



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: DILP 2019 JUN 21 PM 12:40

Permit No.: B19002051

HEALTH

Building Address: 1232 DANIEL CIRCLE LANE
 City: CLARKSVILLE State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: WALNUT GROVE
 Lot: 32 Tax Map: 0028 Parcel: 0074

Existing Use: SINGLE FAMILY DETACHED
 Proposed Use: - SAME -
 Estimated Construction Cost: \$ 55,000

Description of Work:
1st FLOOR BEDROOM EXPANSION
1st FLOOR BATH ADDITION
2ND FLOOR BED EXPANSION

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

Property Owner's Name: RAJIT & DEEPAHIKA PABREY
 Address: 12321 DANIEL CIRCLE LANE
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: 443.841.4080 Fax: _____
 Email: SHIKHA PABREY @ GMAIL.COM

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: T.B.O.
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: ALLEN & DELDOLIO ARCHITECTS
 Responsible Design Prof.: SCOTT H. ALLEN
 Address: 4300 SCOTCH MEADOW CT.
 City: OLNEY State: MD Zip Code: 20832
 Phone: 443.838.1648 Fax: _____
 Email: SALLENARCHITECT @ GMAIL.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>31.0'</u>	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories: <u>2</u>	Depth	Width
Gross area, sq. ft./floor:	1st floor: <u>76'</u>	<u>62'</u>
Area of construction (sq. ft.): <u>326</u>	2nd floor: <u>75'</u>	<u>62'</u>
Use group: <u>R</u>	Basement: <u>75'</u>	<u>62'</u>
Construction type:	<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 checked="" type="checkbox"/> Slab on Grade	
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>CO EXIST.</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	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	
Electric:	<input checked="" type="checkbox"/> Yes <input 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	<u>COMMUNITY</u>
Heating System	
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas	<input 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 INSURING CONDITIONS.

Applicant's Signature: SHIKHA PABREY
 Email Address: N/A
 Title/Company: _____

Print Name: DEEPAHIKA PABREY
 Date: 6.21.19

RECEIVED
 JUN 21 2019
 LICENSES & PERMITS
 DIVISION

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

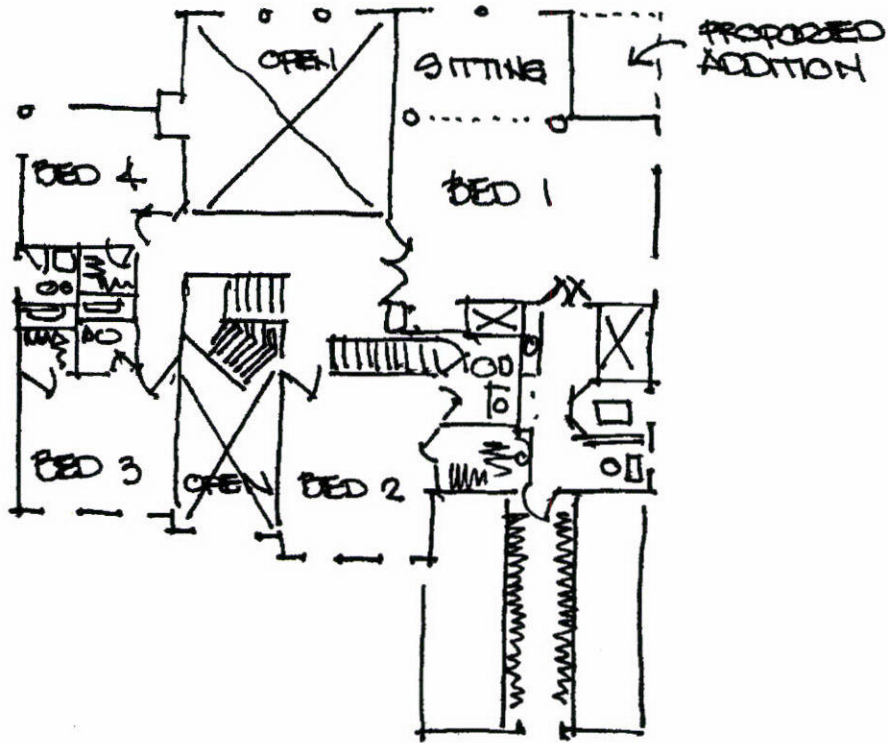
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/1/2019</u>	<u>[Signature]</u>

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	\$ <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>300</u>

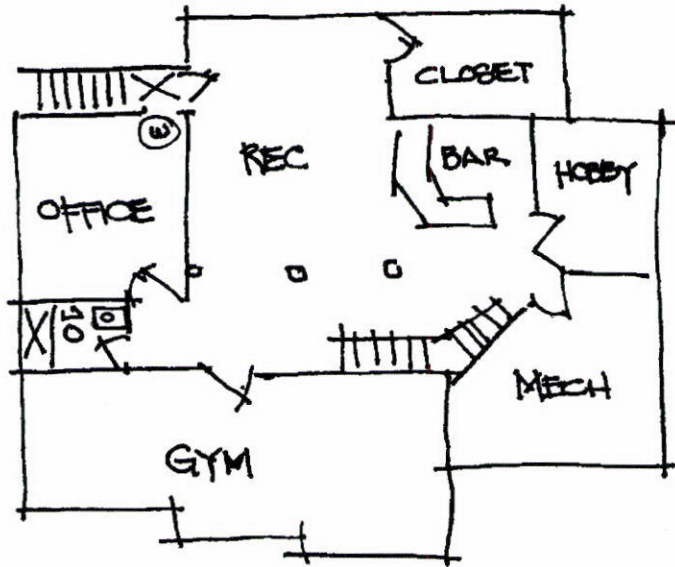
PAGEY RESIDENCE
12321 DANIEL CIRCLE LAKE



EXISTING 2ND FLOOR

F.H.P

PADDEY RESIDENCE
12321 DANIEL CIRCLE LANE

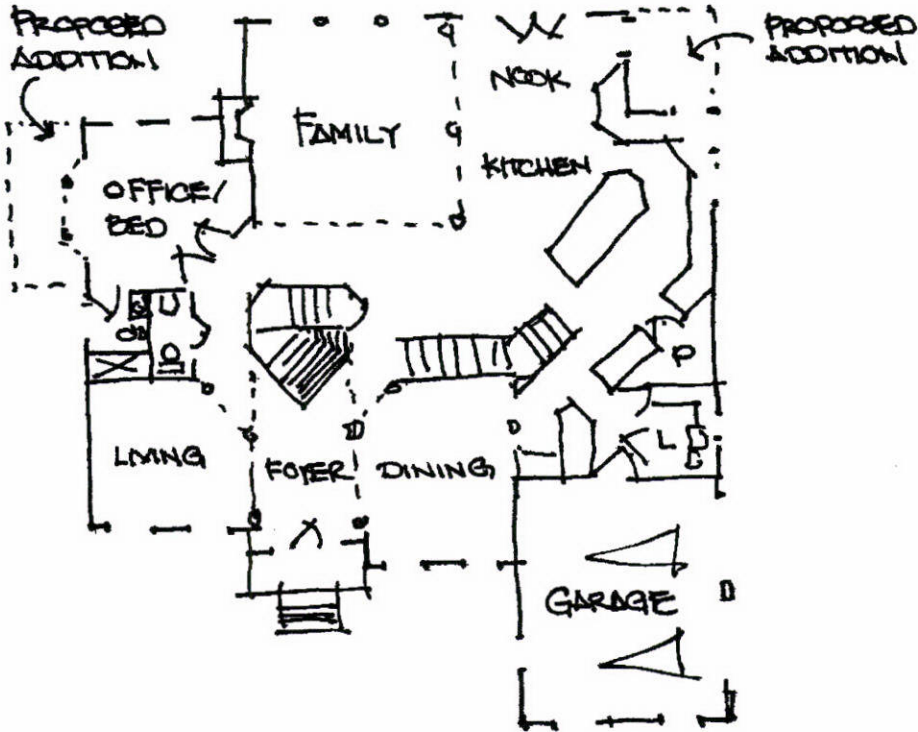


EXISTING FIRST FLOOR

7.14.19

PAGREY RESIDENCE

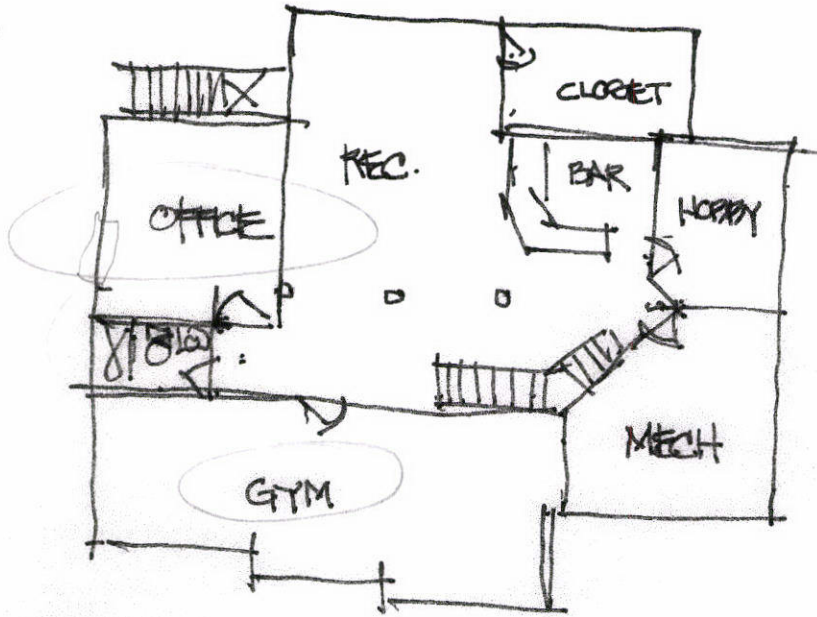
12321 DANIEL CIRCLE LANE



EXISTING 1ST FLOOR

7.14.19

PADDOY RESIDENCE
12321 DANIEL CIRCLE LANE



2 BR? windows?

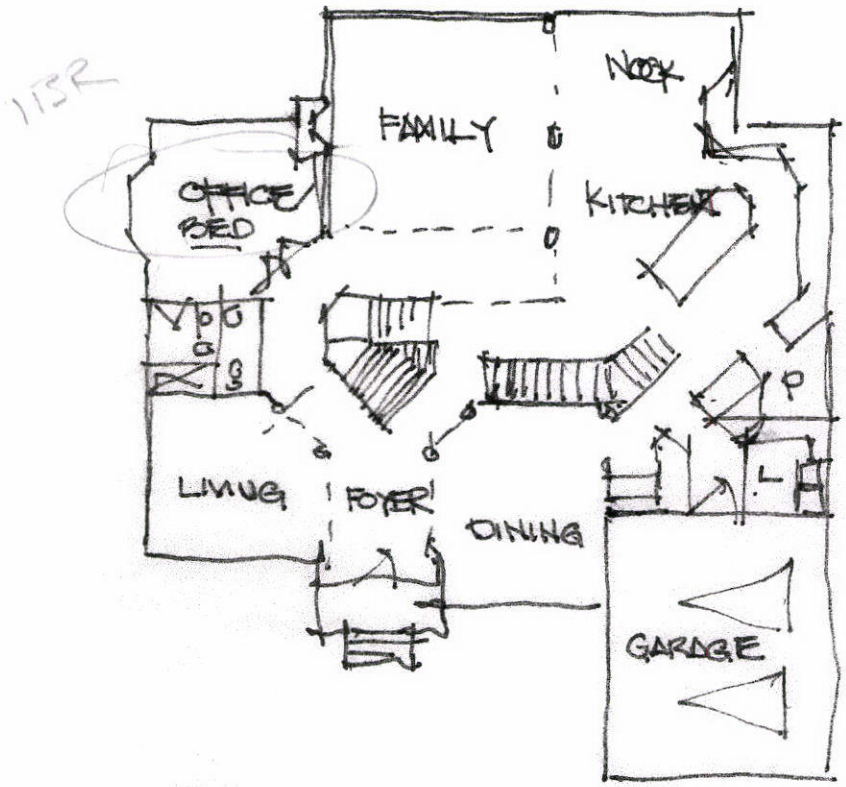
EXISTING BENT FLOOR

3.9.19

B19002051

HEALTH DEPT

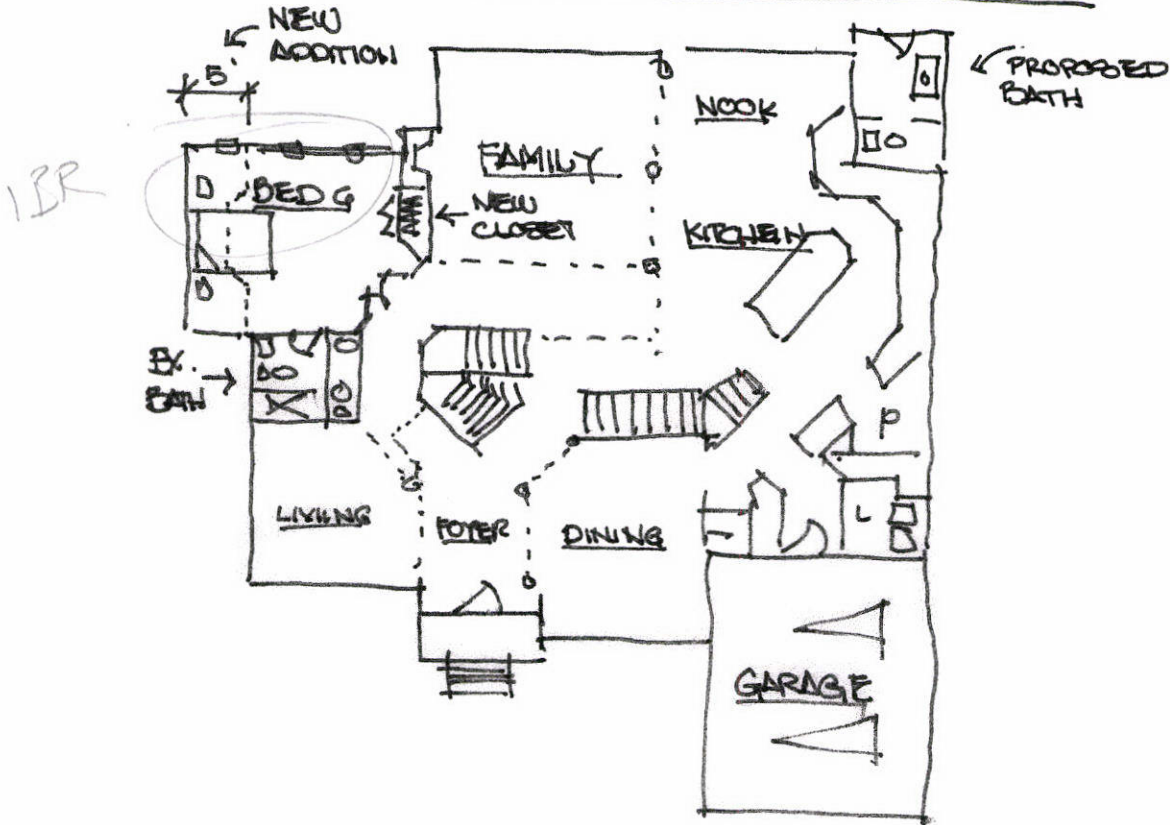
PASSEY RESIDENCE
12321 DANIEL CIRCLE LANE



EXISTING ~~1ST~~ FLOOR

3.9.19

PASSEY RESIDENCE
12321 DANIEL CIRCLE LANE

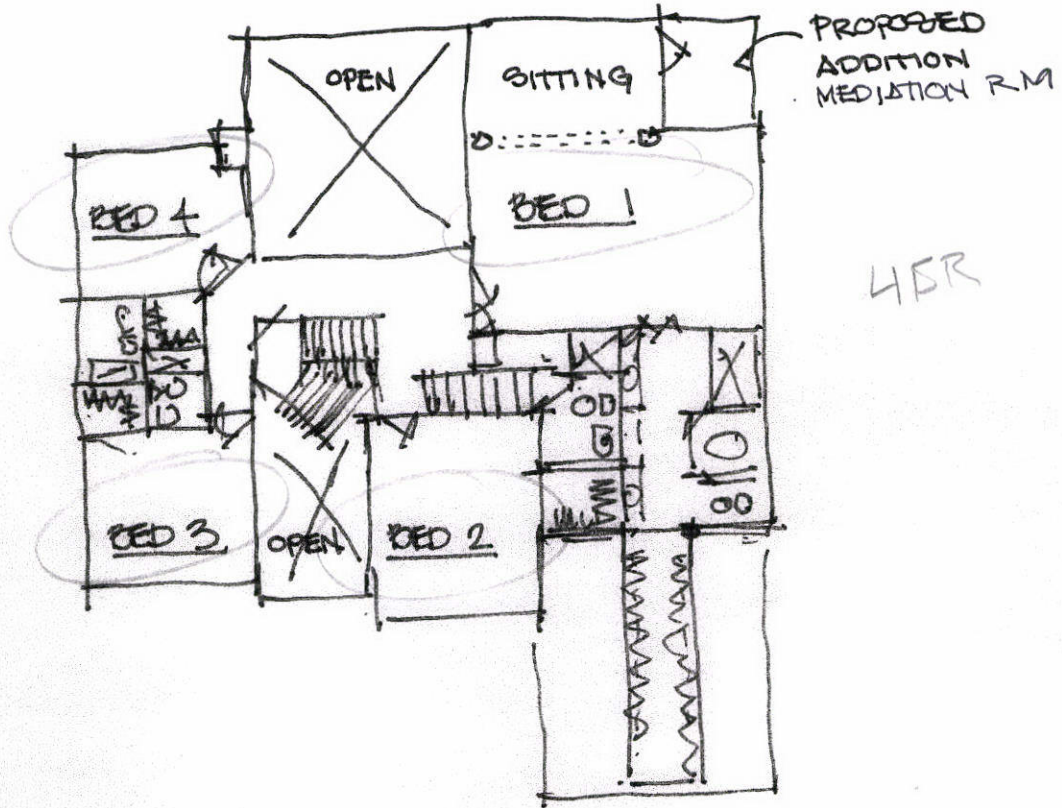


PROPOSED 1ST FLOOR

3.12.19

PADDEY RESIDENCE

12321 DANIEL CIRCLE LANE

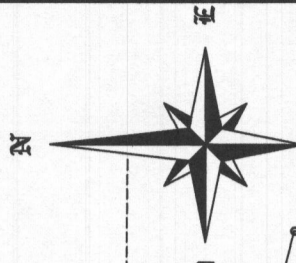
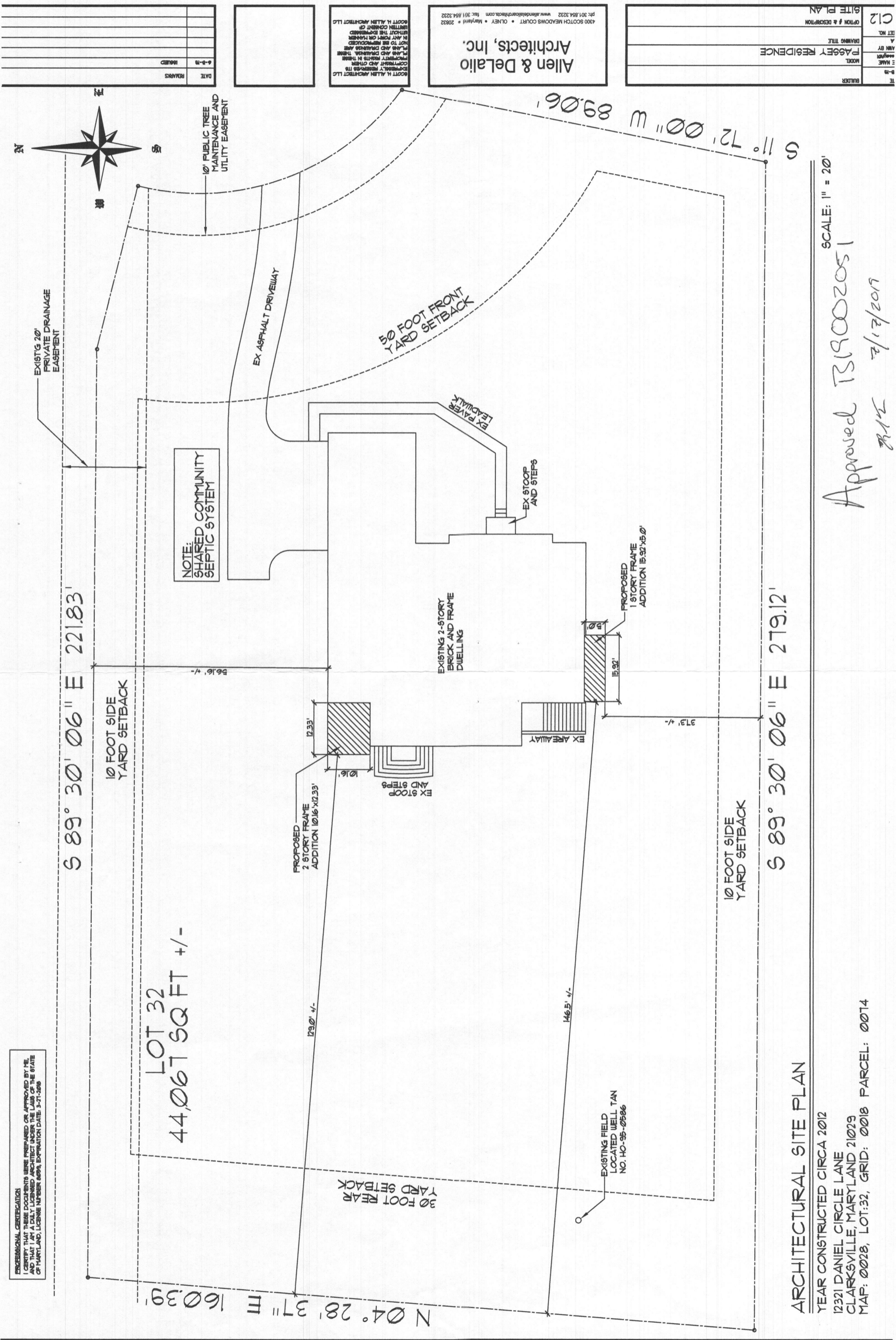


EXISTING 2ND FLOOR

3.9.19

PROFESSIONAL CERTIFICATION
 I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME,
 AND THAT I AM A FULLY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE
 OF MARYLAND, LICENSE NUMBER 8693, EXPIRATION DATE: 3-31-2016

LOT 32
 44,067 SQ FT +/-



DATE	REVISIONS
6-9-15	ISSUED

SCOTT H. ALLEN ARCHITECT LLC
 4300 SCOTCH MEADOWS COURT • OLNEY • MARYLAND • 20832
 PH: 301.854.3232 WWW.ALLENDELIOARCHITECTS.COM FAX: 301.854.3232

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Allen & Delalio
 Architects, Inc.

BLDG	NAME	DATE

ARCHITECTURAL SITE PLAN
 YEAR CONSTRUCTED CIRCA 2012
 12321 DANIEL CIRCLE LANE
 CLARKSVILLE, MARYLAND 21029
 MAP: 0028, LOT:32, GRID: 0018 PARCEL: 0014

Approved TS19002051
 R12 2/17/2015
 SCALE: 1" = 20'

S 89° 30' 06" E 221.83'

10 FOOT SIDE YARD SETBACK

NOTE:
 SHARED COMMUNITY SEPTIC SYSTEM

56.16' +/-

PROPOSED 2 STORY FRAME ADDITION 10'16" X 12'33"

129.0' +/-

N 04° 28' 37" E 160.39'

EX STOOP AND STEPS

EXISTING 2-STORY BRICK AND FRAME DWELLING

50 FOOT FRONT YARD SETBACK

EX PAVED LEADWALK

EX AREAWAY

EX STOOP AND STEPS

PROPOSED 1 STORY FRAME ADDITION 15'32" X 5'0"

EXISTING FIELD WELL TAN LOCATED WELL TAN NO. HO-95-0586

146.5' +/-

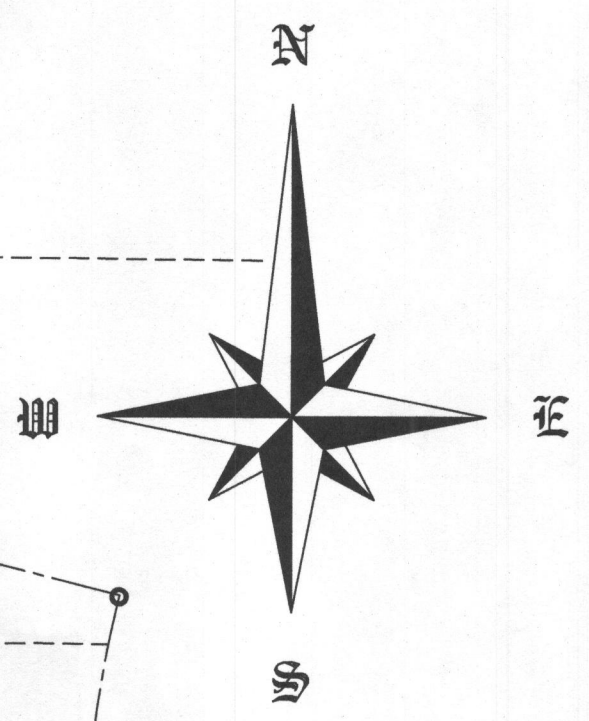
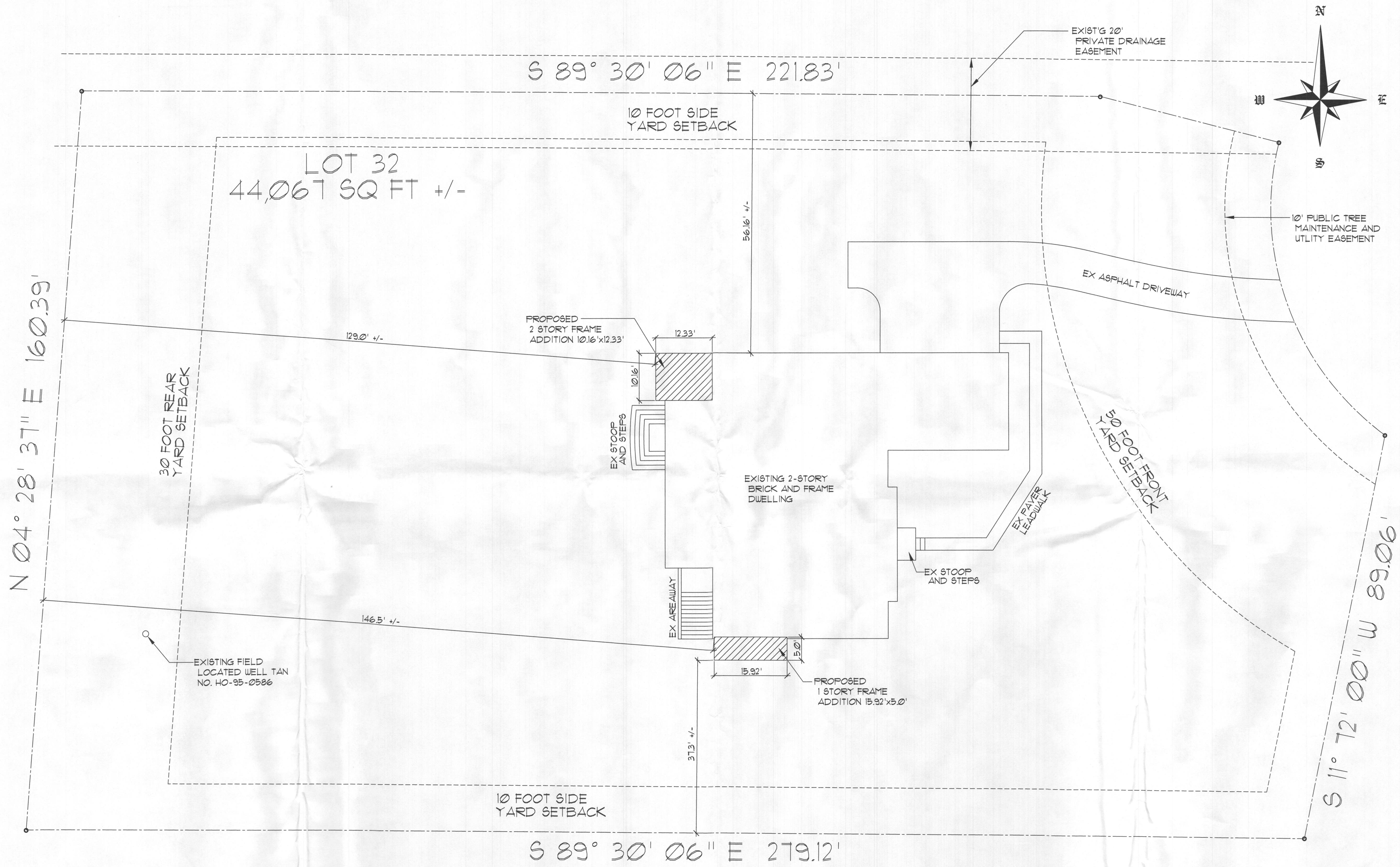
37.3' +/-

10 FOOT SIDE YARD SETBACK

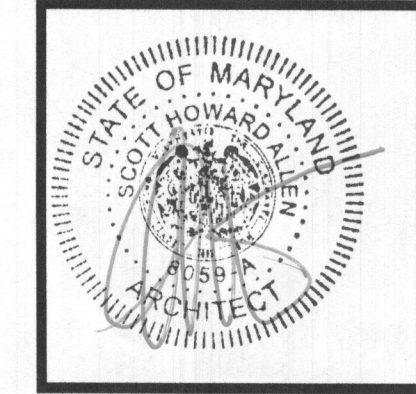
S 89° 30' 06" E 279.12'

S 11° 12' 00" W 89.06'

PROFESSIONAL CERTIFICATION
 I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME,
 AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE
 OF MARYLAND, LICENSE NUMBER 8059, EXPIRATION DATE: 3-21-2018



REMARKS	ISSUED
DATE	6-5-18



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Allen & DeLallo
Architects, Inc.
 4300 SCOTCH MEADOWS COURT • OLNEY • Maryland • 20832
 PH: 301.854.3232 www.allenanddelallo.com fax: 301.854.3232

DATE	6-5-18
FILE NAME	PASSEY RESIDENCE
DRAWN BY	SHAA
SHEET NO.	C12
BUILDER	
MODEL	PASSEY RESIDENCE
DRAWING TITLE	SITE PLAN
OPTION # & DESCRIPTION	

ARCHITECTURAL SITE PLAN

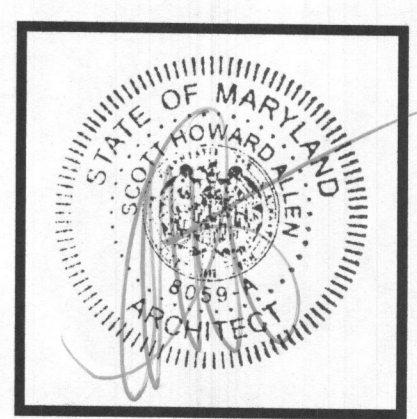
YEAR CONSTRUCTED CIRCA 2012
 12321 DANIEL CIRCLE LANE
 CLARKSVILLE, MARYLAND 21029
 MAP: 0028, LOT:32, GRID: 0018 PARCEL: 0074

SCALE: 1" = 10'

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 OF MARYLAND, LICENSE NUMBER 8059, EXPIRATION DATE: 3-21-2020

■ NEW CONSTRUCTION
 □ EXISTING WALLS

REMARKS	ISSUED
DATE	6-4-19



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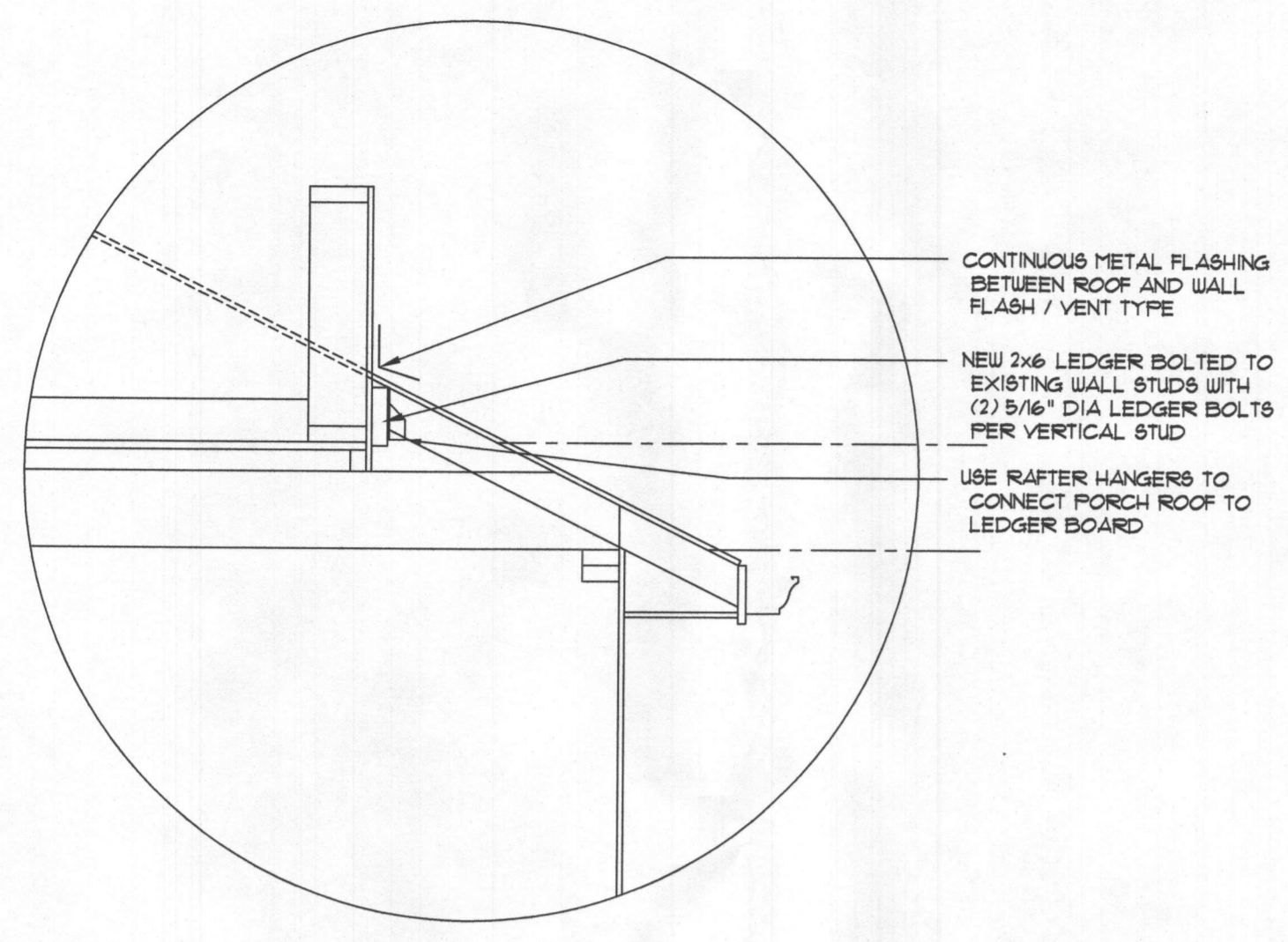


REAR ELEVATION

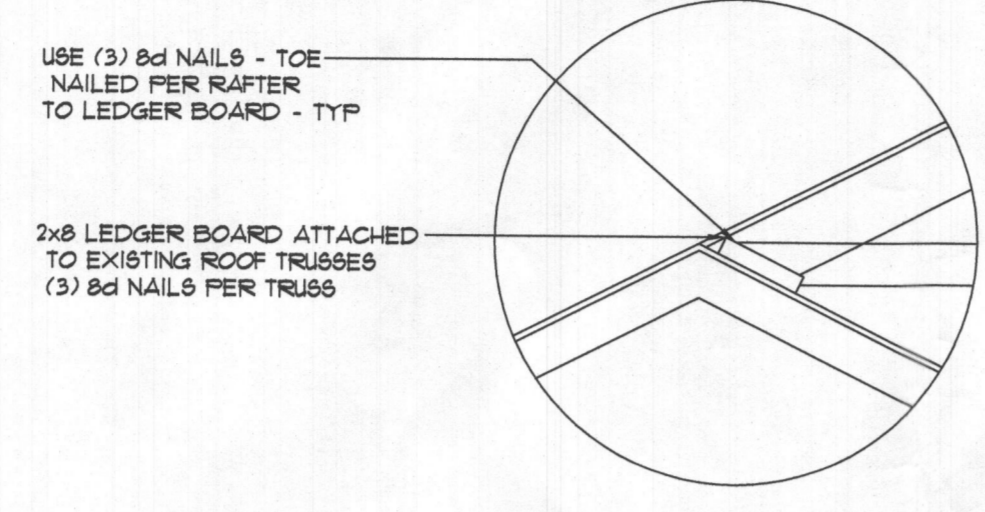
BUILDER	MODEL	DATE
FASSEY RESIDENCE	REAR ELEVATIONS	6-4-19
DRAWING TITLE	OPTION # & DESCRIPTION	FILE NAME
REAR ELEVATIONS		fassey
		DRAWN BY
		SHA
		SHEET NO.
		A12

PROFESSIONAL CERTIFICATION
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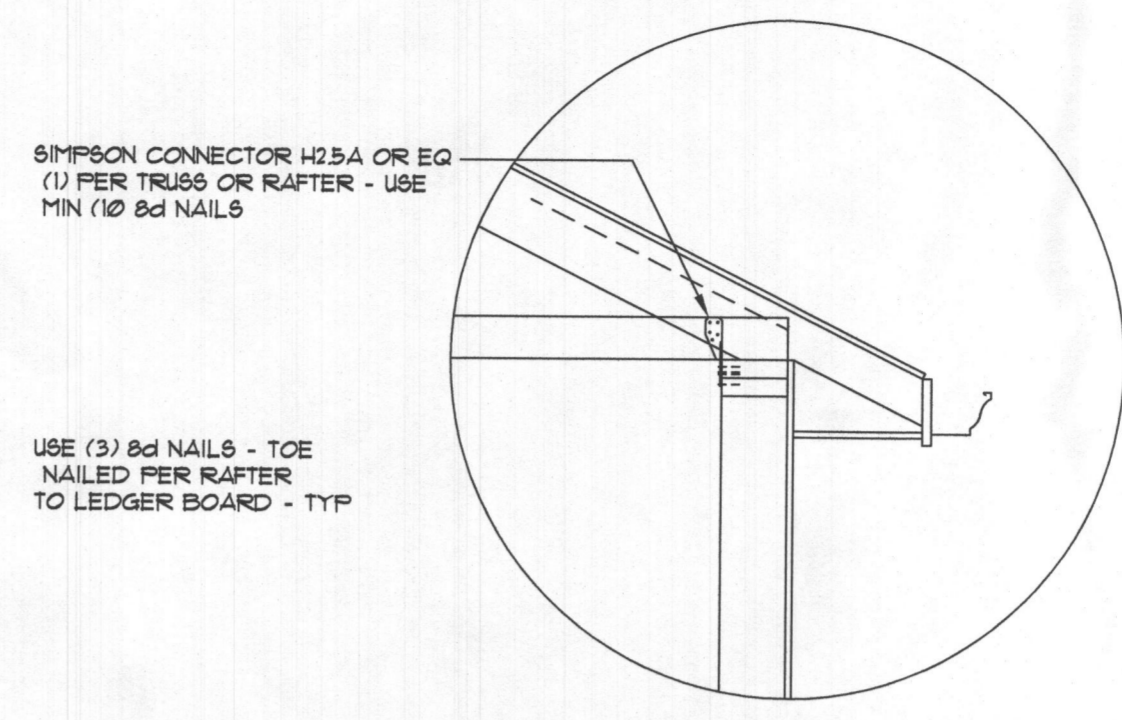
■ NEW CONSTRUCTION
 □ EXISTING WALLS



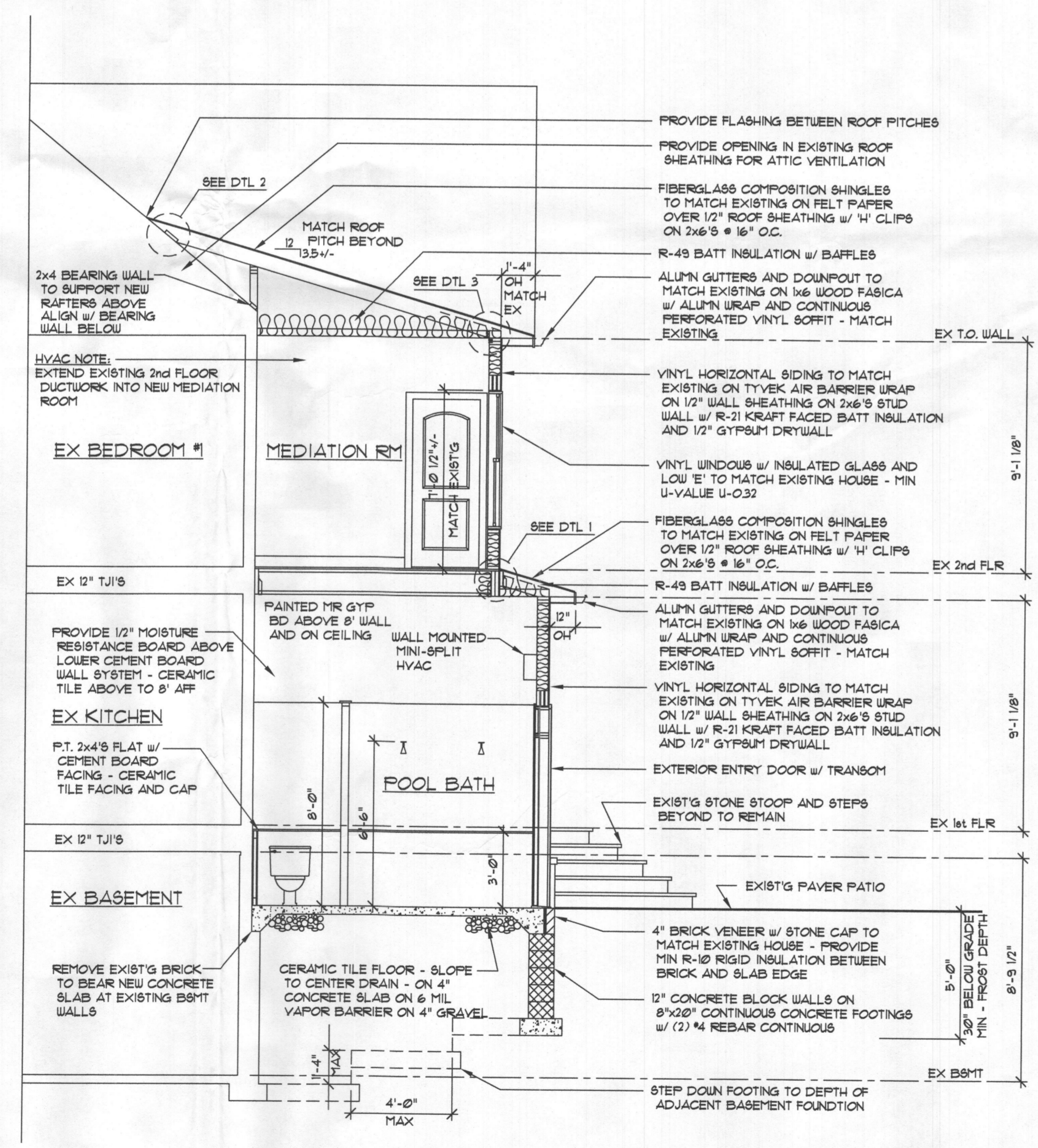
① SHED ROOF CONNECTION DETAIL
 3/4" = 1'-0"



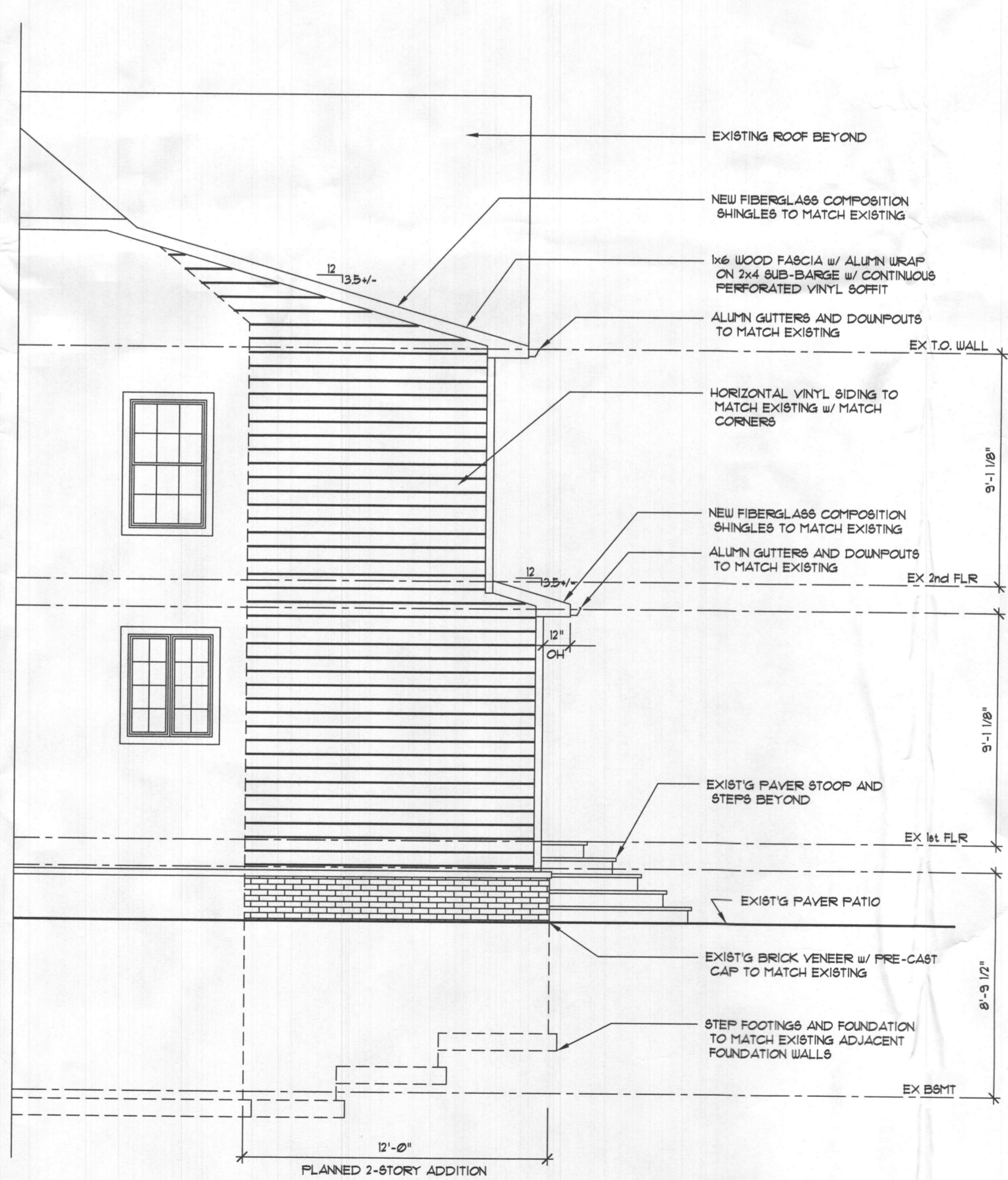
② RAFTER CONNECTION TO ROOF
 3/4" = 1'-0"



③ TYP TRUSS / RAFTER TO TOP PLATE DTL
 3/4" = 1'-0"



PARTIAL BUILDING SECTION A-A
 GRAPHIC SCALE
 SCALE: 1/4" = 1'-0"



PARTIAL RIGHT SIDE ELEVATION
 GRAPHIC SCALE
 SCALE: 1/4" = 1'-0"

DATE	REMARKS
6-4-19	ISSUED



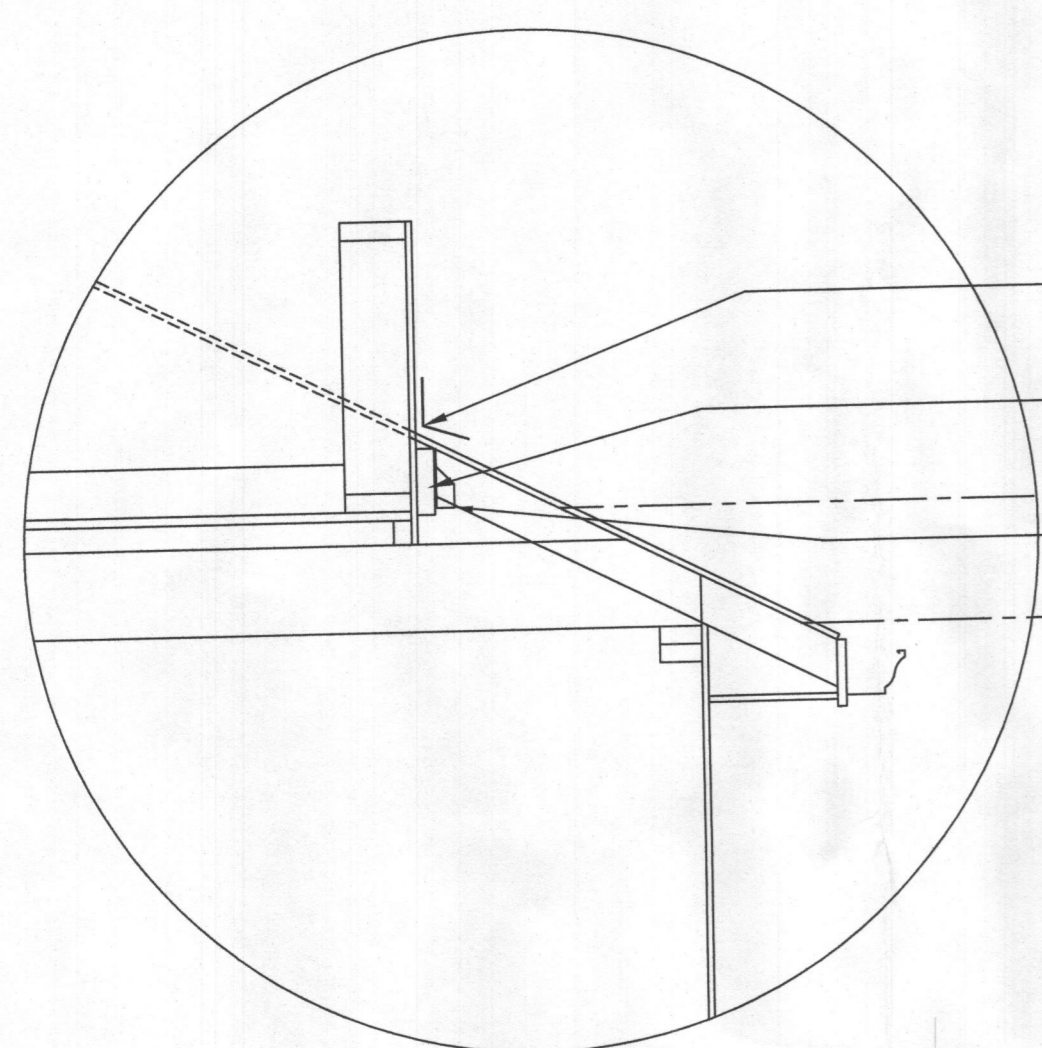
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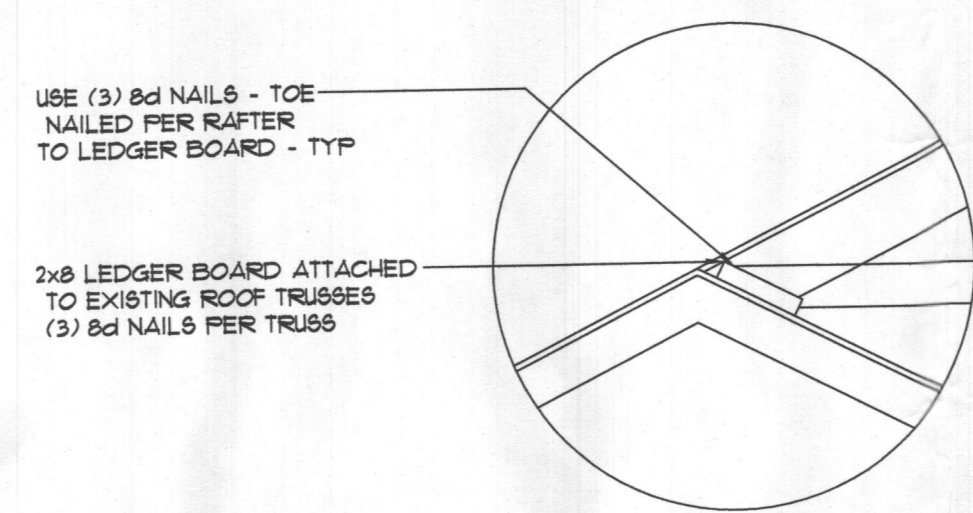
DATE	6-4-19
BUILDER	PASSEY RESIDENCE
MODEL	ELEVATIONS AND BUILDING SECTIONS
DRAWING TITLE	ELEVATIONS AND BUILDING SECTIONS
DRAWN BY	SHA
CHECKED BY	SHA
SHEET NO.	A1.3

PROFESSIONAL CERTIFICATION
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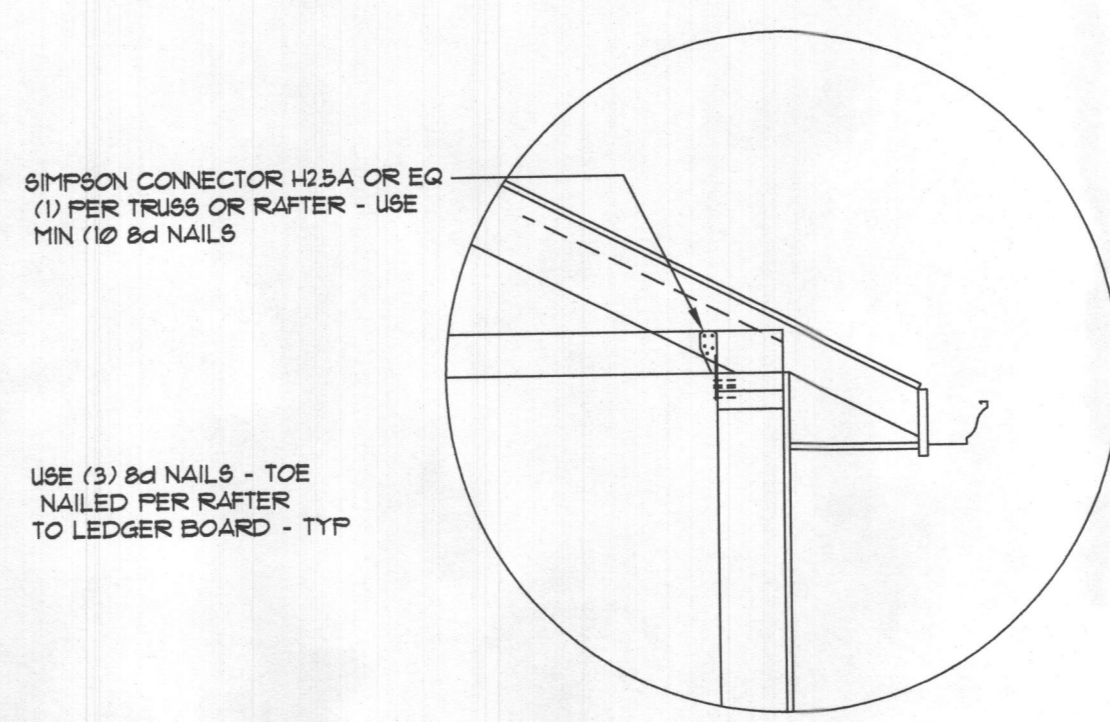
NEW CONSTRUCTION
 EXISTING WALLS



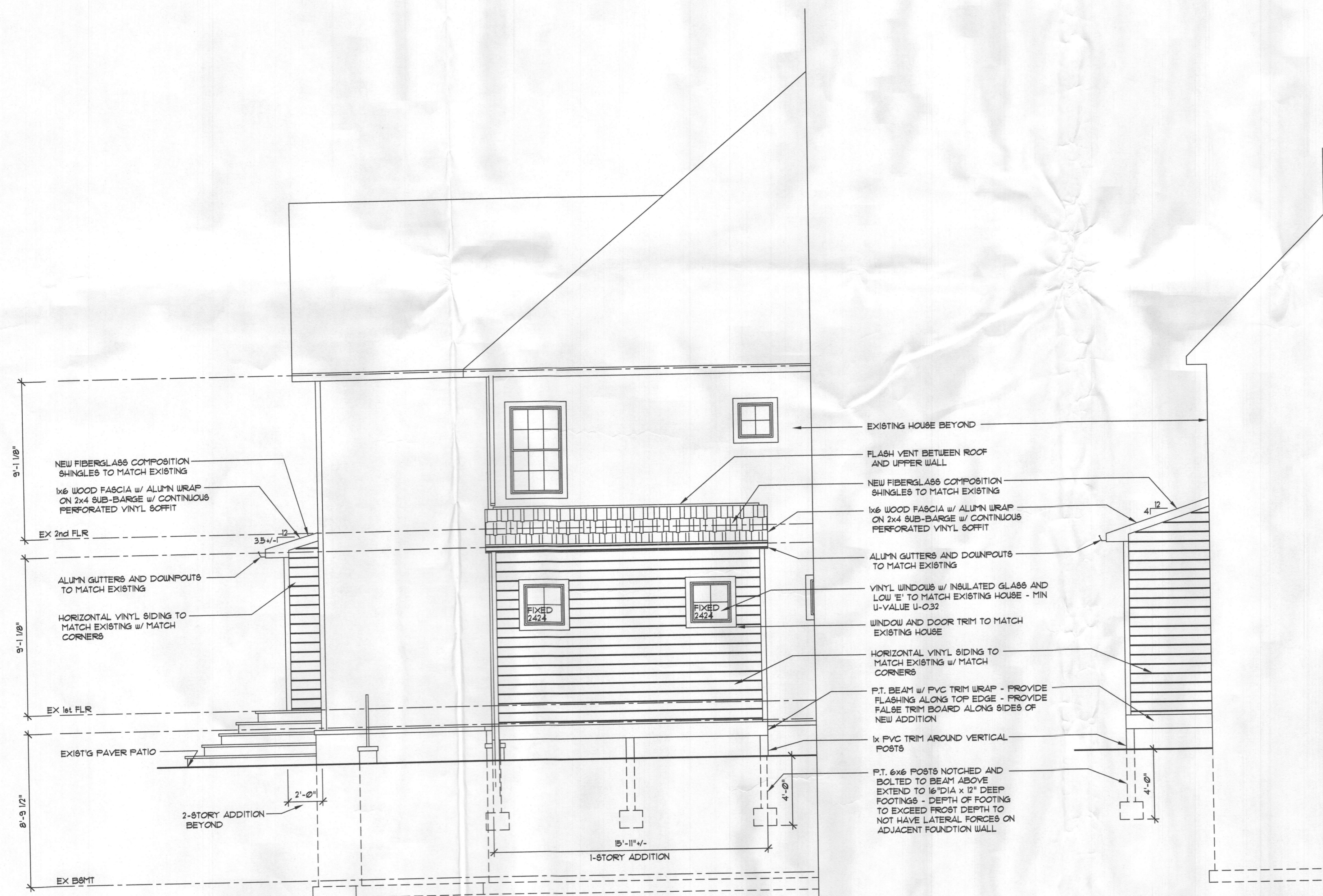
① SHED ROOF CONNECTION DETAIL
 3/4" x 1'-0"



② RAFTER CONNECTION TO ROOF
 3/4" x 1'-0"



③ TYP TRUSS / RAFTER TO TOP PLATE DTL
 3/4" x 1'-0"

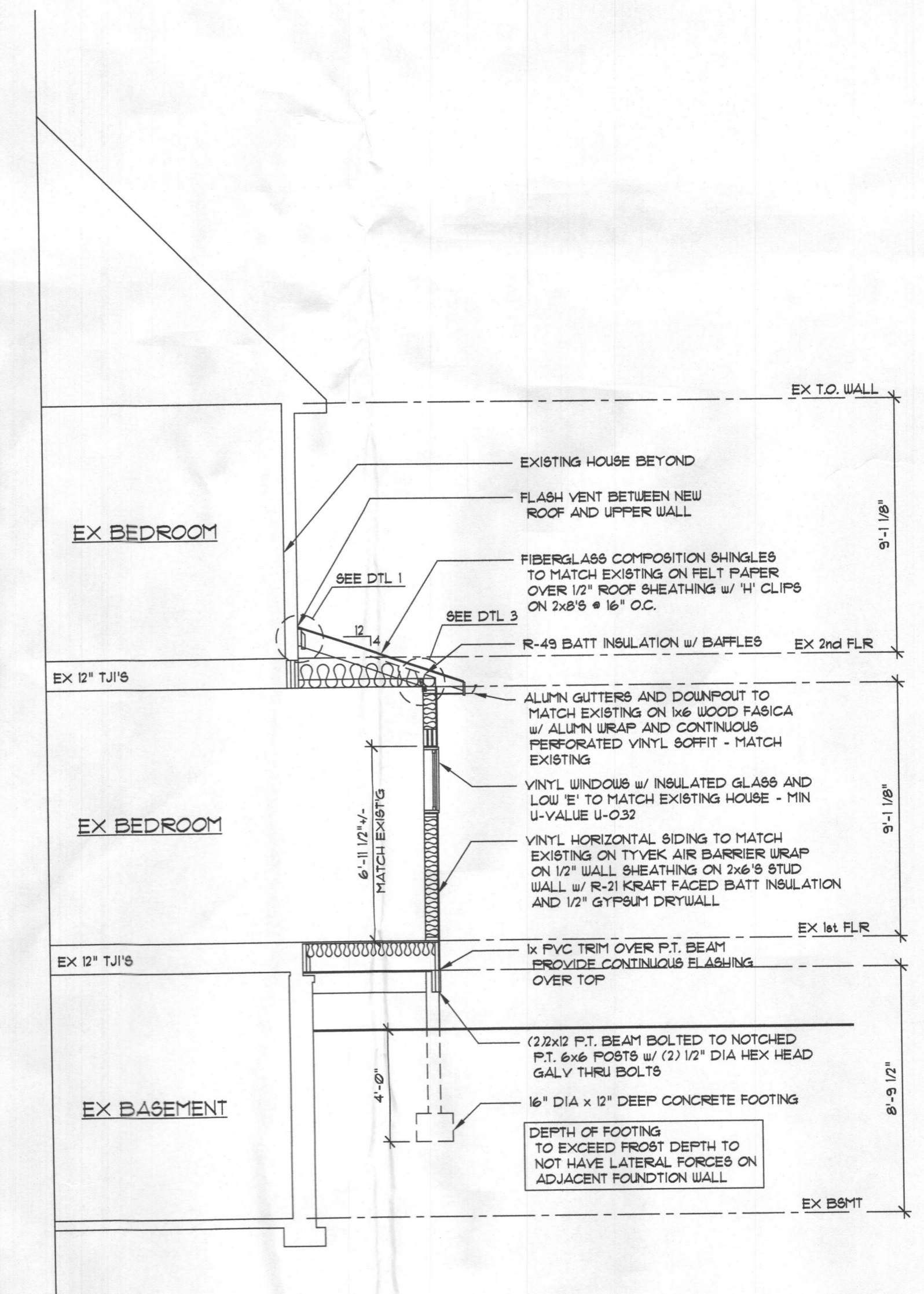


PARTIAL LEFT SIDE ELEVATION

GRAPHIC SCALE
 SCALE: 1/4"=1'-0"

PARTIAL FRONT ELEV

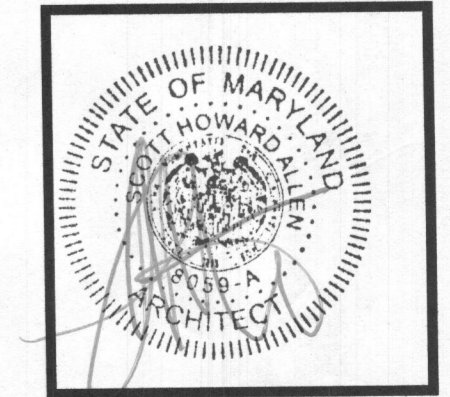
GRAPHIC SCALE
 SCALE: 1/4"=1'-0"



PARTIAL BUILDING SECTION B-B

GRAPHIC SCALE
 SCALE: 1/4"=1'-0"

DATE	ISSUED	REMARKS
6-4-15		



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DATE	BUILDER
6-4-15	
FILE NAME	MODEL
passey	
DRAWN BY	DRAWING TITLE
BAH	PASSEY RESIDENCE
SHEET NO.	ELEVATIONS AND BUILDING SECTIONS
	OPTION # & DESCRIPTION
	A14