

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B11002773

Building Address: 13837 WAYSIDE CT
CLARKVILLE MD 21029

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

Census Tract: _____ Subdivision: Wayside Ct

Section: _____ Area: _____ Lot: 25

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SED UNDER CONSTR

Proposed Use: SED W/IN TANK

Estimated Construction Cost: \$ 3700.00

Description of Work: INSTALL 1-1,600 GAL
W/IN PUMPING TANK 1AW NAPA SB

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads: _____

Property Owner's Name: James T. Qin

Address: 13837 WAYSIDE CT

City: CLARKVILLE State: MD Zip Code: 21029

Home Phone: 240 761 8007 Work Phone: 240 686 7857

Applicant's Name & Mailing Address, (If other than stated herein):

Richard J. Simmons
10097 BALT. NATL. DR 21042

Phone: 410 465-0800 Fax: 410 465-0803

Email: Richard.J.Simmons@AmericaGas.com

Contractor Company: AmericaGas

Contact Person: Richard J. Simmons

Address: 10097 BALT. NATL. DR

City: CLARKVILLE State: MD Zip Code: 21042

License No.: GAS 00799

Phone: 410 465-0800 Fax: 410 465-0803

Email: Richard.J.Simmons@AmericaGas.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> 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: _____

Print Name: Richard J. Simmons

Email Address: Richard.J.Simmons@AmericaGas.com

Date: 9/8/11

Title/Company: _____

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	<u>9-21-11</u>	<u>William Scott</u>
Fire Protection		

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

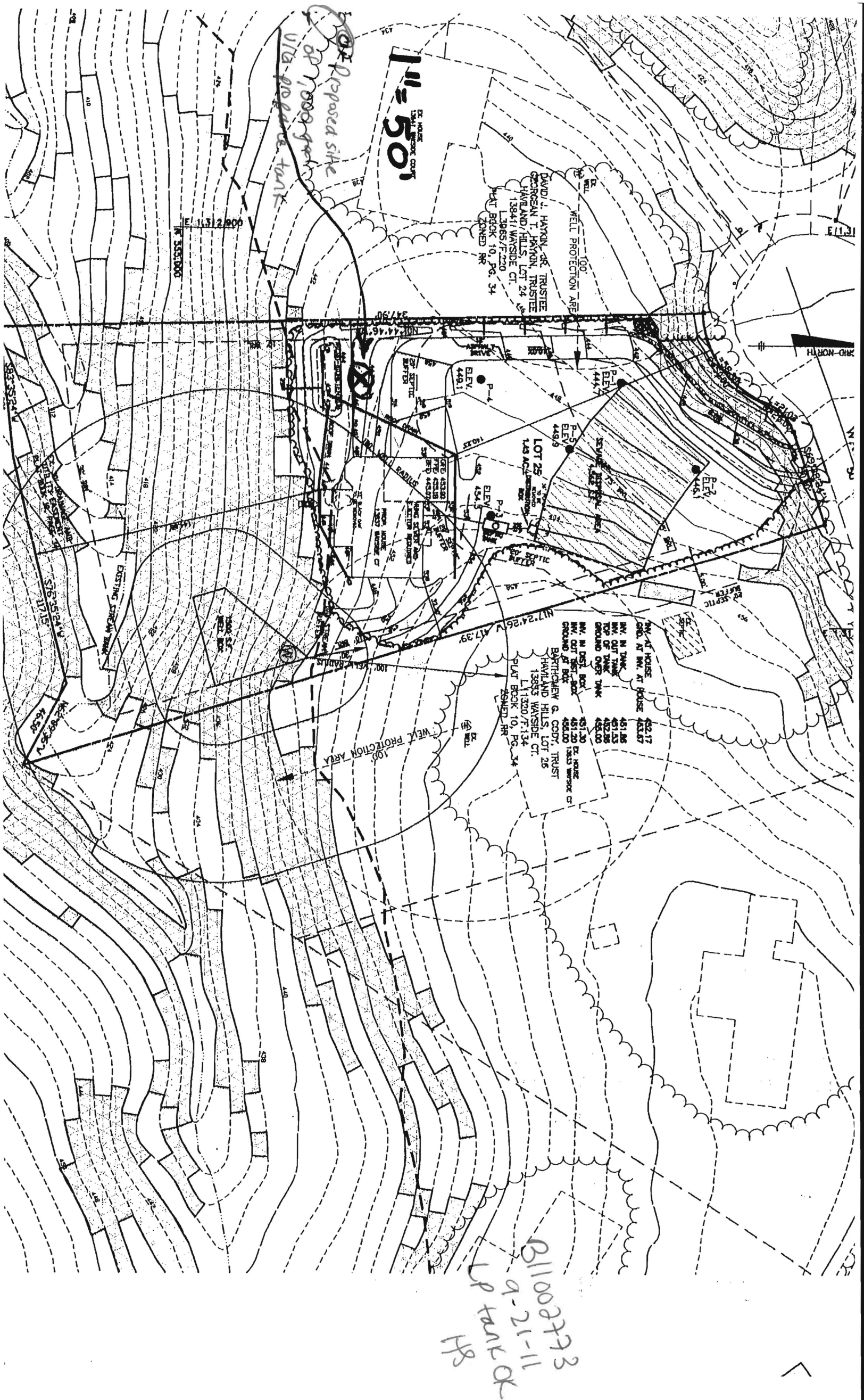
☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

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	\$ <u>100.</u>
Tech Fee	\$ <u>10.</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
Operations\Updated Forms\New building app 11 10 2010.docx



Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building, Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B10003904

Building Address: Haviland Hills
13837 Wayside Court
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Haviland Hills
Section: _____ Area: _____ Lot: 25
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant Land
Proposed Use: New Single Family Home
Estimated Construction Cost: \$ 392,800
Description of Work: Construction of new home

Occupant or Tenant: N/A Chad Edmondson
(410) 313-~~5460~~ 2406
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: send directly engineering
Address: Per Chad in west must do
City: ECF by PDF State: _____ Zip Code: _____
PT: PDFC longer process Fax: _____
Email: _____

Property Owner's Name: James Qin
Address: 9395 Penrose Street
City: Frederick State: MD Zip Code: 21704
Home Phone: 240-361-8067 Work Phone: _____
Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____
Email: _____

Contractor Company: N.D.I. Homes
Contact Person: Chuck Sweeney
Address: 134 Holiday Court Suite 300
City: Annapolis State: MD Zip Code: 21401
License No.: 02359804 Registration # 2516
Phone: 800-892-1454 Fax: 443-782-0425
Email: C.Sweeney@NDI-MD.com

Engineer/Architect Company: Kurt C. Shepard - Architect
Responsible Design Prof.: Kurt C. Shepard
Address: 199 9th St.
City: Pasadena State: MD Zip Code: 21122
Phone: 410-302-3870 Fax: _____
Email: SDGARCH@verizon.net

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>63'6" x 60'6"</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>56'6" x 60'6"</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> 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.

M. Greenwell
Applicant's Signature
M.Greenwell@NDI-MD.COM
Email Address
NDI
Title/Company

Mara Greenwell
Print Name
11/30/10
Date
RECEIVED
DEC 10 2010

LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

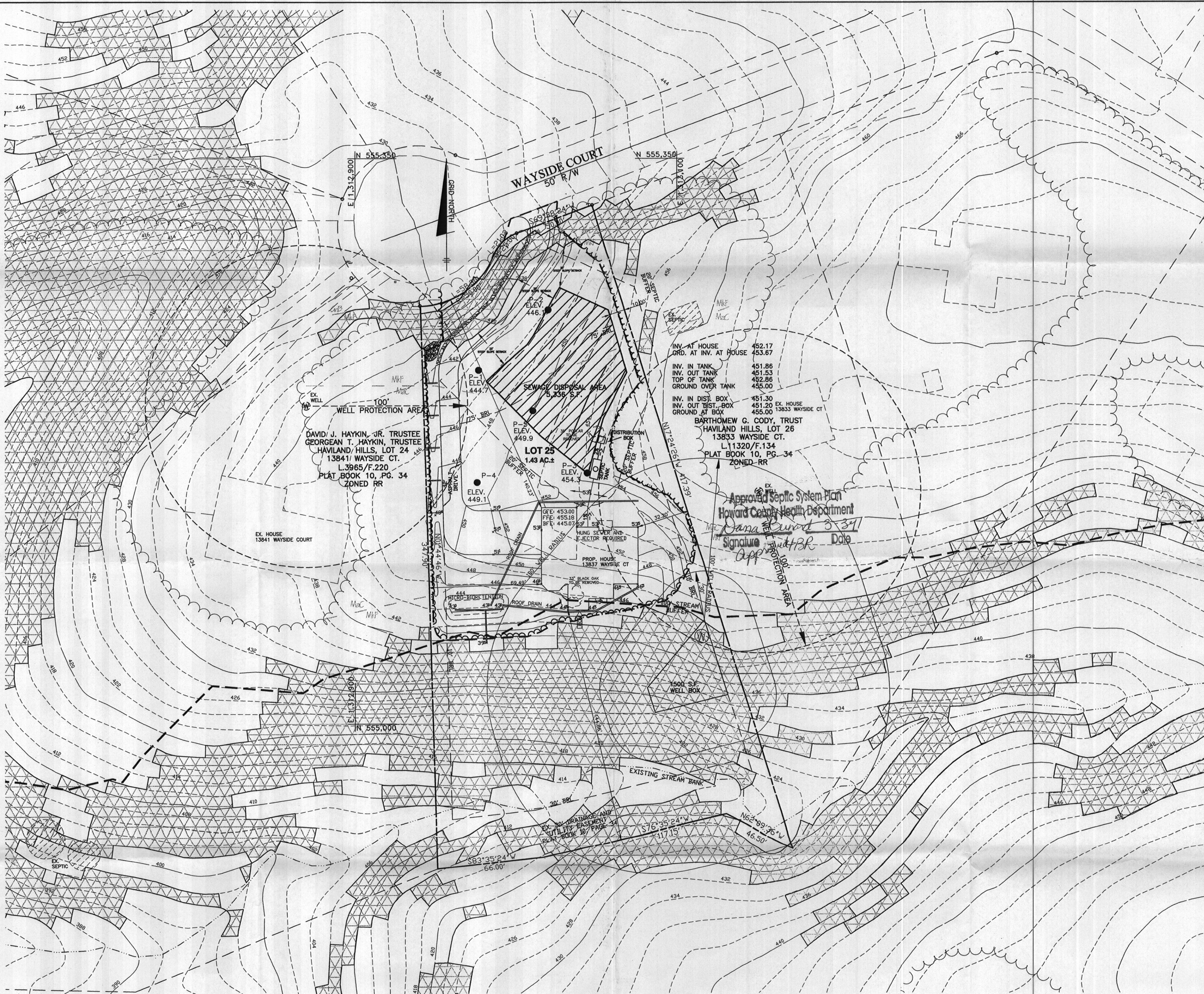
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> Z.A. (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>3-3-11</u>	<u>Dana Brand</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

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:

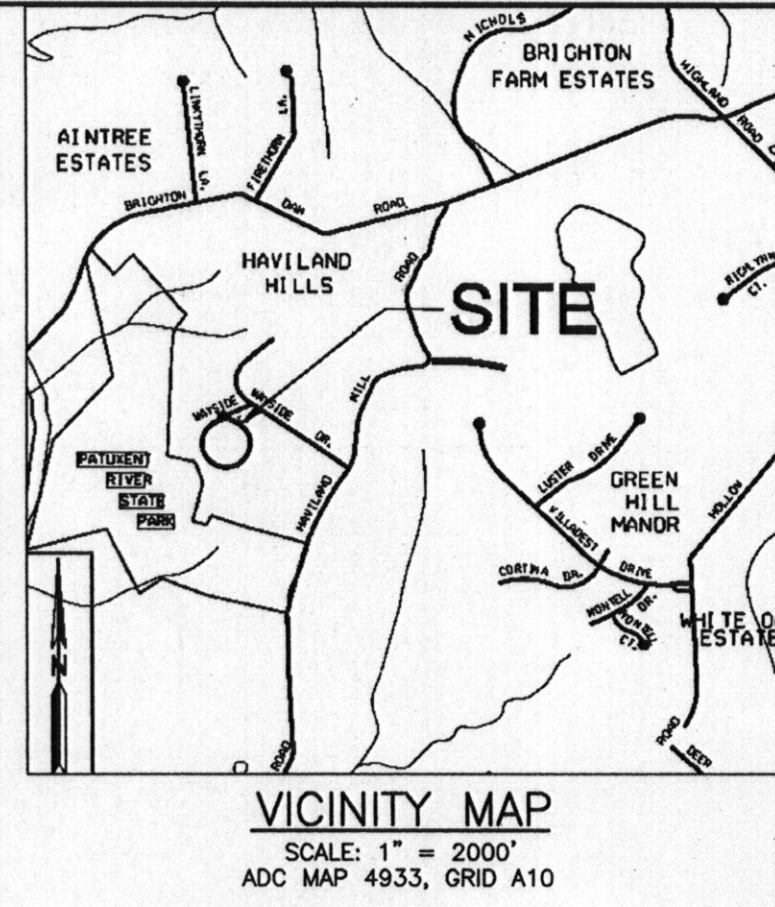
Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CK. 4664



LEGEND

- EXISTING CONTOURS
- LIMIT OF SUBMISSION
- EXISTING TREELINE
- PROPOSED TREELINE
- TEST HOLE -PASS
- PROPOSED SEPTIC AREA
- SOILS DELINEATION
- PROPOSED WELL
- 25% AND GREATER SLOPES



SOILS LEGEND		
MAP SYMBOL	SOIL GROUP	SOIL TYPE
* GNB	C	GLENVILLE-BAILE SILT LOAMS, 0 TO 8 PERCENT SLOPES **
MoC	B	MANOR LOAM, 8 TO 15 PERCENT ***
MHF	B	MANOR-BRINKLOW COMPLEX, 25 TO 65 PERCENT SLOPES, VERY ROCKY ***
* INDICATES HYDRIC SOILS		
** MODERATELY ERODIBLE		
*** SLIGHTLY ERODIBLE		
TAKEN FROM HOWARD COUNTY SOILS SURVEY, ISSUED MAY 2008, MAP NO. 16		

GENERAL NOTES

- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE REQUIRED.
- TOPOGRAPHY OUTSIDE OF THE LIMIT OF DISTURBANCE IS BASED ON FIELD RUN TOPOGRAPHY BY BENCHMARK ENGINEERING, INC., DATED SEPTEMBER, 2010.
- ALL KNOWN EXISTING WELLS AND SEPTIC WITHIN 100 FEET OF THE PROJECT BOUNDARY ARE SHOWN ON THIS PLAN.
- HAVILAND HILLS LOT 25 WAS CREATED PRIOR TO 1972 AND THEREFORE, PER THE HEALTH DEPARTMENT, THE SEPTIC EASEMENT IS ALLOWED TO BE LESS THAN THE REQUIRED 10,000 SQUARE FEET AS LONG AS IT CAN ACCOMMODATE 1 SEPTIC SYSTEM AND 1 REPAIR SYSTEM. AS DESIGNED, THE PROPOSED SEPTIC EASEMENT SHOULD BE CAPABLE OF HANDLING THE INITIAL SYSTEM PLUS 2 REPAIR SYSTEMS

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Alice Miller
ALICE MILLER FOR BENCHMARK ENGINEERING
PLAN PREPARER

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

Peter Beilenson
HOWARD COUNTY HEALTH OFFICER
DATE: 3/2/2011

BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.
8405 BALTIMORE NATIONAL PIKE & SUITE 418 & ELLICOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644
60 THOMAS JOHNSON DRIVE & FREDERICK, MARYLAND 21702
(P) 301-371-3505 (F) 301-371-3506
WWW.BE-ENGINEERING.COM

Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 22390, Expiration Date: 6-30-2011.

OWNER:
JAMES T. QIN
9395 PENROSE STREET
FREDERICK, MARYLAND 21704
301-874-2674

BUILDER:
NDI HOMES
134 HOLIDAY CT., SUITE 300
ANNAPOLIS, MARYLAND 21401
410-266-5634

DESIGN: AAM **Draft:** AAM **Check:** CAM

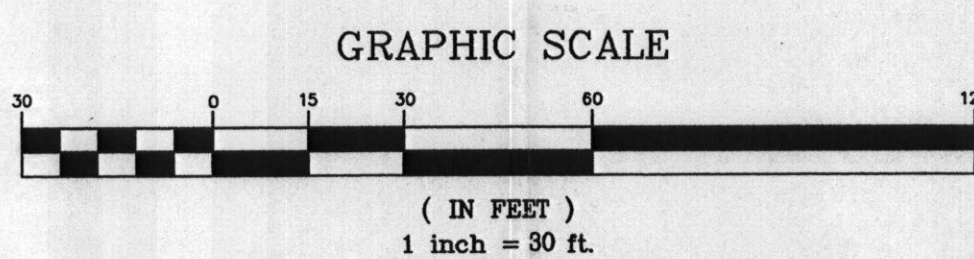
PROJECT:
QIN RESIDENCE
13837 WAYSIDE COURT
HAVILAND HILLS, LOT 25
CLARKSVILLE, MD

LOCATION:
TAX MAP No. 34, GRID No. 13,
PARCEL No. 220
5th ELECTION DISTRICT
HOWARD COUNTY,
CLARKSVILLE, MARYLAND 21029

TITLE:
PERCOLATION CERTIFICATION PLAN

DATE: OCTOBER, 2010
JANUARY, 2011
PROJECT NO. 2353

SCALE: AS SHOWN
DRAWING 1 OF 1



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

Date: 4/29/11
To: _____
(Person's Name and Division)
From: Chuck Sweeney N.D.I. Homes (443) 867-4759
(Your Name, Company Name and Telephone Number)
Subject: Project name Qin Property
Project site address 13837 Wayside Court, Clarksville, Md. 21029
Permit Number B-10003904 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 # _____
X Other Revised site plan for new well Location

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

David Gaudin

RECEIVED

APR 29 2011

white: Plan Review Division
yellow: Applicant
pink: Permit Division

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

**LICENSES & PERMITS
DIVISION**

CC: Hea/AC

