

Walk-Through

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER
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Building Address <u>5215 Sweet Meadow Lane</u> <u>Clarksville MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>WALNUT GROVE</u> Section _____ Area _____ Lot <u>70</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Phil Lazzari</u> Address <u>5215 Sweet meadow lane</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>3018294143</u> Work Phone <u>4105475035</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____
Existing Use <u>Single Family Home</u> Proposed Use <u>SFH w/Deck + stairs to grade</u> Estimated Construction Cost \$ _____ Description of Work <u>Construct Deck 31'x17'</u> <u>U/stairs to grade</u>	Contractor Company <u>Budding Branch Landscap</u> Contact Person <u>Rob Boswell</u> Address <u>14900 TRIADelphia Rd</u> City <u>Glenelg</u> State <u>MD</u> Zip Code <u>21737</u> License No. <u>121532</u> Phone <u>410 442 8208</u> Fax <u>410 489 0269</u>
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	BUILDING DESCRIPTION - <u>RESIDENTIAL</u>								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th style="width: 50%; text-align: center;">Building Characteristics</th><th style="width: 50%; text-align: center;">Utilities</th></tr><tr><td style="vertical-align: top;">Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular</td><td style="vertical-align: top;">Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads</td></tr></table>	Building Characteristics	Utilities	Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<table border="1" style="width: 100%; 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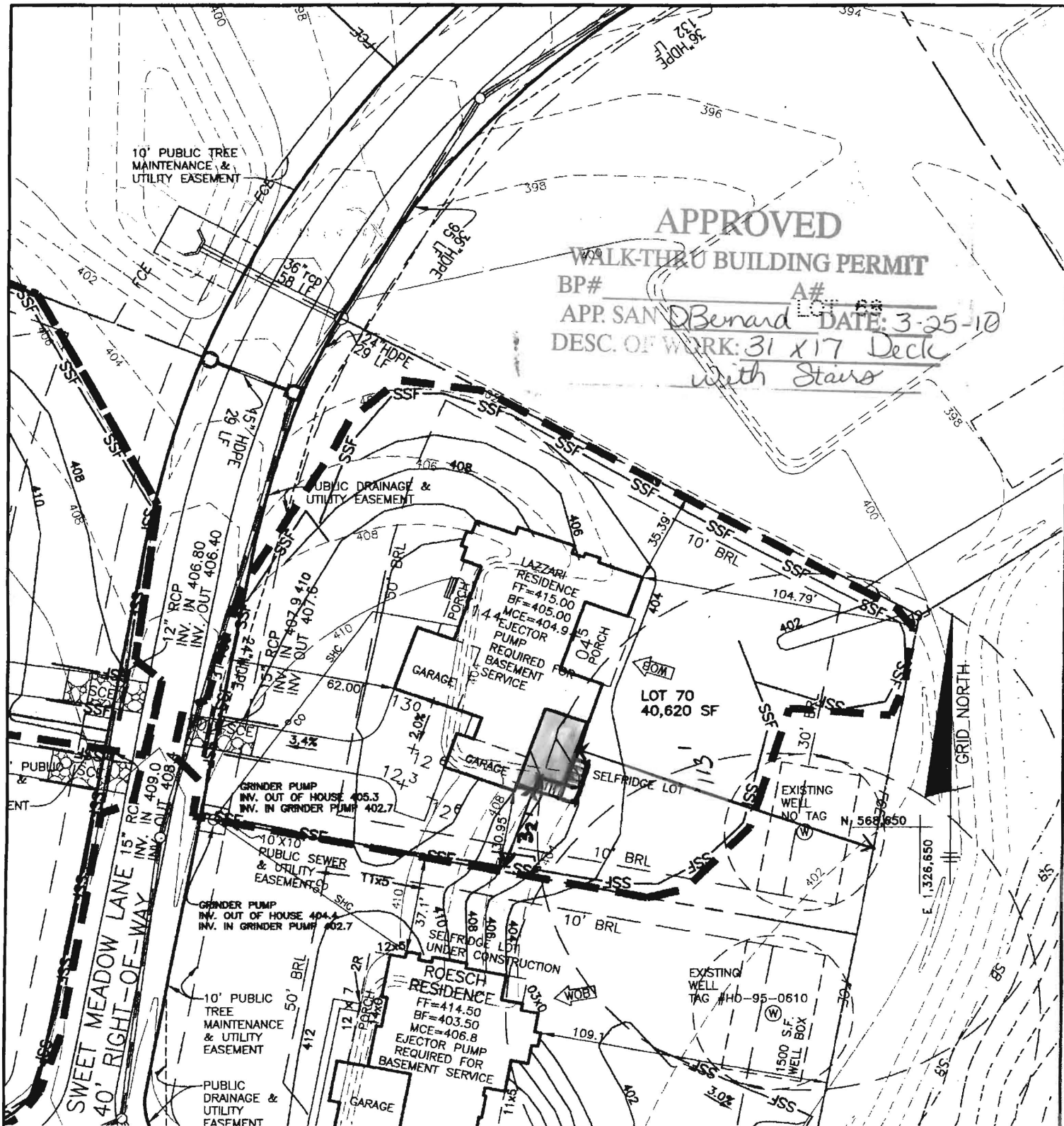
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

<div style="text-align: center;"> Applicant's Signature <u>Robert C Boswell Jr</u> Title/Company <u>President Budding Branch</u></div>	<div style="text-align: center;"><u>Robert C Boswell Jr</u> Print Name <u>3/25/10</u> Date</div>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>3-25-10</u>	<u>Dana Burdett</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 phone: 410-465-8105 ▲ fax: 410-465-8644
 www.bei-civilengineering.com

WALNUT GROVE

LOT 70

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 04-21-2009

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B0910002751

Building Address
5215 SWEET MEADOW LANE
CLARKSVILLE, MD 21021

Property Owner's Name
Self. Builder, Inc.

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Address
4701 TEN CH. RD.

Census Tract _____ Subdivision
Walnut Grove

City
Dayton

Section _____ Area _____ Lot
70

State
MD

Tax Map
28

Parcel
74

Grid _____

Zip Code
21036

Zoning _____ Map Coordinates _____ Lot size
1 acre

Phone _____ Fax
410-531-0939

Existing Use
VACANT LOT

Contractor Company
JAMES H. SELFING BUILDING INC.

Proposed Use
NEW SINGLE FAMILY DWELLING

Contact Person
TIM RAGEN

Estimated Construction Cost \$
950,000

Address
4701 TEN CH. RD.

Description of Work
Custom 2 story SFD, 5 BR
3 car garage, partial finished bsmt

City
Dayton

City _____ State
MD

Zip Code
21036

License No.
729

Phone
410-531-0939

Fax
410-531-0939

Occupant or Tenant _____

Engineer or Architect Company
CULTIV EDGE DESIGN

Contact Name _____

Contact Person
RAGAN JAMES H.

Address _____

Address
9417 RED BANK RD.

City _____ State _____ Zip Code _____

City
Columbia

State
MD

Zip Code
21045

Phone _____ Fax _____

Phone
410-740-2700

Fax _____

Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height:

Water Supply:

No. of stories:

Public _____ Private _____

Gross area, sq. ft. per floor:

Sewage Disposal:

Use group:

Public _____ Private _____

Construction type:

Electric Yes ☐ No ☐

Reinforced Concrete _____

Gas Yes ☐ No ☐

Structural Steel _____

Heating System:

Masonry _____

Electric ☐ Oil ☐

Wood Frame _____

Natural Gas ☐

State Certified Modular _____

Propane Gas ☐

Sprinkler system: N/A ☐

Full _____

Partial _____

Other Suppression _____

of Heads _____

Building Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐

Water Supply:

Depth _____ Width _____

Public _____ Private _____

1st floor: _____

Sewage Disposal:

2nd floor: _____

Public _____ Private _____

Basement: _____

Electric Yes ☐ No ☐

Finished Basement ☐ Unfinished Basement ☐

Gas Yes ☐ No ☐

Crawl space ☐ Slab on Grade ☐

Heating System:

No. of Bedrooms _____

Electric ☐ Oil ☐

Height: _____

Natural Gas ☐

Multi-family dwellings:

Propane Gas ☐

No. of efficiency units: _____

Sprinkler system: N/A ☐

No. of 1 BR units: _____

NFPA #13D _____

No. of 2 BR units: _____

NFPA #13R _____

No. of 3 BR units: _____

Other: _____

Other Structure: _____

Dimensions: _____

Footings: _____

Roof Height: _____

State Certified Modular _____

Manufactured Home _____

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 Signature
[Signature]

Print Name
Tim Ragen

Title/Company
Self. Builder, Inc.

Date
4/21/09

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY

DATE

SIGNATURE APPROVAL

Land Development, DPZ

4/27/2009

R. Buckler

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\forms\PERMIT.FRM

Rev. 11/4/04

DPZ SETBACK INFORMATION

PROPERTY ID#

Front: _____

Filing fee \$ _____

Rear: _____

Permit fee \$ _____

Side: _____

Excise tax \$ _____

Side St.: _____

Add'l per. fee \$ _____

All minimum setbacks met?

TOTAL FEES \$ _____

YES ☐ NO ☐

Sub-total paid \$ _____

Is Entrance Permit required?

Balance due \$ _____

YES ☐ NO ☐

Check # _____

Historic District?

Validation # _____

YES ☐ NO ☐

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

Accepted by _____



NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR WALNUT GROVE, PLAT No. 19225. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. SEDIMENT AND EROSION CONTROLS WERE APPROVED FOR MASS GRADING BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-06-031. SEDIMENT AND EROSION CONTROLS FOR THIS SPECIFIC LOT WERE APPROVED UNDER GP-09-025 AND ARE BONDED.
3. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
4. SEPTIC SERVICE FOR THIS LOT IS PROVIDED BY A SHARED SEPTIC SYSTEM, CONTRACT Nos. 50-4330-D AND 50-4359-D. THE DISPOSAL AREA IS LOCATED ON PARCEL "H."
5. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
7. THE EXISTING WELL SHOWN ON THIS PLAN, NO TAG, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., AND IS ACCURATELY SHOWN.

NO.	DATE	REVISION
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BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 ▲ FAX: 410-465-6644
EMAIL: BEI@BEI-CVILENGINEERING.COM

OWNER/BUILDER:

SELFIDGE BUILDERS
4781 TEN OAKS ROAD
DAYTON, MD 21036

PHONE: 410-531-8930
FAX: 410-531-8939

PROJECT:

**WALNUT GROVE
LOT 70**

LOCATION:

5215 SWEET MEADOW LANE
CLARKSVILLE, MD 21029
TAX MAP No. 28 - BLOCK Nos. 17, 18 AND 24 - PARCEL No. 74
5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

TITLE:

BUILDING PERMIT PLAN

HOUSE TYPE:

LAZZARI RESIDENCE

DATE: APRIL 15, 2009

PROJECT NO. 2073

SCALE: 1" = 30'

DRAWING 1 OF 1

DESIGN: JMC

DRAFT: JMC