

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09002298

Building Address 5205 Sheppard La.
Clarksville, MD 21029

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

Census Tract 605101 Subdivision Clearview Estates

Section 1 Area _____ Lot 13

Tax Map 29 Parcel 356 Grid 19

Zoning RC Map Coordinates _____ Lot size _____

Existing Use SFD

Proposed Use SFD w/ SUNROOM ADDN. & EXTEND DECK

Estimated Construction Cost \$ 60,000

Description of Work Bld sunroom w/ cold room
beneath and ext. deck to end of sunroom

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name DAVID SWARTZ

Address 5205 Sheppard La.

City Clarksville State MD Zip Code 21029

Home Phone 410-463-8002 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Contractor Company NU-HOMES INC

Contact Person Judy Filcheck

Address 10630 Little Patuxent Pkwy #146

City Columbia State MD Zip Code 21044

License No. MH BR 311

Phone 410-730-2100 Fax 410-730-2011

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

____ Reinforced Concrete

____ Structural Steel

____ Masonry

____ Wood Frame

____ State Certified Modular

Water Supply:

____ Public

____ Private

Sewage Disposal:

____ Public

____ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

____ Full

____ Partial

____ Other Suppression

____ # of Heads

Building Characteristics

Utilities

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Height: _____

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: _____

Dimensions: _____

Footings: _____

Roof Height: _____

____ State Certified Modular

____ Manufactured Home

Water Supply:

____ Public

☒ Private

Sewage Disposal:

____ Public

☒ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

____ NFPA #13D

____ NFPA #13R

____ Other:

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.

Judy Filcheck, offic mgr.

Applicant's Signature

NU-HOMES, INC

Title/Company

Judy Filcheck

Print Name

9-2-2009

Date

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

State Highways

Building Official

Dev. Engineering, DPZ

Health 9/2/09 Suf

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for New Town Zone

SDP/Red-line approval date

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Accepted by _____

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\forms\PERMIT.FRM

Rev. 11/4/04

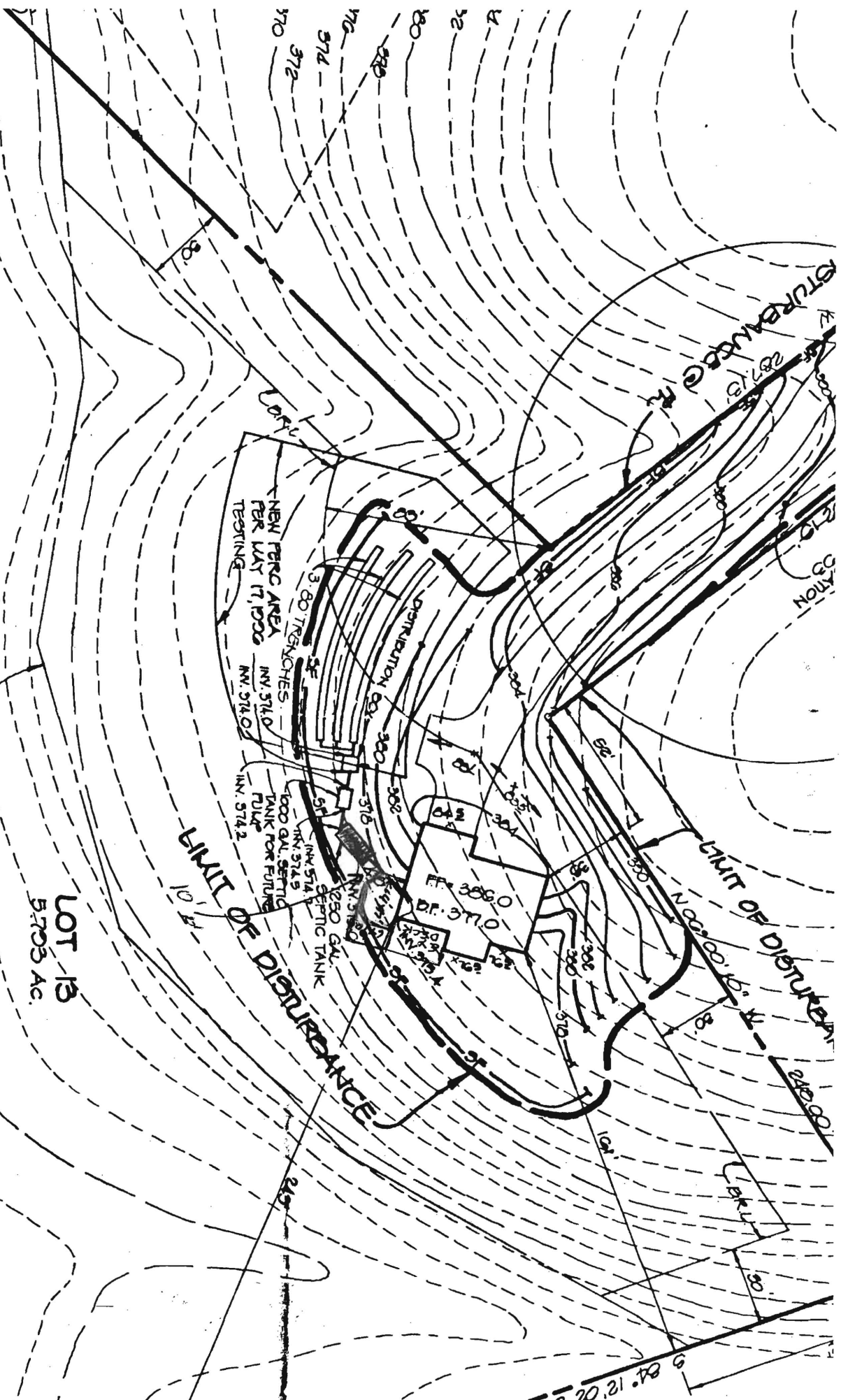
W/ West out basement (Storage)
and 14' x 9' deck expansion as shown

WALKTHRU BUILDING PERMIT
BP# _____
APP. SAN 8 A# 39793
DESC. OF WORK: 318 ft SWIMMING
DATE: 9/2/09

APPROVED

LOT 13
5.703 AC.

100 YEAR FLOODPLAIN, DRAINAGE
AND UTILITY EASEMENT



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		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER	
Building Address <u>5205 Sheppard La.</u> <u>Clarksville, MD 21029</u>			Property Owner's Name <u>David Swartz</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>5205 Sheppard La.</u>		
Census Tract _____ Subdivision _____			City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>		
Section _____ Area _____ Lot _____			Home Phone _____ Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>SFD</u> <u>313 sq ft.</u>			Contractor Company <u>NU-HOMES INC</u>		
Proposed Use <u>SFD w/ SUNROOM ADDITION</u>			Contact Person <u>Judy Filcheck</u>		
Estimated Construction Cost \$ <u>AND 128 sq. deck</u>			Address <u>10630 Little PATuxent Pky #</u>		
Description of Work <u>Bldg 313 sq. ft. Sunroom</u> <u>w/ basement (cold rm) under and</u> <u>128 sq. deck addn.</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u>		
Occupant or Tenant _____			License No. <u>MHBR 311</u>		
Contact Name _____			Phone <u>410-730-2100</u> Fax <u>410-730-2011</u>		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		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.

Judy Filcheck
Applicant's Signature office mgr.
NU-HOMES, INC
Title/Company

Judy Filcheck
Print Name
8-27-2009
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

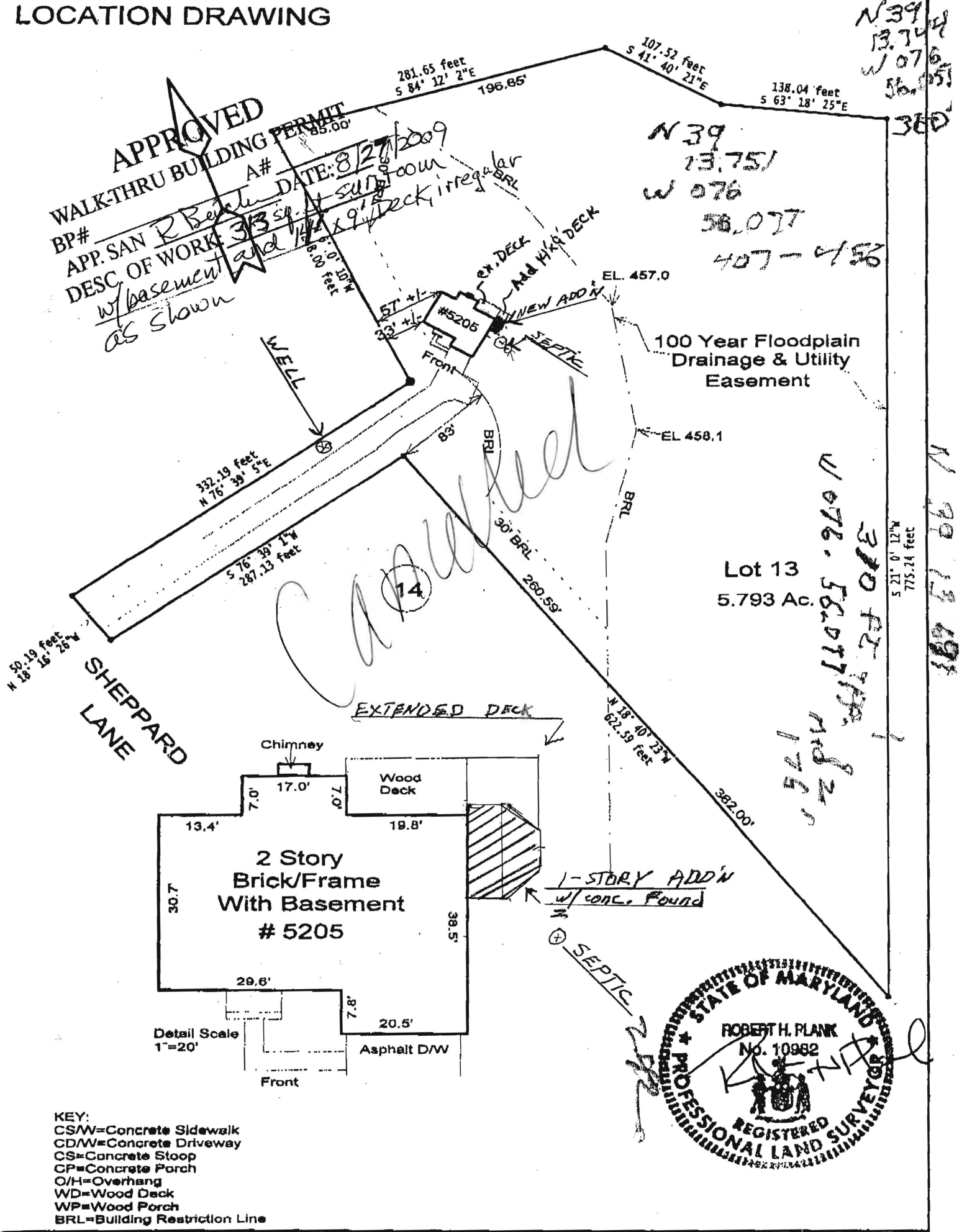
AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>8/27/2009</u>	<u>R. Bucher</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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 <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		

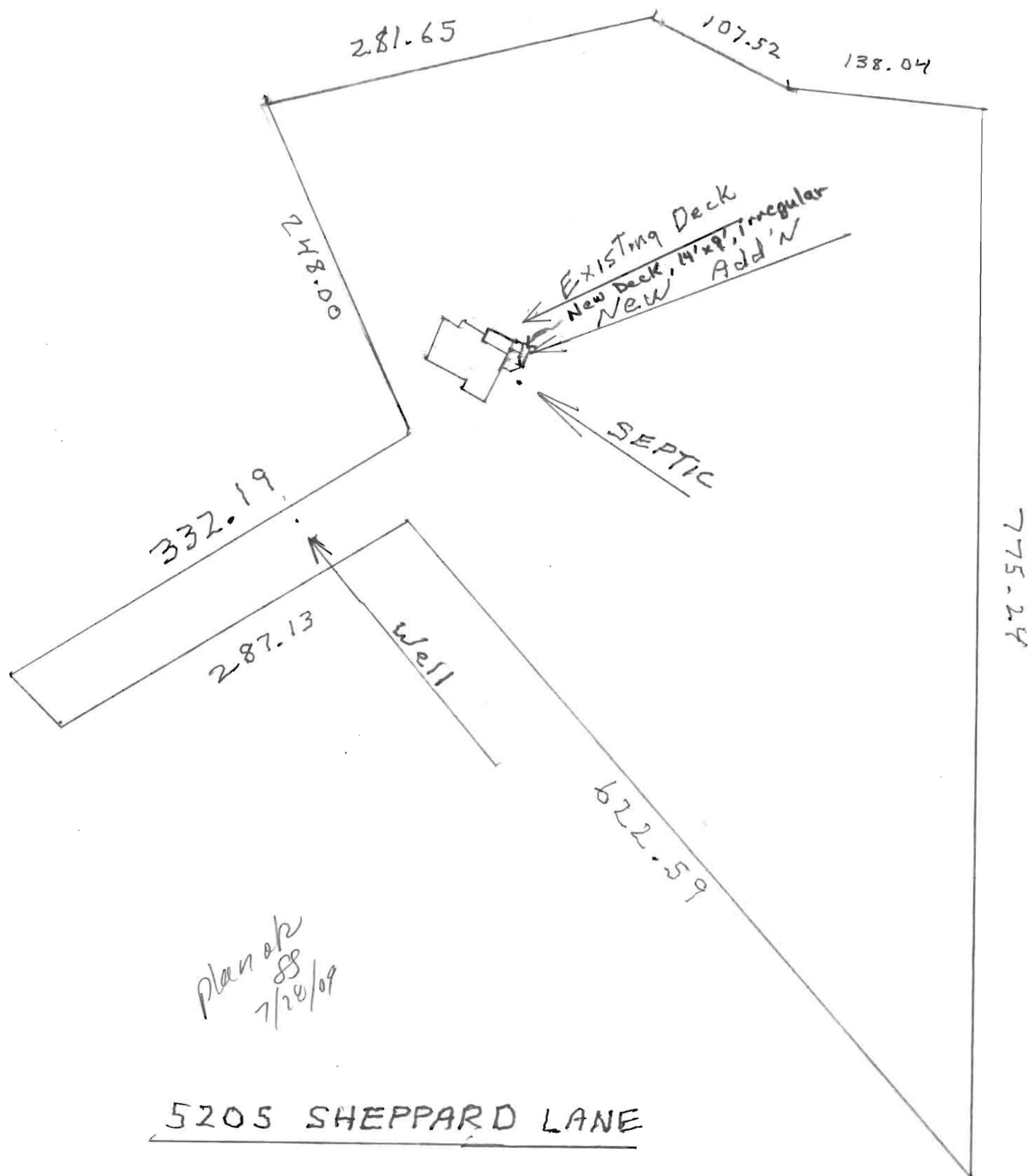
CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Distribution of Copies- White: Building Official Green: LDD, DPZ
T:\forms\PERMIT.FRM

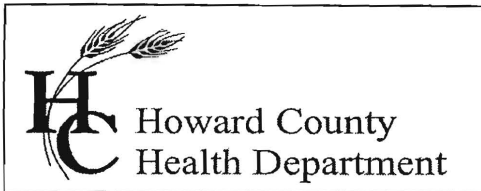
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____
Yellow: DED, DPZ Pink: Health Gold: SHA

LOCATION DRAWING



<p>Project: 5205 SHEPPARD LANE CLARKSVILLE, MARYLAND 21029 (Howard County) Deed Title: Liber: 3854, Folio: 201 Plat Ref.: Lot No. 13, Clearview Estates, section One Plat No. 8042</p>	<p>100.00 feet Scale: Date: 11/30/01 File#: 01-2749</p>	<p>This is to certify that we have conducted a location survey of the improvements and that they are located as shown hereon.</p>
<p>SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN UNLESS OTHERWISE NOTED. This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. This plat is not to be relied for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing. Prepared without the benefit of a title report. Note: Location survey measurements are +/-3'.</p>	<p>PROFESSIONAL LAND SURVEYOR REGISTERED--No. 10982</p> <p>A.T. HOYLE SURVEYS P.O. Box 190, Lisbon, MD 21765 Phone: 410-442-5117 Fax: 410-442-5175</p>	





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 13, 2009

Mr. David Schwartz
5205 Sheppard Lane
Clarksville, MD 21029

RE: **Waiver Approval**
205 Sheppard Lane
Clarksville, MD 21029

Dear Sir:

This letter is being issued as follow up to the Health Department's verbal approval of your waiver request. The Department of Health has received your variance request dated July 22, 2009 for the above referenced property. This agency will grant **approval** of the waiver provided that the proposed living space addition is constructed with storage space in the basement and is constructed no closer than ten feet to the existing septic tank. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request and the construction plans illustrate the addition no closer than ten feet from the existing septic tank. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.
Assistant Director
Bureau of Environmental Health

c: File

July 22, 2009

In regards to: Request for Waiver

Michael Davis
Deputy Director of Environmental Health
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MARYLAND 21046

Dear Mr. Davis,

SUBJECT: FOR A NEW BREAKFAST/SUN ROOM

I am writing to you at the recommendation of Mr. Oster. I met with Mr. Oster on June 24th to discuss the best approach as to how I should proceed regarding a breakfast/sunroom addition that I would like to build on to my house. My house is located at 5205 Sheppard Lane, Clarksville, MD 21029. It was his suggestion to write to you and describe what I am trying to do and send along a copy of the drawings that my architect (see enclosed) has worked up and request a waiver for the distance from the septic tank to the new addition. I would also like to request a waiver from having to submit a Percolation Certification Plan.

The situation simply put is that the septic system tank is in close proximity to where I would like to build the addition to my home. In my review of Howard County document that outlines the septic system setback distances for homes without a basement the required distance would be 10 feet. In designing the addition, with the architect, we took this distance into consideration and offset the addition to accommodate this 10 foot requirement. This is clearly seen in the enclosed drawing.

Due to the way that the ground slopes off we will have a considerable space below the sunroom for a storage room to be used for container gardening and for garden equipment. This storage space will be totally separated from the basement of the home and only accessible from a door from the outside. If the requirement were to be interpreted as needing to be 20 feet from the house this would require me to relocate my septic tank.

Thus the reason I am making my request to you for approving these two waivers.

Enclosed are a site plan and architectural drawing of the proposed addition.

Please let me know if you have any additional questions.

Thank you,



David Schwartz
5205 Sheppard Lane
Clarksville, MD 21029

Cell Phone – 240.463.8002

Enclosure (4) 3

5205 SHEPPARD LANE
CLARKSVILLE, M21029

*Verbal
ok 7/29/09
SS per conv w/MSD
need formal letter sent
to homeowner*

= 1'-0"

10'-6" ±

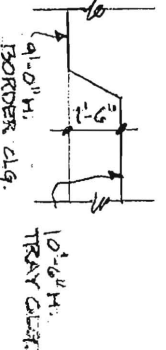
ADDED DECK.

7'-0"

4'-0"

CEILING PLAN
TRAY CEILING
1/4" = 1'-0"

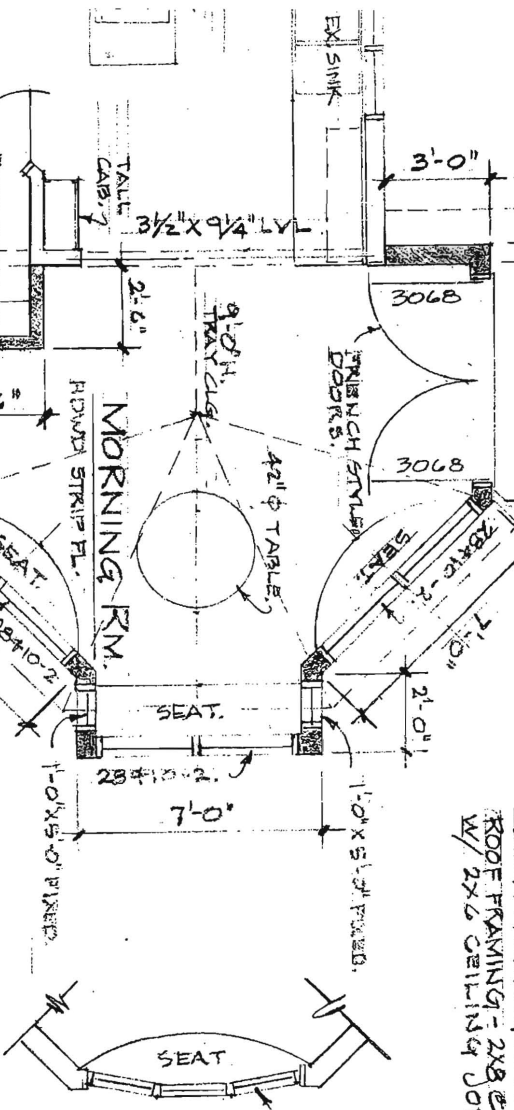
DETAIL 'A'
1/4" = 1'-0"



FLOOR FRAMING - 2X10 @ 16 1/2"
ROOF FRAMING - 2X8 @ 16 1/2"
W/ 2X6 CEILING JOISTS.

ANDERSEN CBS
ROW WINDOW
6'-2" W. X 5'-11" H.

6/28/9
SS
ok



OPTIONAL

ROW WINDOW
1/4" = 1'-0"

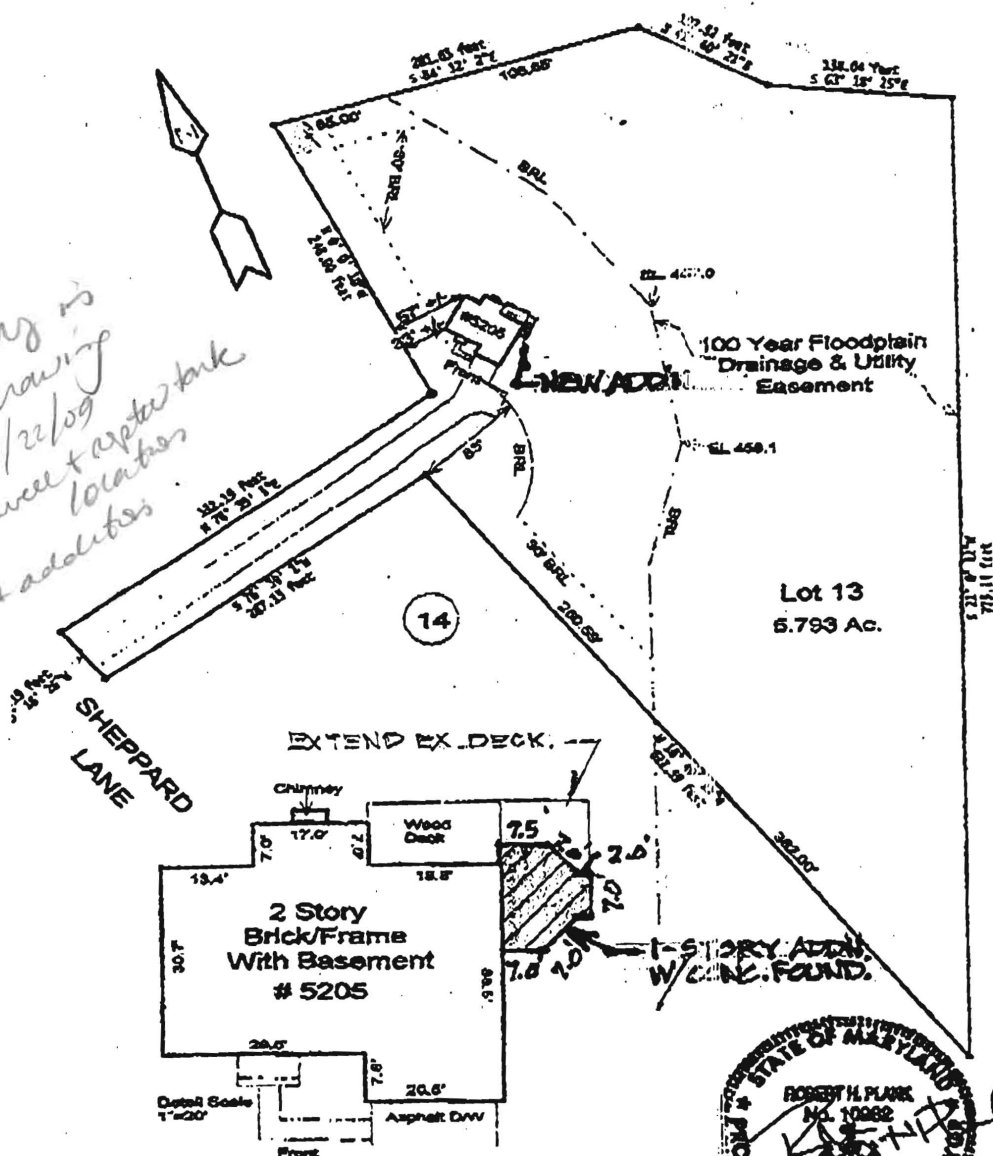
EX. SEPTIC C.D.

PART FIRST FLOOR PLAN

1/4" = 1'-0"

- NEW WALLS.
- EXISTING WALLS TO REMAIN.
- EXISTING WALLS TO BE REMOVED.

* Owner to buy is
a scaled drawing
wed 7/22/09
w/ well & apter tank
+ additives



SITE PLAN

01/09

5205 SHEPPARD LANE
CLARKSVILLE, MARYLAND 21020
(Howard County)
Title: Urban 8004, Parcel 201
Ref: Lot No. 13, Clearview Estates, section One
Plan No. 8042

100.00 foot
Proposed Easement
Scale:
Date: 11/30/01
Plan: 01-2749

This is to certify that we have
conducted a location survey
of the improvements and that
they are located as shown hereon.

**JEOP PROPERTY NOT LOCATED IN A FLOOD PLAIN UNLESS
OTHERWISE NOTED.** This plat is of benefit to a consumer only insofar as it
is filed by a lender of a title insurance company or its agent in
connection with contemplated transfer, financing or re-financing.
It is not to be relied for the establishment or location of fences,
walls, buildings, or other existing or future improvements. This plat
does not provide for the accurate identification of property boundary
but such identification may not be required for the transfer of
financing or re-financing. Prepared without the
aid of a title report. Note: Location survey measurements are ± 1/2".

PROFESSIONAL LAND SURVEYOR
REGISTERED-No. 10062

A.T. HOYLE SURVEYS
P.O. Box 190, Lieber, MD 21765
Phone: 410-442-8117 Fax: 410-442-3176