



**Building Permit Application**  
Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 2/21/13

Permit No.: B13000613

Building Address: 5610 TEN OAKS ROAD  
City: CLARKSVILLE State: MD Zip Code: 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
Proposed Use: 3 CAR GARAGE  
Estimated Construction Cost: \$ 62,000.00  
Description of Work: CONSTRUCT 36'x36'  
DETACHED GARAGE BRICK &  
FLAMEN

Occupant or Tenant: OWNER  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

| Commercial Building Characteristics                      | Residential Building Characteristics                                       |
|--|--|
| Height:  | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories:  | Depth Width  |
| Gross area, sq. ft./floor:                               | 1 <sup>st</sup> floor: <u>36 x 36</u>                                      |
| Area of construction (sq. ft.):                          | 2 <sup>nd</sup> floor: _____   |
| Use group:   | Basement: <u>12 x 36</u>   |
| Construction type:                                       | <input type="checkbox"/> Finished Basement                                 |
| <input type="checkbox"/> Reinforced Concrete             | <input checked="" type="checkbox"/> Unfinished Basement <u>12x36</u>       |
| <input type="checkbox"/> Structural Steel                | <input type="checkbox"/> Craw Space  |
| <input type="checkbox"/> Masonry                         | <input checked="" type="checkbox"/> Slab on Grade                          |
| <input checked="" type="checkbox"/> Wood Frame           | No. of Bedrooms:   |
| <input type="checkbox"/> State Certified Modular         | Multi-family Dwelling  |
|  | No. of efficiency units:   |
|  | No. of 1 BR units:   |
|  | No. of 2 BR units:   |
|  | No. of 3 BR units:   |
|  | Other Structure: <u>GARAGE</u>   |
|  | Dimensions: <u>36 x 36</u>   |
| ➤ Roadside Tree Project Permit                           | Footings: <u>CONCRETE</u>  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Roof: <u>METAL STANDING SEAM</u>   |
| Roadside Tree Project Permit #                           | <input type="checkbox"/> State Certified Modular                           |
|  | <input type="checkbox"/> Manufactured Home                                 |

Property Owner's Name: DR. ROBERT BRENNER  
Address: 5610 TEN OAKS ROAD  
City: CLARKSVILLE State: MD Zip Code: 21029  
Phone: 301-596-9777 Fax: \_\_\_\_\_  
Email: DR.BRENNER@AOL.COM

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: OWNER  
Contact Person: DR. ROBERT BRENNER  
Address: 5610 TEN OAKS ROAD  
City: CLARKSVILLE State: MD Zip Code: 21029  
License No.: N/A  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: CASTLES & COTTAGES  
Responsible Design Prof.: WM. DOUGLAS BEIMS  
Address: 13031 Hall Shop Road  
City: HIGHLAND State: MD Zip Code: 20777  
Phone: 301-742-2864 Fax: 301-894-9634  
Email: D.BEIMS@AOL.COM

| Utilities   |
|---|
| Water Supply  |
| <input type="checkbox"/> Public <u>N/A</u>                                    |
| <input checked="" type="checkbox"/> Private                                   |
| Sewage Disposal   |
| <input type="checkbox"/> Public <u>N/A</u>                                    |
| <input checked="" type="checkbox"/> Private                                   |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |
| Heating System  |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil     |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas     |
| Other: _____  |
| Sprinkler System:   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| Grading Permit Number: _____  |
| Building Shell Permit Number: _____   |

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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title/Company: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

RECEIVED

FEB 21 2013

LICENSES & PERMITS  
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

-FOR OFFICE USE ONLY-

| AGENCY   | DATE | SIGNATURE OF APPROVAL |
|--|------|-----------------------|
| State Highways   |      |                       |
| Building Officials   |      |                       |
| PSZA ( Zoning )  |      |                       |
| PSZA ( Engineering )   |      |                       |
| Health   |      |                       |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                       |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START  |      |                       |

| DPZ SETBACK INFORMATION   |
|---|
| Front:  |
| Rear:   |
| Side:   |
| Side St.:   |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Lot Coverage for New Town Zone:   |
| SDP/Red-line approval date:   |

|                |          |
|----------------|----------|
| Filing Fee     | \$ 25.00 |
| Permit Fee     | \$       |
| Tech Fee       | \$       |
| Excise Tax     | \$       |
| PSFS           | \$       |
| Guaranty Fund  | \$       |
| Add'l per Fee  | \$       |
| Total Fees     | \$       |
| Sub-Total Paid | \$       |
| Balance Due    | \$       |
| Check          | # 1238   |

istribution of Copies:

White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



Office of the Health Officer  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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DATE: March 14, 2013

TO: Robert Brenner  
Via-e-mail: [DRB0165@AOL.com](mailto:DRB0165@AOL.com)

RE: **Building Permit # B13000613**  
**5610 Ten Oaks Road**  
**Clarksville, Maryland 21029**

Mr. Brenner,

Further review is contingent upon submission of a revised building plan showing the following:

- Well must be shown on plans.
- Septic easement must be shown on plans.

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, REHS/RS  
Environmental Specialist II  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file



**Office of the Health Officer**

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file



## Castles & Cottages

March 20<sup>th</sup>, 2013

Dana Bernard, REHS/RS  
Environmental Specialist  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

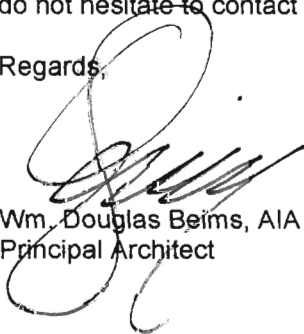
Re: 5601 Ten Oaks Road  
Building Permit # B13000613

Dear Ms. Bernard:

In response to the review comments from your office to the Owner of the above captioned project, I am submitting herein with the revised site plan that shows the location of the existing well and septic drainage area. The project engineer located the septic tank and the well for us and this information has been translated onto the current site plan. I am also submitting a copy of the as-built plan from your office, in order to confirm the location of the drainage trench.

I trust the above and the enclosed revised drawing meet with your approval and allows your office to complete the timely review of this permit process however, if additional information is required, please do not hesitate to contact my office at your earliest convenience.

Regards,



Wm. Douglas Beims, AIA  
Principal Architect

## Castles & Cottages

Wm. Douglas Beims, AIA Architect  
13031 Hall Shop Road, Highland, Maryland 20777  
888-999-9809