

RECEIVED

PERMIT NUMBER: B 20003241

DATE ACCEPTED: SEP 17 2020

LICENSES & PERMITS DIVISION



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 6234 HEATHER GLEN WAY
City: CLARKSVILLE
State: MD
Zip Code: 21029
Subdivision/Village/Complex Name:
SDP/WP/BA #:
Lot: 5 Tax Map: 34 Parcel: 77 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:
Proposed Use: Deck
Estimated Cost: \$ 37,500.00
Trade Work to Be Completed (Separate Permits Required):
Construction of 20'x30' deck with stairs.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): HIRAL PATEL
Owner's Street Address: 6234 HEATHER GLEN WAY
City: CLARKSVILLE
State: MD
Zip Code: 21029
Phone: 443 415 5216 Email: h.patel@yahoo.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: FINE DECKS INC
Contact Name: CLEMENS JELLEMA
Street Address: 1020 TIFFANY PARK
City: OWINGS MD
State: MD
Zip Code: 20736
Phone: 410 802 2860 Email: fine decks@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: FINE DECKS INC
Licensee's Name: FINE DECKS INC
License #: 71878
Street Address: 1020 TIFFANY PARK
City: OWINGS
State: MD
Zip Code: 20736
Phone: 410 802 2860 Email: fine decks@gmail.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: FINE DECKS INC
Name: CLEMENS JELLEMA
Street Address: 1020 TIFFANY PARK
City: OWINGS
State: MD
Zip Code: 20736
Phone: 410 802 2860 Email: fine decks@gmail.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling
Utilities: Electric, Gas, Water Supply: Public, Private (Well)
Heating System: Electric, Natural Gas, Propane, Other
Sprinkler System: NFPA 13, NFPA 13R, NFPA 13D, None
Fire Alarm System: Yes, No, Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
# of Bedrooms (SF):
# of efficiency units (MF\*):
# of 1 BR (MF\*):
# of 2 BR (MF\*):
# of 3 BR (MF\*):
# Rooms:
# Full Baths: 4
# Half Baths: 2
# Fireplaces:
Garage/Carport Info: Attached Garage, Detached Garage, Integral Garage, Carport, None
Basement/Foundation Info: Slab on Grade, Post & Pier, Unfinished Basement, Finished Basement: Full or Partial
1st FI Width:
1st FI Depth:
2nd FI Width:
2nd FI Depth:
Bsmt Width:
Bsmt Depth:
Energy Method: Prescriptive, Performance, UA Alternative, ERI
Gross Area: sq ft
Occupiable Area: sq ft

AGREEMENT / DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE
DATE SIGNED: 09-15-2020

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR, DPZ, DED, Health 10/27/20, SHA, CID
SUBMITTAL FEES: 55
PAYMENT: 11371
ACCEPTED BY: DROP



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

Date: 10/5/20

To: \_\_\_\_\_  
(Person's Name and Division)

From: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Your Name, Company Name and Telephone Number)

Subject: Project name \_\_\_\_\_

Project site address B20003241

Permit # \_\_\_\_\_ 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
- 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 \_\_\_\_\_ (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 Revised Plot

**Contact Person Information: (Required)**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Telephone No:

\_\_\_\_\_  
E-Mail Address:

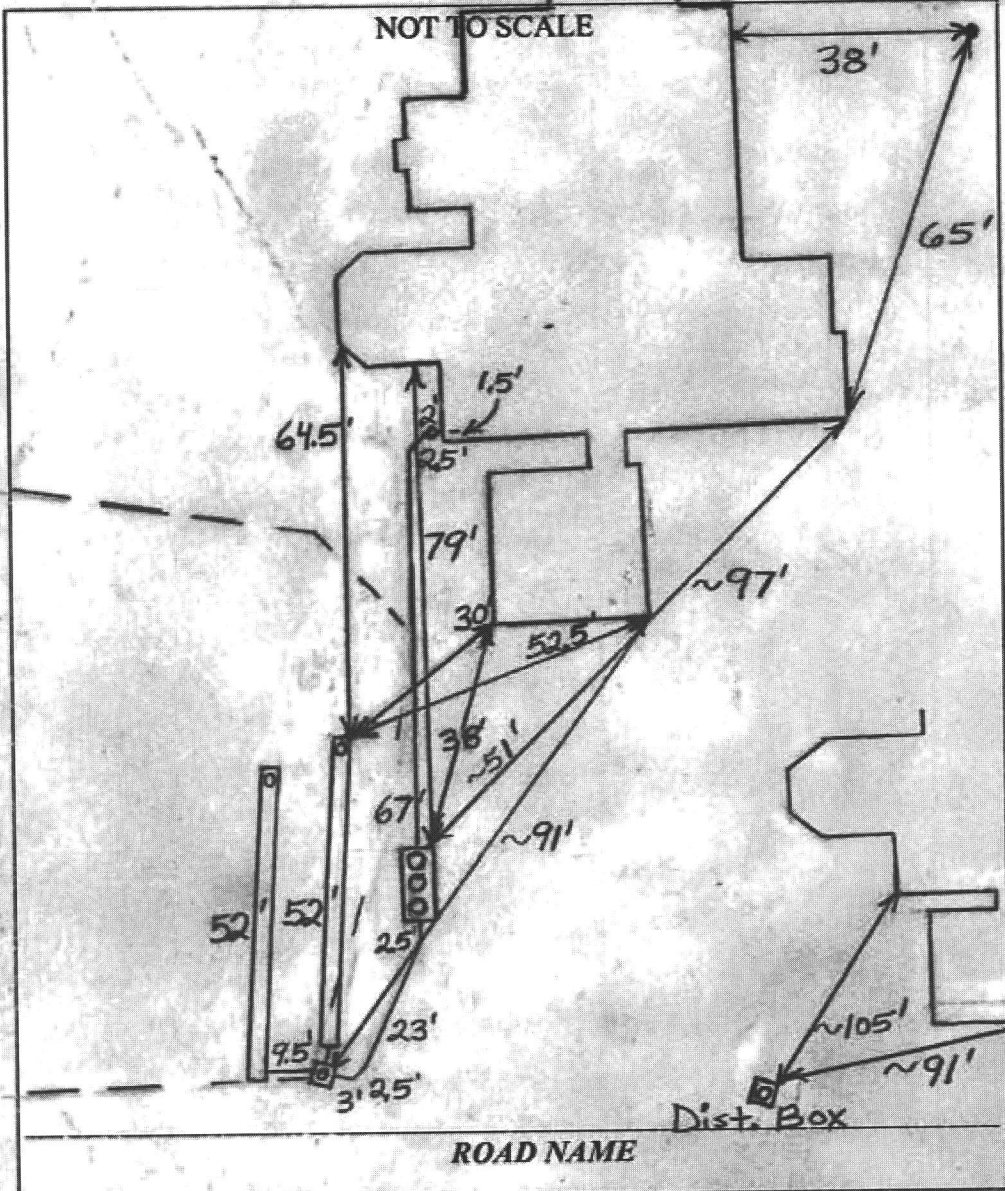
***PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT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

**RECEIVED**  
OCT 05 2020  
LICENSES &  
DIVISION

No  
Check

HO-95-0227 Below Fill



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4.5'-5'	7.5'-8'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 104'		
ABSORPTION AREA 312+ Sidelall		
DISTRIBUTION BOX LEVEL Levelers?		
DISTRIBUTION BOX BAFFLE Yes?		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Backflow Norweco
CAPACITY	1,300 GAL
SEAM LOC	Top
TANK LID DEPTH	1-2'
BAFFLES	No
BAFFLE FILTER	N/A
MANHOLE LOC	Front/Middle/Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	N/A
DATE ON LID	10/21/2014
PUMP/SEPTIC TANK LEVEL N/A	
MANUFACTURER	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

11/18/2014 Could not find original grade of the septic easement anywhere near the house. Finally dug a perc test hole on the top of both sides of the easement to locate the depth where sandy material started. Trenches to be installed according to level depth of sandy material. Install two 65' trenches straight across the easement.

INSTALLATION:

The trench ends near the house should be about 10' further downhill. Remove enough fill so that the trench inlets won't be deeper than 5'. Use a laser. (BB)  
 12/1/2014 System completed except for end of bottom trench, levelers and dist. box baffle. (BB) 12/2/2014 Unable to inspect. Told contractor to install dist. baffle (bricks) and check levelers. O.K. to cover. (BB) 12/3/2014 Got final

FINAL INSPECTOR B. Baker DATE OF APPROVAL 2/20/2015

as-built measurements. Need BAT approval from Norweco inspector. (BB) 2/20/2015 Received BAT approval from Norweco rep. (BB)

## Oswald, Hank

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**From:** Clemens Jellema <finedecks@gmail.com>  
**Sent:** Tuesday, September 29, 2020 4:52 PM  
**To:** Oswald, Hank  
**Subject:** Re: B20003241\_6234 Heather Glen Way\_Site plan

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Thank you Hank,

I'll work on it.

Clemens

On Tue, Sep 29, 2020 at 3:42 PM Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)> wrote:  
Hello Mr. Fellema:

Please revise the building permit site plan to include the well and septic system components including the sewage disposal area. I've attached a copy of the septic record to assist you. Let me know when you've submitted the revised plan to permits office, so I may look for it in the system.

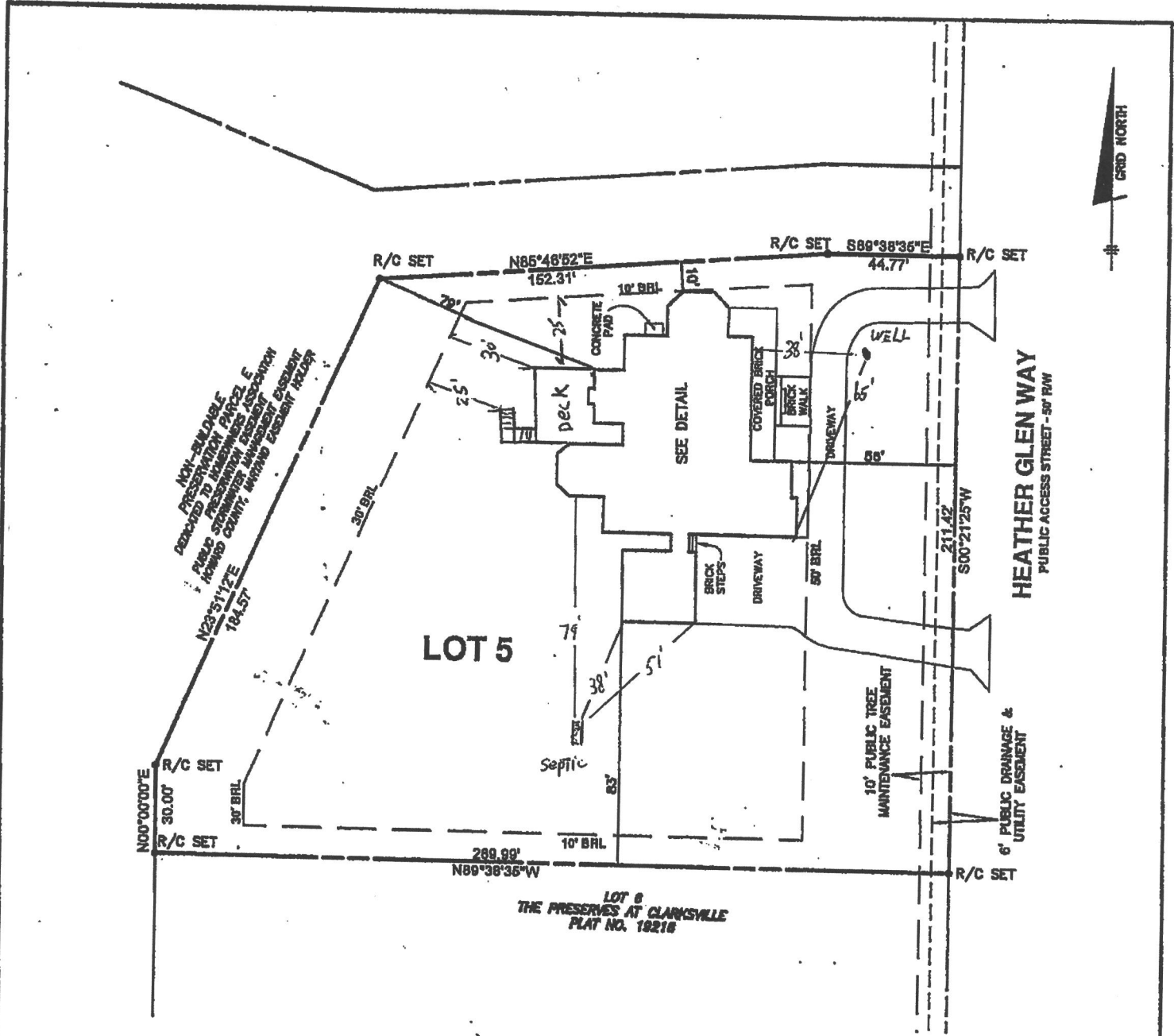
Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

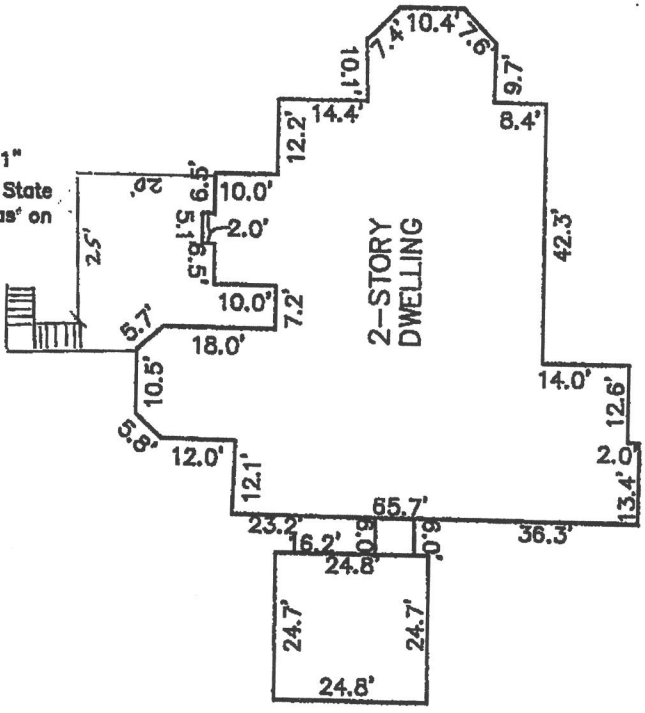
Hank Oswald  
Howard County Health Department  
Well and Septic Program





**Notes:**

- 1.) R&C=Rebar with yellow cap stamped "Prop. Cor.-BEI-351"
- 2.) Distances are plat distances, Grid North is the Maryland State plane projection of the North American Datum of 1983 as' on Plat#19216.



**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THESE DOCUMENTS, WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, ALL IN COMPLIANCE WITH REGULATION 09:13.03.12 OF THE CODE OF MARYLAND REGULATIONS AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21320, EXPIRATION DATE 11/30/17.

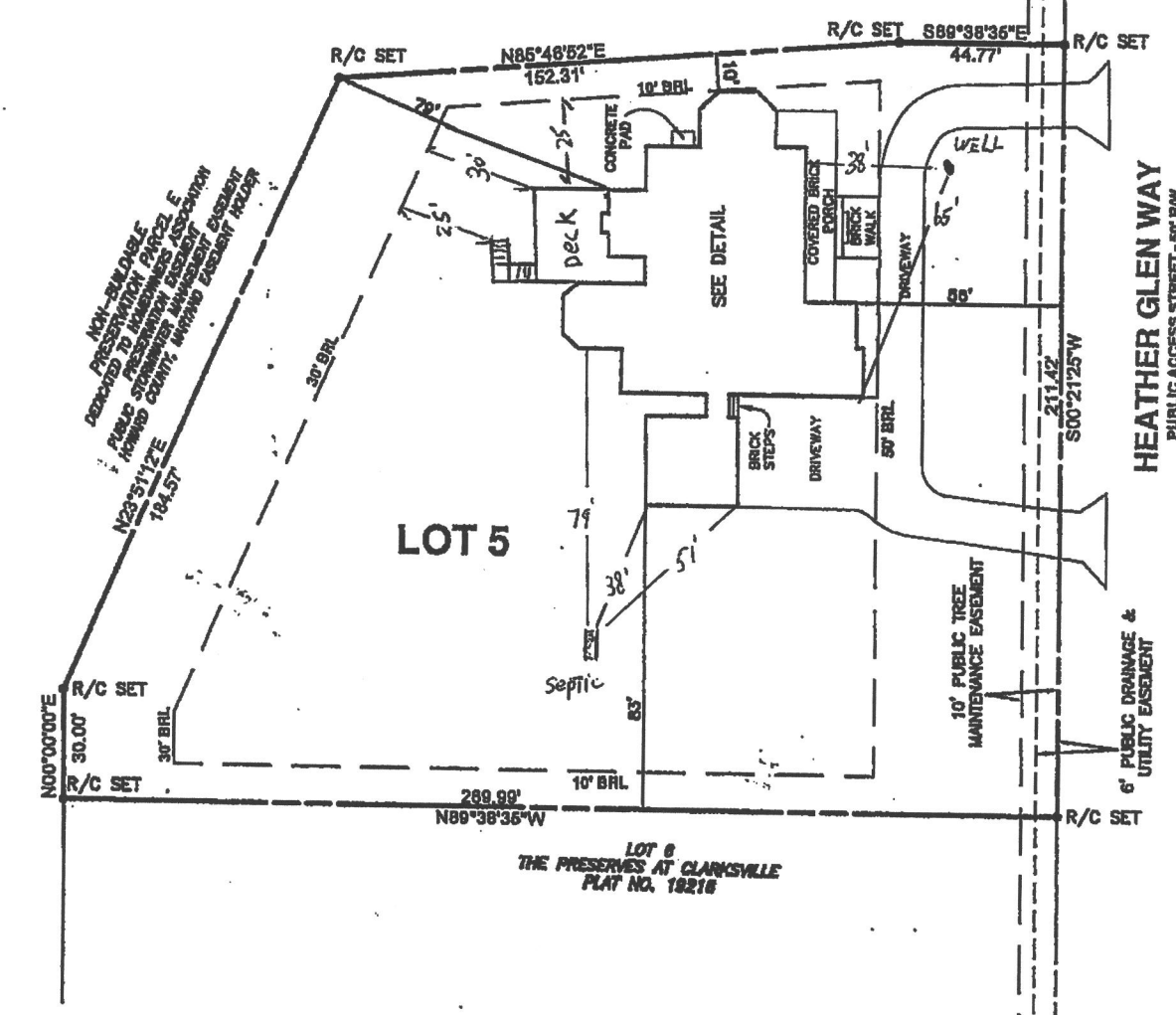


DONALD A. MASON  
PROFESSIONAL LAND SURVEYOR  
MARYLAND REG. NO. 21320  
FEMA FIRM No. 24027-001-300  
ZONE: X  
DATED: 11/06/2013

**BENCHMARK**  
ENGINEERING, INC.  
8480 BALTIMORE NATIONAL PIKE A SUITE 315  
ELLCOTT CITY, MARYLAND 21043  
phone: 410-485-8105 a fax: 410-485-8644  
www.bef-civilengineering.com

**BOUNDARY DRAWING**  
**THE PRESERVE AT CLARKSVILLE**  
**PLAT No. 19216**  
**LOT No. 5**  
**6234 HEATHER GLEN WAY**

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 02/16/2015



NON-BUILDABLE  
 PRESERVATION ZONED E  
 PUBLIC PRESERVATION ASSOCIATION  
 HOWARD COUNTY, MARYLAND  
 PRESERVATION EASEMENT EXEMPT  
 FROM COUNTY MAPPING EASEMENT RECORD

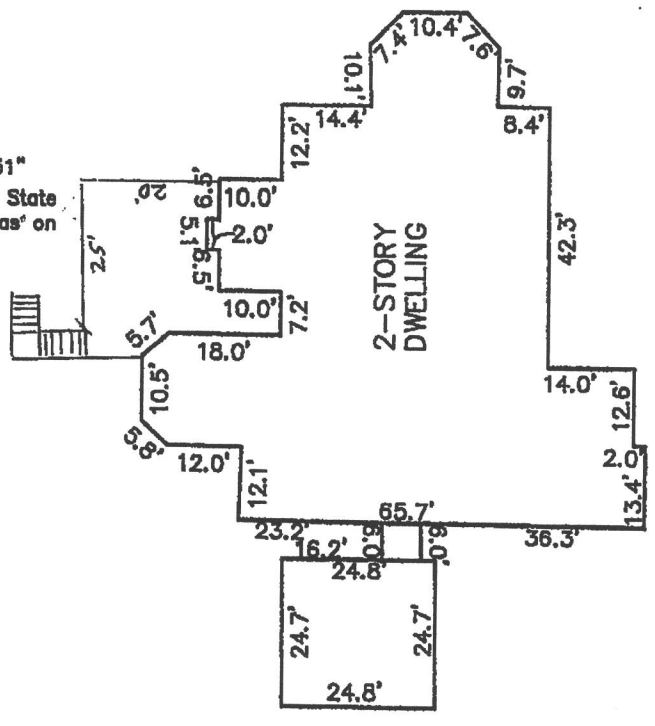
**LOT 5**

**LOT 6**  
 THE PRESERVES AT CLARKSVILLE  
 PLAT NO. 19216

**HEATHER GLEN WAY**  
 PUBLIC ACCESS STREET - 50' R/W

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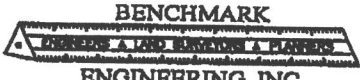


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*Donald A. Mason*  
 DONALD A. MASON  
 PROFESSIONAL LAND SURVEYOR  
 MARYLAND REG. NO. 21320

FEMA FIRM No. 24027C01300  
 ZONE: X  
 DATED: 11/06/2013



**ENGINEERING, INC.**

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 HOWARD COUNTY, MARYLAND  
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FIELD OBS. BY DH&AIS  
 COMP. BY EWF  
 DRAWN BY EWF

