

PERMIT NUMBER: B 22001316

DATE ACCEPTED:

RECEIVED

APR 05 2022

LICENSES & PERMITS



### 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: <b>6726 Montell Ct.</b>		Unit:
City: <b>Highland</b>	State: <b>MD</b>	Zip Code: <b>20777</b>
Subdivision/Village/Complex Name: <b>Green Hill Manor</b>		SDP/WP/BA #:
Lot: <b>3</b>	Tax Map:	Parcel:
Grading Permit #:		

#### DESCRIPTION OF WORK *REQUIRED*

Existing Use: <b>Portico</b>	Proposed Use: <b>Portico</b>	Estimated Cost: <b>\$8,000</b>
Trade Work to Be Completed ( <i>Separate Permits Required</i> ): <input type="checkbox"/> Mechanic <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
<i>Remove existing porch 6 1/2 ft (sides) x 9 ft (front) with new foundation and 7 ft (sides) x 10 ft (front) porch with steps</i>		

#### PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) ( <i>As it appears on tax records</i> ): <b>Jean Chung, Christopher Fridlund</b>		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <b>6726 Montell Ct.</b>		
City: <b>Highland</b>	State: <b>MD</b>	Zip Code: <b>20777</b>
Phone: <b>301 395-6637</b>	Email: <b>chrisfridlund@yahoo.com</b>	

#### APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: <b>N/A</b>	Contact Name: <b>Christopher Fridlund</b>
Street Address: <b>6726 Montell Ct.</b>	
City: <b>Highland</b>	State: <b>MD</b>
Phone: <b>(301) 395-6637</b>	Email: <b>chrisfridlund@yahoo.com</b>

#### CONTRACTOR INFORMATION *REQUIRED*

Business Name: <b>Great Falls Stone</b>	
Licensee's Name: <b>John W. Cooley</b>	License #: <b>MHIC# 46350</b>
Street Address: <b>26116 Kings Valley Rd.</b>	
City: <b>Damascus</b>	State: <b>MD</b>
Phone: <b>(301) 253-6633</b>	Email: <b>greatfallsstone@yahoo.com</b>

#### ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:

#### BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Other: oil	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 <sup>st</sup> Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> 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.

*[Signature]* \_\_\_\_\_ DATE SIGNED: **April 5, 2022**

#### FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <b>9/8 5/10/22</b>	<input type="checkbox"/> SHA
SUBMITTAL FEES: <b>2500</b>		PAYMENT: <b>CK# 239</b>	ACCEPTED BY: <b>LLR</b>	



Location Drawing

Scale: 1" = 60'

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements. The accuracy of measured distances is approximately ten feet. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The approximate location of the dwelling is shown in relation to the apparent property lines. The undersigned surveyor was in charge of preparing this plat.

6726 Montell Court  
Howard County, Maryland

*William T. Matthews* 5/8/12

**Ruxton Design Corporation**

8422 Bellona Lane

Suite 300

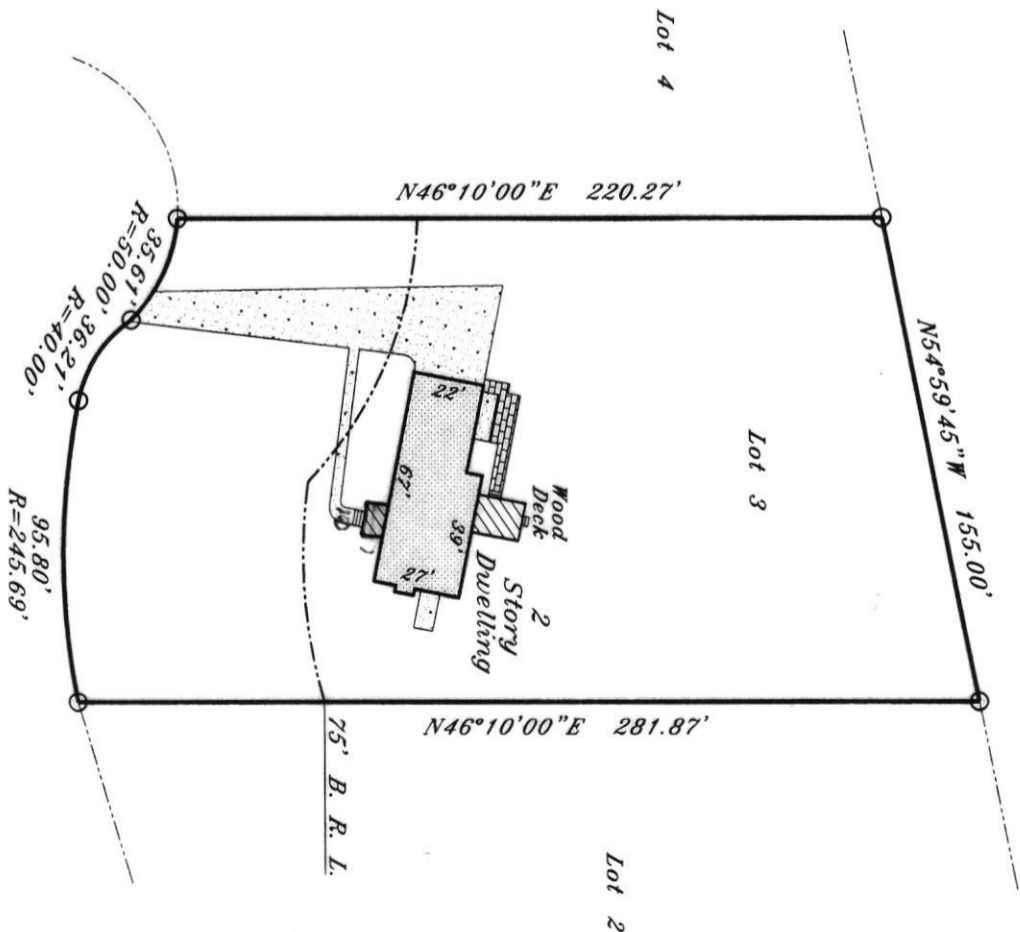
Towson, Maryland 21204

410-823-5000

410-823-0115 fax

rdc@ruxtondesign.com www.ruxtondesign.com

MONTELL COURT



WR-W-4  
2-65

State Office Building  
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND  
DEPARTMENT OF  
WATER RESOURCES

THIS REPORT  
MUST BE SUBMITTED  
WITHIN 30 DAYS  
AFTER COMPLETION  
OF THE WELL

WELL COMPLETION REPORT **A10324**

*Greenhill Manor* WELL DESCRIPTION **Lot 3A**

Permit Number **H0-67-065**  
Owner **V.L. Vinella**  
Address **2231 Circle Dr. Greenhill Manor**  
Subdivision **Greenhill Manor**  
Section **A** Lot **3**

**WELL LOG**  
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

**CASING AND SCREEN RECORD**  
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (Inches)	FEET from ___ to ___
Top soil	2	10 1/2 lf in ft	5 5/8	-57
Mikens soil	2-57	Black steel welded shoe		
Hard mikens Rock	57-131			
water at	30			
water at	100			

**PUMPING TEST**  
Hours Pumped **2**  
Type of Pump Used **Boiler**  
Pumping Rate **15**  
Gallons per Minute

**WATER LEVEL**  
Distance from land surface to water:  
Before Pumping **30** Ft.  
When Pumping **60** Ft.

**APPEARANCE OF WATER**  
Clear  Cloudy   
Taste \_\_\_\_\_  
Odor \_\_\_\_\_

Height of Casing Above Land Surface **1 1/2** Ft.

**PUMP INSTALLED**  
Type \_\_\_\_\_  
Capacity \_\_\_\_\_  
Gallons per Minute \_\_\_\_\_  
Gallons per Hour \_\_\_\_\_  
Pump Column Length \_\_\_\_\_ Ft.

**LOCATION OF WELL ON LOT**  
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



**67-W-65**  
3 measurements still on rept. frequent  
**1966**

Date Well Was Completed **5/28/66**  
Well Driller Signature **Clayton R. Ray**

12/6/66  
*Leidy*

# PERMIT

SEWAGE DISPOSAL SYSTEM

P. 12332

A. 10324

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-343143  
INDEXED

ELLCOTT CITY

DISTRICT 5

DATE 11/18/66

Walter Seak IS PERMITTED TO INSTALL  ALTER

ADDRESS 501 Hermligh Rd., Silver Spring, Md. PHONE 593-6533

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Green Hill Manor ROAD Montell Ct. LOT 3, Blk. A

PROPERTY OWNER V. L. Vinella *Philip Bierly*

ADDRESS \_\_\_\_\_

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS.

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 400 sq. ft. sidewall area below the inlet.

Place the dry well 80 ft. to 100 ft. from the back lot line and 10 ft. to 40 ft. from the right side of the lot as seen when facing the lot from Montell Ct.

MAXIMUM DEPTH PERMITTED 12' below original grade.

PLANS APPROVED BY Raymond Hodges DATE 3/17/66

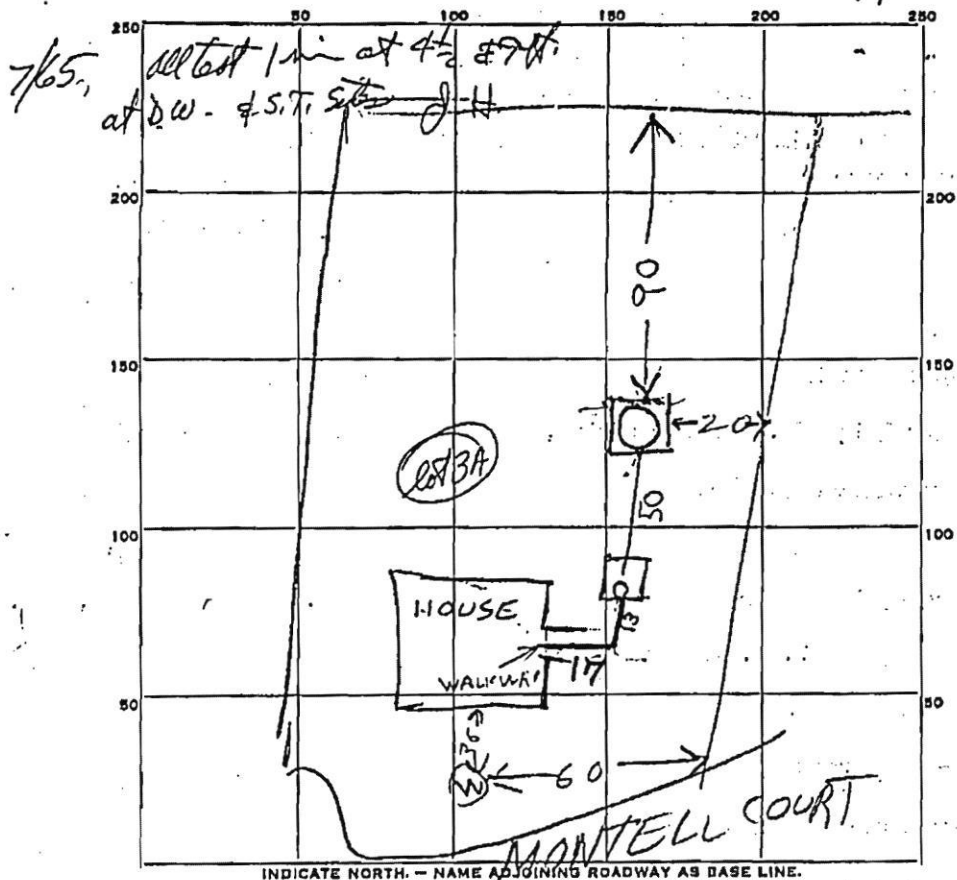
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

**BUILDING PERMIT SIGNED  
AND RETURNED**  
*518106-800159767-DECK*

*10324*

A 10324



PERMIT CARD \_\_\_\_\_  
 SEPTIC TANK, LEVEL DK 1000 CLEANOUTS OK  
~~concrete~~ Top 4 FT to 5 FT below grade  
 DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.  
 GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.  
 NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

31  
 5  
 186

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 10 FT.  
321 Counting stone But only count 6 FT because maximum  
186 sq ft counting stone depth is 12 FT  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 12/5/66 - Dry Well Inlet is 6 1/2 FT  
below grade Perimeter of Dry Well is 5 3/2  
6 x 5 3/2 = 321 sqft sidewall area in dry well counting only depth  
to 12 ft 10 x 5 3/2 = 535 sqft sidewall area in dry well counting  
depth down to 16 ft Soil looks porous & dry well  
is dry. Dry Well in dry so may be approved despite excessive depth

DATE SYSTEM APPROVED 12/5/66 INSPECTOR Raymond Hodges

House Location Plat  
 Lot 3 Block A  
 GREEN HILL MANOR  
 Howard County, Maryland  
 Scale: 1" = 50'

Engineer's Certificate

I hereby certify that the plat shown hereon is correct, and that the location of buildings shown is as by actual measurement.

October 26, 1966

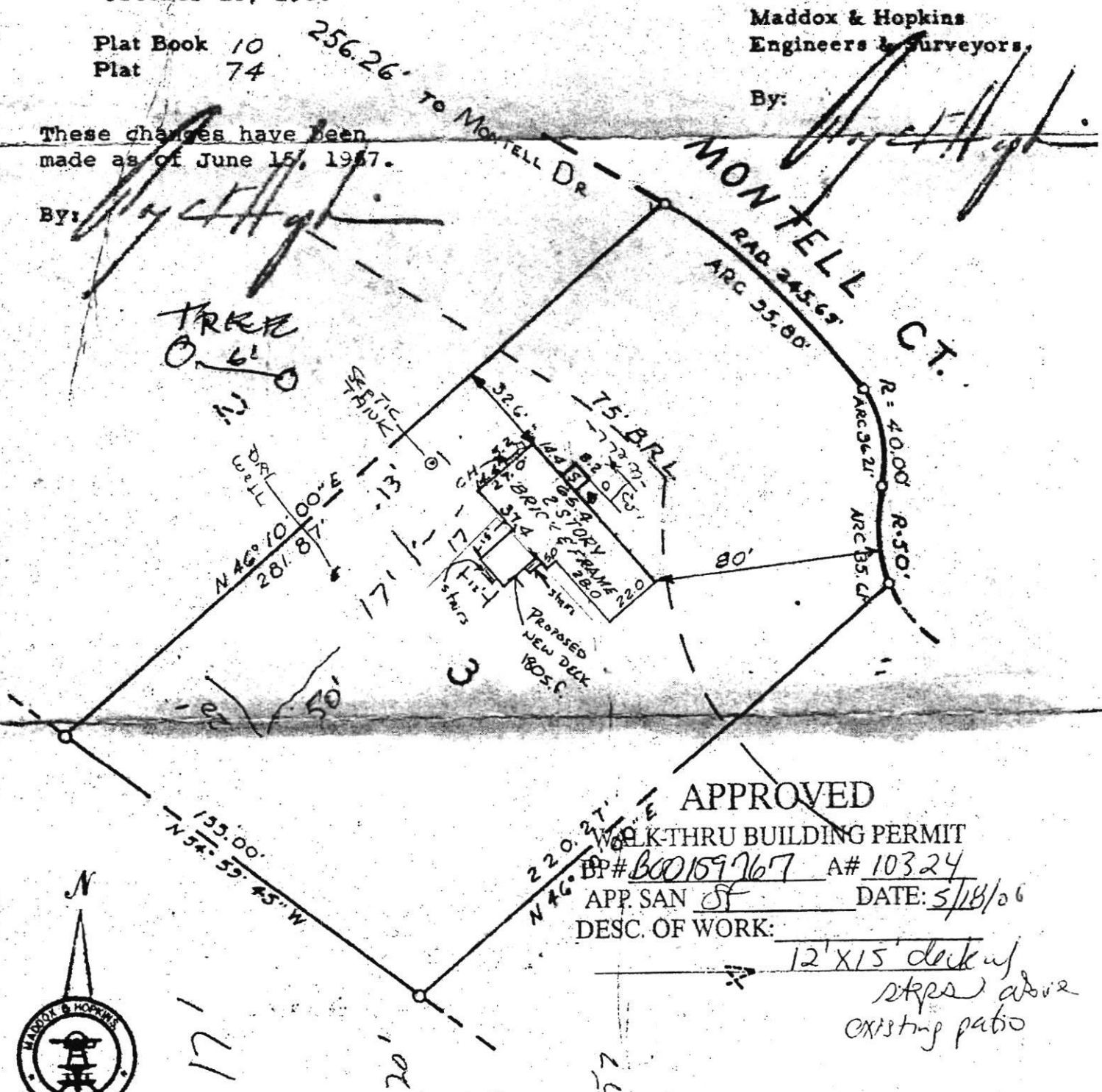
Plat Book 10  
 Plat 74

Maddox & Hopkins  
 Engineers & Surveyors.

By: *[Signature]*

These changes have been made as of June 15, 1967.

By: *[Signature]*



APPROVED

WALK-THRU BUILDING PERMIT

BP# B00159767 A# 10324

APP. SAN ST DATE: 5/18/66

DESC. OF WORK:

*12' x 15' deck w/ steps above existing patio*



*171*  
*20*  
*25*



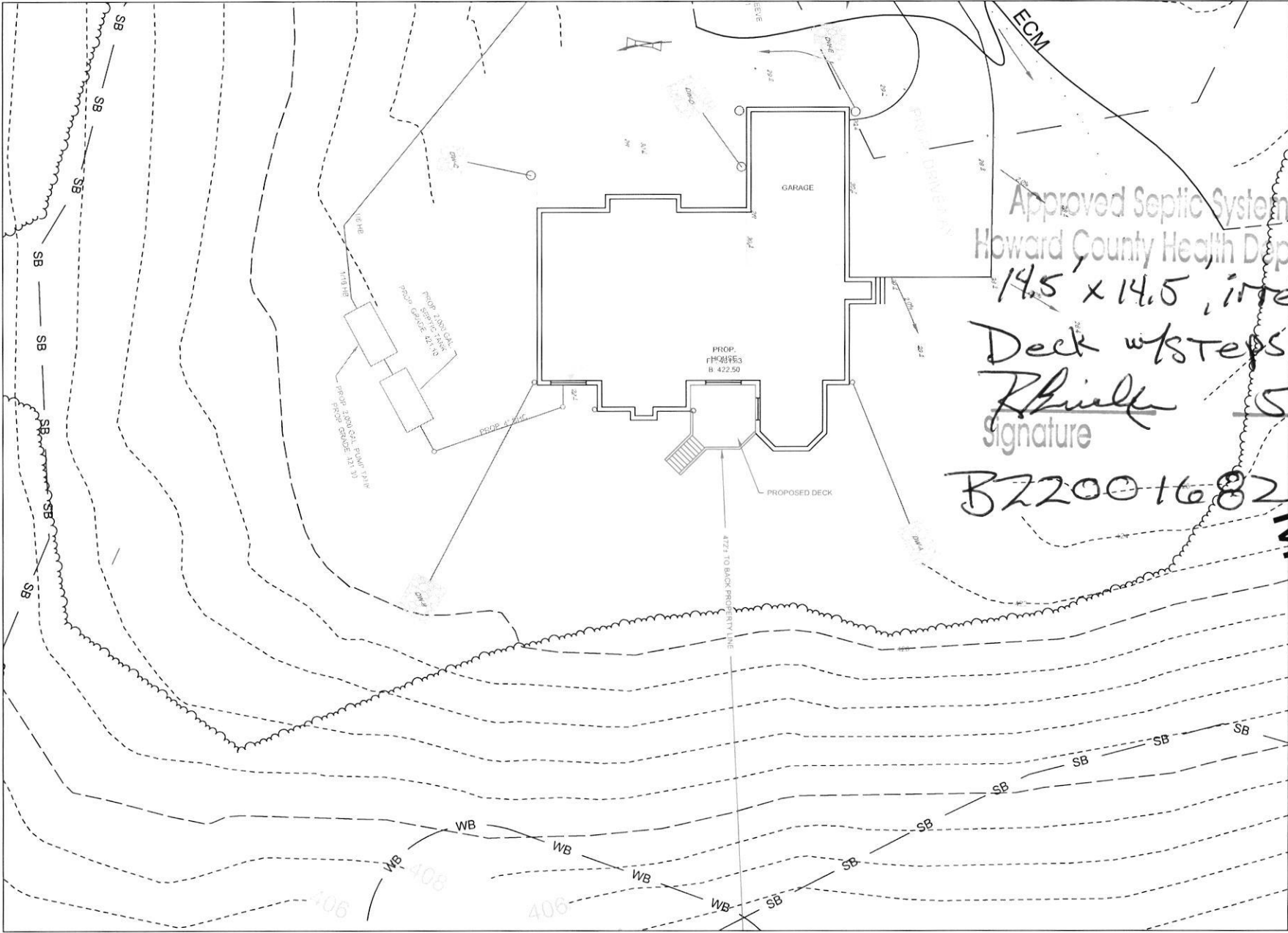
Approved Septic System Plan  
Howard County Health Department

14.5 x 14.5, irregular,  
Deck w/ steps

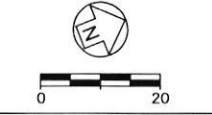
*Rhilly*  
Signature

5/5/22  
Date

B22001682



VOLTZ  
DECK  
DESIGN  
6761 HAVILAND MILL RD  
CLARKSVILLE, MD 21029



Date:	04 29 2022
Project No.:	2834074
Drawn By:	AG
Reviewed By:	MS
SHEET:	OF 1

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B22001682	05/02/2022
Description of Work		
SFD/ CONSTRUCT A 14.5'X14.5' IRREG SHAPED DECK W/STEPS		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
6761	HAVILAND MILL	RD
Unit Type	Unit #	X Coordinate
--Select--		-76.99346
		Y Coordinate
		39.18771
City	State	Zip Code
CLARKSVILLE	MD	21029
	Primary	
	Yes	

OK  
*[Handwritten Signature]*  
 5/5/2022

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
855503	129	37.11	238000	365200	127200	RURAL
Legal Description						
IMPSPAR 2 37.115 A.[ ]6761 HAVILAND MILL RD[ ]DEER TRACK KRAMER PROP						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	605101	5				
Plan Area	State Tax Id	Subdivision Name	Primary				
	1405353947	DEER TRACK	Yes				
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-19	RR-DEO	4933-A10					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
11410							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1954	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search    Reset    Clear

Name \*

VOLTZ JAMES THOMAS

Address Line 1

6761 HAVILAND MILL RD

Address Line 2

Address Line 3

Mail City

CLARKSVILLE

Mail State

MD

Mail Zip Code

21029

Phone

410-489-0655

Primary

Yes

E-mail

Cell Number

Fax Number

Page 2 of 3  
OK  
RB  
5/5/2022

Professionals (This section is not required.)

Search    Reset    Clear

License # \*

08010106852

Business Name

ABSOLUTE LANDSCAPE & TURF SERVICES

License Type \*

MHIC Ind

First Name

MATTHEW

Middle Name

Last Name

SABINE

Primary

Yes

Address Line 1

4781 TEN OAKS RD.

Address Line 2

City

DAYTON

State

MD

ZIP Code

21036-0000

Phone 1

4109844200

Phone 2

Fax

E-mail

MATT@ABSOLUTESCAPES.COM

6761 Haviland Mill Rd.  
B22001682

Applicant (This section is not required.)

Search    As Owner    As Lic. Prof    As Contact

Type \*

Applicant

First Name

MICHELLE

MI

Last Name

CLANCY

Relationship

Applicant

Full Name

MICHELLE CLANCY

Primary

Yes

Organization Name

APPLIED & APPROVED PERMITS LLC

Street Address

P.O. BOX 310

Address Line 2

City

PERRY HALL

State

MD

Zip Code

21128

Phone 443-340-1229  
Cell  
Fax  
E-mail \*  
MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost \* 18000  
Housing Units \* 0  
Number of Buildings \* 0  
Public Owned No  
Construction Type  
434 - Additions, Alterations and Conversions - Residential

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee \*  Yes  No  
Capital Project Number  
Fee Exempt \*  Yes  No  
Roadside Tree Project Permit \*  Yes  No  
Roadside Tree Project Permit #  
Existing Use \* SFD  
Water Private  
Sewage Private  
Expiration Date 11/1/2022

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Submit Cancel

Page 3 of 3  
'OK'  
R. Bunker 5/5/22  
6761 Haviland Mill  
B22001682