

Record Detail (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B24001329 Opened Date 04/12/2024  
 Description of Work SFD//INSTALL (1) ONE 1000-GALLON UNDERGROUND PROPANE TANK

[check spelling](#)



Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 6530 Street Name HAVILAND MILL Street Type RD  
 Unit Type --Select-- Unit # X Coordinate -76.99188 Y Coordinate 39.19344  
 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
858511	371	2.02	205200	0	0	RURAL

Legal Description LOT 4 2.020 AR[ ]HAVILAND MILL RD[ ]HAYWARD PICKENS

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	4	605101	5				

Plan Area State Tax Id 1405385482 Subdivision Name  
 Section Area Tax Map 34  
 Grid 34-13 Zoning District RR-DEO ADC Map 4933-B10  
 SDP No. Final Plan No. WP File No.  
 Record Plat No. WS Contract No. FDP No. Primary Yes  
 Owner Occupied Year Built Historic District  
 Yes  No  Yes  No  
 Historic District Registry No. Stat Area 5-04A Flood Plain  
 Yes  No  
 Building No

Owner (This section is required.)

Search Reset Clear

Name ALAUSA OLAYINKA R  
 Address Line 1 5117 SANTE FE COURT  
 Address Line 2  
 Address Line 3

Mail City ELLICOTT CITY Mail State MD Mail Zip Code 21043  
 Phone 410-239-9515 Primary Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # 20020089549 Business Name MODERN COMFORT SYSTEMS LLC  
 License Type Plumb/Gas First Name FRANK Middle Name E Last Name HENSLEY  
 Primary Address Line 1 P.O. BOX 26  
 Yes Address Line 2  
 City WESTMINSTER State MD ZIP Code 21157-0000  
 Phone 1 4432777364 Phone 2 Fax  
 E-mail FHENSLEY@MODERNCOMFORTSYSTEMS.COM

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 Organization Name APPLIED & APPROVED PERMITS LLC  
 Yes 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 800 Housing Units 0 Number of Buildings 0 Public Owned No  
 Construction Type 434 - Additions, Alterations and Conversions - Residential

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee  Yes  No Capital Project Number \_\_\_\_\_ Fee Exempt  Yes  No Roadside Tree Project Permit  Yes  No Roadside Tree Permit # \_\_\_\_\_  
 Existing Use SFD Number of Tanks Installed 1 Number of Tanks Removed 0  
 Water Supply Private Sewage Disposal Private Expiration Date 10/13/2024 Relocate Existing Tank 0

Submit Cancel



Record Detail \* (This section is required.)

Originally ~~not~~  
 Approved 1/17/2025  
 Amendment ~~not~~  
 Approved 5/5/2025

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/New/SFD	B22002378	06/14/2022

**Description of Work**  
 SFD/ CUSTOM/, 2 STORY, Full Basement, Basement = Partially Finished, 19R, 6FB, 2HB, 0FP, Attached Garage, 6BR, N/A, ENERGY METHOD = Performance Method, Subject to CB-76-2018/\*\*7.26.22 REVISED PLANS SUBMITTED PER COMMENTS\*\*/

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>	
6530	HAVILAND MILL	RD	
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>	<b>Y Coordinate</b>
-Select-		-76.99188	39.19344
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Primary</b>
CLARKSVILLE	MD	21029	Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

<b>GIS ID *</b>	<b>Parcel</b>	<b>Parcel Area</b>	<b>Land Value</b>	<b>Improved Value</b>	<b>Exemption Value</b>	<b>Plan Area</b>
858511	371	2.02	205200	0	0	RURAL

**Legal Description**  
 LOT 4 2.020 AR[ ]HAVILAND MILL RD[ ]HAYWARD PICKENS

[check spelling](#)

<b>Block</b>	<b>Lot</b>	<b>Census Tract</b>	<b>Council Dist</b>	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
	4	605101	5				
<b>Plan Area</b>	<b>State Tax Id</b>		<b>Subdivision Name</b>				
	1405385482						
<b>Section</b>	<b>Area</b>		<b>Tax Map</b>				
			34				
<b>Grid</b>	<b>Zoning District</b>		<b>ADC Map</b>				
34-13	RR-DEO		4933-B10				
<b>SDP No.</b>	<b>Final Plan No.</b>		<b>WP File No.</b>			<b>Primary</b>	
						No	
<b>Record Plat No.</b>	<b>WS Contract No.</b>		<b>FDP No.</b>				
<b>Owner Occupied</b>	<b>Year Built</b>		<b>Historic District</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Historic District Registry No.</b>	<b>Stat Area</b>		<b>Flood Plain</b>				
	5-04A		<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Building No</b>							

Owner (This section is not required.)

Search Reset Clear

Name \*

Street Address  
6505 LIBERT ROAD  
Address Line 2

City Baltimore State MD Zip Code 21207  
Phone 443-226-8700 Cell Fax  
E-mail SEUNOWO@PROACTIVEDBS.COM

Addtl Info

Est Construction Cost \* 400000 Housing Units \* 1 Number of Buildings \* 0 Public Owned No  
Construction Type 101 - Single Family Houses Detached

BUILDING INFORMATION

BUILDING INFORMATION

Capital Project-No Fee \*  Yes  No Capital Project # \_\_\_\_\_ Fee Exempt \*  Yes  No Roadside Tree Project Permit  Yes  No Roadside Tree Project Permit # \_\_\_\_\_

Guaranty Fund \*  Yes  No Condominium  Yes  No Existing Use Vacant Lot Model SFD/ CUSTOM/

No of Stories \* 2 Foundation Full Basement Basement Partially Finished No of Rooms \* 19 Full Baths \* 6 Half Baths \* 2 Other Structure Attached Garage

Bedrooms \* 6 Porch Deck N/A No of Fireplaces \* 0 Type of Fireplace --Select-- Energy Code Performance Method Subject

W&S Fees Paid  Yes  No Water Supply \* Private Sewage Disposal \* Private Utilities \* Gas & Electric Heating System \* Electric & Natural Gas Sprinkler System \* NFPA #13D

1st Floor Width 114 FT 1st Floor Depth 53 FT 2nd Floor Width 77 FT 2nd Floor Depth 53 FT Basement Width 77 FT Basement Depth 53 FT Height 28 FT Total Sq Ft \* 10489 S

Building Construction Type Conventional Footings 16 X 8" Foundation Measurement 8" concrete Walls Wd. Fr. W/ Bv. & Siding Roo Asp

Location Survey Approval Date \_\_\_\_\_ Road Frontage County \_\_\_\_\_ Expiration Date 7/16/2023 Additional Description Info /\*\*7.26.22 REVISED PLANS SUBMITTED PER COMMENTS\*\*/

U&O Issued On \_\_\_\_\_ U & O Comments check spelling

GRADING INFORMATION

Grading Permit No G22000193 Grading Certification Required  Yes  No Grading Certification Received in DILP On \_\_\_\_\_ Grading Certification Received in CID \_\_\_\_\_

Grading Certification Comments \_\_\_\_\_ Seasonal Surety Comments \_\_\_\_\_

check spelling check spelling

Seasonal Grading Surety Depositor \_\_\_\_\_ Driveway Apron Surety Depositor \_\_\_\_\_ Stormwater Surety Depositor \_\_\_\_\_

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal \_\_\_\_\_ Check List Points Achieved \_\_\_\_\_ Date of Certification \_\_\_\_\_

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No \_\_\_\_\_

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

Date: 4/11/2023 RECEIVED  
To: Mike Blewins APR 11 2023  
(Person's Name and Division) PLAN REVIEW DIVISION  
From: Proactive Design & Build (443) 226-8700  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Private Residence  
Project site address 6530 Haviland Mill Rd, Clarksville MD  
Permit # B22002378 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 dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

**Contact Person Information: (Required)**

Sean Owojuyigbe  
Please Print Name

Telephone No: (443) 226-8700

E-Mail Address: Sevnowo@proactivebs.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 MP

Revision to Amendment  
3 sets courtesy copy



PROACTIVE DESIGN AND BUILDING SYSTEMS INC

Permit Application #B22002378

LOC: 30 HAVILAND MILL RD 4933B10, CLARKSVILLE, MD 21029

BEH \_\_\_\_\_ COMMENTS FOR BUILDING REVIEW.

1. Provide details of the Butler Pantry Roof/Balcony floor.

Response: 1. 2x12 treated lumber floor joist @16" O.C above 16" TJI floor joist covered with EPDM protective membrane with TPO membrane fully adhered to the 1/2" high density tapered polyiso insulation use 1/2" run-off to roof edge drains or scupper see sheet A117

2. Provide specs for manufactured pergola and show how pergola be anchored to the structure.

Response: The pergola spec. and pergola attachment details is provided

Let me know if you have any question, my number is (443) 226-8700

Olunade O. Esioye

Title

PERMIT NUMBER: B

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: <u>1255 Woodland Hill Road</u>		Unit:
City: <u>Chicksville</u>	State: <b>MD</b>	Zip Code: <u>21129</u>
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: <u>4</u>	Tax Map: <u>24</u>	Parcel: <u>371</u>
Grading Permit #:		

#### DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$
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		
<u>new single family 2 story w/ 2 bedrooms</u>		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records):		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address:		
City: <u>Chicksville</u>	State:	Zip Code:
Phone:	Email:	

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

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

#### CONTRACTOR INFORMATION REQUIRED

Business Name:	License #:
Licensee's Name:	
Street Address:	
City:	State:
Phone:	Email:

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

Business Name:	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 type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Fire Alarm System: <input 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):	# 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 checked="" 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:	Bsmt Depth:
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.

APPLICANT'S ORIGINAL SIGNATURE	DATE SIGNED
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#### FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <u>1/17/2023</u> <u>R/E</u>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: <u>150.00</u>		PAYMENT: <u>2050</u>		ACCEPTED BY: <u>[Signature]</u>	