowsnest RD</u> <u>Clarksville, MD 21029</u>	Property Owner's Name <u>Mrs Mrs Louis Melton</u> Address <u>11510 Crowsnest RD.</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Census Tract _____ Subdivision <u>Clarksville Ridge</u>	Home Phone <sup>410</sup> <u>531 5923</u> Work Phone <sup>410</sup> <u>340 1948</u>
Section <u>3</u> Area _____ Lot <u>50</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>301 674 6551</u>
Tax Map <u>35</u> Parcel <u>203</u> Grid <u>21</u>	Phone _____ Fax _____
Zoning <u>RR</u> Map Coordinates _____ Lot size <u>1.1 Acre</u>	Contractor Company <u>Owner</u>

Existing Use <u>Single Family</u> Proposed Use <u>" "</u> Estimated Construction Cost \$ <u>35,000.00</u>	Contact Person _____ Address _____
Description of Work <u>Detached Garage</u> <u>20x32 640 #</u>	City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____

Occupant or Tenant: <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Morning Star</u> Contact Person <u>John / Smokey</u> Address <u>12408 Clarksville Pike</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Phone <u>John 301 854 9012</u> <u>Smokey 301 674 6551</u> Fax _____
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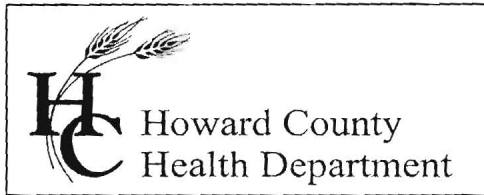
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>30'</u> <u>66'</u> 2nd floor: <u>30'</u> <u>44'</u> Basement: <u>30'</u> <u>44'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Shed</u> Dimensions: <u>10x14</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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 HERETO; (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 <u>Berd Greis</u> Owners Rep.	Print Name <u>BERND GREIS</u> Date <u>2-2-07</u>
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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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>35.00</u>
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>141.12</u>
<input checked="" type="checkbox"/> Building Official <u>2/16/07</u>	<u>2/16/07</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ _____
<input type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>14.11</u>
<input checked="" type="checkbox"/> Health <u>4/30/07</u>	<u>4/30/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____



7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

March 9, 2007

Mr. & Mrs. Louis Melton  
11510 Crowsnest Road  
Clarksville, Maryland 21029


RE: Building Permit # B07000395  
Proposed Detached Garage

Dear Mr. and Mrs. Melton,

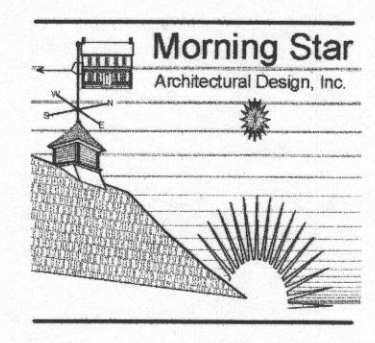
Review of building permit B07000395 for the referenced property has been completed by our office. The file for the existing property contains limited information pertaining to your current septic system and the required sewage disposal area. As a result, it will be necessary to establish a sewage disposal area of 10,000 square feet as required by the Health Department prior to building permit approval. In order to establish a sewage disposal area, percolation testing is required and an approved percolation certification plan needs to be on file with the Howard County Health Department. I have enclosed the requirements for percolation testing and a percolation certification plan. The building permit will be placed on hold until all Health Department requirements are met.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1775.

Sincerely,

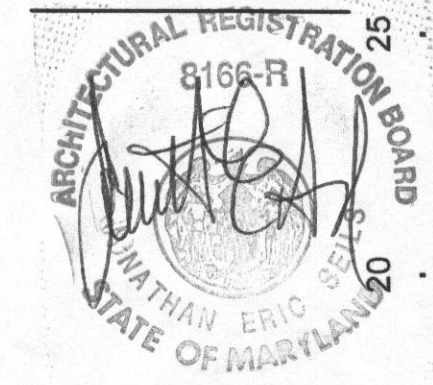
Ashley Trump   
Well and Septic Program  
Development Coordination Section

Enclosures  
CC: File



12408 Clarksville Pike  
Clarksville, MD 21029  
P. 301.854.9012 F.301.854.1225  
email mstarch@aol.com

Garage  
11510 Crows Nest Road  
Clarksville, Maryland 21029



revisions:  
date: no. description:

date: January 15, 2007  
scale: As Noted  
project no.  
drawing no.

C-1

Site Plan and  
Site Details

40  
35  
30  
25  
20

North

SURREY LANE  
(60' RW PUBLIC ROAD)

N01°38'30"E 199.87'

R=150.0' L=40'

N60°47'40"W 34.06'



*BB on garage  
4/20/07 (AT)*

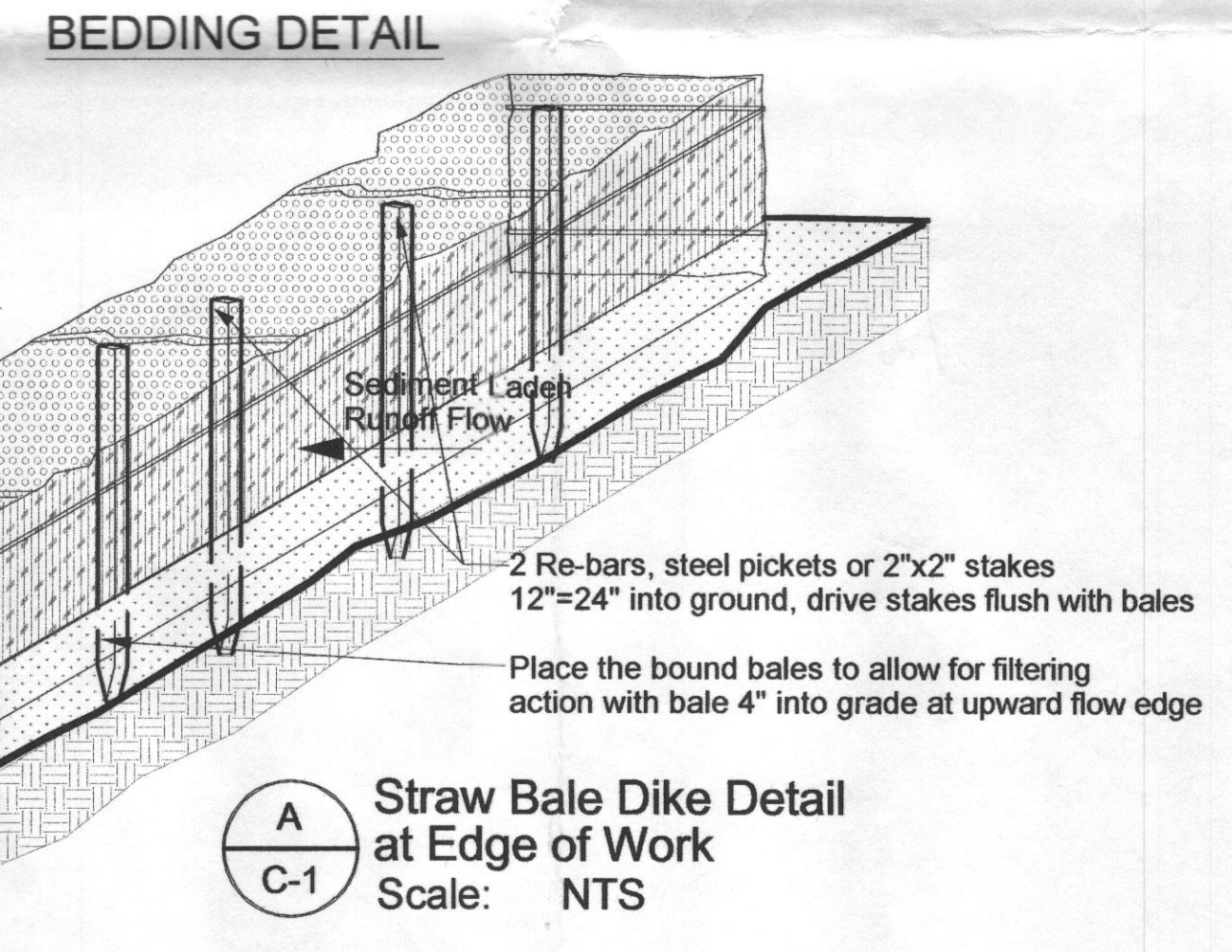
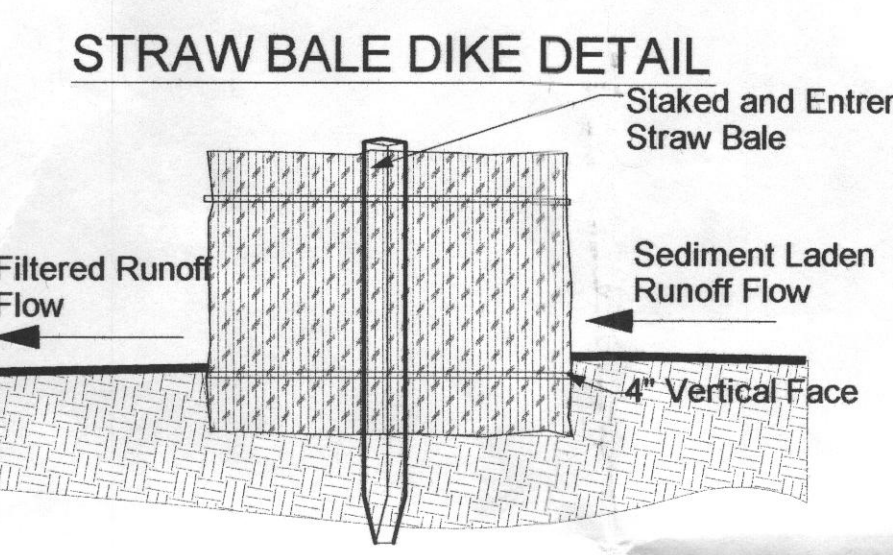
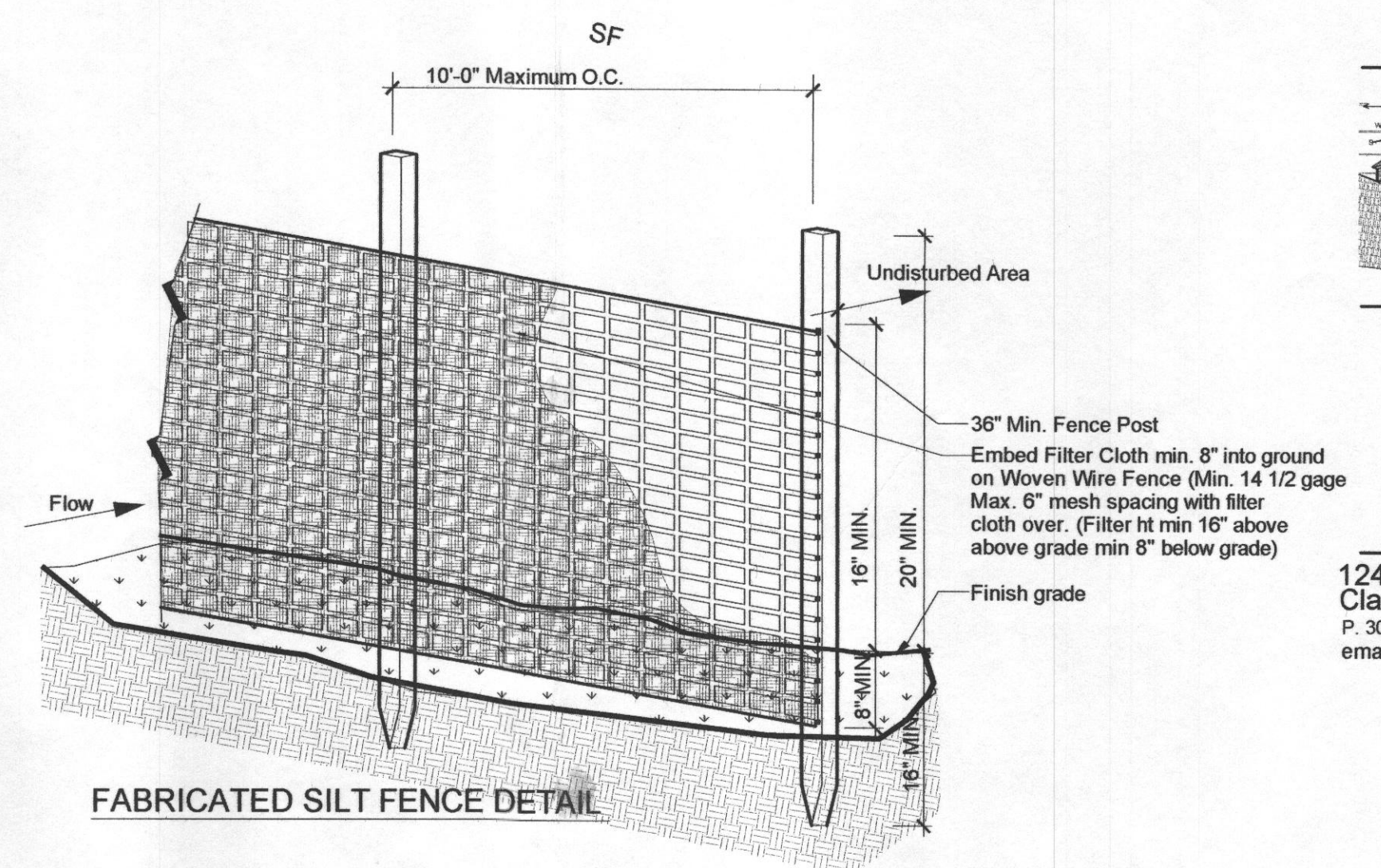
1 Site Plan  
C-1 Scale: 1/16"

CONSTRUCTION NOTES FOR FABRICATED SILT FENCE

- Woven wire fence to be fastened securely to fence posts with wire ties or staples.
  - Filter cloth to be fastened securely to woven wire fence with ties spaced every 24" at top and mid section.
  - When two sections of filter cloth adjoin each other they shall be overlapped by six inches and folded.
  - Maintenance shall be performed as needed and material removed when "bulges" develop in the silt fence.
- POSTS:  
Steel either T or U exterior posts or 2" hardwood posts
- FENCE:  
Woven wire, 14 Gauge min 6" maximum mesh opening.
- FILTER CLOTH:  
Filter X Mirafi 100X Stablinka T140N or approved equal.
- PREFABRICATED UNIT:  
Geofab, Envirofence, or as allowable by local jurisdiction.

No Existing Vegetation to be disturbed

DETAILS SHOWN ARE FOR RUNOFF CONTROL (CONTRACTOR MAY CHOOSE ALTERNATE AND MODIFY AS PER LOCAL REQUIREMENTS OR UTILIZE ALTERNATE PRODUCTS OR MAY NOT BE REQUIRED AT ALL



A Straw Bale Dike Detail  
C-1 at Edge of Work  
Scale: NTS

STRAW BALE DIKE DETAIL

- CONSTRUCTION SPECIFICATIONS
- Bales shall be placed at the toe of slope or on the contour and in a row with ends tightly abutting the adjacent bales.
  - Each bale shall be embedded in the soil a minimum of (4) inches, and placed so the bindings are horizontal.
  - Bales shall be securely anchored in place by either two stakes or re-bars driven through the bale. The first stake in each bale shall be driven toward the previously laid bale at an angle to force the bales together. Stakes shall be driven flush with the bale.
  - Inspection shall be frequent and repair replacement shall be made promptly as needed.
  - Bales shall be removed when they have served their usefulness so as not to block or impede storm flow or drainage.