



# 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.: B130002611

Building Address: 6109 THOMPSON DR  
City: CLARKSVILLE State: MD Zip Code: 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: FINISHED BASEMENT  
Proposed Use: Full Bath  
Estimated Construction Cost: \$ 15,000  
Description of Work: PARTITION BUILDING REC  
Room: OFFICE TO CREATE  
OFFICE & BATHROOM  
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 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
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
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	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: DAVIDA KAUF  
Address: 6109 THOMPSON DR  
City: CLARKSVILLE State: MD Zip Code: 21029  
Phone: 410-531-6583 Fax: \_\_\_\_\_  
Email: DAVIDA.KAUF@GMAIL.COM

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

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: GREGORY HOME & GARDEN  
Contact Person: JOHN GREGORY  
Address: 642 TANGENT DR  
City: SYKESTOWN State: MD Zip Code: 21784  
License No.: 95779  
Phone: 443-831-7563 Fax: \_\_\_\_\_  
Email: GREGORYTRENCHING@GMAIL.COM

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

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<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
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<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: GREGORYTRENCHING@GMAIL.COM  
Title/Company: JOHN GREGORY HOME & GARDEN

Print Name: JOHN GREGORY  
Date: 1/29/13

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	#

SITE INSPECTION SHEET

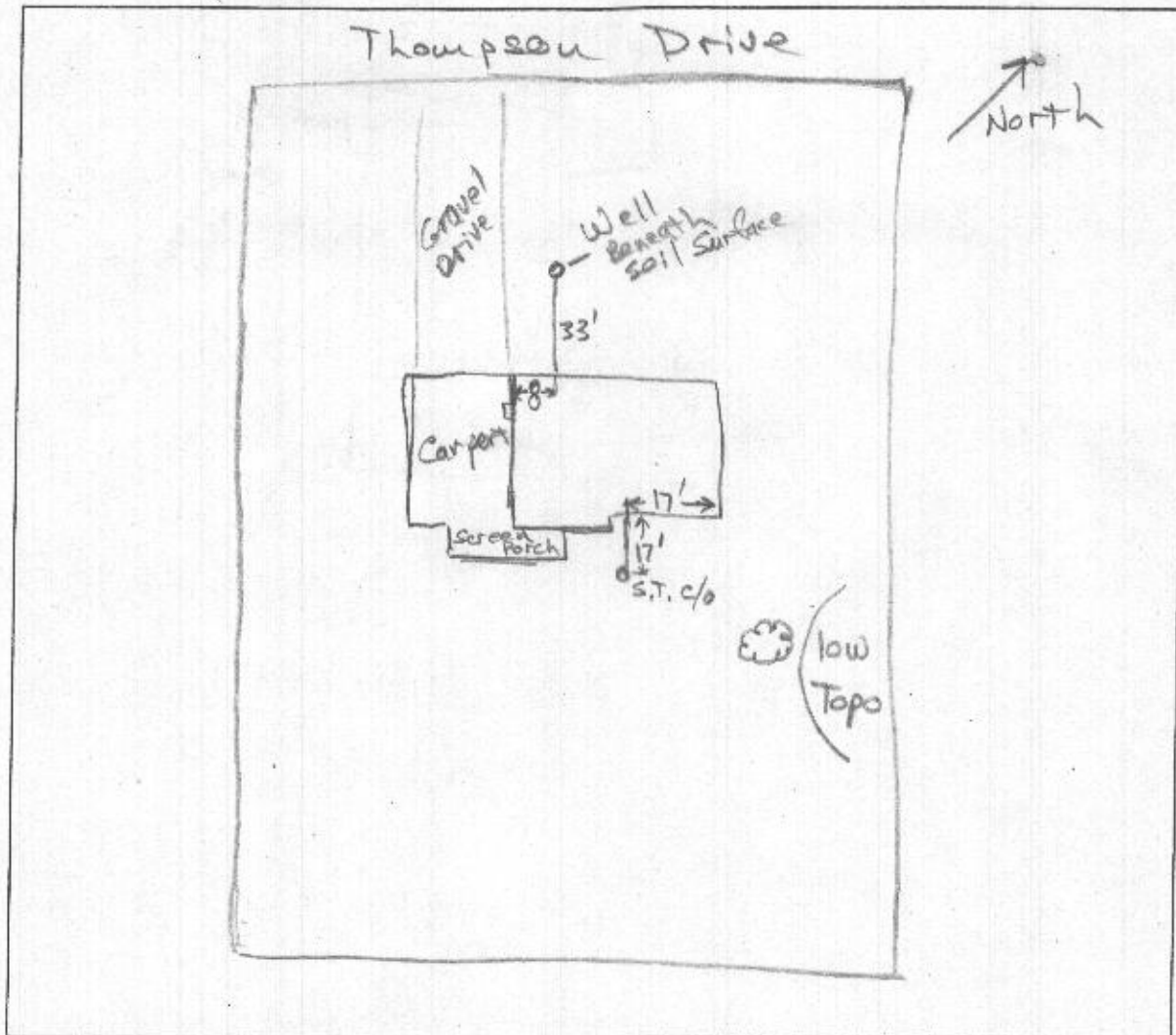
OWNER: Donna Kahle PHONE #: 410-531-6503

ADDRESS: 6109 Thompson Drive CONTRACTOR: Joe Gregory  
Clarksville, MD 21029 WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Site Inspection for Building Permit (Interior Improvements)  
B13000661

LOCATION DIAGRAM

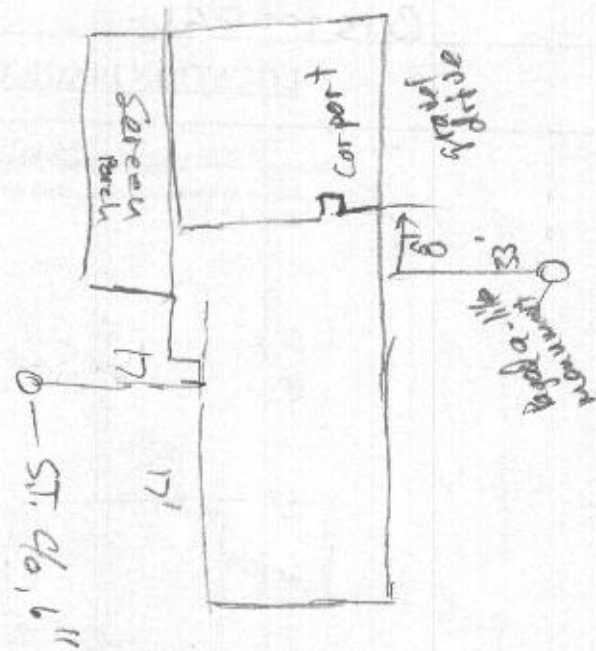


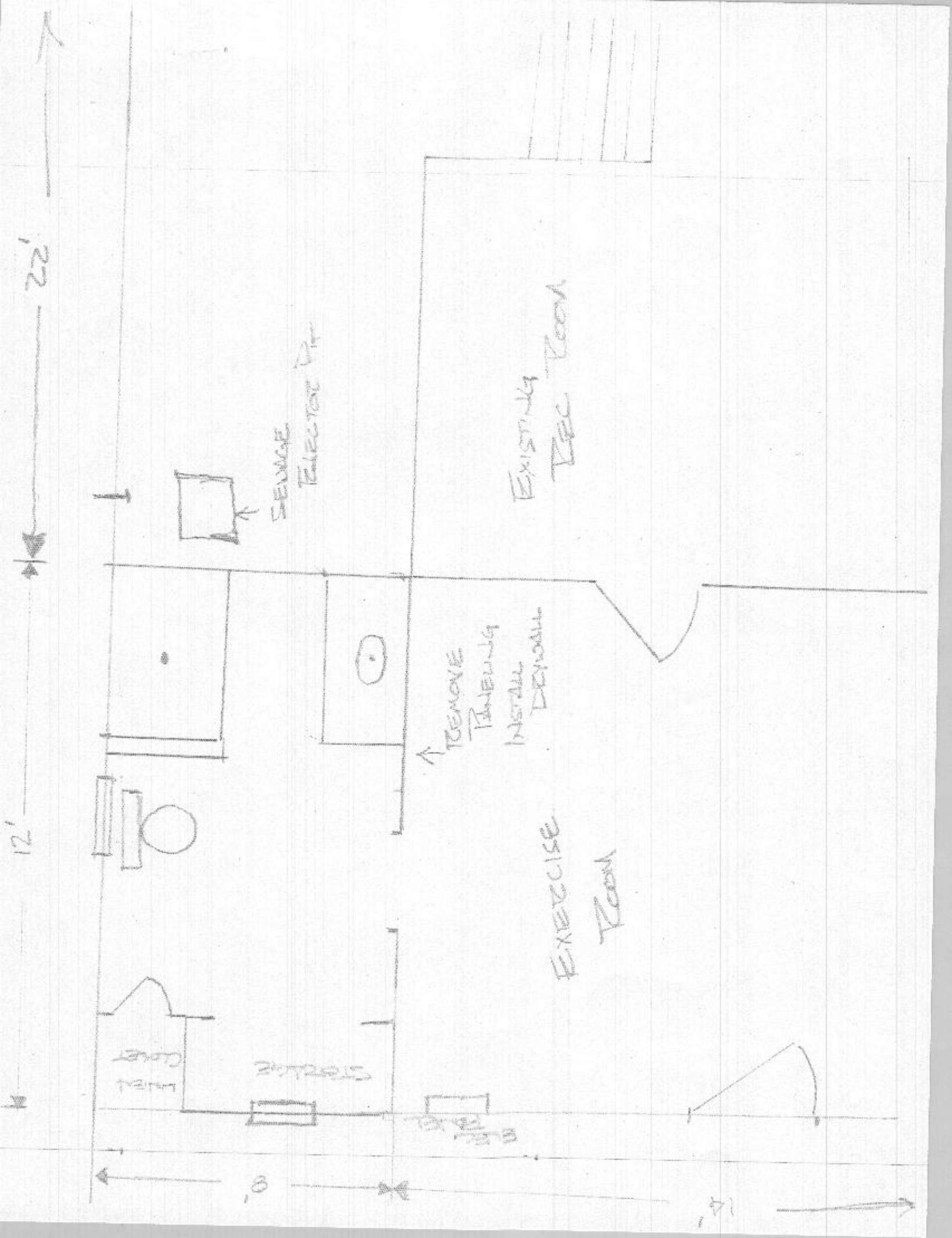
COMMENTS: Well is believed to be located under a  
concrete statue, a pagoda-like shape, in front of house.  
No evidence of septic system seepage was observed.

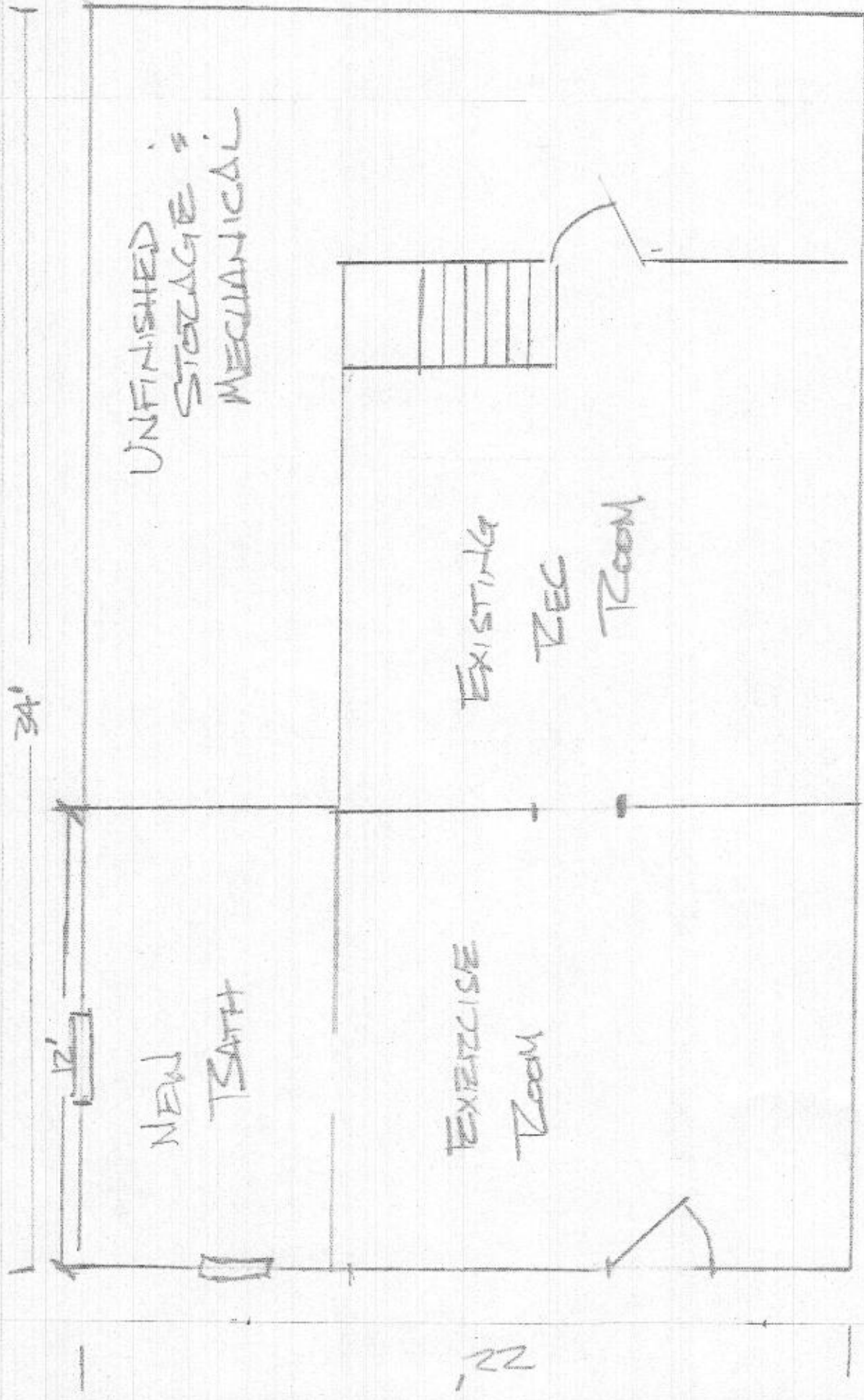
\* EXTEND WELL CASING, Install Pitless Adapter

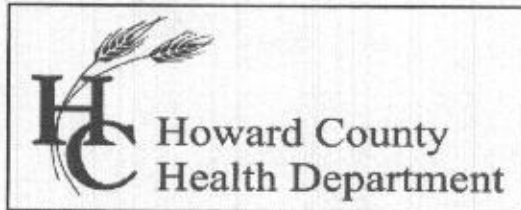
DATE: 2/4/2013 INSPECTOR: R. Buck











**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](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

February 5, 2013

To: Donna Kahle, owner  
6109 Thompson Drive, Clarksville, MD 21029  
c/o Joseph Gregory, contractor  
[gregoryremodeling@gmail.com](mailto:gregoryremodeling@gmail.com)

From: Robert Bricker, CPSS, REHS/RS  
Environmental Sanitarian  
Well and Septic Program

RE: **Proposal to re-finish basement, 6109 Thompson Drive, Clarksville, MD**

The Health Department cannot approve the referenced proposal at this time.

In order for the Health Department to approve building permits, the well and septic system must be evaluated and found to meet current code requirements. An inspection at your property on February 4<sup>th</sup> revealed that the well terminates beneath the soil surface.

The Health Department may consider approval of this proposal when the well is upgraded to meet Code of Maryland [COMAR] requirements. A pitless adapter or unit must be installed [COMAR, 26.04.04.07(2)(b)] so that the water line is at least 36 inches beneath the finished ground surface, and the well casing or pitless adapter unit must extend to at least 8 inches above finished ground surface [COMAR, 26.04.04.07(3)(a)]. The pitless adapter unit or well casing extension must be welded to the existing well casing (i.e., a Furnco connector may not be used to join the extension to the well casing). An Environmental Health Specialist must inspect the pitless adapter installation and any new pipe connections prior to Health Department approval of the Building Permit Application. Therefore, call for inspection before covering the adapter and any new pipes that are installed. Please be advised that the well should be treated with chlorine and new pipes, or connections, disinfected prior to drawing water from the well after the upgrade is completed.

If you have questions concerning these requirements, you may contact me by 'Reply' or by calling 410-313-2691.

RB  
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