



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2016 JUN 24 AM 2:33

Date Received: _____

Permit No.: BI0002797

PROBLEM ADDRESS

Building Address: 5620 CHAMBERS DRIVE
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: GREENHART EST
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: 15 Grid: 3
Zoning: PC Map Coordinates: _____ Lot Size: 19.25

Existing Use: FARM
Proposed Use: ADD TENANT HOUSE
Estimated Construction Cost: \$250,000
Description of Work: CONSTRUCT NEW 3 BDR ROOM TENANT HOUSE

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

Property Owner's Name: GENESE DOETSCH REV TRST
Address: 5620 CHAMBERS DRIVE
City: CLARKSVILLE State: MD Zip Code: 21784
Phone: 410 309 1200 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: PAUL MUELLER, SR
Address: 7520 MAIN ST #201
City: CLARKSVILLE State: MD Zip Code: 21784
Phone: 410 984 2265 Fax: _____
Email: PAUL.MUELLER@HOMES.COM

Contractor Company: MUELLER HOMES, INC
Contact Person: PAUL MUELLER, SR
Address: 7520 MAIN ST #201
City: CLARKSVILLE State: MD Zip Code: 21784
License No.: 27
Phone: 410 984 2265 Fax: _____
Email: PAUL.MUELLER@HOMES.COM

Engineer/Architect Company: _____
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 st floor: <u>37</u>	<u>37</u>
	2 nd floor: <u>36</u>	<u>36</u>
Area of construction (sq. ft.):	Basement: <u>37</u>	<u>37</u>
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>3</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<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 checked="" type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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: _____
Email Address: PAUL.MUELLER@HOMES.COM
Title/Company: PAUL MUELLER MUELLER HOMES INC

Print Name: PAUL MUELLER
Date: 6/24/16

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>6/21/16</u>	<u>[Signature]</u>

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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1006</u>



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2017 JAN 3 AM 10:57

Date Received: _____

Permit No.: **BI7000009**

Building Address: 5620 Chamblis Dr
 City: Washington State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Greenway Park
 Section: _____ Area: _____ Lot: 60
 Tax Map: 28 Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 99 AC

Existing Use: SD
 Proposed Use: SD with pool
 Estimated Construction Cost: \$ 6,000
 Description of Work: install 1000 gal underground pool
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: George Dodson, Jr
 Address: 5620 Chamblis Dr
 City: Washington State: MD Zip Code: 21029
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michael Blaney
 Address: 2050 31st St
 City: Washington State: MD Zip Code: 21028
 Phone: 410 239 4514 Fax: _____
 Email: _____

Contractor Company: Texas
 Contact Person: Michael Blaney
 Address: 1118 N Main Street
 City: Washington State: MD Zip Code: 21028
 License No.: 64109
 Phone: 410 239 4514 Fax: _____
 Email: _____

Engineer/Architect Company: Central
 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 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
➤ Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: Michael Blaney Print Name: Michael Blaney
 Email Address: blaneym@pop.und.edu Date: 12/30/16
 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>4/10/17</u>	<u>R. Bisher</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	\$ <u>110</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110</u>
Sub- Total Paid	\$ <u>110</u>
Balance Due	\$ <u>0</u>
Check	# <u>5638</u>

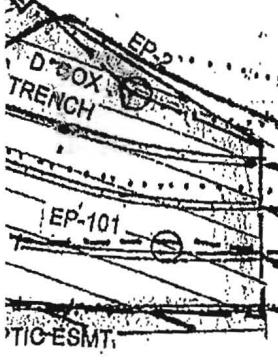
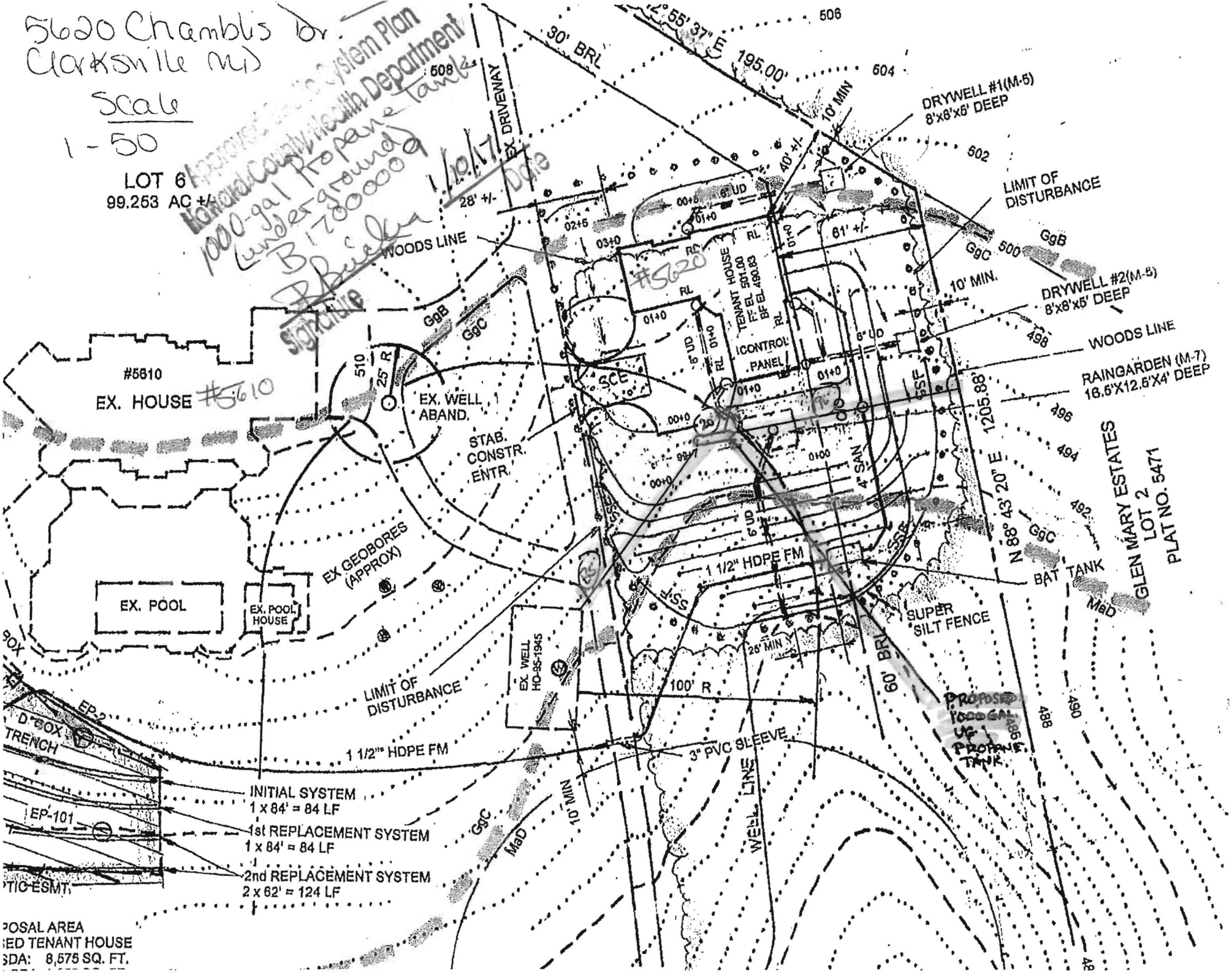
5620 Chamblis Dr.
Clarksville MD

Scale

1 - 50

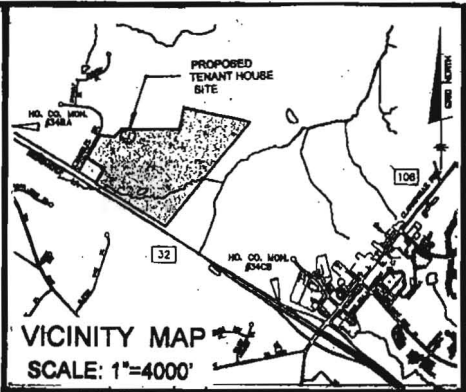
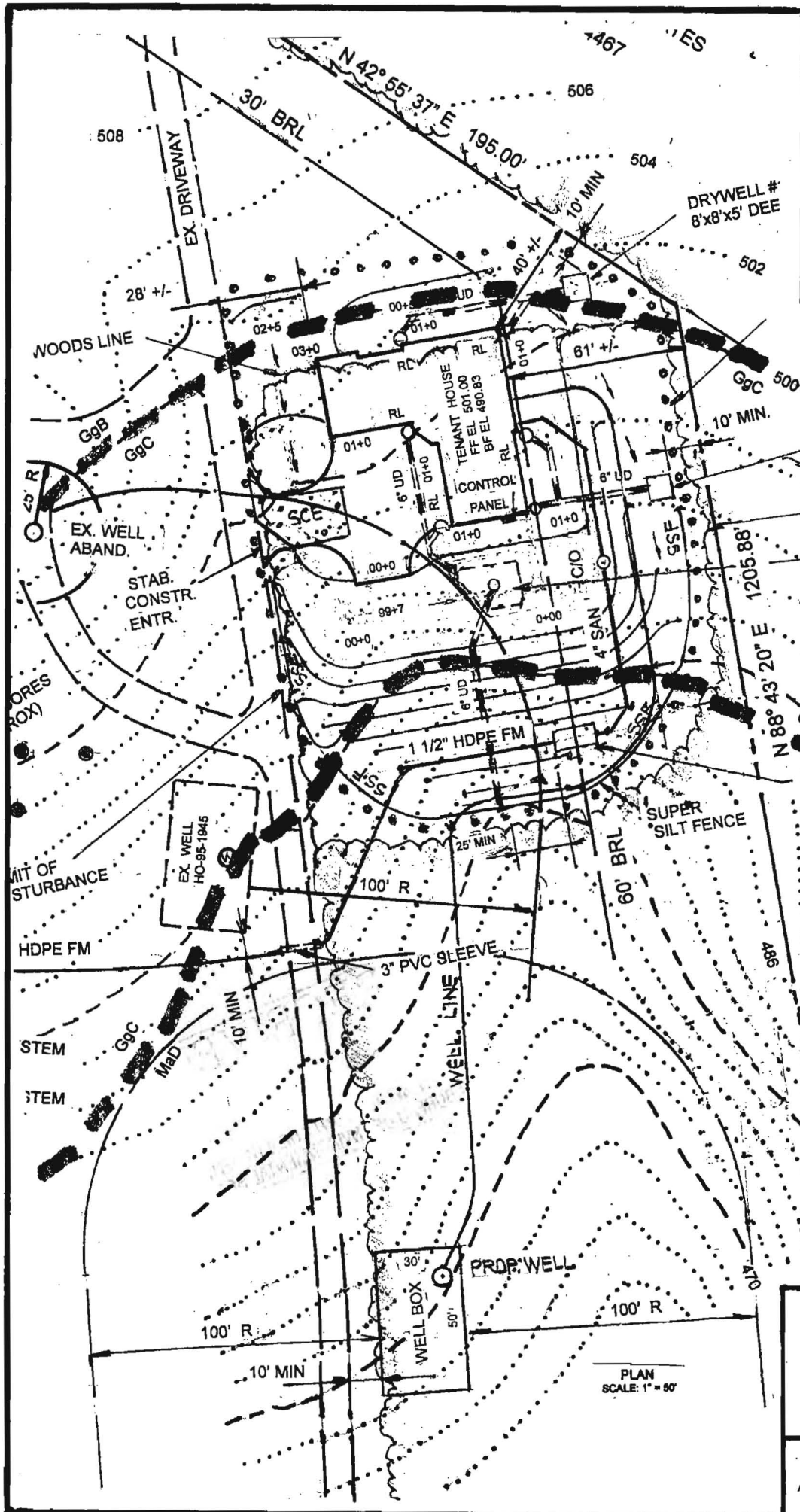
LOT 6
99.263 AC +/-

Approved Sewer System Plan
Montgomery County Health Department
1000-gal propane tank
under ground
B. Bricker
Signature
1/10/17
Date



- INITIAL SYSTEM
1 x 84' = 84 LF
- 1st REPLACEMENT SYSTEM
1 x 84' = 84 LF
- 2nd REPLACEMENT SYSTEM
2 x 62' = 124 LF

PROPOSED AREA
RED TENANT HOUSE
3DA: 8,575 SQ. FT.



Approved Septic System Plan
 GLEN MARY ESTATES
 HOWARD COUNTY HEALTH DEPARTMENT
 5620 Chamblis Drive, Bl600 2797
 3-bedroom tenant house, no basement
 See approved site plan for septic system details
 10/31/2016
 Signature

OWNER: GEORGE L. DOETSCH
 5810 CHAMBLIS DRIVE
 CLARKSVILLE, MD 21029
 410.309.1200

BUILDER: MUELLER HOMES INC.
 7620 MAIN STREET
 SUITE 201
 SYKESVILLE, MD 21784
 410.549.4444

PERMIT PLAN
 GLEN MARY ESTATES
 LOT 8
 TENANT HOUSE
 (B 16002797)
 TAX MAP 34 GRID 5 PARCEL 15
 TAX ACCOUNT #08-341140
 5TH ELECTION DISTRICT HOWARD COUNTY, MD
 DATE: 8/ 2016 SCALE: AS SHOWN
 SHEET 1 OF 1

LDE Inc.
 Engineers • Surveyors • Planners
 Historic Carriage House • 7320 Main Street • Suite 203 • Sykesville, Maryland • 21784
 (410)793-6391 • (410)793-6392 • FAX(410)793-9540 • www.LdeSurveyors.com



1 bedroom
 'ok' [signature]

LETKE DESIGN
 & CONSULTING LLC
 A.M. DESIGN & ENGINEERING, LLC

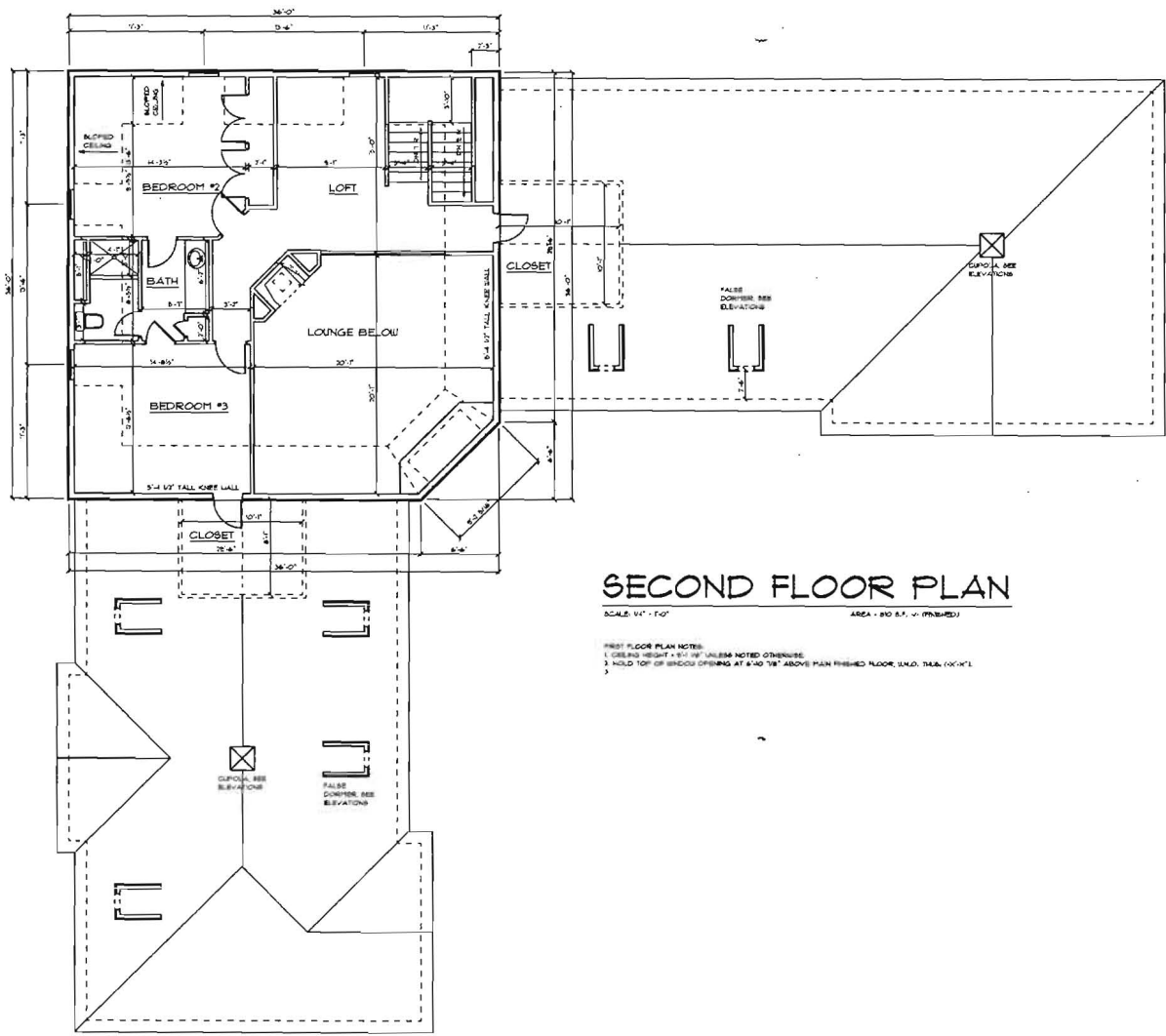
Mueller Homes, Inc.
 7520 MAIN STREET
 SYKESVILLE, MD 21784
 (410) 549-4444

DOETSCH GARAGE

DATE	SUBMISSION
12/15	PRELIMINARY
1/17/16	PRELIMINARY

A-2

Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am duly licensed professional engineer under the laws of the State of Maryland.
 License No. 202466 Exp. Date: 3/31/2027



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0" AREA: 810 S.F. (FINISHED)

FIRST FLOOR PLAN NOTES:
 1. CEILING HEIGHT: 8'-0" UNLESS NOTED OTHERWISE.
 2. HOLD TOP OF WINDOW OPENING AT 6'-0" TO 7'-0" ABOVE FINISHED FLOOR, UNLESS NOTED OTHERWISE.

*2 bedrooms
 'OK' ref*

Professional/Consultant: I hereby certify that this document was prepared by myself or under my direct supervision and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 2001088 - Exp. Date: 8/31/21

LETKE DESIGN
 CONSULTING LLC
 A.M. DESIGN & ENGINEERING, LLC
 8100 WYOMING AVE. SUITE 100
 BETHESDA, MD 20814

Mueller Homes, Inc.
 7520 MAIN STREET
 SYKESVILLE, MD 21784
 (410) 549-4444

DOETSCH GARAGE

DATE	SUBMISSION
12/01/15	PRELIMINARY
02/02/16	PRELIMINARY
05/16	CONTRACT SET

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