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: 6608 Whitegate Road
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Clarksville Ridge
Section: _____ Area: _____ Lot: 14
Tax Map: 0035 Parcel: 0172 Grid: 0021
Zoning: _____ Map Coordinates: _____ Lot Size: 1.13 acres

Existing Use: Single family
Proposed Use: Single family
Estimated Construction Cost: $ $125,000
Description of Work: addition of master bath/closet

Occupant or Tenant: _____
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: John Minutoli
Address: 6139 White Marble Ct
City: Clarksville State: MD Zip Code: 21029
Phone: 410 409 0333 Fax: _____
Email: _____

Property Owner's Name: Whitegate Road, LLC
Address: 6139 White Marble Ct
City: Clarksville State: MD Zip Code: 21029
Phone: 410 409 0333 Fax: _____
Email: _____

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: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No. : _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: Don Taylor
Responsible Design Prof.: _____
Address: 5024 Dorsey Hall Dr #203
City: Ellicott City State: MD Zip Code: 21042
Phone: 410 964 1181 Fax: _____
Email: _____

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☒SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☒ Finished Basement
Use group:	☐ Unfinished Basement
	☒ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms: 3
☐ Structural Steel	*Multi-family Dwelling*
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➢ Roadside Tree Project Permit	Footings:
☐Yes ☐No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Electric: ☒ Yes ☐ No	
Gas: ☐ Yes ☒ No	
Heating System	
☐ Electric ☒ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☒ 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 _____ *Print Name* John Minutoli

Email Address _____ *Date* 12/8/16

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	12/8/16	H. Osorio

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

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	$
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

December 8, 2016

12/8/16
Approved

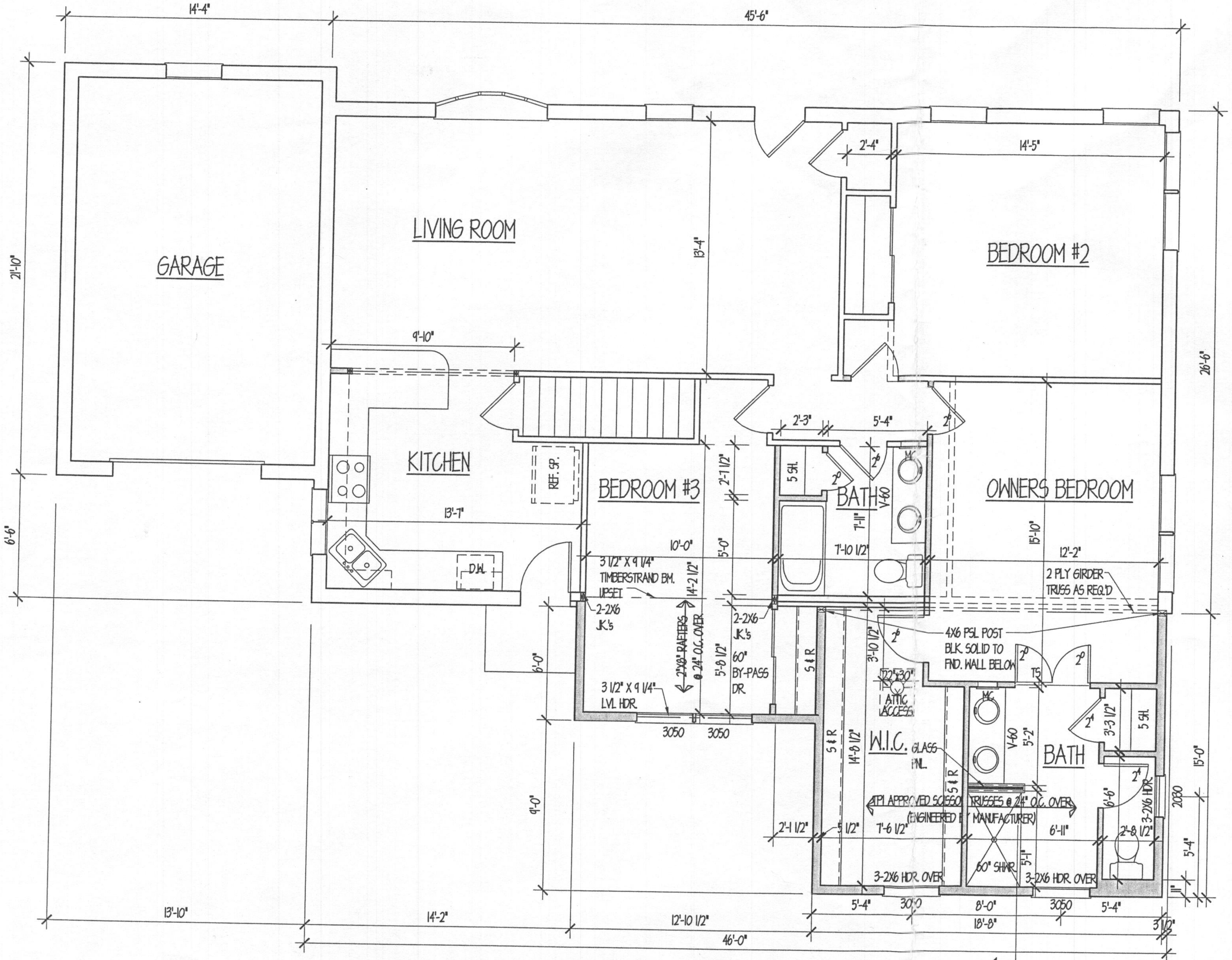
Dear Mr. Davis,

I am writing you this letter to request a waiver to the septic certification required for approval of my addition at 6608 Whitegate Road, Clarksville, MD 21029. Included in this letter are the pertinent facts to support waiver approval:

1) House has been occupied, until recently, for sixty years by the same family with no septic issues.
2) The addition being requested is less than 350 sf and is not increasing the number of bedrooms.
3) We are in the process of replacing the existing 1,000 gallon tank with a new 1,500 state of the art concrete tank. We have oversized the new tank based on current requirements. Permit has been applied for.
4) Enclosed is a septic inspection report performed on 8/21/2016 by Home Land Septic Consulting, LLC. The report states that several hundred gallons of water was introduced into the system with no backup. When probed, the area was found to be dry.
5) Should future fields need to be installed, the 1.13 acre lot boasts plenty of additional are for future needs.
6) The addition is being built in an area that future field could not be placed due to location of existing well, so does not prohibit future options.
7) The existing well is being brought up to code by Fogels. Proof of work attached and paid for.

Thanks in advance for your consideration.

John Minutoli



PROPOSED FLOOR PLAN

1/4"=1'-0"

NEW CONSTRUCTION =

EXIST'G CONSTRUCTION TO REMAIN =

EXIST'G CONSTRUCTION TO BE REMOVED =

APPROVED
WALK-THRU BUILDING PERMIT
BP#________ A#______
APP. SAN H. Oswald DATE: 12/8/16
DESC. OF WORK: Construct masterbath/closet addition

PROFESSIONAL CERTIFICATION: I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE # 3367-R, EXPIRATION DATE 10/7/17

dw taylor associates inc ARCHITECT
5024 DORSEY HALL DR. SUITE 203 ELLICOTT CITY, MD 21042
P.(410) 964 1181 F. (410) 997 2924 www.dwtaylor.com

BID & PERMIT SET

REVISIONS	
date	remarks

drawn by	checked by
BB	
scale 1/4" = 1'-0"	date 12-08-2016

PROJECT TITLE

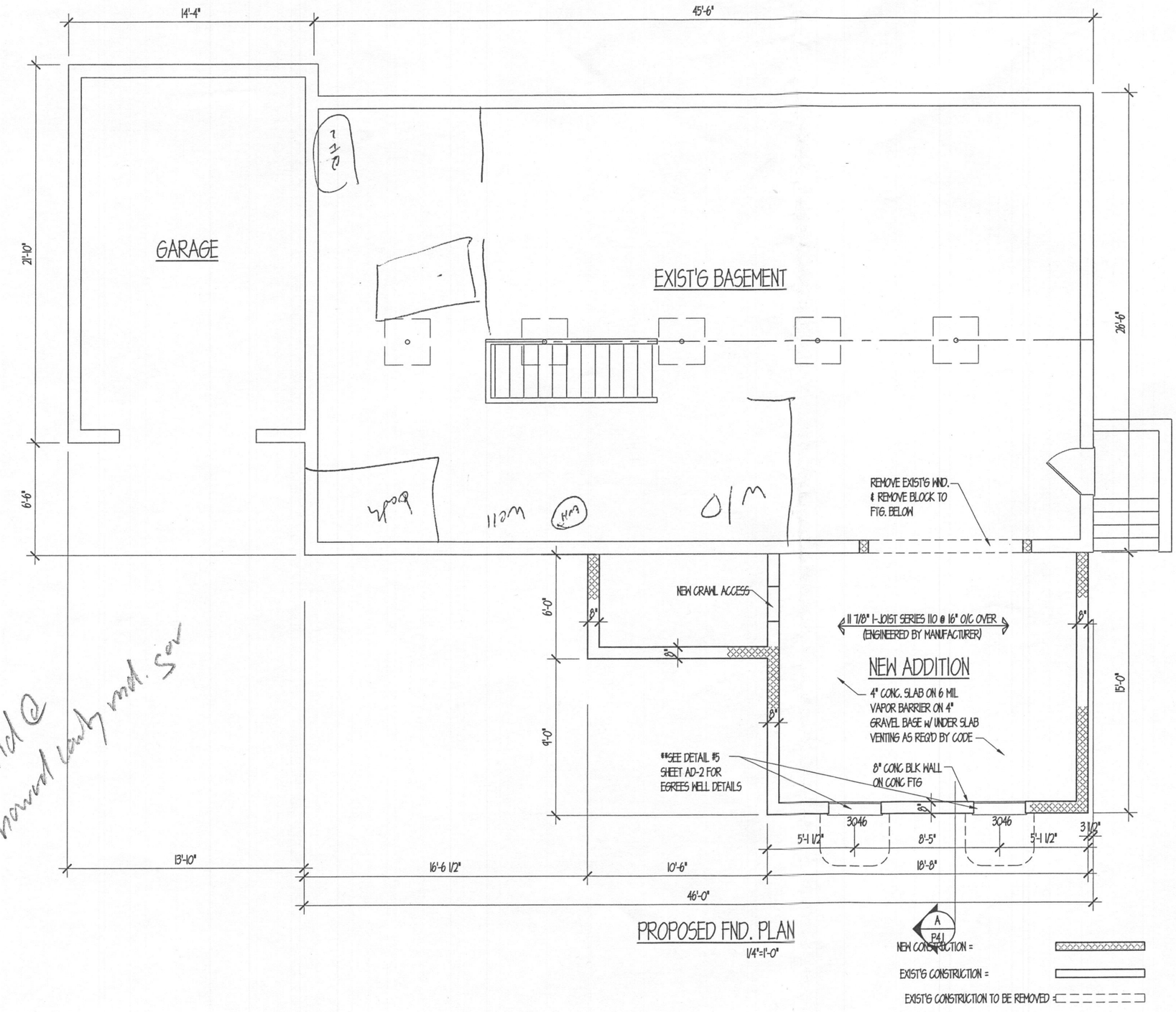
WHITEGATE ROAD L.L.C.
WHITEGATE

CONTENT

PROPOSED PLAN

PROJECT NUMBER	DRAWING NUMBER
2643	P3.1

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN H. Oswald DATE: 12/8/16
DESC. OF WORK: Construct master bath / closet addition



PROPOSED FND. PLAN
1/4"=1'-0"

hoswald@howardcounty.md.gov

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dw taylor associates inc
ARCHITECT

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P.(410) 964 1181 F. (410) 997 2924 www.dwtaylor.com

BID & PERMIT SET

REVISIONS	
date	remarks

drawn by: BB	checked by:
scale: 1/4" = 1'-0"	date: 12-08-2016

PROJECT TITLE

WHITEGATE ROAD L.L.C.
ADDITION

CONTENT

PROPOSED FND. PLAN

PROJECT NUMBER	DRAWING NUMBER
2643	P2.1