

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B12002028

Building Address: 11279 SW Old Hopkins Road

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: 6051.02 Subdivision: Flamewood

Section: 1 Area: _____ Lot: 1

Tax Map: 41 Parcel: 399 Grid: 15

Zoning: R2 Map Coordinates: _____ Lot Size: .918

Existing Use: Yard

Proposed Use: Concrete slab

Estimated Construction Cost: \$ 30000

Description of Work: Concrete slab for rv storage
40x40 pavilion with roof

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Molsen Haghighat

Address: 11279 Old Hopkins Rd 21029

City: Clarksville State: MD Zip Code: 210

Home Phone: _____ Work Phone: 301-493-8484

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: 301 379 6330 Fax: _____

Email: _____

Contractor Company: Home Owner

Contact Person: Molsen

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No
<u>Construction type:</u>	<u>System</u>
<input type="checkbox"/> Precast Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Masonry	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Wood Frame	<u>Sprinkler System:</u>
<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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Public Sewer</u>
<u>Depth</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input 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:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input 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 type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Wanda J. McIntyre
 Applicant's Signature

WANDA J. MCINTYRE
 Print Name

WANDA.MC1@VERIZON.NET
 Email Address

6-13-12
 Date

 Title/Company

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>9-10-12</u>	<u>[Signature]</u>
Fire Protection		

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

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

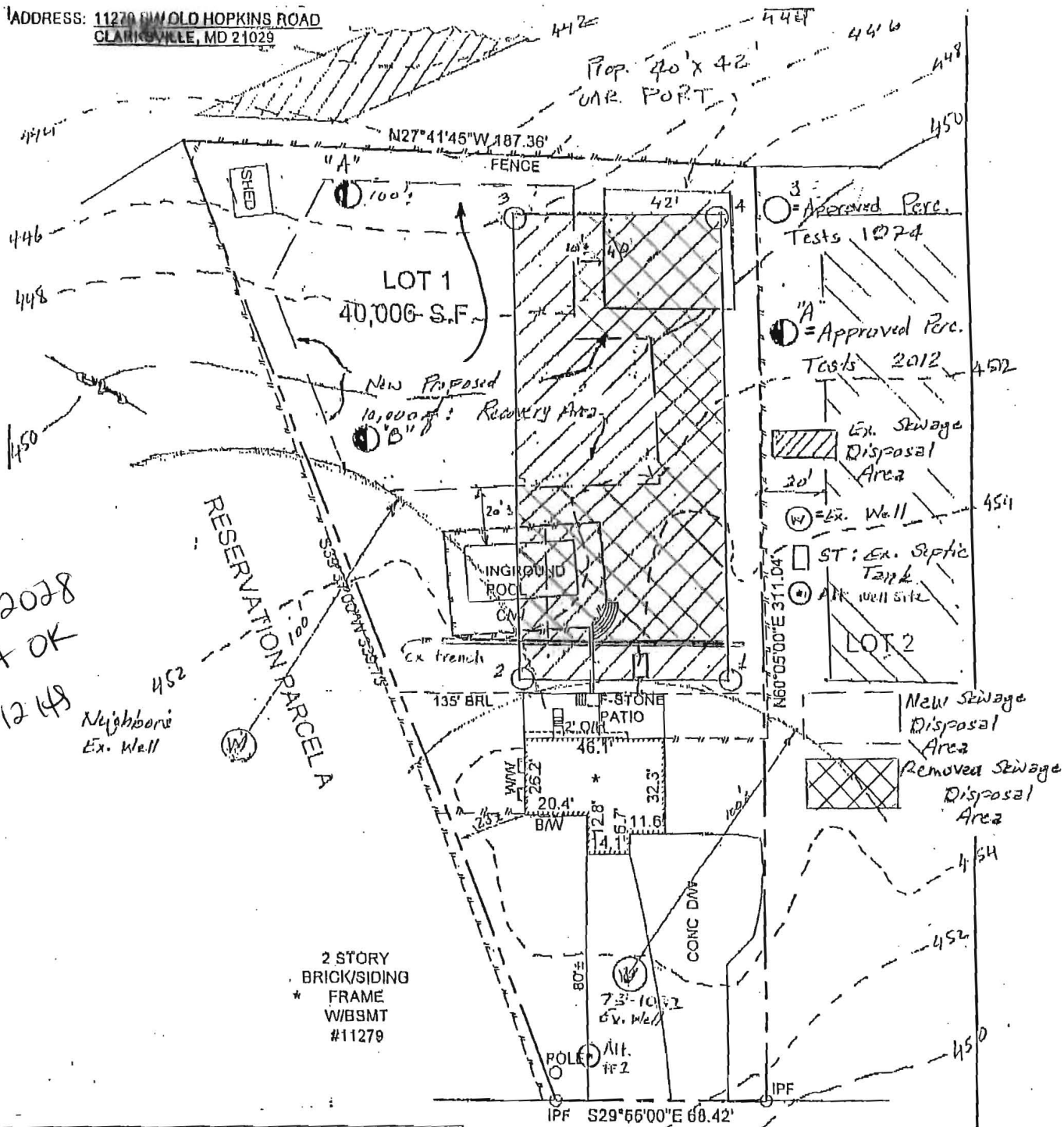
Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100</u>
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Check 3166

ADDRESS: 11279 SW OLD HOPKINS ROAD
CLARKSVILLE, MD 21029



B12002028
Carport OK
9-10-12 49

Neighbor Ex. Well

2 STORY BRICK/SIDING
* FRAME WBSMT
#11279

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
Signature for Peter B. Silenson 9/10/2012
SIGNATURE, HO. CO. HEALTH OFFICER (DATE)

SW OLD HOPKINS ROAD
60' RW

DRAWN BY: BF

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ONLY, AND THE PROPERTY OWNERS HAVE NOT BEEN ESTABLISHED OR SEY, UNLESS OTHERWISE NOTED. WE ASSUME NO RESPONSIBILITY, OR LIABILITY FOR ANY RIGHT-OF-WAYS ON THE RECORD OR EASEMENTS RECORDED OR UNRECORDED NOT APPEARING ON THE RECORDED PLAT OR MENTIONED IN THE DEED REFERRED TO HEREON. NO TITLE REPORT WAS FURNISHED.



6/12/2012
DATE

APPLIED CIVIL ENGINEERING

6470 ANNAPOLIS ROAD, SUITE 414
LANTHAN, MD 20708
PHONE 301-469-6932
FAX 301-489-8074
APPLIEDCIVIL.AO@VERIZON.NET

LOCATION DRAWING
FLAMEWOOD
LOT 1 DISTRICT 5
BOOK 4766 PAGE 26
PLAT BOOK 30@96
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50'
DATE: 6/10/12

FILES: 11279 OLD HOPKINS RD CASE: 10

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

THE TOPOGRAPHY OF THIS PLAT IS FROM HOWARD COUNTY GIS

ALL EXISTING AND PROPOSED WELLS WITHIN 100' OF THE PROPERTY BOUNDARIES AND WELLS WITHIN 200' DOWNGRADIENT OF ANY PROPOSED OR EXISTING SEPTIC SYSTEMS HAVE BEEN SHOWN.

5. SOILS INFORMATION TAKEN FROM HOWARD COUNTY DATA BASED ON THE 2003 HOWARD COUNTY SOIL SURVEY WITHIN THE PROPERTY INCLUDE: G1B

6. THE PURPOSE OF THIS PLAN IS TO REVISE THE EXISTING SEWAGE DISPOSAL AREA TO ACCOMMODATE THE PROPOSED CARPORT PER BUILDING PERMIT B12002028

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 11.12.12
To: Molsen Haghghat
(Person's Name and Division)
From: Molsen (301) 379-6330
(Your Name, Company Name and Telephone Number)
Subject: Project name Car Port
Project site address 11279 old Hopkins Rd Clarksville MD 21029
Permit Number YB2002028 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

RECEIVED
SEP 12 2012
PLAN REVIEW DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

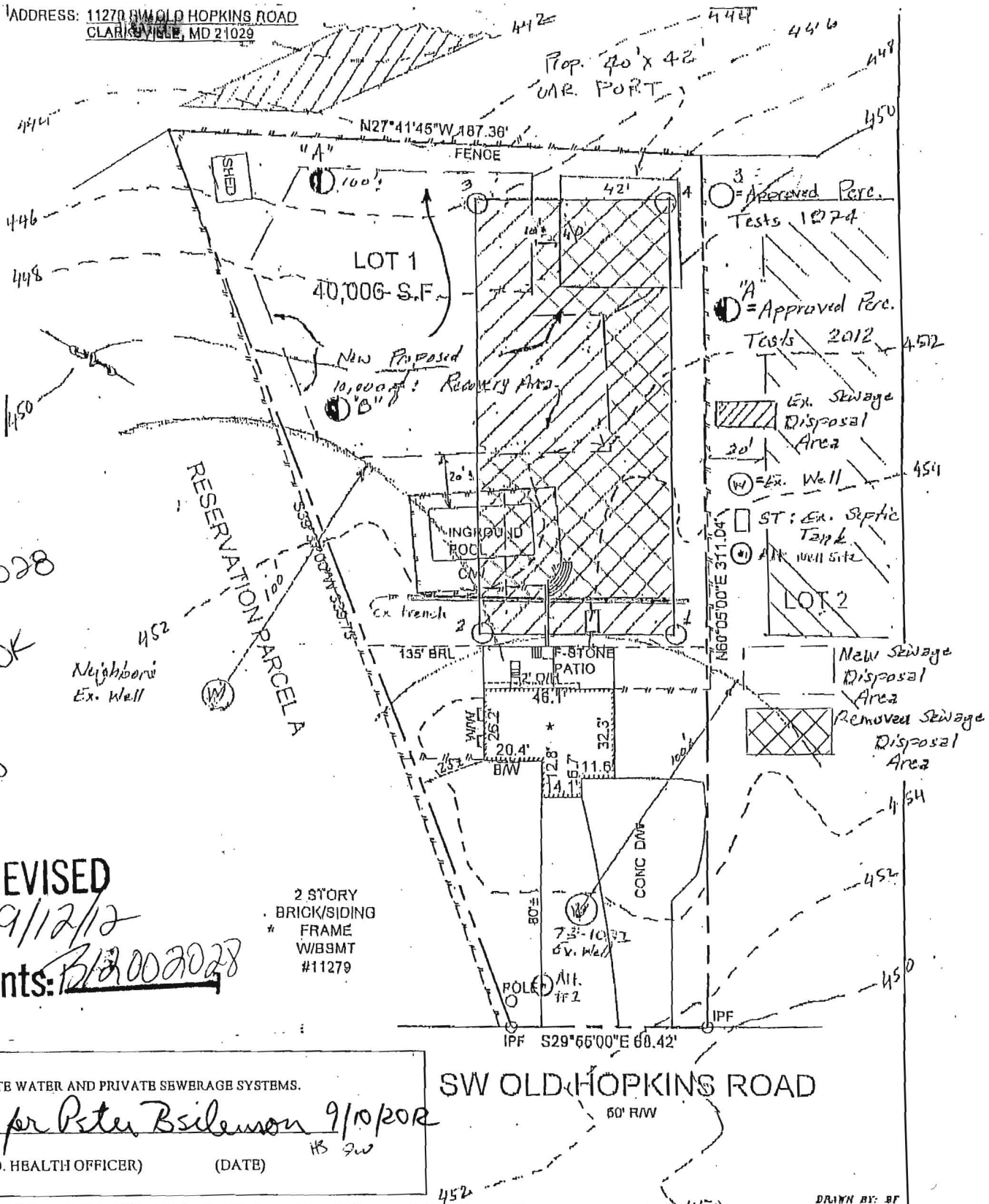
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

cc: P+Z
DED
Health

white: Plan Review Division
yellow: Applicant
pink: Permit Division

ADDRESS: 11270 SW OLD HOPKINS ROAD
CLARKVILLE, MD 21029



B12002028
Revision OK
9-14-12
HS

REVISED
Date: 9/12/12
Comments: B12002028

2 STORY
BRICK/SIDING
* FRAME
W/B9MT
#11279

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
Signature for Peter B. Silberman 9/10/2012
HS 200
(DATE)

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STATE OF MARYLAND
ZIYAG MOHAMMAD SEIF-EL-DINE
PROF.
6/12/2012
PROFESSIONAL SEAL DATE

APPLIED CIVIL ENGINEERING
0470 ANNAPOLIS ROAD, SUITE 414
LANTHAM, MD 20708
PHONE 301-450-6932
FAX 301-450-8074
APPLIEDCIVIL.AOB@VERIZON.NET

LOCATION DRAWING
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LOT 1 DISTRICT 5
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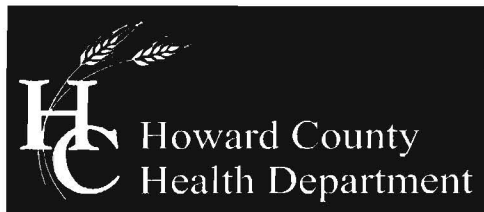
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Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

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

June 22nd, 2012

Molsen Haghughat
11279 SW Old Hopkins Rd
Clarksville, MD 21029

Re: Building Permit – #B12002028

Dear Molsen Haghughat,

This office has received a building permit application for the above referenced property for a 40' x 42' pavilion on a concrete slab. However, we are unable to recommend approval of your application at this time.

The location of the proposed structure does not meet the setback to the existing sewage disposal area. The required distance of separation must be at least 10 feet. The entire footprint of the slab/pavilion is within the sewage disposal area. This area was approved by the Health Officer per the final subdivision plat on June 19, 1975. Improvements of any nature in this area are restricted until public sewage is available.

In order for the current structure to comply with Howard County Code a Revised Percolation Certification Plan must be submitted for approval. Percolation testing must be conducted to identify new sewage disposal area. The content of this plan and the supporting data serve as Health Department's justification for approving the current building permit application and any subsequent building permit applications. Howard County Code [3.805(A)(2)(X)] requires that each lot created after March 1972 have a septic easement of at least 10,000 square feet having "adequate area for an initial septic system and two 2 repairs".

Usually the data for the Percolation Certification Plan are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. The Health Department maintains lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County.

Your building permit will remain on hold until all issues are resolved. I have enclosed a copy of the final plat for your reference. If you have any questions or concerns regarding this matter please call our office at 410-313-1771 during business hours Monday thru Friday 8:30 am to 5:00 pm.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Scott'.

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

