



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: 12201 Running Fence Ln.
City: Clarksville State: Md Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Walnut Grove
Section: _____ Area: _____ Lot: 16
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 45,930

Existing Use: Single Family
Proposed Use: _____
Estimated Construction Cost: \$ 90,000
Description of Work: Pool-House 16'x25'
Garage 18'x24', Pavilion 22'x17'

Occupant or Tenant: _____
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 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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:
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

Property Owner's Name: Damon H SHAH
Address: 12201 Running Fence Ln.
City: Clarksville State: Md Zip Code: 21029
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Peter SORGE III
Address: 5433 Woodbine Rd.
City: Woodbine State: Md Zip Code: 21797
Phone: 410-549-5050 Fax: 410-549-5449
Email: psorge3@earthlink.net

Contractor Company: Classic Design Group Inc.
Contact Person: Peter SORGE III
Address: 5433 Woodbine Rd.
City: Woodbine State: Md Zip Code: 21797
License No.: 83116
Phone: 410-549-5050 Fax: 410-549-5449
Email: psorge3@earthlink.net

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

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<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
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: _____
Email Address: psorge3@earthlink.net
Title/Company: VP Classic Design Group Inc

Print Name: Peter SORGE III
Date: 9/24/14

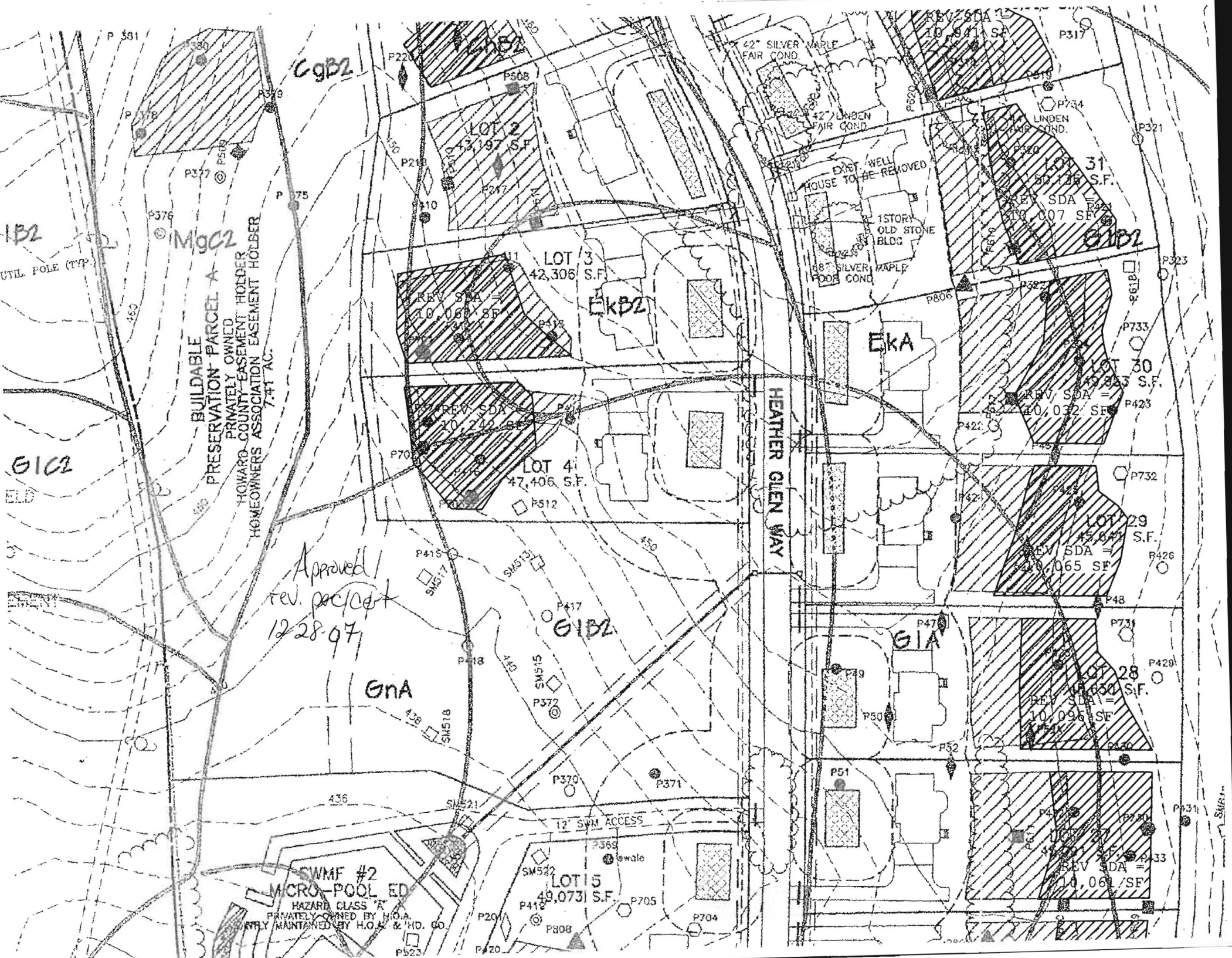
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
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



PERCOLATION CERTIFICATION PLAN

1" = 40'

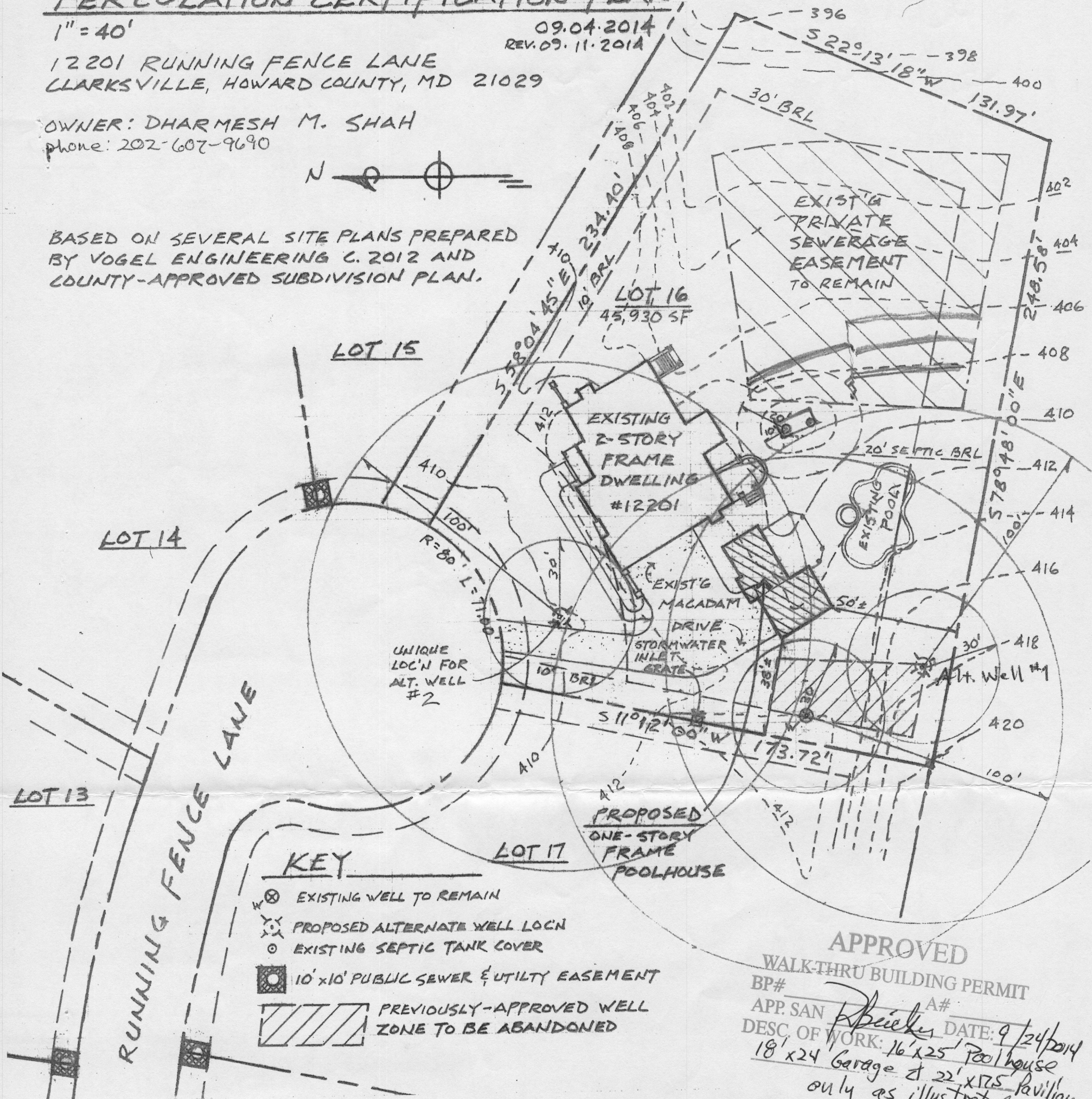
12201 RUNNING FENCE LANE
CLARKSVILLE, HOWARD COUNTY, MD 21029

09.04.2014
REV. 09.11.2014

OWNER: DHARMESH M. SHAH
Phone: 202-607-9690

BASED ON SEVERAL SITE PLANS PREPARED
BY VOGEL ENGINEERING C. 2012 AND
COUNTY-APPROVED SUBDIVISION PLAN.

BUILDABLE PRESERVATION
PARCEL "I"



KEY

- ⊗ EXISTING WELL TO REMAIN
- ⊗ PROPOSED ALTERNATE WELL LOC'N
- EXISTING SEPTIC TANK COVER
- 10' x 10' PUBLIC SEWER & UTILITY EASEMENT
- ▨ PREVIOUSLY-APPROVED WELL ZONE TO BE ABANDONED

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN _____ DATE: 9/24/2014
DESC. OF WORK: 16' x 25' Poolhouse
18' x 24 Garage & 22' x 17.5 Pavilion
only as illustrated

NOTES

1. ALL EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. TOPOGRAPHY ON THIS PLAT IS FROM A SITE PLAN BY VOGEL ENGINEERING (2012) AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE ELEVATION CHANGES ON AND NEAR THE SUBJECT PROPERTY.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
6. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN IS TO ABANDON THE PREVIOUSLY APPROVED WELL ZONE AND ESTABLISH TWO ALTERNATE WELL LOCATIONS TO ACCOMMODATE CONSTRUCTION OF A POOLHOUSE.
7. SHOULD A WELL BE INSTALLED AT ALT. WELL #2, BOLLARDS SHALL BE INSTALLED BETWEEN THE WELL AND THE DRIVEWAY.

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature]
(SIGNATURE)

09.11.14
(DATE)

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

[Signature]
(SIGNATURE)

9/15/2014
(DATE) mga