



# 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.: B19004085

Building Address: 6510 HEATHER GLEN WAY  
 City: CLARKSVILLE State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: NAECKER PROPERTY LOT 5  
 Lot: 5 Tax Map: 34 Parcel: 382

Existing Use: VACANT LOT  
 Proposed Use: NEW SFD  
 Estimated Construction Cost: \$ 2,000,000  
 Description of Work: 5 BR, 5 FB, 2 HB, 5 CAR GAR  
1 GAS FIREPLACE, SKIT, ELEVATOR  
OPTIONAL FINISH BASEMENT, OPTIONAL DECK  
2 LOX, 11 ROOMS, 2 SELL, 10 FL. BALCONY/DECKS

Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: OSE 9144 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 657 15693 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: HASHIM, NADREM  
 Address: 10229 NEW FOREST CT  
 City: ELICOTT CITY State: MD Zip Code: 21042  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Contractor Company: GREENFIELD HOMES INC  
 Contact Person: RICK MINOR  
 Address: 6050 LUSTER DR  
 City: HIGHLAND State: MD Zip Code: 20777  
 License No.: MBR 361  
 Phone: 410-365-3702 Fax: \_\_\_\_\_  
 Email: RMINOR@COMCAST.NET

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:	1st floor: <u>90'-3 1/2" 132'-6 1/2"</u>	
Area of construction (sq. ft.):	2nd floor: <u>61'-4" 91'-4"</u>	
Use group:	Basement: <u>62'-7" 108'-1"</u>	
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units:	
Roadside Tree Project Permit #	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<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	
Heating System	
<input 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:	<u>319000368</u>
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: RMINOR@COMCAST.NET  
 Title/Company: RICK MINOR / GREENFIELD HOMES INC

Print Name: RICK MINOR  
 Date: 12-2-19

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>12/1/19</u>	<u>R. Buehler</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

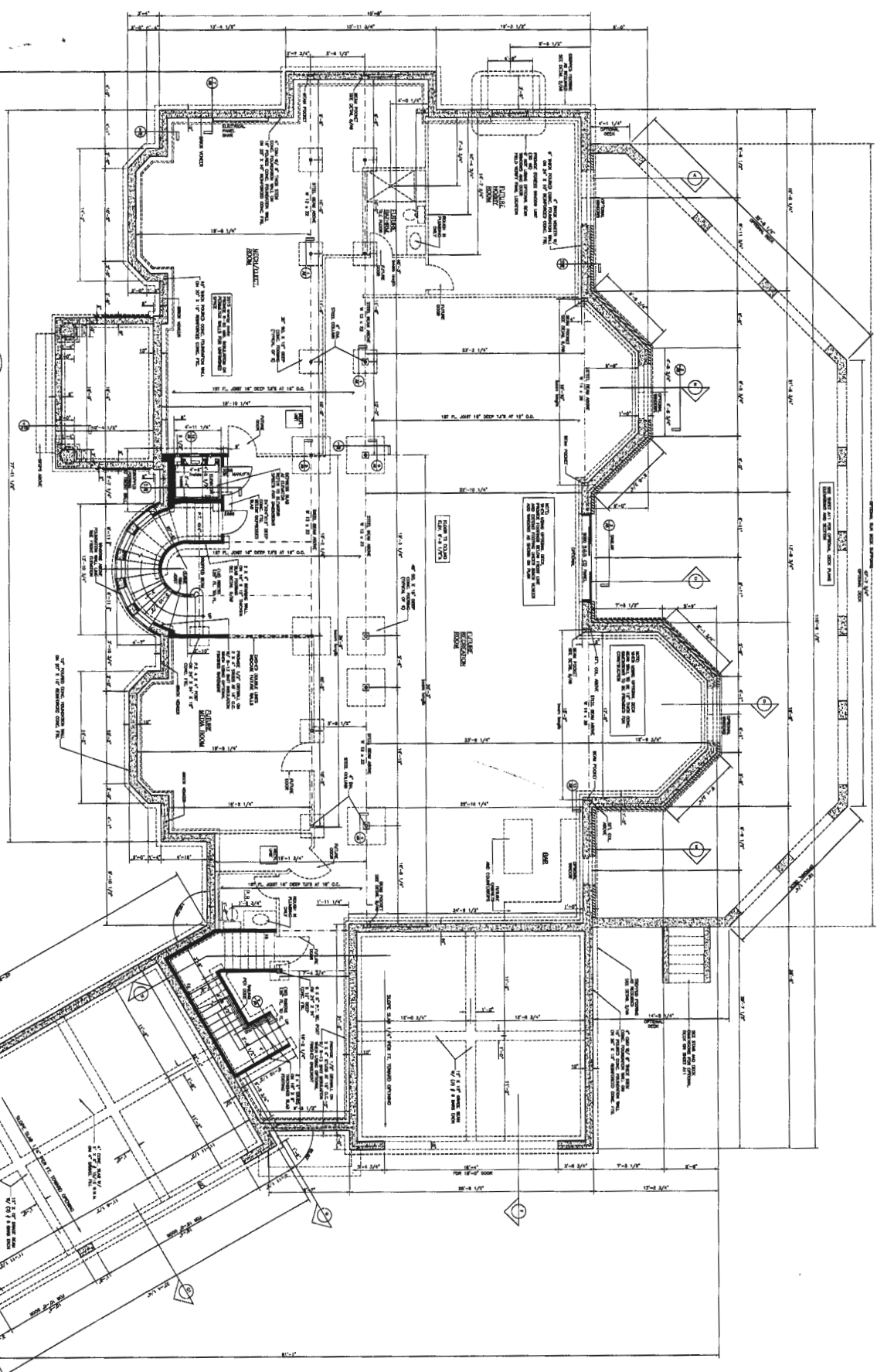
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>0318</u>

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

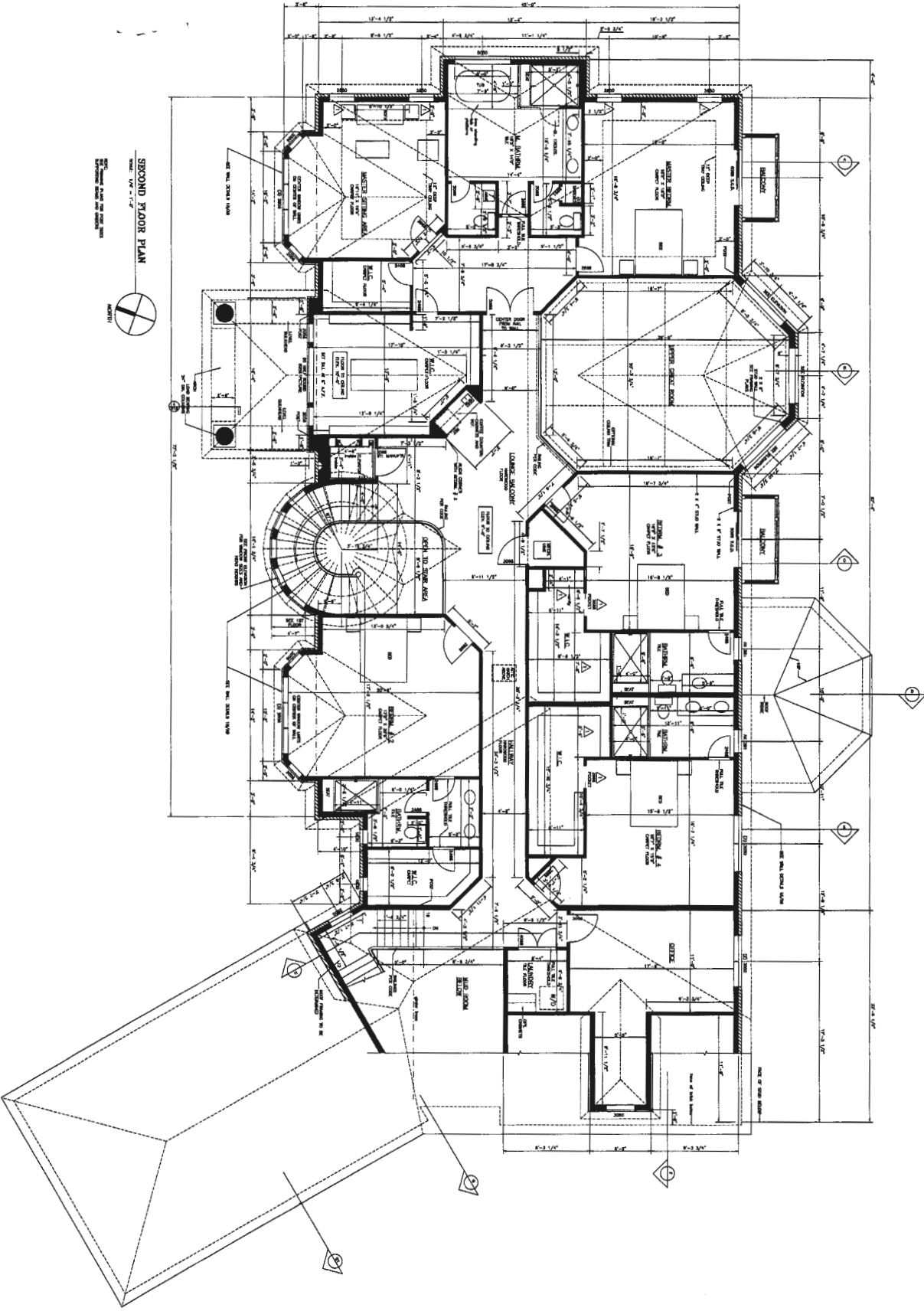
Floor Plans '06'  
 RBR 12/14/2019  
 Soffit system planned for 6-Bedroom STD.  
 ≥ 1 potential bedroom

BASEMENT/FOUNDATION PLAN



3000 W. HAZEN DR.  
 GREENFIELD HOMES

PERMIT SET 07-26-2019 <b>A1</b>	FOUNDATION PLAN SCALE: 1/4" = 1'-0"	<b>GREENFIELD HOMES</b> THE HASHMI RESIDENCE LOT-5	DRAWN BY: MARK J. BANDY, INC. DATE: 07-26-2019								
	<table border="1"> <thead> <tr> <th>NO.</th> <th>DATE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NO.	DATE	DESCRIPTION					
NO.	DATE	DESCRIPTION									



*4 Bedrooms*

**SECOND FLOOR PLAN**



PERMIT SET:  
07-26-2019

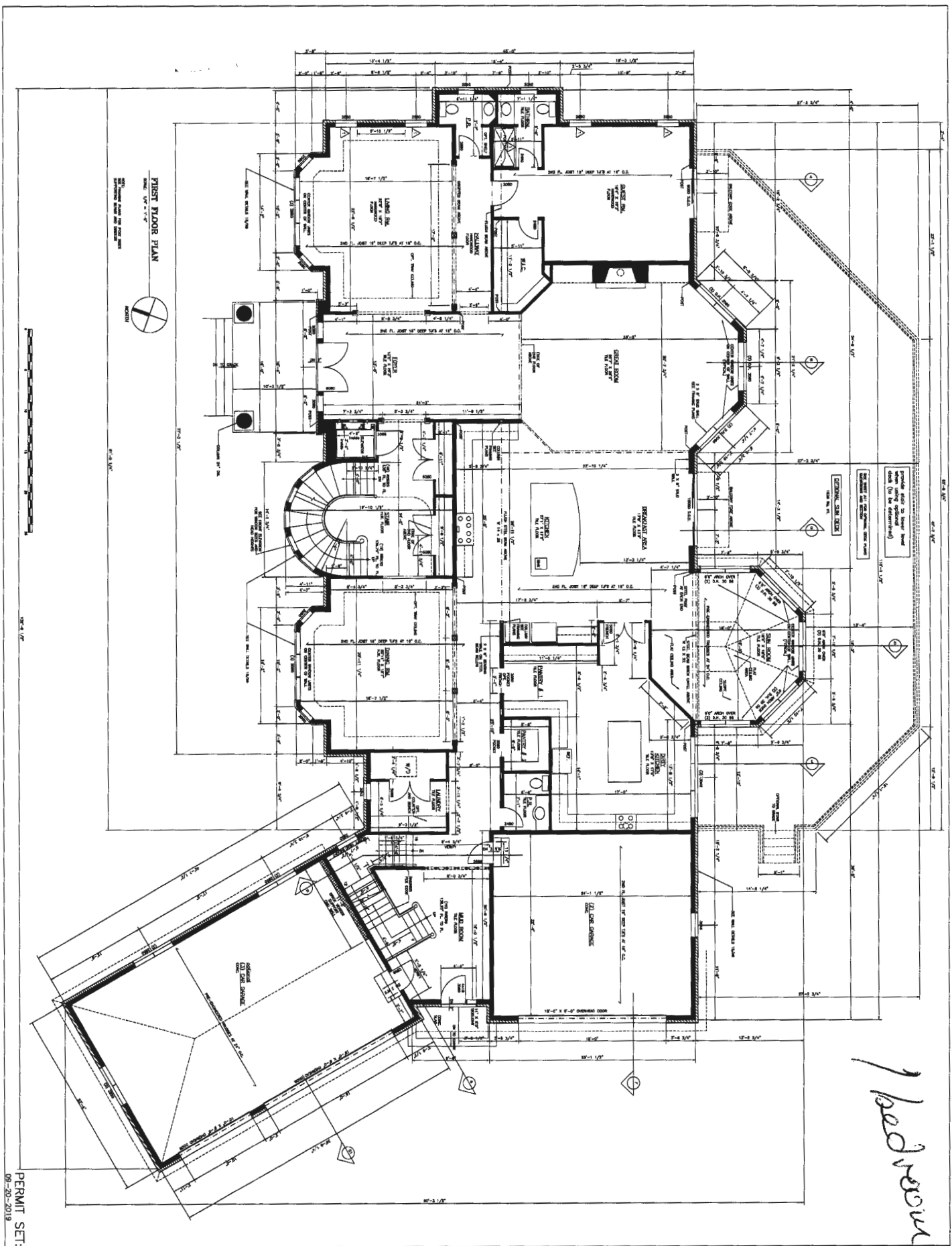
**A3**

SECOND FLOOR PLAN  
SCALE: 1/4" = 1'-0"

**GREENFIELD HOMES**  
THE HASHMI RESIDENCE LOT-5

NO.	DATE	DESCRIPTION
1	10-17-2019	ISSUED FOR PERMIT

DRAWN BY:  
MARK J. BANDY, INC.  
DATE: 07-26-2019



FIRST FLOOR PLAN  
 SCALE: 1/4" = 1'-0"



1 bedroom

PERMIT SET:  
 07-26-2019

A2

FIRST FLOOR PLAN  
 SCALE: 1/4" = 1'-0"

GREENFIELD HOMES  
 THE HASHMI RESIDENCE LOT-5

REVISION	DATE	DESCRIPTION
1	10-17-2019	ISSUE FOR PERMIT

DRAWN BY:  
 MARK J. BANDY, INC.  
 DATE: 07-26-2019

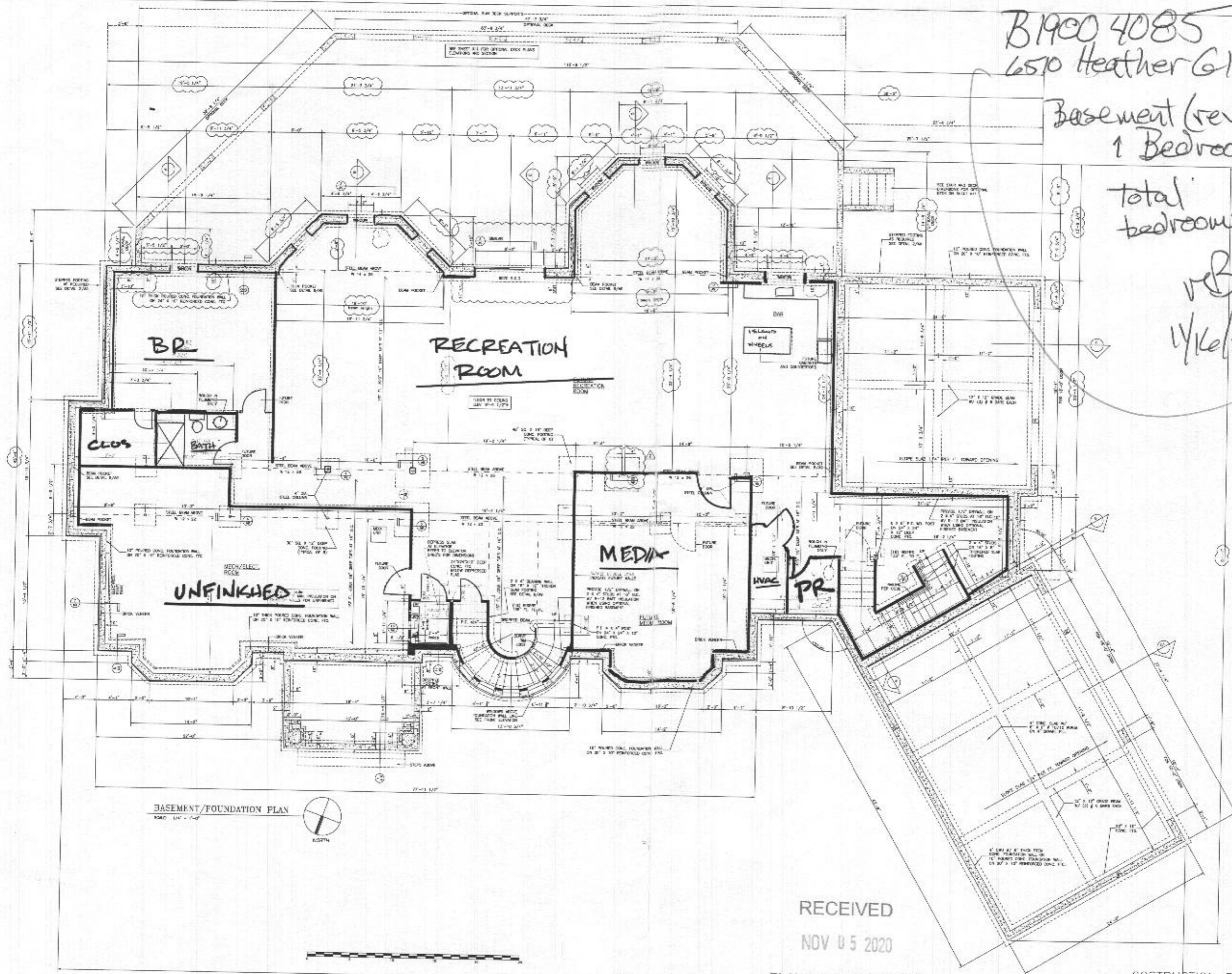
B1900 4085  
650 Heather Glen Way

Basement (revised)  
1 Bedroom

total bedrooms = 6

VB  
11/6/2020

DESIGNED BY: MARK J. BARRY, INC.  
DATE: 07-26-2019



BASEMENT/FOUNDATION PLAN  
SCALE: 1/4" = 1'-0"  
NORTH

RECEIVED  
NOV 05 2020

PLAN REVIEW DIVISION

CONSTRUCTION SET:  
03-31-2020

GREENFIELD HOMES  
THE HASHMI RESIDENCE LOT-5

FOUNDATION PLAN  
SCALE: 1/4" = 1'-0"

A1

GREENFIELD HOMES INC.  
6656 Luster Drive  
Highland, Maryland 20777  
#410-365-3702  
[raminor@comcast.net](mailto:raminor@comcast.net)

REVISION  
'OK' B

ATTN: Plan Review.

11-3-20

RE: B19004085 / 6510 Heather Glen Way, Clarksville 21029  
Amend Permit to include Partially Finished Basement

This is Rick Minor with Greenfield Homes, requesting to amend the building permit to partially finish the basement.

The finished area includes:

Approximately 3,780 square feet

1 Powder Room

1 Full Bath

1 Recreation Room

1 Media Room

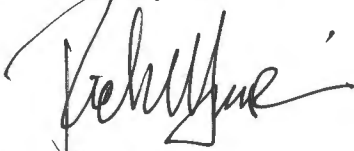
1 Wet Bar with Sink and Refrigerator

1 Bedroom with Walk In Closet

The exterior footprint remains the same

There are no additional windows or doors added, all windows and doors are from original construction with egress windows in bedroom and patio door in rec. room

Thank you,



Rick Minor

410-365-3702

[Raminor@comcast.net](mailto:Raminor@comcast.net)

Health

# VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road, Suite 110 Ellicott City, MD 21043  
P 410.461.7666 F 410.461.8961 [www.timmons.com](http://www.timmons.com)

November 7, 2019

Mr. Robert Bricker  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, Maryland 21045

Re: **6510 Heather Glen Way  
Hashmi Property  
OSDS Design Plan**


Dear Mr. Bricker,

This letter is in response to your comments dated October 24, 2019.

1. The proposed grading around the top of the sewage disposal area was revised to push the proposed grading back a little further from the edge of the approved SDA. Also, an exhibit has been sent showing a cross section of the proposed grading concept to show that we are not proposing any grading in the SDA.
2. A cleanout has been added to the SHC on the plan and the profile.
3. The 2<sup>nd</sup> replacement system trench detail has been revised, per your request.

Should you have any questions regarding this matter, please do not hesitate to contact this office.

Sincerely,  
**VOGEL ENGINEERING + TIMMONS GROUP**



**Robert H. Vogel**



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

---

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

Date: October 24, 2019

TO: Jeremiah Reynolds  
Vogel + Timmons Group

FROM: Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian II, Well and Septic Program

RE: 6510 Heather Glen Way, OSDS Design Plan comments

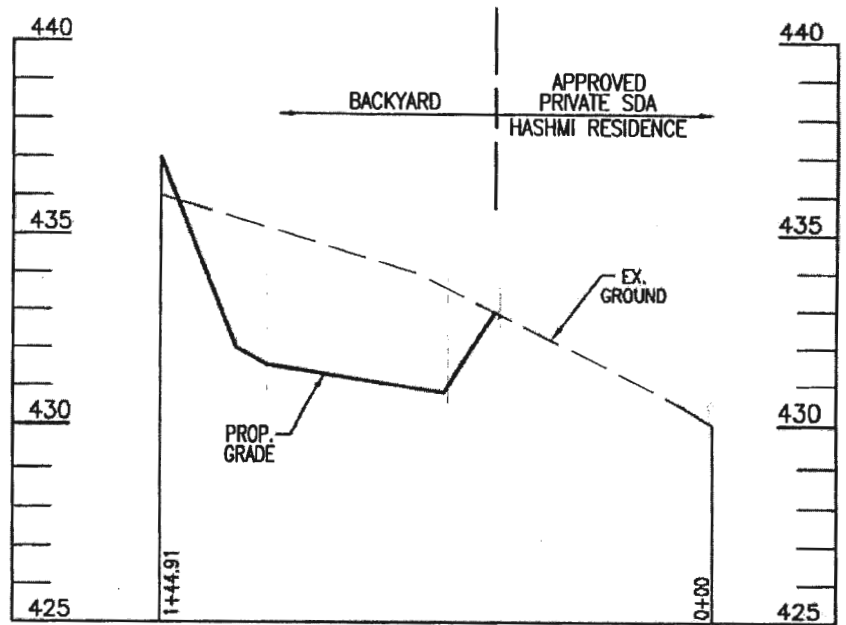
The submitted OSDS Design Plan for 6510 Heather Glen Way (Naecker Property, Lot 5) cannot be approved at this time. Correct the following issues and re-submit at least three copies to the Bureau of Environmental Health. Also, revise the Grading Plan as indicated by item #1.

1. The '432' grade line indicates that grading, i.e., a 'cut', is planned in the uppermost SDA. Grading in the SDA is prohibited; remove the '432' grade line so that the recently approved re-configured SDA remains relatively undisturbed. Failure to revise the grading likely will result in delays as profile observations and possibly percolation testing will be required if the SDA is graded.
2. Include a cleanout in the SHC.
3. The 2<sup>nd</sup> Replacement System pipe invert is proposed at 4 feet depth. Revise the detail for the 2<sup>nd</sup> Replacement System to indicate a pipe invert at 2 feet depth.

RB

Copy: Rick Minor, Greenfield Homes  
Rob Vogel, P.E., Vogel Engineering + Timmons Group  
file





**GRADING CROSS SECTION A-A**

SCALE : HORIZONTAL - 1"=50'

VERTICAL - 1"=5'



**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: 7/16/19

Permit No.: B19002278

Building Address: 6510 HEATHER GLEN WAY  
 City: CLARKSVILLE State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: VACANT SFD  
 Proposed Use: FOR NEW SFD  
 Estimated Construction Cost: \$ 24,000  
 Description of Work: DEMOLITION HOUSE AND 3 OUTBUILDINGS, HAUL AWAY ABANDON SEPTIC TANK

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

Property Owner's Name: NADEEM HASHMI  
 Address: 10229 NEW FOREST CT 21042  
 City: ELLCOTT CITY State: MD Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: NHASHMI08@GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: RICK MINOR  
 Address: 6656 LUSTER DR  
 City: HIGHLAND State: MD Zip Code: 20777  
 Phone: 410-365-3702 Fax: \_\_\_\_\_  
 Email: RAMINOR@COMCAST.NET

Contractor Company: GREENFIELD HOMES INC  
 Contact Person: RICK MINOR  
 Address: 6656 LUSTER DR  
 City: HIGHLAND State: MD Zip Code: 20777  
 License No.: M13200361  
 Phone: 410-365-3702 Fax: \_\_\_\_\_  
 Email: RAMINOR@COMCAST.NET

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:	<b>Depth</b> <b>Width</b>	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input 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 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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]  
 Email Address: RAMINOR@COMCAST.NET  
 Title/Company: \_\_\_\_\_

Print Name: RICK MINOR  
 Date: 6-27-19

**RECEIVED**  
 JUL 18 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		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> 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	\$	
Permit Fee	\$	<u>55.00</u>
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	<u>1581</u>

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