

PERMIT NUMBER: B21004465

DATE ACCEPTED:



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: 11011 BLEVINS DRIVE		Unit:
City: CLARKSVILLE	State: MD	Zip Code: 21029
Subdivision/Village/Complex Name: ESTATES AT CLARKSVILLE		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use: FINISHED BASEMENT	Estimated Cost: \$ 175,000.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
FINISH BASEMENT, TO INCLUDE 2 FULL BATHS / MED RM / STORAGE EXERCISE RM / TV RM / BAR AREA / WINE RM. 3000 SQ FT.		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): NIPIN GUPTA	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 11011 BLEVINS DRIVE	
City: CLARKSVILLE	State: MD
Phone: 804 869 7224	Email: NIKIFINANCE@YAHOO.COM
Zip Code: 21029	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: GRACE BROTHERS CONSTR.	Contact Name: BILL GRACE
Street Address: 13600 BROOKLINE RD	
City: BALDWIN	State: MD
Phone: 410 299 5760	Email: BILLGRACE1206@MSN.COM
Zip Code: 21013	

CONTRACTOR INFORMATION REQUIRED

Business Name: GRACE BROTHERS CONSTRUCTION	
Licensee's Name: BILL GRACE	License #: 87038
Street Address: 13600 BROOKLINE RD	
City: BALDWIN	State: MD
Phone: 410 299 5760	Email: BILLGRACE1206@MSN.COM
Zip Code: 21013	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

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 checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Model Name & Options:				
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: 12	# Full Baths: 4	# Half Baths: 2	# Fireplaces: 2	
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: 115'	1st Fl Depth: 70'	2nd Fl Width: 115'	2nd Fl Depth: 70'	Bsmt Width: 90' Bsmt Depth: 70'
Energy Method: <input type="checkbox"/> Prescriptive <input checked="" type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 3500 sq ft Occupiable Area: 2000 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.

William M...
APPLICANT'S ORIGINAL SIGNATURE

11-9-21.
DATE SIGNED

FOR OFFICE USE ONLY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA
SUBMITTAL FEES:		PAYMENT:	ACCEPTED BY:	

FOR DANA BERNARD,

FLOOR PLANS,

PERMIT # B2100 4465.
FROM BILL GRACE / GUPTA

8930 STANFORD BLVD.
COLUMBIA MD 21045.

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

DATE: December 9, 2021

TO: Bill Grace
Via E-mail: billgrace21206@msn.com

RE: **Building Permit # B21004465**
11011 Blevins Drive
Clarksville, MD 21029

Mr. Grace,

Our department has reviewed your building permit B21004465 and based on your proposal, your septic system must be upgraded, and trenches established and/or extended. Your 1500-gallon tank will be required to upgrade to support your addition based on the number of bedrooms shown. In addition, floor plans for the existing house must be submitted for review. The number of bedrooms could change after final review of your current floor plans. Your trenches and tank or any other upgrades needed after final review will be required prior to building permit approval.

Your building permit will be placed “on hold” until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard

Dana Bernard, REHS/RS
Environmental Specialist II
Well and Septic Program
Phone (410) 313-2775
E-mail: dbernard@howardcountymd.gov

Bernard, Dana

From: Bernard, Dana
Sent: Wednesday, December 15, 2021 3:08 PM
To: BILL GRACE
Subject: RE: plans 11011 Blevins Drive

Good Afternoon Mr. Grace,

The floor plans and not the house plans must be submitted to our office. They are not legible through e-mail.

Thanks
Dana Bernard

From: BILL GRACE <BillGrace21206@msn.com>
Sent: Wednesday, December 15, 2021 1:32 PM
To: Bernard, Dana <dbernard@howardcountymd.gov>
Subject: plans 11011 Blevins Drive

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

Hello Mr Bernard

Here are the plans you requested, please let me know if anything further is needed and what the decision is .

Thank you

Bill Grace

FORM WHEN PICKING OFF ANY
AND/OR PLANS THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date:

12-20-22

To:

Dana Bernard, HEALTH DEPT
(Person's Name and Division)

From:

Grace Brothers (410) 299-5760
(Your Name, Company Name and Telephone Number)

Subject:

Project name GUPTA RESIDENCE

Project site address 11011 Blewins Dr.

Permit # B21004465 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 Blue Prints (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

Contact Person Information: (Required)

Bill Grace
Please Print Name

Telephone No: 410-299-5760

E-Mail Address: billgrace21266@msn.com

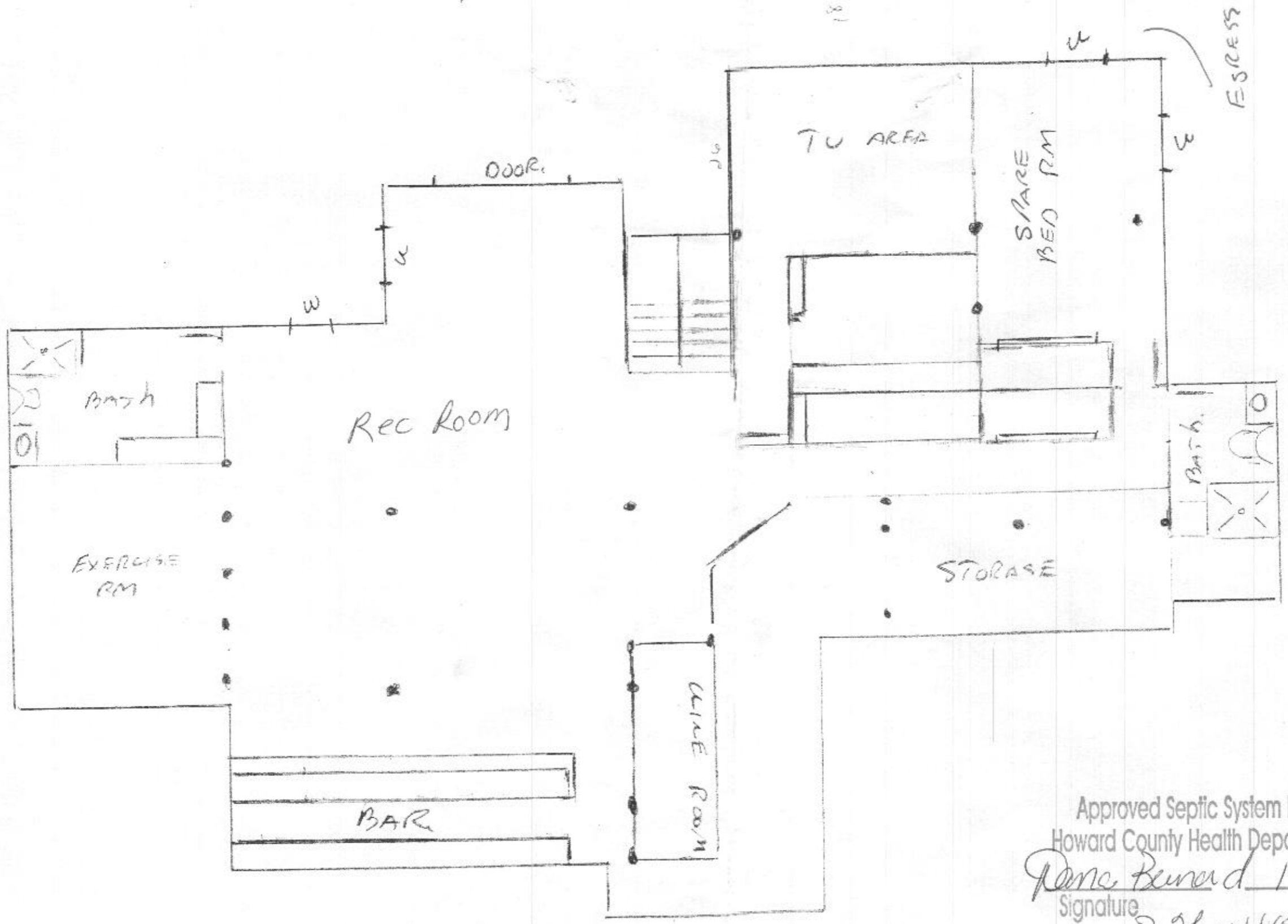
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT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

AKH

FWD DIRECTLY
TO HEALTH,
PER REQUEST

BATHS HAVE EXISTING RUSH-INS.
7/8" = 1'



Approved Septic System Plan
Howard County Health Department
Pamela Bernard 1-21-22
Signature Date
B 21 004465