



# 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: 07/17/13

Permit No.: B13002783

Building Address: 5207 SWEET MEADOW LANE  
City: CLARKSVILLE State: MD Zip Code: 21029  
Suite/Apt. #: SDP/WP/BA #:   
Census Tract: Subdivision: VILLAGES OF CRANE  
Section: Area: Lot: 68  
Tax Map: Parcel: Grid:   
Zoning: Map Coordinates: Lot Size: .90 AC

Existing Use: VACANT LAND  
Proposed Use: SINGLE FAMILY HOME  
Estimated Construction Cost: \$ 1.2 M.  
Description of Work: 2 STORY 5 BEDROOM HOME  
3 CAR ATTACHED 1 CAR ATTACHED w/ GREENHOUSE  
PATIO PORCH, FIN. BSMY, REAR PORCH + TERRACE  
Occupant or Tenant: N/A

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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth: Width:
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: 99'10" 103'10"
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: 54' 80'3"
Use group:	Basement: 99'10" 103'
Construction type:	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: 5
<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:
	Dimensions:
	Footings:
	Roof:
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: SEAN J. JENQ PERI  
Address: 4299 BUCKSKIN LANE DR.  
City: ELLICOTT CITY State: MD Zip Code: 21042  
Phone: 443 801 6772 Fax:   
Email:

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: STEVENS BUILDERS INC  
Address: 4714 LINTHICUM RD  
City: DAYTON State: MD Zip Code: 21036  
Phone: 410 984 7296 Fax: 410 531 4900  
Email: MARK R. STEVENS BUILDERS.COM

Contractor Company: STEVENS BUILDERS INC  
Contact Person: MARK STEVENS  
Address: 4714 LINTHICUM RD  
City: DAYTON State: MD Zip Code: 21036  
License No.: MD08 880 86  
Phone: 410 984 7296 Fax: 410 531 4900  
Email: MARK R. STEVENS BUILDERS.COM

Engineer/Architect Company: JRA  
Responsible Design Prof.: JONATHAN RIVERA  
Address: 4714 LINTHICUM RD  
City: DAYTON State: MD Zip Code:   
Phone: 443 226 5745 Fax:   
Email: J.RIVERA@JRA-DESIGN.COM

Utilities
<b>Water Supply</b>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<b>Sewage Disposal</b>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heating System</b>
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<b>Sprinkler System:</b>
<input checked="" 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: MARK R. STEVENS BUILDERS.COM  
Print Name: MARK STEVENS  
Date: 7/15/13  
Email Address: V.P. STEVENS BUILDERS INC  
Title/Company:   
RECEIVED JUL 17 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	8/9/13	R. Buckner

Is Sediment Control approval required for issuance? ☐ Yes ☒ No  
☐ 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:

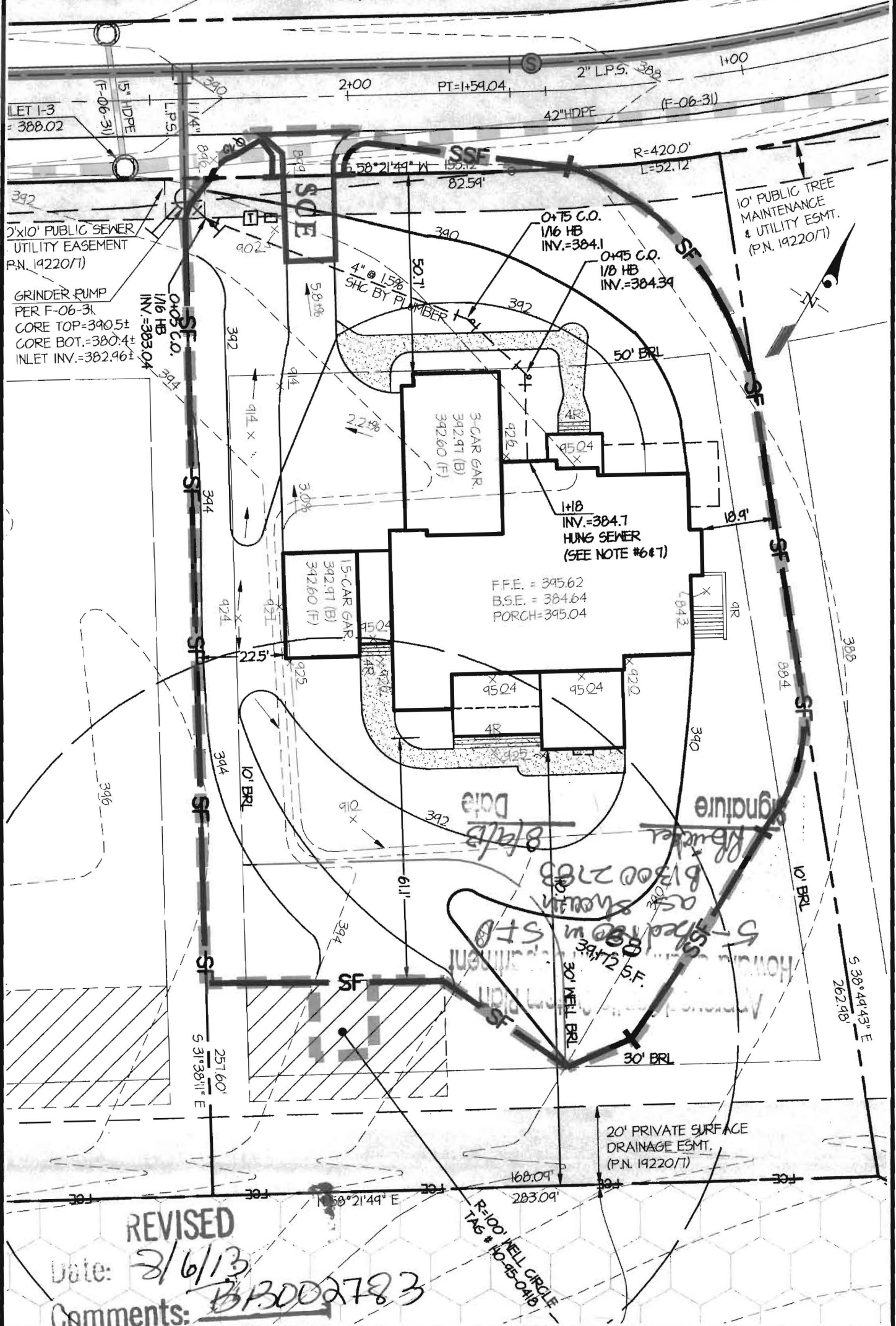
Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 7506

istribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

.Operations\Updated Forms\Building applmp 8.2012.docx

20' PRIVATE SURFACE

**SWEET MEADOW LANE**  
(40' PUBLIC ACCESS PLACE R/W PER F-06-31)



REVISED

Date: 8/6/13

Comments: B3002783

CONTRACT PURCHASER/BUILDER:  
STEVENS BUILDERS INC.  
4714 LINTHICUM ROAD  
DAYTON, MD 21036  
PH: (410) 531-2100

**GLW** GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS  
3809 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK  
BURTONSVILLE, MARYLAND 20868  
TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-880-2524 FAX: 301-421-4186

**WALNUT GROVE  
PLOT PLAN**

**LOT 68 (5207 SWEET MEADOW LANE)  
PLAT Nos 19220-19227**

SCALE: 1" = 30'

G.L.W. FILE No. **08024**

D. SELECT ONE OR MORE OF THE SPECIES OR MIXTURES LISTED BELOW BASED ON THE SITE CONDITIONS OR PURPOSE. ENTER SELECTED MIXTURES, APPLICATION RATES, AND SEEDING DATES IN THE PERMANENT SEEDING SUMMARY. THE SUMMARY IS TO BE PLACED ON THE PLAN.

1. KENTUCKY BLUEGRASS: FULL SUN MIXTURE. FOR USE IN AREAS THAT RECEIVE INTERMEDIATE MANAGEMENT. IRRIGATION REQUIRED IN THE AREAS OF CENTRAL, MARYLAND AND EASTERN SHORE. RECOMMENDED CERTIFIED KENTUCKY BLUEGRASS CULTIVARS SEEDING RATES: 15 TO 2.0 POUNDS PER 1000 SQUARE FEET. CHOOSE A MINIMUM OF THREE KENTUCKY BLUEGRASS CULTIVARS WITH EACH RANGING FROM 10 TO 25 PERCENT OF THE TOTAL MIXTURE BY WEIGHT.
2. KENTUCKY BLUEGRASS/PERENNIAL RYE: FULL SUN MIXTURE. FOR USE IN FULL SUN AREAS WHERE RAPID ESTABLISHMENT IS NECESSARY AND WHEN TURF WILL RECEIVE MEDIUM TO INTERMEDIATE MANAGEMENT. CERTIFIED PERENNIAL RYEGRASS CULTIVARS SEEDING RATES: 15 TO 2.0 POUNDS PER 1000 SQUARE FEET. CHOOSE A MINIMUM OF THREE KENTUCKY BLUEGRASS CULTIVARS WITH EACH RANGING FROM 10 TO 25 PERCENT OF THE TOTAL MIXTURE BY WEIGHT.
3. TALL FESCUE/KENTUCKY BLUEGRASS: FULL SUN MIXTURE. FOR USE IN DROUGHT PRONE AREAS AND/OR FOR AREAS RECEIVING LOW TO MEDIUM MANAGEMENT. FULL SUN TO MEDIUM SHADE. RECOMMENDED MIXTURE INCLUDES: CERTIFIED TALL FESCUE CULTIVARS 45 TO 100 PERCENT, CERTIFIED KENTUCKY BLUEGRASS CULTIVARS 0 TO 5 PERCENT. SEEDING RATES: 5 TO 9 POUNDS PER 1000 SQUARE FEET. ONE OR MORE CULTIVARS MAY BE BLENDED.
4. KENTUCKY BLUEGRASS/FINE FESCUE: SHADE MIXTURE. FOR USE IN AREAS WITH SHADE IN BLUEGRASS LAWNS. FOR ESTABLISHMENT IN HIGH QUALITY, INTERMEDIATELY MANAGED TURF AREAS. MIXTURE INCLUDES: CERTIFIED KENTUCKY BLUEGRASS CULTIVARS 30 TO 40 PERCENT AND CERTIFIED FINE FESCUE 60 TO 70 PERCENT. SEEDING RATES: 1 TO 2 POUNDS PER 1000 SQUARE FEET.

#### NOTES

SELECT TURFGRASS VARIETIES FROM THOSE LISTED IN THE MOST CURRENT UNIVERSITY OF MARYLAND PUBLICATION, AGRICULTURE MENTO M1, TURFGRASS CULTIVAR RECOMMENDATIONS FOR MARYLAND.

CHOOSE CERTIFIED MATERIAL. CERTIFIED MATERIAL IS THE BEST GUARANTEE OF CULTIVAR PURITY. THE CERTIFICATION PROGRAM OF THE MARYLAND DEPARTMENT OF AGRICULTURE, TURF AND SEED SECTIONS PROVIDES A RELIABLE MEANS OF CONSUMER PROTECTION AND ASSURES A PURE GENETIC LINE.

IDEAL TIMES OF SEEDING FOR TURF GRASS MIXTURES:

6A. CENTRAL MD: MARCH 1 TO MAY 1, AUGUST 1 TO OCTOBER 1 (HARDNESS ZONES 5B, 6A) SOUTHERN MD: MARCH 1 TO MAY 1, AUGUST 1 TO OCTOBER 1 (HARDNESS ZONES 5B, 6A) SOUTHERN MD: MARCH 1 TO MAY 1, AUGUST 1 TO OCTOBER 1 (HARDNESS ZONES 5B, 6A)

7. TILL AREAS TO RECEIVE SEED BY DISKS OR OTHER APPROVED METHODS TO A DEPTH OF 2 TO 4 INCHES. LEVEL AND RAKE THE AREAS TO PREPARE A PROPER SEEDBED. REMOVE STONES AND DEBRIS OVER 1/2 INCHES IN DIAMETER. THE RESULTING SEEDBED MUST BE IN SUCH CONDITION THAT FUTURE MOWING OF GRASSES WILL BE WITHOUT DIFFICULTY.

8. IF SOIL MOISTURE IS DEFICIENT, SUPPLY NEW SEEDINGS WITH ADEQUATE WATER FOR PLANT GROWTH (1/2 TO 1 INCH EVERY 3 TO 4 DAYS DEPENDING ON SOIL TEXTURE) UNTIL THEY ARE FIRMLY ESTABLISHED. THERE IS SOME RISK OF DRYING WHEN SEEDINGS ARE MADE LATE IN THE PLANTING SEASON. IN AN IDEALLY DRY OR HOT SEASON, OR ON ADVERSE SITES.

#### PERMANENT SEEDING SUMMARY

HARDNESS ZONE: 6B		SEED MIXTURE: #8 (Tall Fescue / Kentucky Bluegrass)		FERTILIZER RATE (10-20-20)		TIME RATE	
No.	SPECIES	APPLICATION RATE	SEEDING DATES	SEEDING DEPTHS			
9	Certified Tall Fescue blend (50% by weight), Falcen II from 1991 & Falcen 2000 and Certified Kentucky Bluegrass blend (50% by weight), Courtyard, Raven & Yankee	4-8 lb / 1000 sq. ft.	Mar. 1 to May 1, 15	1/4 - 1/2 in.	1.0 lb / 1000 sq. ft.	90 lb / 1000 sq. ft.	

\*Other cultivars listed as "proven" in the most current UMD TT-77 may also be used.

B. SOD. TO PROVIDE QUICK COVER ON DISTURBED AREAS (21 GRADE OR FLATTER).

#### 1. GENERAL SPECIFICATIONS

- a. CLASS OF TURFGRASS SOD MUST BE MARYLAND STATE CERTIFIED. SOD LABELS MUST BE MADE AVAILABLE TO THE JOB FOREMAN AND INSPECTOR.
- b. SOD MUST BE MACHINE CUT AT A UNIFORM SOIL THICKNESS OF 3/4 INCH, PLUS OR MINUS 1/8 INCH, AT THE TIME OF CUTTING. MEASUREMENT FOR THICKNESS MUST EXCLUDE TOP GROWTH AND THATCH. BROKEN PADS AND TORN OR UNEVEN EDGES WILL NOT BE ACCEPTABLE.
- c. STANDARD SIZE SECTIONS OF SOD MUST BE STRONG ENOUGH TO SUPPORT THEIR OWN WEIGHT AND RETAIN THEIR SIZE AND SHAPE WHEN SUBJECTED VERTICALLY WITH A FIRM GRASP ON THE UPPER 10 PERCENT OF THE SECTION.
- d. SOD MUST NOT BE HARVESTED OR TRANSPORTED WHEN MOISTURE CONTENT (EXCESSIVELY DRY OR WET) MAY ADVERSELY AFFECT ITS SURVIVAL.
- e. SOD MUST BE HARVESTED, DELIVERED, AND INSTALLED WITHIN A PERIOD OF 36 HOURS. SOD NOT TRANSPORTED WITHIN THIS PERIOD MUST BE APPROVED BY AN AGRONOMIST OR SOIL SCIENTIST PRIOR TO ITS INSTALLATION.

#### 2. SOD INSTALLATION

- a. DURING PERIODS OF EXCESSIVELY HIGH TEMPERATURE OR IN AREAS HAVING DRY SUBSOIL, LIGHTLY IRRIGATE THE SUBSOIL IMMEDIATELY PRIOR TO LAYING THE SOD.
- b. LAY THE FIRST ROW OF SOD IN A STRAIGHT LINE WITH SUBSEQUENT ROWS PLACED PARALLEL TO IT AND THATCHED AGAINST EACH OTHER STAGGERED LATERAL JOINTS TO PROMOTE MORE UNIFORM GROWTH AND STRENGTH. ENSURE THAT SOD IS NOT STRETCHED OR OVERLAPPED AND THAT ALL JOINTS ARE BUTTED TIGHT IN ORDER TO PREVENT VOIDS WHICH WOULD CAUSE AIR DRYING OF THE ROOTS.
- c. WHEREVER POSSIBLE, LAY SOD WITH THE LONG EDGES PARALLEL TO THE CONTOUR AND WITH STAGGERED JOINTS. ROLL AND TAMP, YES OR OTHERWISE SECURE THE SOD TO PREVENT SLIPPAGE ON SLOPES. ENSURE SOLID CONTACT EXISTS BETWEEN SOD ROOTS AND THE UNDERLYING SOIL SURFACE.
- d. WATER THE SOD IMMEDIATELY FOLLOWING ROLLING AND TAMPING UNTIL THE UNDERSIDE OF THE NEW SOD PAD AND SOIL SURFACE BELOW THE SOD ARE THOROUGHLY WET. COMPLETE THE OPERATIONS OF LAYING, TAMPING AND IRRIGATING FOR ANY PIECE OF SOD WITHIN EIGHT HOURS.

#### 3. SOD MAINTENANCE

- a. IN THE ABSENCE OF ADEQUATE RAINFALL, WATER DAILY DURING THE FIRST WEEK, OR AS OFTEN AND SUFFICIENTLY AS NECESSARY TO MAINTAIN MOIST SOIL TO A DEPTH OF 4 INCHES. WATER SOD DURING THE HEAT OF THE DAY TO PREVENT MITING.
- b. AFTER THE FIRST WEEK, SOD MAINTENANCE IS REQUIRED AS NECESSARY TO MAINTAIN ADEQUATE MOISTURE CONTENT.
- c. DO NOT MOW UNTIL THE SOD IS FIRMLY ROOTED. NO MORE THAN 1/3 OF THE GRASS LEAF MUST BE REMOVED BY THE INITIAL CUTTING OR SUBSEQUENT CUTTINGS. MAINTAIN A GRASS HEIGHT OF AT LEAST 3 INCHES UNLESS OTHERWISE SPECIFIED.

HOUSE FOOTPRINT

SCALE: 1" = 30'

SEQUENCE OF CONSTRUCTION

1. APPLY FOR A GRADING PERMIT AND A BUILDING PERMIT.

2. IF THE HOUSE CONSTRUCTION AND ASSOCIATED GRADING WORK ON THIS LOT OCCURS WHILE THE F-06-031 ROAD CONSTRUCTION WORK IS STILL ACTIVE, COORDINATE THE HOUSE CONSTRUCTION/GRADING WORK WITH THE F-06-031 SEDIMENT CONTROL MEASURES. OTHERWISE, INSTALL THE SUPER SILT FENCE (SSF) AND THE STABILIZED CONSTRUCTION ENTRANCE (SCE) FOR THIS LOT AS SHOWN.

3. CONSTRUCT THIS HOME SITE.

4. STABILIZE ALL REMAINING DISTURBED AREAS IN ACCORDANCE WITH THE PERMANENT SEEDING NOTES OR WITH MARYLAND CERTIFIED SOD.

5. OBTAIN PERMISSION FROM THE INSPECTOR TO REMOVE ANY SEDIMENT CONTROL FEATURES THAT ARE NO LONGER NEEDED.

NOTES:

1. THE LOT SHOWN IS 341/2 S.F. AND IT IS RECORDED UNDER PLAT NO. 19220-19221 AMONG THE LAND RECORDED OF HOWARD COUNTY, MARYLAND.

2. EXISTING TOPOGRAPHY IS FROM F-06-031. CALL SLM IF FIELD CONDITIONS ARE SUBSTANTIALLY DIFFERENT.

3. THIS LOT IS SERVED BY A PRIVATE WELL AND BY A COMMUNITY SEPTIC SYSTEM PER F-06-031 & CONTRACT #50-4330-0.

4. STORMWATER MANAGEMENT IS PROVIDED BY THE PONDS CONSTRUCTED UNDER F-06-031.

5. THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE WELL TAG NUMBER 10-05-031) HAS BEEN FIELD LOCATED BY SLM. (PROFESSIONAL LAND SURVEYOR) AND IS ACCURATELY SHOWN ON THIS PLAN.

6. THE PLUMBER SHALL START AT THE GRINDER PUMP AND WORK TO THE HOUSE INSTALLING THE SIG.

1. VERIFY THE GRINDER PUMP INVERT IN ELEVATION PRIOR TO CONSTRUCTION IN ORDER TO DETERMINE WHETHER AN INSPECTOR PUMP IS NECESSARY TO SERVE THE BASEMENT.

LEGEND

500' EXISTING CONTOUR

600' PROPOSED CONTOUR

SSF PROPOSED SUPER SILT FENCE

SCE PROPOSED SUPER SILT FENCE

STABILIZED CONSTRUCTION ENTRANCE

LIGHT OF DISTURBANCE

FOREST CONSERVATION EASEMENT

FOREST CONSERVATION AREA

DETAIL E-3 SUPER SILT FENCE

DETAIL E-1 SALT FENCE

CONSTRUCTION SPECIFICATIONS

1. USE 2x4 INCH POSTS WITH 1/2 INCH DIA. RINGS. POSTS SHALL BE SPACED AT 10 FT. ON TOP AND 10 FT. ON BOTTOM.

2. USE 1/2 INCH DIA. RINGS WITH 1/2 INCH DIA. RINGS. RINGS SHALL BE SPACED AT 10 FT. ON TOP AND 10 FT. ON BOTTOM.

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4. PROVIDE MANUFACTURER CERTIFICATION TO BE APPROVED BY THE INSPECTOR. THE CERTIFICATION SHALL BE IN WRITING AND SHALL BE IN THE HANDS OF THE INSPECTOR.

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Walk Thru  
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: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 5207 Sweet Meadow Ln  
City: Clarksville State: MD Zip Code: 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: 0028 Parcel: 0074 Grid: 0018  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Existing Use: SFD  
Proposed Use: SFD w/pool  
Estimated Construction Cost: \$ 59,000  
Description of Work: Swimming pool in rear yd.  
Pool size 22x44; Concrete Const; pool to  
be enclosed by fence to cock; filled by  
truck.  
Occupant or Tenant: owner  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: Sean & Jenna Peay  
Address: 5207 Sweet Meadow Ln  
City: Clarksville State: MD Zip Code: 21029  
Phone: 443 501 6772 Fax: \_\_\_\_\_  
Email: dynametcorp.com  
Applicant's Name & Mailing Address (If other than stated herein)  
Applicant's Name: Tate Galloway  
Address: 11710 Old Frederick Rd  
City: Martinsville State: MD Zip Code: 21104  
Phone: 443 506 7043 Fax: \_\_\_\_\_  
Email: gallowaypool@aol.com  
Contractor Company: Galloway Pool Service  
Contact Person: Tate Galloway  
Address: 11710 Old Frederick Rd  
City: Martinsville State: MD Zip Code: 21104  
License No.: 25223  
Phone: 443 506 7043 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" 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>22x44</u>
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: <u>@9000 SF</u>
Use group: _____	Basement: <u>3.5'-8.5' deep</u>
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input 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: _____
	Dimensions: _____
➤ Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> 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: gallowaypool@aol.com  
Email Address: Owner / Galloway Pool Service Inc  
Title/Company: \_\_\_\_\_  
Print Name: Steven T Galloway  
Date: \_\_\_\_\_

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? ☐ Yes ☐ No  
☐ 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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



*Walk thru*  
**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: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 5207 Sweet Meadow Ln.  
City: Clarksville State: Md. Zip Code: 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Walnut Grove  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 68  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Single Family  
Proposed Use: Single Family  
Estimated Construction Cost: \$ 24,000  
Description of Work: Construct 18x24 Hip roof  
POOL pavilion w/ stone Floor

Occupant or Tenant: Sean Peary  
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:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<b>&gt; Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Sean Peary  
Address: 5207 Sweet Meadow Ln.  
City: Clarksville State: Md. Zip Code: 21029  
Phone: 443-801-6772 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: Peter Sarge  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: 240-375-4658 Fax: \_\_\_\_\_  
Email: psarge3@earthlink.net

Contractor Company: Classic Design Group Inc.  
Contact Person: Peter Sarge III  
Address: 5433 Woodbine Rd.  
City: Woodbine State: Md. Zip Code: 21797  
License No.: 83116  
Phone: 410-549-5050 Fax: 410-549-5449  
Email: ClassicDesignGroup@hotmail.com

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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: Peter Sarge III  
Email Address: psarge3@earthlink.net  
Title/Company: VP

Print Name: Peter Sarge III  
Date: 4/9/14

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	4-10-14	Roma Bernard
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

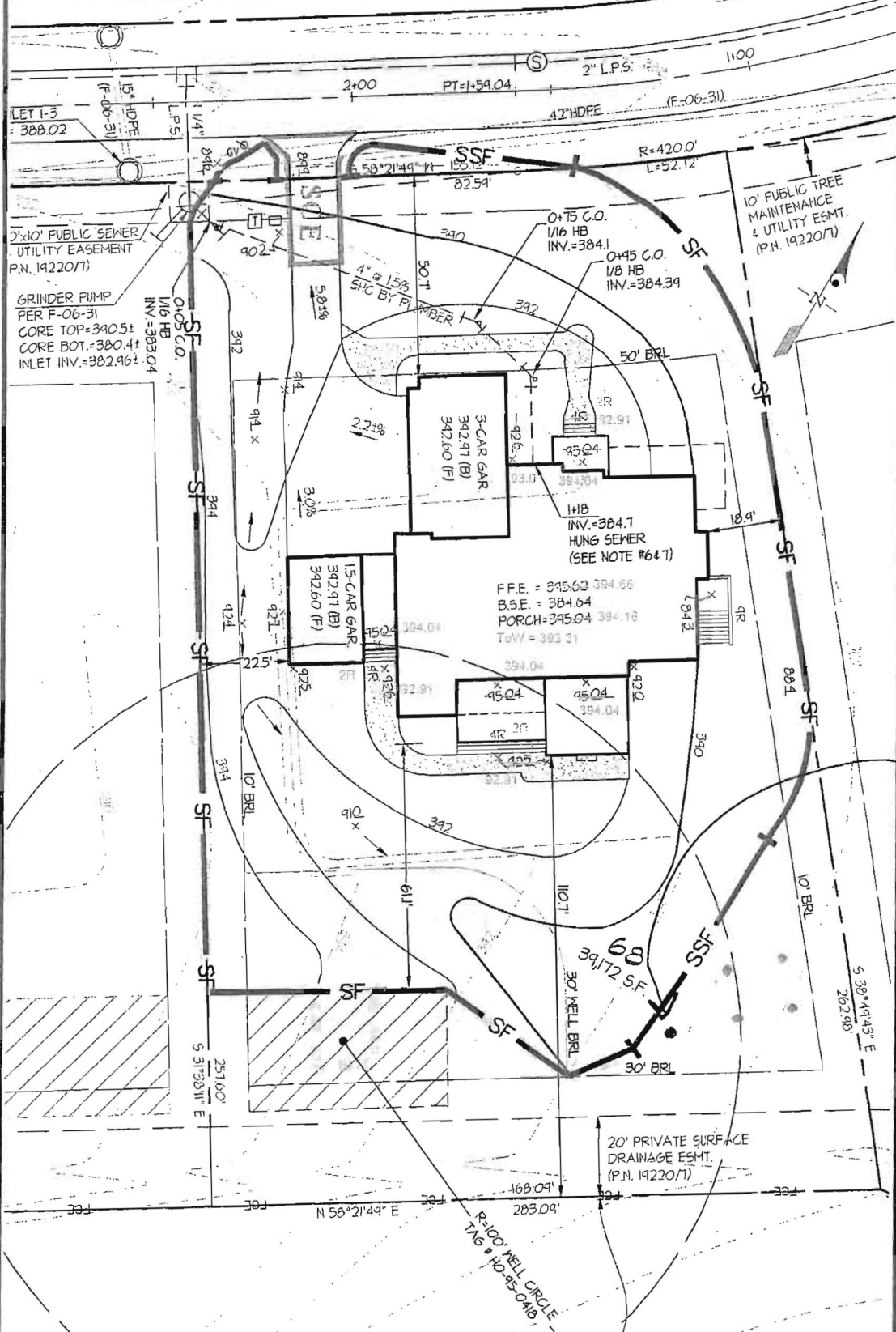
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot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

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

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

# SWEET MEADOW LANE

(40' PUBLIC ACCESS PLAGE R/M PER F-06-31)



CONTRACT PURCHASER/BUILDER:  
 STEVENS BUILDERS INC.  
 4714 LINTHICUM ROAD  
 DAYTON, MD 21036  
 PH: (410) 531-2100

**GLW** GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS  
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK  
 BURTONSVILLE, MARYLAND 20866  
 TEL: 301-421-1074 BAL: 410-880-1820 DC/VA: 301-869-2524 FAX: 301-421-4186

## WALNUT GROVE PLOT PLAN

LOT 68 (5207 SWEET MEADOW LANE)

PLAT No. 19220-19227

Scale: 1" = 40'

G.L.W. FILE No. 08024



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

Date: 8/6/13  
 To: PERMITS  
 (Person's Name and Division)  
 From: STOVENS BUILDERS (410) 984-7296  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name PRAY - Lot 08 WALNUT GROVE  
 Project site address 5207 SWEET MEADOW LANE  
 Permit Number B13002783 SDP# \_\_\_\_\_  
 Other information pertinent to this project \_\_\_\_\_

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to Howard County plan review code letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ☐ Structural steel certification
- ☐ Energy conservation calculations
- ☐ Certification for \_\_\_\_\_ (be specific).
- ☐ Copies of \_\_\_\_\_ (be specific).
- ☒ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- ☒ Other SWIFTED HOUSE 10' - NO CHANGE IN LOT OR GRADING

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

\_\_\_\_\_  
 (Person's name) (Telephone number)

**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.**

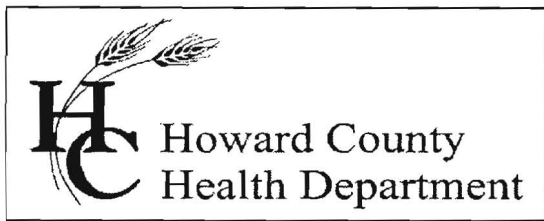
Received by [Signature] CC: Health  
 DED  
 DPZ

t:\Updated forms\transmit.frm - Rev. 5/08

white: Plan Review Division  
**RECEIVED**  
 yellow: Permit  
 pink: Permit Division

AUG 6 2013

LICENSES & PERMITS  
 DIVISION



Bureau of Environmental Health  
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., Health Officer

August 8, 2013

To: Mark Stevens, Applicant  
[mark@stevensbuilders.com](mailto:mark@stevensbuilders.com)

Mr. Stevens,

The Building Permit Application (B13002434) for construction of a single family detached dwelling Walnut Grove, Lot 68 (5207 Sweet Meadow Lane) is 'On Hold'. Additional information is required on the Plot Plan.

1. A well location certification statement must appear on the plot plan, as follows  
THE EXISTING WELL, TAG # HO- - , HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

**Indicate "Health Department" on at least one copy of the revised Plot Plan and submit the revised Plot Plan to Howard County Department of Inspections, Licenses and Permits (DILP).** The plan must be posted in DILP's permitting software for the Health Department to approve the application.

Should you have any questions concerning this matter, you may contact me by calling 410-313-1771.

Sincerely,

Robert Bricker, REHS/R.S.  
Environmental Sanitarian, Well and Septic Program  
Howard County Bureau of Environmental Health

Copy: file



