

RECEIVED
JUL 15 2021

PERMIT NUMBER: B 210026455

DATE ACCEPTED:

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: 7154 Guilford road		Unit:
City: Clarksville	State: MD	Zip Code: 21029
Subdivision/Village/Complex Name: Clarksville Meadows		SDP/WP/BA #: G21000134
Lot: 8	Tax Map: 35	Parcel: 296
Grading Permit #: ADD TO DPZ 7/16/21		

DESCRIPTION OF WORK REQUIRED

Existing Use: Single Family Dwelling	Proposed Use: Single Family Dwelling	Estimated Cost: \$350,000.00
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

Walker Residence, 2 story, 13 room, 5 bedroom, 3 bath, 2 car attached, gas fireplace, prescriptive Energy, unfinished basement, deck, screened in porch, basement -45'wide-40'deep 1st floor-45'wide-46'deep, 2nd floor - 45'wide-31'deep. Totalsf-5815 Occup sf-5163

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Benjamin and Grace Walker	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 7154 Guilford Road	
City: Clarksville	State: MD
Phone: (410) 977-2188	Zip Code: 21029
Email:	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Viking Development Corporation	Contact Name: Cary Cumberland
Street Address: 815 Windriver Drive	
City: Sykesville	State: MD
Phone: (410) 977-2188	Zip Code: 21784
Email: cary@Vikingcustomhomes.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: Viking Development Corporation	License #: 1185
Licensee's Name: Cary Cumberland	
Street Address: 815 Windriver Drive	
City: Sykesville	State: MD
Phone: (410) 977-2188	Zip Code: 21784
Email: cary@vikingcustomhomes.com	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Caddworks	Name: Dennis
Street Address:	
City: Frederick	State: MD
Phone:	Zip Code:
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 checked="" type="checkbox"/> Gas Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other: Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input 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: Walker Residence					
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 13	# Full Baths: 3	# Half Baths: 0	# Fireplaces: 1		
Garage/Carport Info: <input checked="" 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width: 45	1st Fl Depth: 46	2nd Fl Width: 45	2nd Fl Depth: 31	Bsmt Width: 45	Bsmt Depth: 40
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 5,815 sq ft		Occupiable Area: 5,163 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.

Cary K Cumberland
APPLICANT'S ORIGINAL SIGNATURE

7-14-21
DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>RK</i>	<input checked="" type="checkbox"/> SHA	<input checked="" type="checkbox"/> CID
SUBMITTAL FEES: \$150.00		PAYMENT: 150		ACCEPTED BY: <i>Drop Box</i>	

CK 13537

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

Date: 7/10/22

To: DILP
(Reviewer/Requestor's Name) (Division)

From: MICHELLE CLANCY 443-610-7514
(Your Name, Company Name) (Phone Number)

Subject: Project name _____
Project site address 7154 GUILFORD RD CLARKSVILLE
Permit # B22000733 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 model plans to be placed on permanent file: Model Name/ # _____
- Other NEED TO REVISE PERMIT TO REFLECT 1000 GAL TANK

Contact Person Information: (Required)

MICHELLE CLANCY Telephone No: 443-610-7514
Please Print Name E-Mail Address: michelle@appliedandapproved.com

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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 _____

White-Plan Review / Yellow-Applicant / Pink-Permit Division
T:\Operations\Updated forms\HoCoTransmittalForm04.2020

Approved 7/11/22
AA

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B22000733 Opened Date 03/07/2022

Description of Work SFD//INSTALL (1) 500 GAL UNDERGROUND PROPANE TANK

[check spelling](#)

Address * (This section is required.)

Approved
3/7/22
AA

Search Reset Clear Get Parcel & Owner

Street # 7154 Street Name GUILFORD Street Type RD

Unit Type --Select-- Unit # X Coordinate -76.91157 Y Coordinate 39.1895

City CLARKSVILLE State MD Zip Code 21029 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
853343	296	3.07	270500	504900	234400	RURAL

Legal Description IMPSLOT 8 3.078 AR[]7154 GUILFORD RD[]CLARKSVILLE MEAD

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	8	605102	4				
Plan Area		State Tax Id		Subdivision Name			
		1405346665					
Section		Area		Tax Map			
				35			
Grid		Zoning District		ADC Map			
35-21		RR-DEO		4934-E10			
SDP No.		Final Plan No.		WP File No.			
Record Plat No.		WS Contract No.		FDP No.	Primary		
3759					Yes		
Owner Occupied		Year Built		Historic District			
<input type="radio"/> Yes <input type="radio"/> No		1977		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area		Flood Plain			
		5-15A		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No							

Owner * (This section is required.)

Search Reset Clear

Name * BENJAMIN WALKER

Address Line 1 7154 GUILFORD RD

Address Line 2

Address Line 3

Mail City CLARKSVILLE Mail State MD Mail Zip Code 21029

Phone 410-984-5681 Primary Yes

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
81215	THOMPSON GAS		
License Type *	First Name	Middle Name	Last Name
Propane Gs	DENNIS		FEAGA
Primary	Address Line 1		
Yes	5260 WESTVIEW DRIVE #200		
	Address Line 2		
	City	State	ZIP Code
	FREDERICK	MD	21703
	Phone 1	Phone 2	Fax
	410-984-5681		
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
Yes	APPLIED & APPROVED PERMITS LLC		
	Street Address		
	P.O. BOX 310		
	Address Line 2		
	City	State	Zip Code
	PERRY HALL	MD	21128
	Phone	Cell	Fax
	443-340-1229		
	E-mail *		
	MICHELLE@APPLIEDANDAPPROVED.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
15000	0	0	No
Construction Type			
--Select--			

TANK INFORMATION

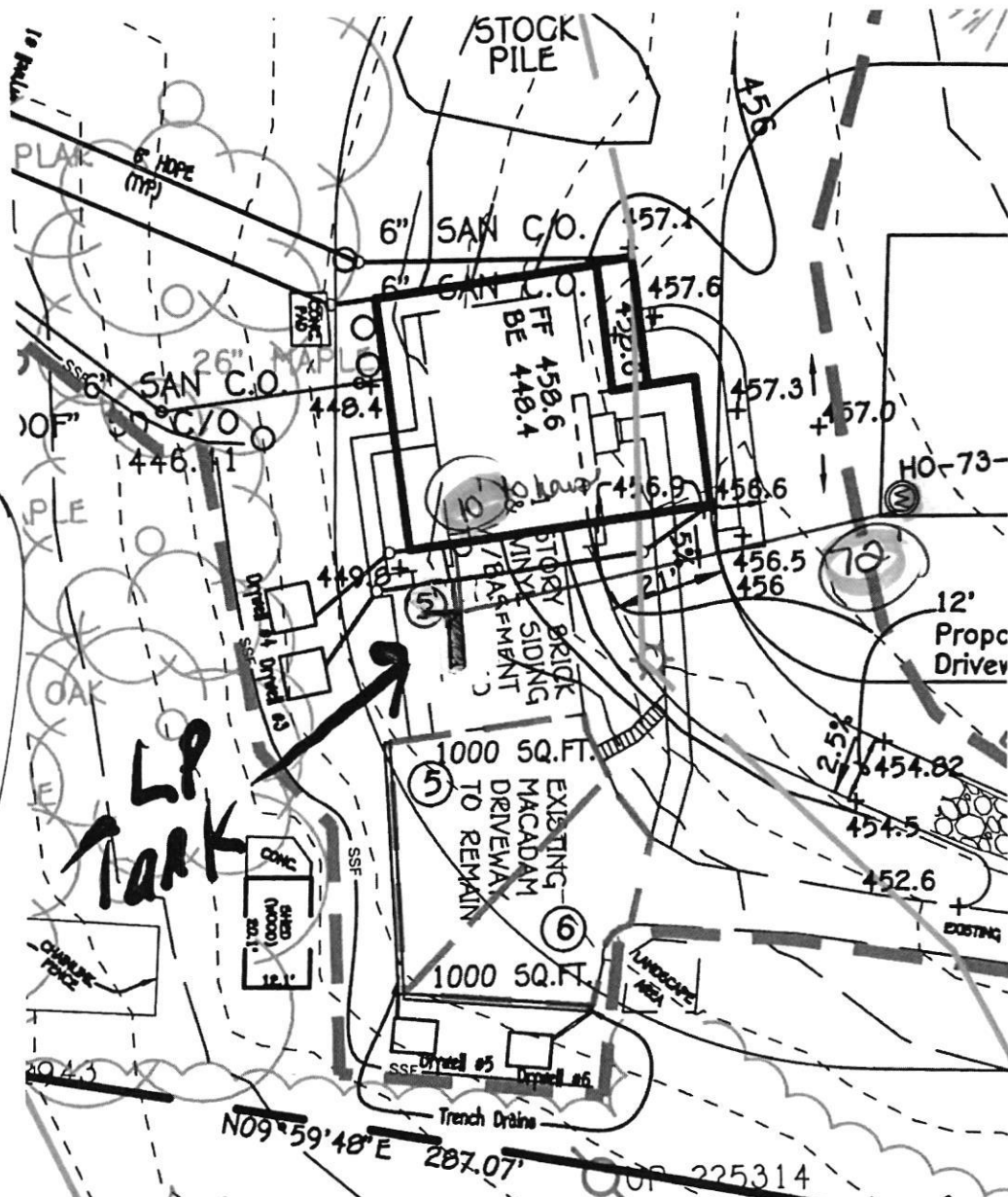
RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
--Select--	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	9/3/2022	0	

PAYMENT INFORMATION

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

Submit Cancel



Approved for
lp tank
D22000733
AA
3/7/22

LP TANK

WELL DRAINAGE AREAS FOR DRIVEWAY

7154 Gulfad Rd.
Clarksville
21029

LOT 7
CLARKSVILLE RIDGE
PLAT BOOK 05 PAGE 41

Scale
1" = 30'



Freemon, Robert

From: Freemon, Robert
Sent: Friday, October 8, 2021 9:18 AM
To: cary@vikingcustomhomes.com; Wolf, Kevin; Williams, Jeffrey
Cc: Thomas, Susan
Subject: RE: Building B21002645: 7154 Guilford

Hi Cary,

I am emailing you to let you know building permit B21002645 has been signed off on by the Health Dept. I understand the reconstruction of the old well has been approved but we still are waiting on the completion report. The septic permit will not be released until we have a completion report for the new/old well. The well will need potability testing prior to U&O. Let me know if you have any questions.



*Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
Bureau of Environmental Health*

*Well and Septic Program
Robert "Spencer" Freemon
Phone: 410-313-6357*

Email: rfreemon@howardcountymd.gov

Website: <https://www.howardcountymd.gov/health/well-septic-program>

From: cary@vikingcustomhomes.com <cary@vikingcustomhomes.com>
Sent: Wednesday, September 22, 2021 4:02 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Williams, Jeffrey <jewilliams@howardcountymd.gov>; Freemon, Robert <rfreemon@howardcountymd.gov>
Subject: RE: Building B21002645: 7154 Guilford

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

Thank you all for your help in this situation, you don't know how much it means to me and my client at this juncture. I believe this completion report is the only thing holding the release of the building permit. I was trying to schedule the demo of the home early next week now and then excavation of the new home right after to get it started. I will look into the accella to verify where the building permit is, I think like I said above it's just left with the health department.

Thank you again
Cary!