

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

Date: 11/1/14

To: Health Department
(Person's Name and Division)

From: Josh Hewitson (301) 606-3778
(Your Name, Company Name and Telephone Number)

Subject: Project name KROHN RESIDENCE (RETAINING WALL)
Project site address 8511 Clarkson Dr
Permit # B 1600 4474 SDP # _____
Other information pertinent to this project _____

NOV 02 2014

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

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of Plot Plan (be specific).
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

WELL + SEPTIC SHOWN

Contact Person Information: (Required)

Josh Hewitson
Please Print Name

ROUTE TO ALL AGENCIES PER DAN
506-3778
e Diem Yards @ gmail

PLEASE ASSURE ALL DOCUMENTS AND/OR NECESSARY, BY A LICENSED ARCHITECT INFORMATION MAY RESULT IN THE DELAY OF INSPECTIONS, LICENSES AND PERMITS ONCE THE BUILDING PERMIT IS APPROVED SIGNATORY AGENCIES, AND THE BUILDING WILL NOTIFY THE APPROPRIATE CONTACT INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ALL PERMITS TO BE REVIEWED. THANK YOU.

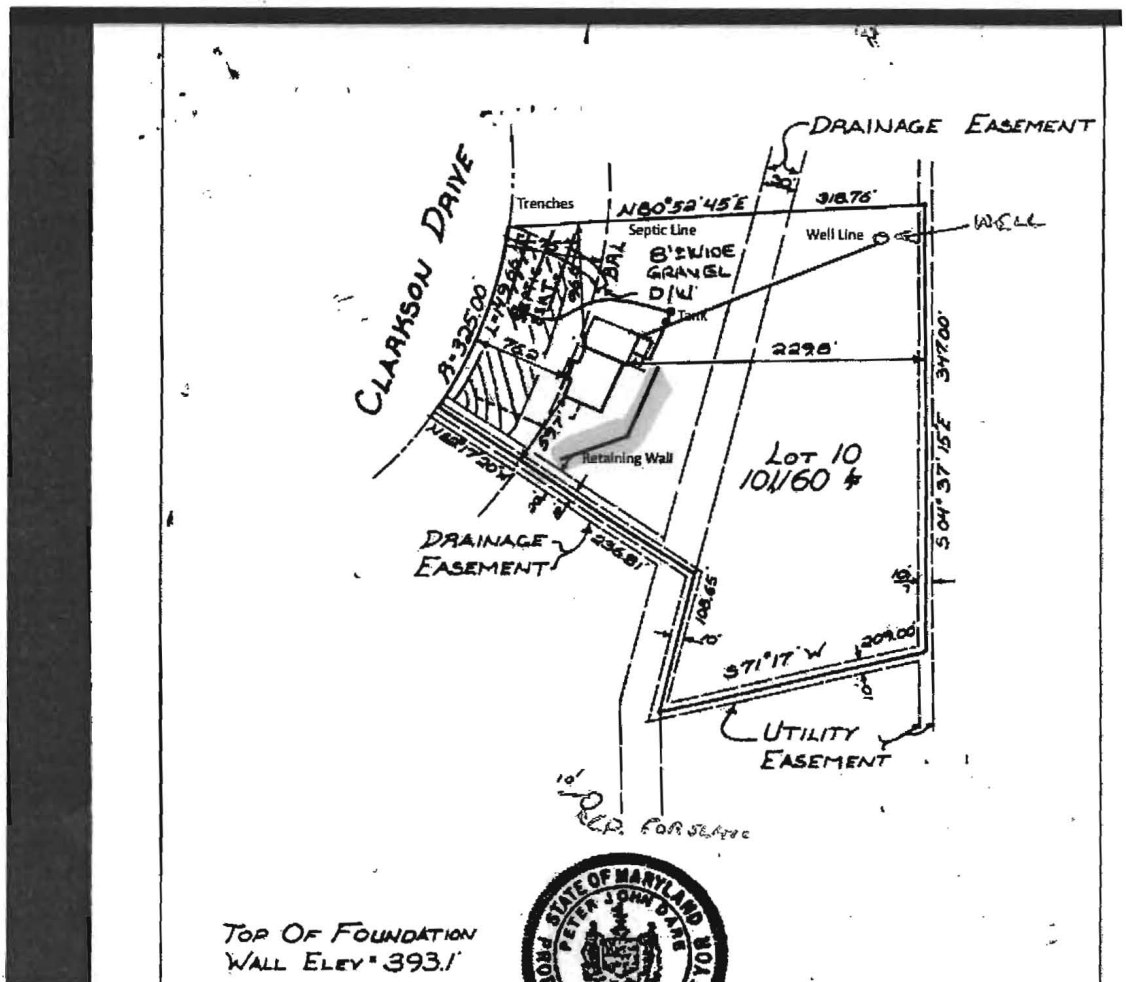
PER DAN
(PLOT PLAN INSTEAD OF RECORD PLAT)

ED AND SEALED, IF THAT INSUFFICIENT THE DEPARTMENT MEM. IN ADDITION, ALL OTHER REQUIRED THE PERMIT DIVISION ALL PERMIT STATUS RELATED QUESTIONS DIVISION AT 410-313-2436.

Received by AKH
CC: PTZ
DED
HEALTH

~~PERMIT~~ PER HEALTH
(DIFFERENT PLOT PLAN SUBMITTED)

*ORIGINAL SUBMITTAL WAS THE RECORD PLAT



REVISED
 Date: 11/01/16
 Comments: B16004474
 WELL + SEPTIC SHOWN PER
 HEALTH DEPT (PLOT PLAN
 SUBMITTED INSTEAD OF
 RECORD PLAT)



Health

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:

Permit No.: B16004974

Building Address: 8511 Clarkson Dr.
City: Fulton State: MD Zip Code: 20759
Suite/Apt. # - SDP/WP/BA #: -
Census Tract: - Subdivision: -
Section: - Area: - Lot: 10
Tax Map: 0045 Parcel: 0026 Grid: 0012
Zoning: - Map Coordinates: - Lot Size: -
Existing Use: Retaining wall
Proposed Use: Retaining wall
Estimated Construction Cost: \$31,000
Description of Work: Replace failing Retaining Wall in rear of property 120' L x 4-6' High
Occupant or Tenant:
Was tenant space previously occupied? [] Yes [] No
Contact Name: Joshua Hewitson
Address: 6502-E New London Rd
City: New Market State: MD Zip Code: 21774
Phone: 301-606-3778 Fax:
Email: Carpe Diem Yards@gmail.com

Property Owner's Name: Courtney Krohn
Address: 8511 Clarkson Dr.
City: Fulton State: MD Zip Code: 20759
Phone: 301-706-9459 Fax:
Email:
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Joshua Hewitson
Address: 6502-E New London Rd.
City: New Market State: MD Zip Code: 21774
Phone: 301-606-3778 Fax:
Email: Carpe Diem Yards@gmail.com
Contractor Company: Carpe Diem Yards LLC
Contact Person: Josh Hewitson
Address: 6502-E New London Rd.
City: New Market State: MD Zip Code: 21774
License No.: 111440
Phone: 301-606-3778 Fax:
Email: Carpe Diem Yards@gmail.com
Engineer/Architect Company: Geotek
Responsible Design Prof.:
Address: 8980 State Rd 108
City: Columbia State: MD Zip Code: 20145
Phone: 410-772-7200 Fax:
Email:

Commercial Building Characteristics / Residential Building Characteristics table with checkboxes for features like Height, No. of stories, Area of construction, Use group, Construction type, etc.

Utilities table with checkboxes for Water Supply, Sewage Disposal, Heating System, Sprinkler System, etc.

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: Joshua Hewitson
Print Name: Josh Hewitson
Email Address: Carpe Diem Yards@gmail.com
Date: 10/7/2016
Title/Company: Carpe Diem Yards LLC - owner

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY table with columns for AGENCY, DATE, SIGNATURE OF APPROVAL. Includes State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), Health.

DPZ SETBACK INFORMATION table with fields for Front, Rear, Side, Side St., All minimum setbacks met?, Is Entrance Permit Required?, Historic District?, Lot Coverage for New Town Zone, SDP/Red-line approval date.

Filing Fee table with columns for Fee Name and Amount. Includes Filing Fee, Permit Fee, Tech Fee, Excise Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub-Total Paid, Balance Due, Check #.

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

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

Date: 11/1/10

To: Health Department
(Person's Name and Division)

From: Josh Hewitson (301) 606-3778
(Your Name, Company Name and Telephone Number)

Subject: Project name KROHN RESIDENCE (RETAINING WALL)
Project site address 8511 Clarkson Dr
Permit # B 1600 4147A SDP # _____
Other information pertinent to this project _____

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

- Letter of response to address plan review comment letter
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- Energy conservation calculations
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 Health Department Request DPZ/ DED Request Applicant's Request
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- Other _____

Contact Person Information: (Required)

Josh Hewitson
Please Print Name

Telephone No: 301-606-3778

E-Mail Address: Carpe Diem Yards@gmail.com

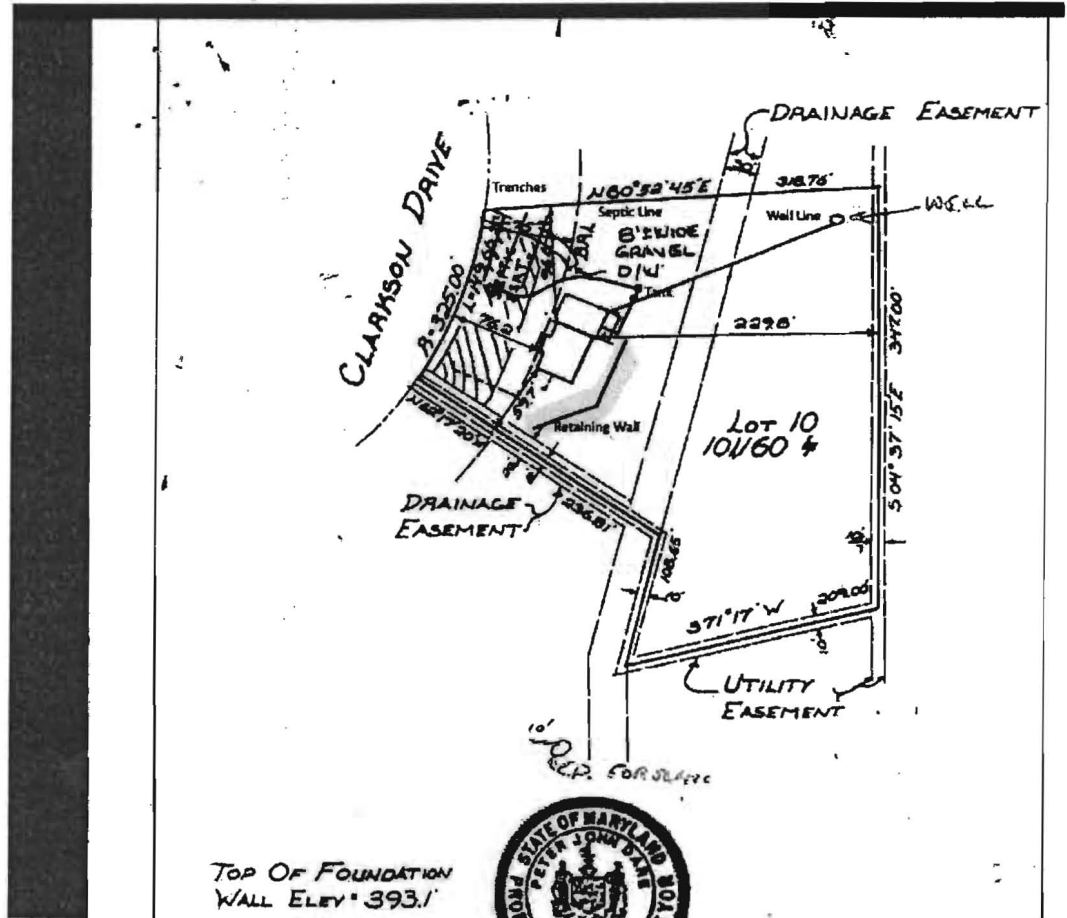
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 AKH

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\forms\transmit.frm - Rev. 04/2014

~~PERMIT~~ PER HEALTH
(DIFFERENT PLOT PLAN SUBMITTED)

*ORIGINAL SUBMITTAL WAS THE
RECORD PLAT



REVISED
 Date: 11/01/16 ← Approved RJC
 Comments: B16004474
 WELL + SEPTIC SHOWN PER
 HEALTH DEPT (PLOT PLAN
 SUBMITTED INSTEAD OF
 RECORD PLAT)

Freemon, Robert

From: Freemon, Robert
Sent: Thursday, October 27, 2016 2:18 PM
To: 'carpediemyards@gmail.com'
Subject: 8511 Clarkson Dr.

Hi Josh,

I have reviewed the building permit B16004474 and I have a comment. I need a Revised Site plan drawn to scale showing the components of the well and septic system (well, well lines, septic lines, tank, cleanouts, trenches, SDA "Sewage Disposal Area"). This revised plan will need to be submitted to DILP. If you are unsure of the locations please refer to our Public Records Search that can be found on our website. Your property file can be found under the tax ID number for the house. If you have any questions let me know.

Robert Freemon

Howard County Health Department

8930 Stanford Blvd. Columbia, MD 21045

Well and Septic Program

Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

<https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>