



# 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: 5-7-13

Permit No.: B13001771

Building Address: 13515 NICHOLS DRIVE  
 City: CLARKSVILLE State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: GARAGE  
 Proposed Use: GARAGE  
 Estimated Construction Cost: \$ 60,000  
 Description of Work:  
EXTEND REAR OF GARAGE 13' x 30'  
1-story attached w/ 26'6" x 5' breezeway

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

Property Owner's Name: JIM HOPKINS  
 Address: 13515 NICHOLS DRIVE  
 City: CLARKSVILLE State: MD Zip Code: 21029  
 Phone: 301-854-1547 Fax: \_\_\_\_\_  
 Email: HAWKSTOOTH@WIZCOM.NET

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: PAUFENBERG INVESTMENTS LLC  
 Address: 21210 NEW HAMPSHIRE AVE  
 City: CLARKSVILLE State: MD Zip Code: 20833  
 Phone: 301-370-4509  
 Email: SALES@PAUFENBERG INVESTMENTS.COM

Contractor Company: PAUFENBERG INVESTMENTS, LLC  
 Contact Person: MARTIN  
 Address: 21210 NEW HAMPSHIRE AVE  
 City: CLARKSVILLE State: MD Zip Code: 20833  
 License No.: 86179  
 Phone: 301-370-4509 Fax: 301-570-6642  
 Email: \_\_\_\_\_  
 Engineer/Architect Company: DNTTYCON  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: 5024 DONSBY HALL RD #203  
 City: ALCITY State: MD Zip Code: 21042  
 Phone: 410-964-1181 Fax: 410-997-2924  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	<input type="checkbox"/> Depth <input type="checkbox"/> Width	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.): <u>310</u>	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<b>Construction type:</b>	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>	
<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 type="checkbox"/> No	Roof:	
<input type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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; (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] Print Name: MARTIN MECHANIC  
 Email Address: SALES@PAUFENBERG INVESTMENTS.COM Date: 5/7/13  
 Title/Company: Manager

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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4128</u>



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# Health

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Commercial Building Characteristics	Residential Building Characteristics
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No. of stories: <u>1</u>	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: <u>390</u>	Basement: _____
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement
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 Email: HOPKSTOOTH@VERIZON.NET

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 Applicant's Name: PREFERRED INVESTMENTS LLC  
 Address: 21210 NEW HAMPSHIRE AVE  
 City: CLARKESVILLE State: MD Zip Code: 20833  
 Phone: 301-370-4547 Fax: \_\_\_\_\_  
 Email: SALES@PREFERREDINVESTMENTS.COM

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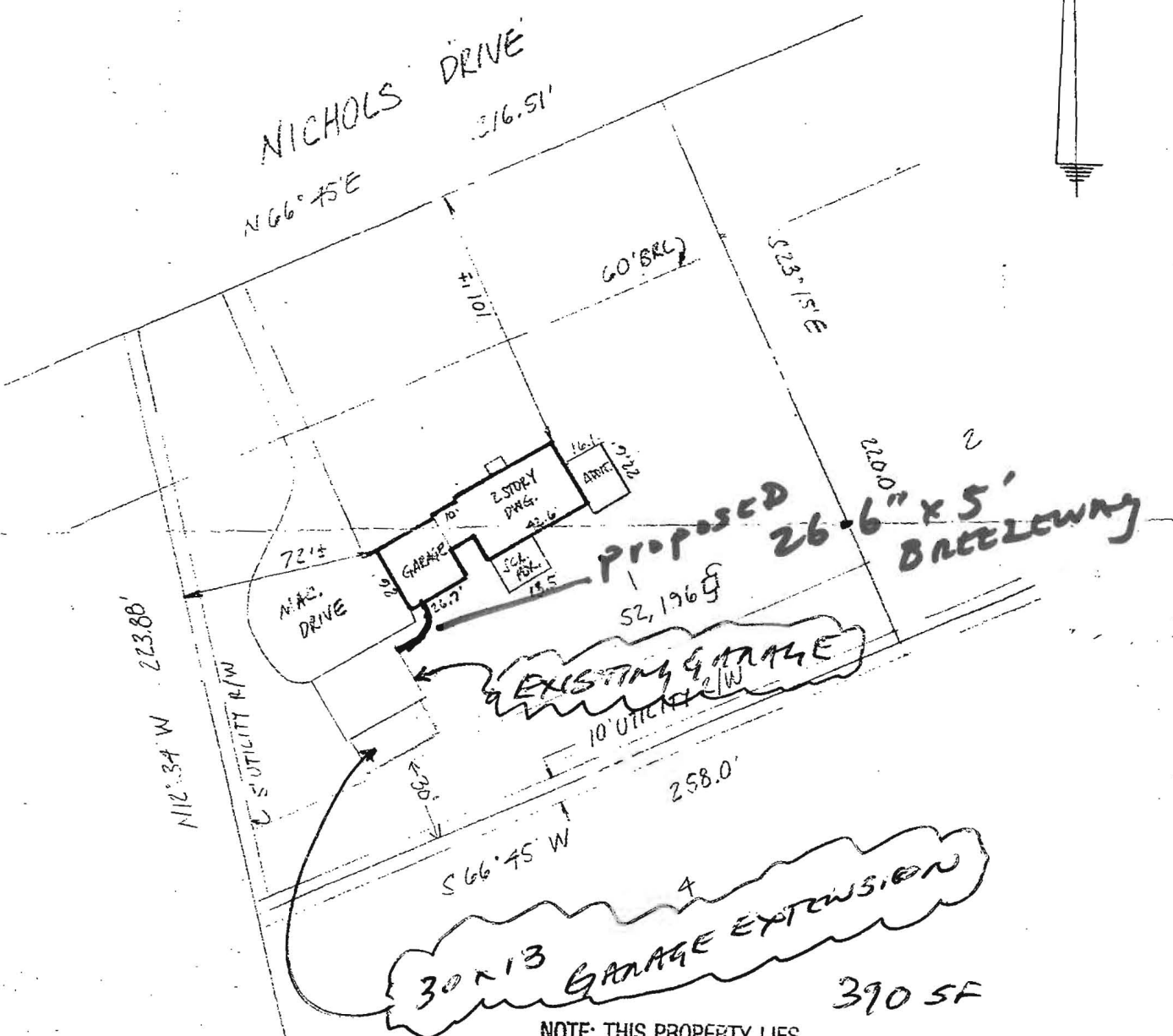
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Tech Fee	\$
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PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>4128</u>



NOTE: THIS PROPERTY LIES IN FLOOD ZONE C. AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM



- Notes:
- 1) This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
  - 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
  - 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
  - 4) No title report furnished.

Certification: This is to certify that the improvements indicated hereon are located as shown.

*Braden A. Rogers*  
 GRADEN A. ROGERS - Prop. L.S. MD. Lic. No. 119

LIBER \_\_\_\_\_ FOLIO \_\_\_\_\_

LOT 1 BLOCK \_\_\_\_\_ SECT. \_\_\_\_\_ PLAT \_\_\_\_\_

PLAT ENTITLED WOOD RIDGE

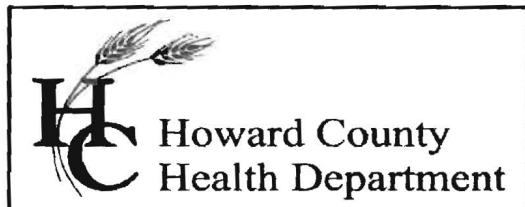
RECORDED IN HOWARD COUNTY MD.

PLAT BOOK 7 FOLIO 31

13515 NICHOLS DRIVE

SCALE 1" = 60' CASE NO. \_\_\_\_\_

DATE 9-21 1975 JOB NO. M5C95595



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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May 30, 2013

To: 'Martin', Preferred Investments LLC, applicant,  
[sales@preferredinvestments.com](mailto:sales@preferredinvestments.com)

From: Robert Bricker, REHS/R.S.  
Environmental Health Specialist  
Well and Septic Program

RE: 13515 Nichols Drive; B13001771, Health Department comment

The Building Permit Application for 13515 Nichols Drive cannot be approved at this time.

The Site Plan must accurately depict existing conditions on the subject property that includes:

- a. the locations of all septic system components
- b. location of the well

Please be advised that a sewerage disposal area (SDA) for the subject property is not depicted in Health Department records. It is likely that a Percolation Certification Plan may be needed. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application (B13001771) and any subsequent building permit applications. Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a sewage easement (re: sewerage disposal area) having "adequate area for an initial septic system and two 2 repairs".

You may 'Reply' or call me at the Bureau of Environmental Health, 410-313-2691, to discuss any questions you may have concerning these requirements.

RB  
Copy: file