



# 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: 4/4/13

Permit No.: B13001233

Building Address: 5312 Aerie Court  
 City: Clarksville State: MD Zip Code: 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Single Point Landing  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 6  
 Tax Map: 28 Parcel: 388 Grid: 15  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.87 AC

Property Owner's Name: Charles Scott  
 Address: 5312 Aerie Court  
 City: Clarksville State: MD Zip Code: 21029  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD w/ Tank  
 Estimated Construction Cost: \$ 10,000  
 Description of Work: Install (2) 1000 g underground propane tanks

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Michelle Hege  
 Address: PO Box 1253  
 City: Silasville State: MD Zip Code: 21784  
 Phone: 443 840 1229 Fax: \_\_\_\_\_  
 Email: Michelle@appliedandapproved.com

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

Contractor Company: Ten's Oil  
 Contact Person: C. Nenn Haines  
 Address: 11618 N. Main Street  
 City: Diamondhead State: MD Zip Code: 21074  
 License No.: 4608  
 Phone: 410 239 9515 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Contractor  
 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 <sup>st</sup> floor:	
Area of construction (sq. ft.):	2 <sup>nd</sup> floor:	
Use group:	Basement:	
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes	<input 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(S) 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: Michelle Hege Print Name: Michelle Hege  
 Email Address: Michelle@appliedandapproved.com Date: 4/4/13  
 Title/Company: Permits

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/23/13</u>	<u>Charles Scott</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	\$
Permit Fee	\$
Tech Fee	\$ <u>220</u>
Excise Tax	
PSFS	
Guaranty Fund	
Add'l per Fee	
Total Fees	
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3375</u>

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

MARYLAND RTE.

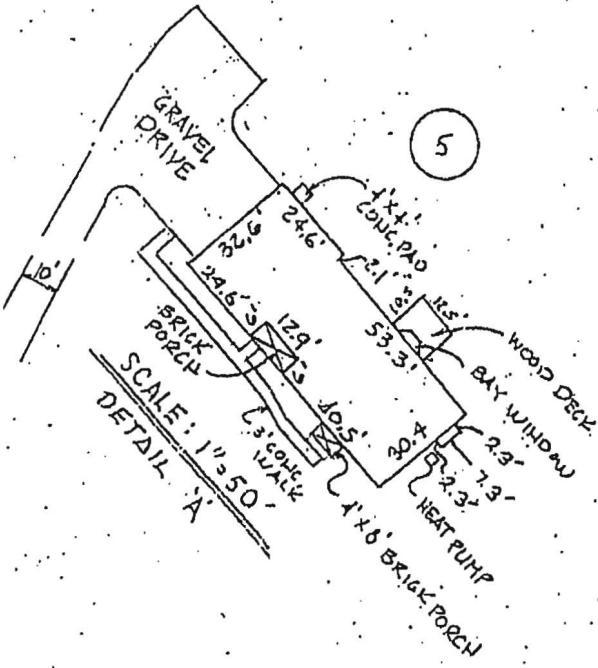
R = 4,904.40  
L = 76.56

R = 11,660.16  
L = 127.00

PROPOSED -  
2/1000 GAL.  
UNDERGROUND  
PROPANE TANKS.

\* WELL LOCATED IN  
FRONT OF HOUSE.  
TANK LOCATION  
EXCEEDS 100'  
SETBACK

Scale  
1" = 100'



ATLANTIC SEABOARD  
CORP. GAS PIPELINE  
ESMT. (UNDEFINED  
WIDTH) ~ 266/251

AERIE  
COURT  
(50' R/W)

TOP OF BLOCK = 582.0  
FIRST FLOOR ELEV. = 583.0

B13001233  
4/23/13 UP tanks OK  
HS

LOT # 6  
EAGLE POINT LANDING  
(LOTS # 1-16)  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY MARYLAND  
PLAT # 7961

Note: The information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.

I hereby certify that I have examined the current Flood Insurance Rate Map (FIRM Map # 240044-0032-B) for the subject property and it does not lie in an area identified by the Secretary of Housing and Urban Development as having Special Flood

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	<b>HOWARD COUNTY  RESIDENTIAL  HEATING-VENTILATION-AIR  CONDITIONING AND  REFRIGERATION PERMIT  APPLICATION</b>	HVACR PERMIT # <u>M12000959</u> BUILDING PERMIT # <u>B12001710</u>
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BUILDING ADDRESS: <u>5312 Aerie ct</u> SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>Charles Scott</u> ADDRESS: <u>5312 Aerie ct</u> CITY: <u>Clarksville</u> STATE: <u>MD</u> ZIP CODE: <u>21029</u> HOME PHONE: <u>301 937 9510</u> WORK PHONE:
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<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>4</u> ZONES	COMPANY NAME: <u>Supreme Air</u> LICENSEE NAME: <u>Alex Kougianos</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES	ADDRESS: <u>6208 Collinsway rd</u> CITY: <u>Balt.</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS	STATE: <u>MD</u> ZIP CODE: <u>21228</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS	PHONE: <u>410-788-1114</u> HVACR LICENSE NO: <u>47207</u>

New

<input type="checkbox"/> Heating and Air Conditioning	<input type="checkbox"/> Heating System Only	<input type="checkbox"/> Other Work (Describe):
<input checked="" type="checkbox"/> Geo Thermal System	<input type="checkbox"/> Ductless Mini Splits	<input type="checkbox"/> Thru The Wall Systems

Replacement

<input type="checkbox"/> Heating	<input type="checkbox"/> Additions and Alterations
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Heating
<input checked="" type="checkbox"/> Heating and Air Conditioning	<input type="checkbox"/> Air Conditioning
	<input checked="" type="checkbox"/> Heating and Air Conditioning

10/22/2012  
O.K. BB

\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\*

Zones	Rooms
Permit Fee = # of Zones x \$40 = <u>160</u> Technology Fee (10% of Permit Fee) = <u>50.00</u> Plus Application Fee <u>50.00</u> Total Fees Due = <u>260</u>	Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>50.00</u> Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Alex Kougianos  
SIGNATURE OF LICENSEE DATE: 10/22/12

Alex Kougianos  
PRINT NAME OF LICENSEE

alex@supremearllc.com  
Email Address

<b>Validation</b> Check Number: <u>3418</u> Cash: _____ Receipt Number: <u>296535</u>
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Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Well + Septic



B12001710

Building Address: 5312 AERIE CT.  
Clarksville MD 21029

Suite/Apt. # N/A SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Eagle Point Landing

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 6

Tax Map: 28 Parcel: 388 Grid: 15

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.370

Existing Use: Single Family Home

Proposed Use: Single Family Home w/Handicapped upgrade

Estimated Construction Cost: \$ # 284,748.50

Description of Work: Additions to include 3 Bath, Elevator, SPA, (2) master Suites, Mechanical Fireplace, Access Ramps Front/Garage

Occupant or Tenant: Current Owner 48 X 36

Was tenant space previously occupied?  Yes  No

Contact Name: Same AS Above

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Charles W Scott Jr

Address: 5312 Aerie Court

City: Clarksville State: MD Zip Code: 21029

Home Phone: 410-531-5986 Work Phone: 301-937-9510

Applicant's Name & Mailing Address, (If other than stated herein):  
Same AS ABOVE

Phone: \_\_\_\_\_ Fax: N/A

Email: Charlie @ amddoor.com

Contractor Company: Self Charles W Scott JR

Contact Person: Charles Scott

Address: Same AS Above

City: Clarksville State: MD Zip Code: 21029

License No.: \_\_\_\_\_

Phone: 443-812-6842 Cell Fax: \_\_\_\_\_

Email: Charlie @ amddoor.com

Engineer/Architect Company: Andre G Fontaine

Responsible Design Prof.: \_\_\_\_\_

Address: P.O. Box 357

City: Glennville State: MD Zip Code: 21737

Phone: 410-531-3925 Fax: \_\_\_\_\_

Email: www.agfontaine-architect.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>Sinkler 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 <sup>st</sup> floor: <u>53'1"</u> <u>43'</u>	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>53'1"</u> <u>43'</u>	<u>Sewage Disposal</u>
Basement: <u>48'</u> <u>42'4"</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement Existing	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement Addition	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>2 Added (6)</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u> <u>10+1</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 checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Charles W Scott Jr  
 Applicant's Signature

Charlie @ amddoor.com  
 Email Address

Owner  
 Title/Company

CHARLES W SCOTT JR  
 Print Name

MAY 21, 2012  
 Date

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>8/21/12</u>	<u>[Signature]</u>
Fire Protection		

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: \_\_\_\_\_

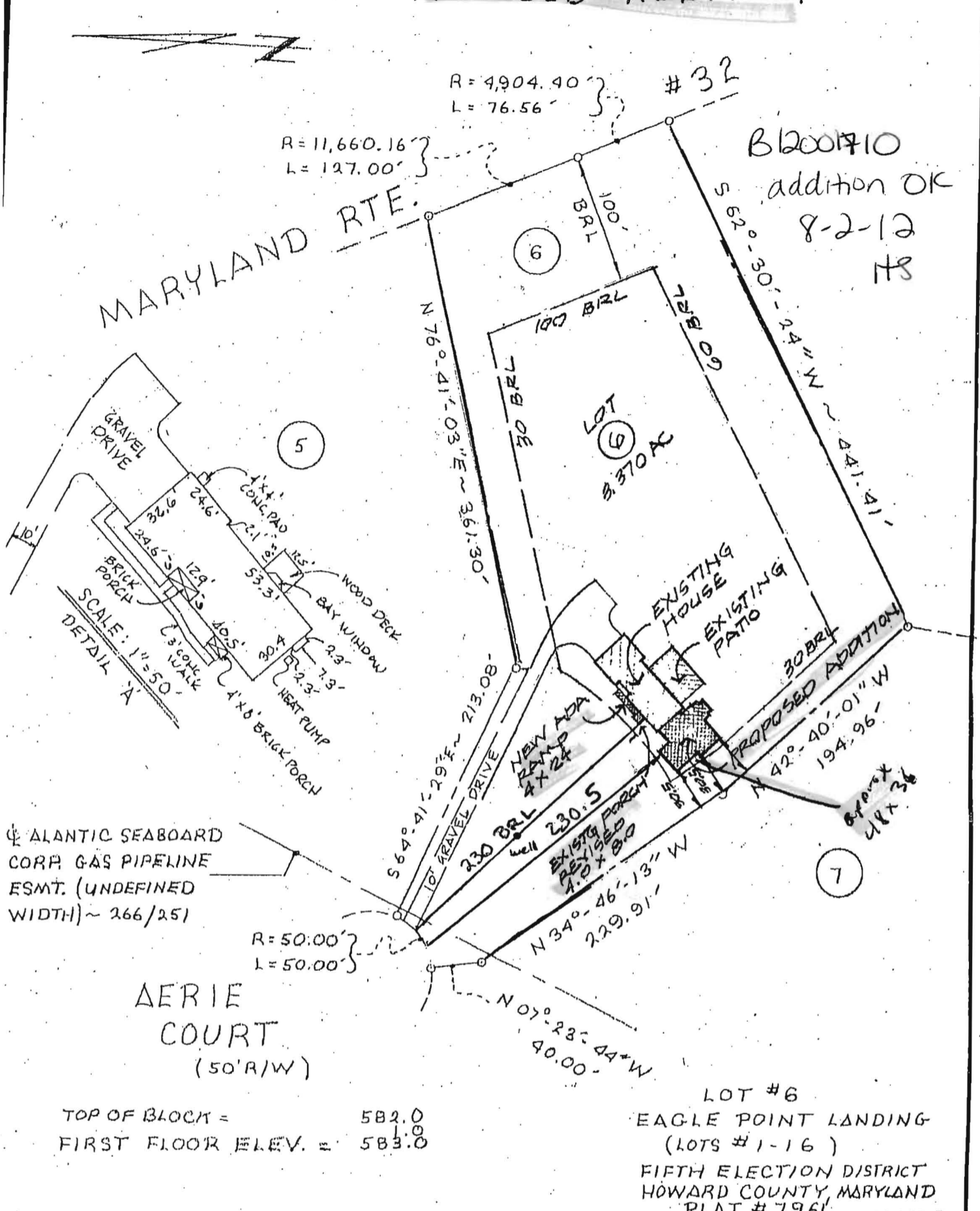
SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Cash



# PROPOSED ADDITION



Notes: The information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.

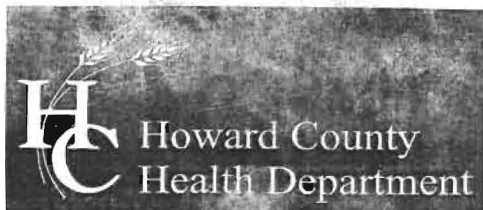
I hereby certify that I have examined the current Flood Insurance Rate Map (FIRM Map # 2400-44-0032-B) for the subject property and it does not lie in an area identified by the Secretary of Housing and Urban Development as having Special Flood or mudslide hazards.



Location Survey of #5312 AERIE COURT

**Vitti, Robel and Associates, Inc.**  
ENGINEERING & SURVEYING  
1717 York Road Suite 2B Lutherville, MD 21093  
252-4552

job no. 88112
scale 1" = 100'
date 11/18/90
drawn MLR
checked



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(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 L. Beilenson, M.D., M.P.H., Health Officer

June 6<sup>th</sup>, 2012

Charles W. Scott Jr.  
5312 Aerie Ct.  
Clarksville, MD 21029

Re: Building Permit Application B12001710

Dear Mr. Scott,

This office has received the above referenced building permit application for a 48' x 36' two story addition. We are unable to recommend approval of your application at this time.

The existing septic tank capacity does not meet current sizing requirements for the amount of square footage in the proposed structure. A 2,000 gallon septic tank is required for dwellings over 3,500 sq. ft. The existing septic tank is 1,250 gallons. Floor plans must also be submitted for review to confirm the number of bedrooms in the completed structure. The septic system is currently sized for a maximum of 6 bedrooms.

A Percolation Certification Plan is also required for an addition over 250 sq. ft. per Howard County Code Sec. 3.805. The septic easement and percolation tests on file may be used in preparing this plan. You may find more information regarding the requirements for the Percolation Certification Plan on our website at [www.hchealth.org](http://www.hchealth.org) under Environmental Health.

Your building permit will remain on hold until all Health Dept. requirements are met. If you have any questions regarding this evaluation you may contact me at the Bureau of Environmental Health at 410-313-6287 or by e-mail at [hscott@howardcountymd.gov](mailto:hscott@howardcountymd.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read 'Heidi Scott'.

Heidi Scott, R.S.  
Development Coordination Section  
Well & Septic Program

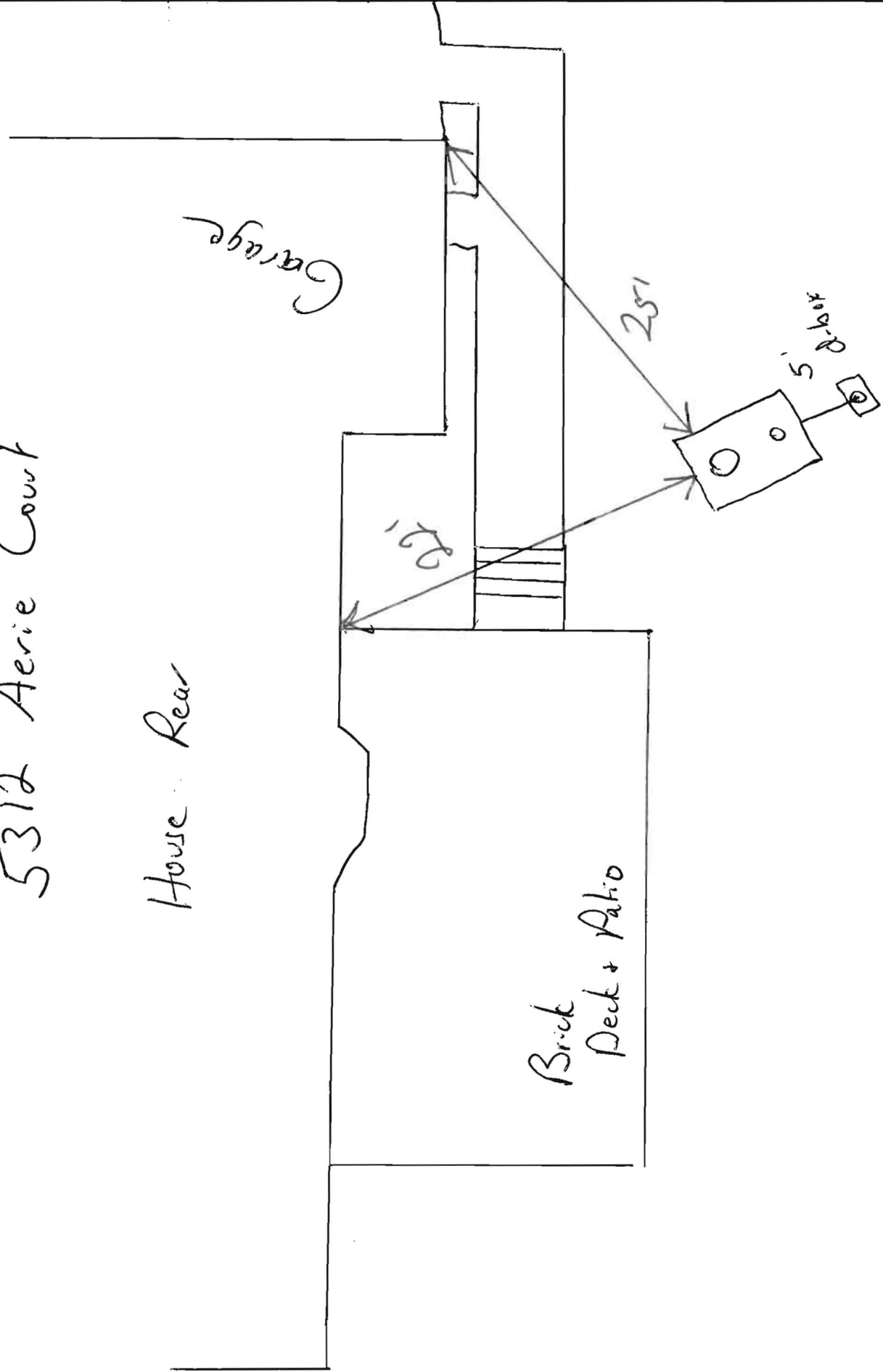
HS  
Copy: file

5312 Aerie Court

House Rear

Garage

Brick  
Deck + Patio



3517 ABOVE G  
CAREER SCOLL



D-box