

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B22001368 Opened Date 04/12/2022

Description of Work SFD/ INSTALL (1) 1,000 GALLON UNDERGROUND PROPANE TANK

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 6509 Street Name OLD HILLTOP Street Type CT
Unit Type --Select-- Unit # X Coordinate -76.95439 Y Coordinate 39.18925
City HIGHLAND State MD Zip Code 20777 Primary Yes

Approved 4/17/22 [Signature]

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 11059957 Parcel 0301 Parcel Area 0 Land Value 0 Improved Value 0 Exemption Value 0 Plan Area RURAL

Legal Description

check spelling

Block 23 Lot 2 Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id Subdivision Name CLARKSVILLE CROSSING
Section Area Tax Map 34
Grid Zoning District ADC Map 34-23 RR-DEO 4933-H10
SDP No. Final Plan No. WP File No.
Record Plat No. WS Contract No. FDP No. Primary Yes
Owner Occupied Year Built Historic District
Historic District Registry No. Stat Area Flood Plain
Building No

Owner * (This section is required.)

Search Reset Clear

Name * AMAR GROVER
Address Line 1 11284 TERRACE LANE
Address Line 2

Address Line 3

Mail City FULTON Mail State MD Mail Zip Code 20759
Phone 410-733-9991 Primary Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100081215	J.E. FEAGA AND SON EXCAVATING INC.		
License Type *	First Name	Middle Name	Last Name
Propane Gs	DENNIS		FEAGA
Primary	Address Line 1		
Yes	1625 HENRYTON RD		
	Address Line 2		
	1625 HENRYTON RD		
	City	State	ZIP Code
	MARRIOTTSVILLE	MD	21104-0000
	Phone 1	Phone 2	Fax
	4104425623		4104425623
	E-mail		
	GRNDHGLP52@GMAIL.COM		

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
2000	0	0	No
Construction Type	329 - Structures Other Than Buildings (Retaining Walls/Tents)		

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 *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	10/11/2022	0	

PAYMENT INFORMATION

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

Related Records

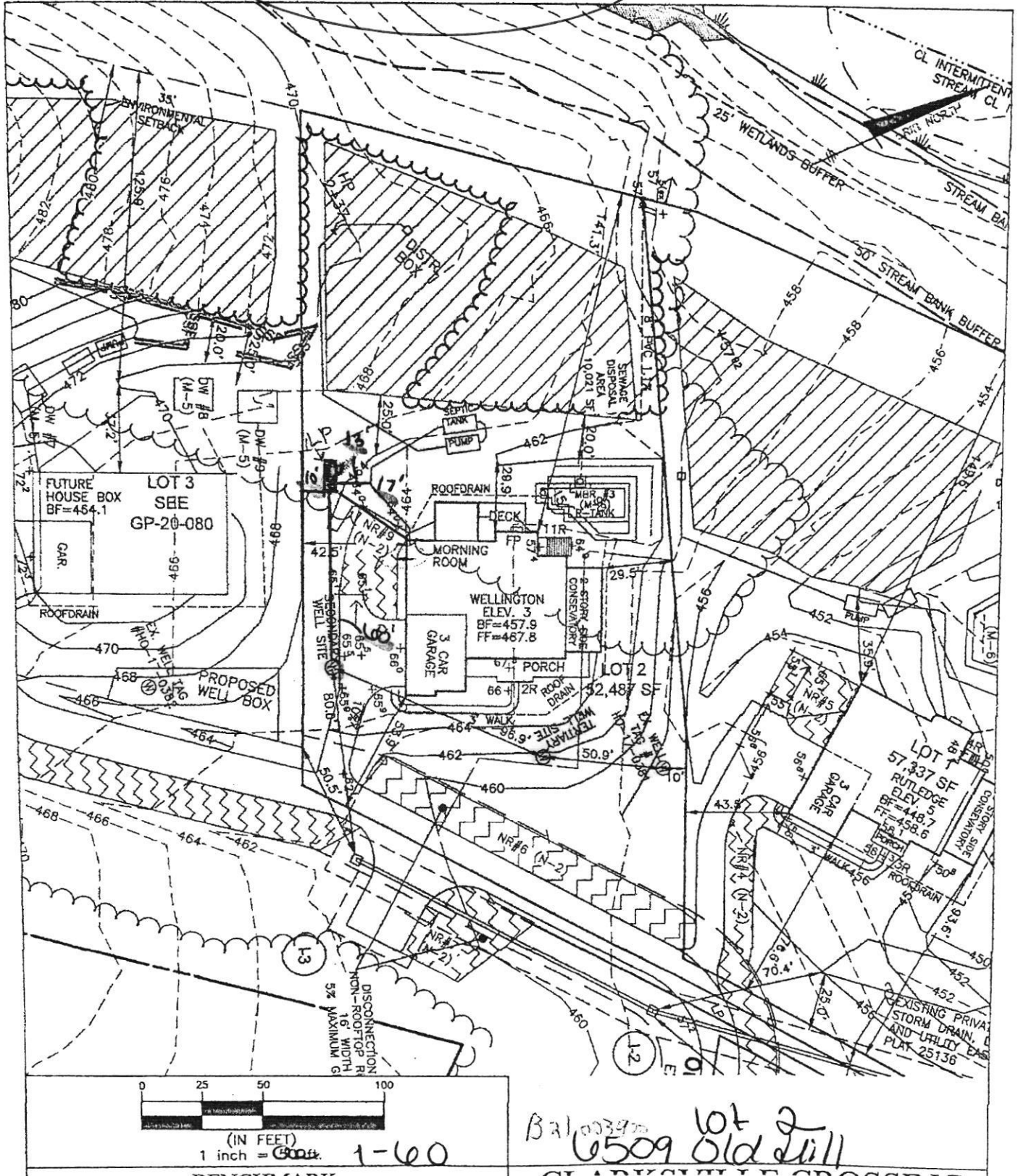
Showing 1-4 of 4

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B21003900	Residential New Single Family Dwelling Permit	Issued	6509	OLD HILLTOP	10/06/2021	SFD/ MODEL 'WELLINGTON W/ CONSERVATORY AND MORNING ROOM/, 2 STORY, Full ...
E22001512	Residential Electrical New	Issued	6509	OLD HILLTOP	03/30/2022	To install service (400) amps &

Approved for LP tank

622001368

4/14/22



B31 003970 lot 2
6509 Old Mill

CLK002

PERMIT NUMBER: B 21003900

DATE ACCEPTED: DHP 2021 OCT 6 AM 9:00



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: 6509 Old Hilltop Court		Unit:
City: Highland	State: MD	Zip Code: 20777
Subdivision/Village/Complex Name: Clarksville Crossing		SDP/WP/BA #: F18 081; CP 20 080
Lot: 2	Tax Map: 34	Parcel: 0301
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: vacant lot	Proposed Use: SF Home	Estimated Cost: \$ 131,145
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Clarksville NL LLC % H+H Rock Company		Primary Residence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner's Street Address: 6800 Deerpath Rd, St 100		
City: Elkridge	State: MD	Zip Code: 21075
Phone: (410) 579-2442	Email:	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Williamsburg Group LLC	Contact Name: Chris Wine
Street Address: 5485 Harpers Farm Rd #200	
City: Columbia	State: MD
Phone: 410 997-8800 x20	Email: Chriswine@williamsburgllc.com

CONTRACTOR INFORMATION REQUIRED

Business Name: same as above	
Licensee's Name:	License #: 155
Street Address:	
City:	State:
Phone:	Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: same as above	Name:
Street Address:	
City:	State:
Phone:	Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input 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 checked="" type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	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 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: Ruledge 1102-1 3 car detached garage with 2 story conc wall of wds				
# of Bedrooms (SF): 95	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*): 3 front
# Rooms: 14	# Full Baths: 3	# Half Baths: 1	# 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1st Fl Width: 79	1st Fl Depth: 63	2nd Fl Width: 79	2nd Fl Depth: 63	Bsmt Width: 79
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input checked="" type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 10469 sq ft	Occupiable Area: 10383 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.

Chris Wine	10/6/21
APPLICANT'S ORIGINAL SIGNATURE	DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY				
AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	11/22/21 <input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES: \$1150.00	PAYMENT: # 15234	ACCEPTED BY: [Signature]		

F08-081 need settlement sheet on plan benchmark has muller

**The Williamsburg Group
Request For Initial House Siting**

Subdivision: Clarkville Crossing Lot #: 2 Date: 6/5/21

House Type: Rutledge
 Elevation Description: Elev. 5 w/ Hip Roof
 Walkout: NO ZERO ENTRY _____

Escape Well No Yes Location _____ AND/OR Bedroom _____

Area way: 4' wide yes 6' wide _____ Location: per plan

Garage: Left yes Right _____ 2 car _____ 3 car
 Front Load _____ Side Load 3 car Rear Load _____
 Detached _____ Attached

Driveway Material: Concrete _____ Asphalt

Foundation Wall Height: 8' (top of 1st fl subfloor - top of bsmt slab = 8.88 ft)
9' (top of 1st fl subfloor - top of bsmt slab = 9.88 ft) - yes
 Preferred elevation of garage slab is 2' below 1st fl. Elevation, adjust as req'd by grades

Porches: n/a

Bay Windows: n/a

Fireplaces: Masonry _____ Prefab Size: 42" Location: Farm Room Rear Wall Per Plan

Sunrooms: Size: N/A Location _____

Decks / Patios: Size: N/A Location _____

Extensions: 2 story Side Conservatory w/ full Bath - All B

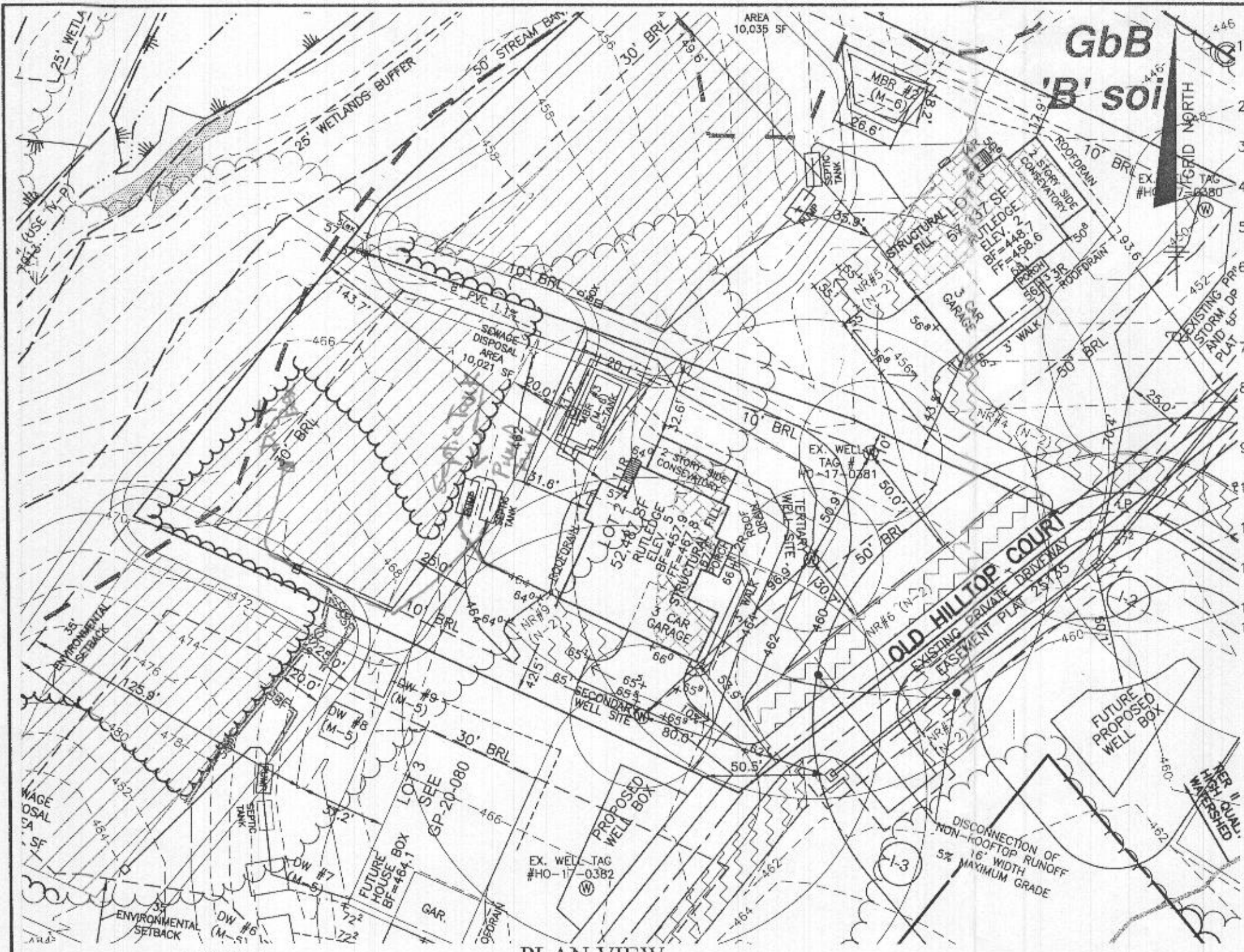
Prominent _____ Semi-Prominent _____

Exterior:
 Siding: Front _____ Sides Rear
 Brick: Front Sides _____ Rear _____
 Stone: Front _____ Sides _____ Rear _____

Vinyl 6" Beaded

Buyer acknowledges by signature below that this request constitutes a request for the initial siting of the house described herein. The Seller's engineer will site the house using "Best Engineering Practices". The house will be sited to best suit the existing topography of the lot. The final approval will be per review by Fairwood Architectural Board. Their decision will be considered final. Additional charges may apply.

Buyer: _____ Buyer: _____

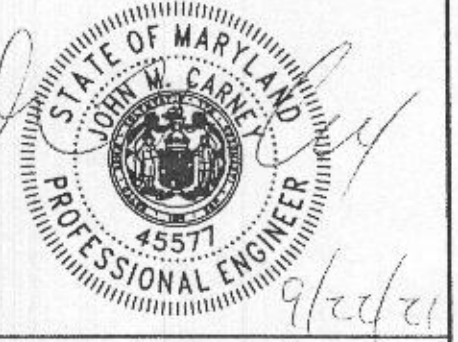


GENERAL NOTES

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR CLARKSVILLE CROSSING PROPERTY, PLAT NUMBER 25134-25137 REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREA, ALL EASEMENTS AND CONDITIONS.
2. THE EXISTING WELL SHOWN ON THIS PLAN (HO-17-0381) HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
3. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
4. TOPOGRAPHY SHOWN WAS PREPARED BY BENCHMARK ENGINEERING, INC. DATED AUGUST, 2013.
5. SEDIMENT AND EROSION CONTROLS WILL BE SUBMITTED BY HOWARD SOILS CONSERVATION DISTRICT AS A CUSTOM GRADING PLAN.
6. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED BUILDING PERMIT AND CUSTOM GRADING PLANS. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY TWO NON-ROOFTOP DISCONNECTIONS AND ONE MICRO-BIORETENTION FACILITY.
7. ANY CHANGES TO A PRIVATE SEWAGE DISPOSAL AREA OR WELL SITES SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
8. ANY CHANGES TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
9. ANY ELECTRICAL WORK FOR THE INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
10. THE SEPTIC TANK WILL BE A 2000 GALLON TWO COMPARTMENT TANK. THE PUMP TANK IS TO BE A 2,000 GALLON ONE COMPARTMENT TANK.
11. THE MAXIMUM EARTH COVER OVER A TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
12. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS/OR SEPTIC SYSTEM HAVE BEEN SHOWN.
13. ANY FUTURE WELLS SHALL BE 10' FROM DRIVEWAY.
14. MICRO-BIORETENTION SWM FACILITIES WITHIN 100' OF A WELL SITE OR WELL BOX WILL BE LINES. MICRO-BIORETENTION FACILITIES ARE NOT ALLOWED CLOSER THAN 50' TO A WELL SITE OR WELL BOX.

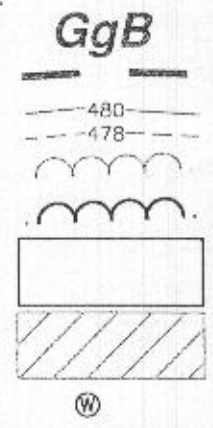
Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 45577, Expiration Date: 06/08/2022

Approved Septic System Plan
 Howard County Health Department
 5-bed room residence
 w/ bath in finished basement area
R. B. [Signature] 11/32/2021
 Signature Date
 B21003900

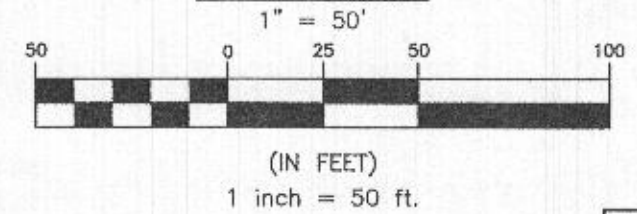


LEGEND

- SOILS CLASSIFICATION
- SOILS DELINEATION
- EXISTING CONTOURS
- EXISTING TREE LINE
- PROPOSED TREE LINE
- WELL BOX
- SEWAGE DISPOSAL AREA
- FIELD LOCATED WELL



PLAN VIEW



BUILDER:
 WILLIAMSBURG HOMES
 5485 HARPERS FARM ROAD
 COLUMBIA, MARYLAND 21044
 410-997-8800

BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE SUITE 315
 ELLICOTT CITY, MARYLAND 21043
 (P) 410-465-6105 & (F) 410-465-6644
 WWW.BEI-CMLENGINEERING.COM

PROJECT:		CLARKSVILLE CROSSING LOT 2	
LOCATION:		TAX MAP: 34, GRID: 23, PARCEL: 301 6509 OLD HILLTOP CT., TAX ID: 05-602004 ELECTION DISTRICT NO. 5, HOWARD COUNTY, MARYLAND	
TITLE:		BUILDING PERMIT PLAN	
HOUSE TYPE:		RUTLEDGE	
DATE:	SEPTEMBER, 2021	PROJECT NO.	2525
SCALE:	AS SHOWN	DRAWING	1 OF 2