

PERMIT NUMBER: B

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 0701 HAVILAND MILL ROAD		Unit:
City: CLARKSVILLE	State: MD	Zip Code: 21029
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: N/A	Proposed Use: NEW SINGLE FAMILY	Estimated Cost: \$ 1,000,000.00
Trade Work to Be Completed (Separate Permits Required): ☒ Mechanical (HVACR) ☒ Electrical ☒ Plumbing ☐ None		

NEW CONSTRUCTION OF SINGLE FAMILY DWELLING. 2 STORY
WITH PARTIAL FINISHED BASEMENT. SBD RM 4.5 BATH

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Jim Volts		Primary Residence: ☐ Yes ☐ No
Owner's Street Address: 0701 HAVILAND MILL ROAD		
City: CLARKSVILLE	State: MARYLAND	Zip Code: 21029
Phone:	Email:	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: MUELLER HOMES, INC.		Contact Name: KALYN HENDERSON
Street Address: 7520 MAIN ST. SUITE: 201		
City: SYKESVILLE	State: MARYLAND	Zip Code: 21784
Phone: 410-549-4444	Email: KALYN@MUELLERHOMES.COM	

CONTRACTOR INFORMATION REQUIRED

Business Name: MUELLER HOMES, INC.		License #: 22
Licensee's Name: PAUL MUELLER		
Street Address: 7520 MAIN ST. SUITE: 201		
City: SYKESVILLE	State: MARYLAND	Zip Code: 21784
Phone: 410-549-4444	Email: paul@muelเลอร์homes.com	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: JONATHAN RIVERA ARCT.		Name: JONATHAN RIVERA
Street Address: 3226 HUNTERSMORTH		
City: GLENWOOD	State: MARYLAND	Zip Code: 21738
Phone: 443.226.5745	Email: jrivera@jonathanrivera.com	

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: ☒ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*)		Condo: ☐ Yes ☐ No
Utilities: ☒ Electric ☐ Gas	Water Supply: ☐ Public ☒ Private (Well)	Sewage Disposal: ☐ Public ☒ Private (Septic)
Heating System: ☐ Electric ☐ Natural Gas ☒ Propane ☐ Other:		Roadside Tree Project: ☒ No ☐ Yes: #
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☒ NFPA 13D ☐ None		Fire Alarm System: ☐ Yes ☐ No ☐ Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: Custom Home					
# of Bedrooms (SF): 5	# of efficiency units (MF*): N/A	# of 1 BR (MF*): N/A	# of 2 BR (MF*): N/A	# of 3 BR (MF*): N/A	
# Rooms: 18	# Full Baths: 6	# Half Baths: 1	# Fireplaces: 2		
Garage/Carport Info: ☒ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None					
Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☒ Finished Basement: ☐ Full or ☒ Partial					
1st Fl Width: 76'-2"	1st Fl Depth: 77'-8"	2nd Fl Width: 70'-2"	2nd Fl Depth: 68'-8"	Bsmt Width: 70'-2"	Bsmt Depth: 77'-8"
Energy Method: ☒ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI		Gross Area: 8,827 sq ft		Occupiable Area: 8,032 sq ft	

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE

DATE SIGNED

4/7/2021

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

☒ PR	☒ DPZ	☒ DED	☒ Health	☒ SHA	☒ CID
SUBMITTAL FEES: 150.00		PAYMENT: CLK# 1008		ACCEPTED BY: Prop Bx	

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21004944	12/24/2021
Description of Work		
SFD/ INSTALL (1) 1,000 GALLON UNDERGROUND PROPANE TANK		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
6761	HAVILAND MILL	RD
Unit Type	Unit #	X Coordinate
--Select--		-76.99346
		Y Coordinate
		39.18771
City	State	Zip Code
CLARKSVILLE	MD	21029
		Primary
		Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
855503	129	37.11	238000	365200	127200	RURAL

Legal Description

IMPSPAR 2 37.115 A [6761 HAVILAND MILL RD] DEER TRACK KRAMER PROP

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405353947	DEER TRACK					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-19	RR-DEO	4933-A10					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
11410							
Owner Occupied	Year Built	Historic District					
☐ Yes ☐ No	1954	☐ Yes ☒ No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	☐ Yes ☒ No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *		
VOLTZ JAMES THOMAS		
Address Line 1		
6761 HAVILAND MILL RD		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
CLARKSVILLE	MD	21029
Phone	Primary	
484-401-4658	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

AA
Approved 12/27/21

Search Reset Clear

License # * Business Name

20100100372 GREAT VALLEY PROPANE

License Type * First Name Middle Name Last Name

Propane Gs GEORGE AMOS

Primary Address Line 1

No PO BOX 5731

Address Line 2

City State ZIP Code

LUTHERVILLE MD 21093-0000

Phone 1 Phone 2 Fax

4105984180

E-mail

PGAMOS@GMAIL.COM

Applicant *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name

Applicant MICHELLE CLANCY

Relationship Full Name

Applicant MICHELLE CLANCY

Primary Organization Name

Yes APPLIED & APPROVED PERMITS LLC

Street Address

P.O. BOX 310

Address Line 2

City State Zip Code

PERRY HALL MD 21128

Phone Cell Fax

443-340-1229

E-mail *

MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost * Housing Units * Number of Buildings * Public Owned

3000 0 0 No

Construction Type

329 - Structures Other Than Buildings (Retaining Walls/Tents)

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Permit #

☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No

Existing Use Number of Tanks Installed * Number of Tanks Removed *

SFD 1 0

Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *

Private Private 6/25/2022 0

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Related Records

Showing 1-4 of 4

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B21001401	Residential New Single Family Dwelling Permit	Issued	6761	HAVILAND MILL	04/16/2021	SFD/CUSTOM, 2 STORY, Full Basement, Basement = Partially F
E21005359	Residential Electrical Addition Alteration Permit	Issued	6761	HAVILAND MILL	10/22/2021	Electrical testing of existing circuits installed by others / 2-20a min
P21005024	Residential New Plumbing Permit	Issued	6761	HAVILAND MILL	12/13/2021	NEW SFD // "CUSTOM" // INSTALL GAS AND PLUMBING FIXTU
B21004944	Residential Tank Permit	Application Accepted	6761	HAVILAND MILL	12/24/2021	SFD/ INSTALL (1) 1,000 GALLON UNDERGROUND PROPANE

Page 1 of 1

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Submit Cancel

B2100 4944

12/12



Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B22001598	04/25/2022

Description of Work

SFD/ INSTALL 25' X 30' INGROUND CONCRETE SWIMMING POOL, 750 SF, DEPTH 3'6"-8', WITH FENCE TO CODE, FILLED BY TRUCK & 8' DIAMETER SPA

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
6761	HAVILAND MILL	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.99346	39.18771

City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
855503	129	37.11	238000	365200	127200	RURAL

Legal Description

IMPSPAR 2 37.115 A.[]6761 HAVILAND MILL RD[]DEER TRACK KRAMER PROP

[check spelling](#)

Block Lot Census Tract Council Dist Inspection Dist Supervisor Dist Map # DAP Zone

Plan Area	2	State Tax Id	605101	5	Subdivision Name	
Section		Area	1405353947		Tax Map	DEER TRACK
Grid	34-19	Zoning District	RR-DEO		ADC Map	4933-A10
SDP No.		Final Plan No.			WP File No.	
Record Plat No.	11410	WS Contract No.			FDP No.	
Owner Occupied	☐ Yes ☐ No	Year Built	1954		Historic District	☐ Yes ☒ No
Historic District Registry No.		Stat Area	5-04A		Flood Plain	☐ Yes ☒ No
Building No					Primary	Yes v

Owner * (This section is required.)

Search Reset Clear

Name *

VOLTZ JAMES THOMAS

Address Line 1

6761 HAVILAND MILL RD

Address Line 2

Address Line 3

Mail City

CLARKSVILLE

Mail State

MD

Mail Zip Code

21029

Phone

410-442-5005

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010025223	GALLOWAY POOL SERVICES INC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	✓ STEVEN		GALLOWAY
Primary	Address Line 1		
Yes	✓ 11710 OLD FREDERICK ROAD		
	Address Line 2		
	City	State	ZIP Code
	MARRIOTSVILLE	MD	21104-0000
	Phone 1	Phone 2	Fax
	4104425005		4104425005
	E-mail		
	INFO@GALLOWAYPOOLSERVICE.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	✓ STEVEN		GALLOWAY
Relationship	Full Name		
Applicant	✓		
Primary	Organization Name		
Yes	✓ GALLOWAY POOL SERVICES INC		
	Street Address		
	11710 OLD FREDERICK ROAD		
	Address Line 2		
	City	State	Zip Code
	MARRIOTSVILLE	MD	21104-0000
	Phone	Cell	Fax
	4104425005		4104425005
	E-mail *		
	INFO@GALLOWAYPOOLSERVICE.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
125000	0	0	No ✓
Construction Type			
329 - Structures Other Than Buildings (Retaining Walls/Tents) ✓			

POOL INFORMATION**MISCELLANEOUS POOL INFORMATION**

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
☐ Yes ☒ No		☐ Yes ☒ No	Private v	Private v
Existing Use	Type of Pool or Spa *	Pool Safety Device *	Electrical Permit Number	Expiration Date
SFD v	In Ground Pool v	Fence v		10/24/2022 v

PAYMENT INFORMATION

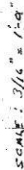
Check 1	Payee 1	SAP Doc No	SAP Entered
			v

Related Records

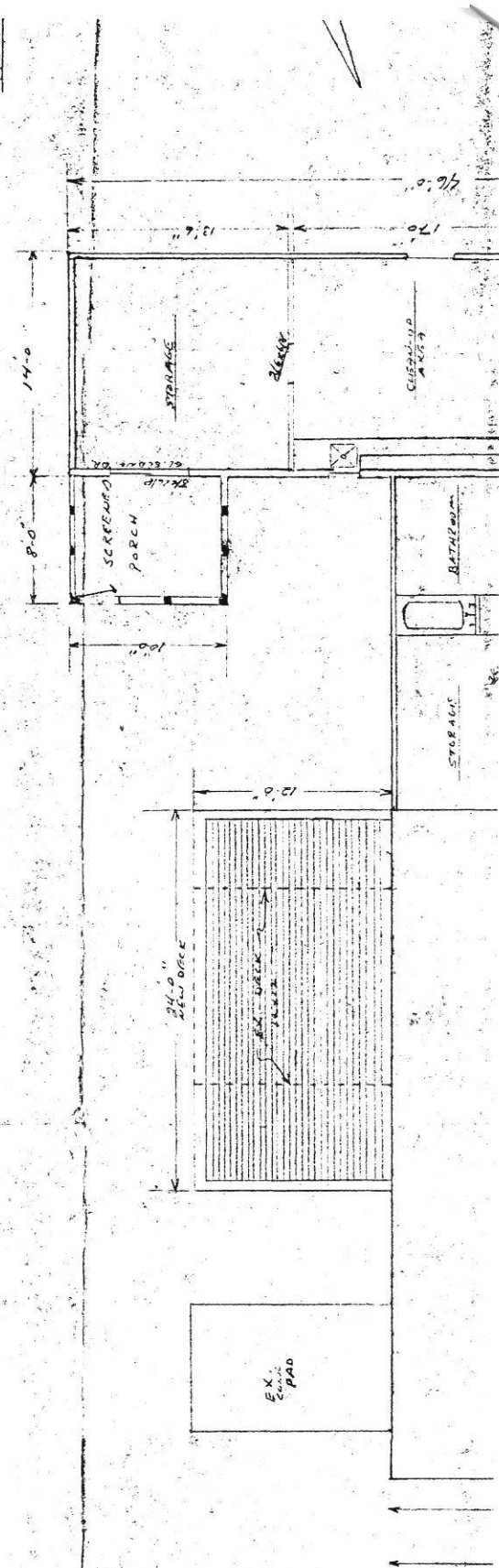
Showing 1-5 of 8

<u>Permit Number</u>	<u>Record Type Alias</u>	<u>Status</u>	<u>Number</u>	<u>Street Name</u>	<u>Opened Date</u>	<u>Description</u>
B21001401	Residential New Single Family Dwelling Permit	Issued	6761	HAVILAND MILL	04/16/2021	SFD/CUSTOM, 2 STORY, Full Basement, Basement = Partially Finished, 14R, ...
B21004944	Residential Tank Permit	Completed	6761	HAVILAND MILL	12/24/2021	SFD/ INSTALL (1) 1,000 GALLON UNDERGROUND PROPANE TANK
E21005359	Residential Electrical Addition Attention Permit	Completed	6761	HAVILAND MILL	10/22/2021	Electrical testing of existing circuits installed by

Submit **Cancel**



14875

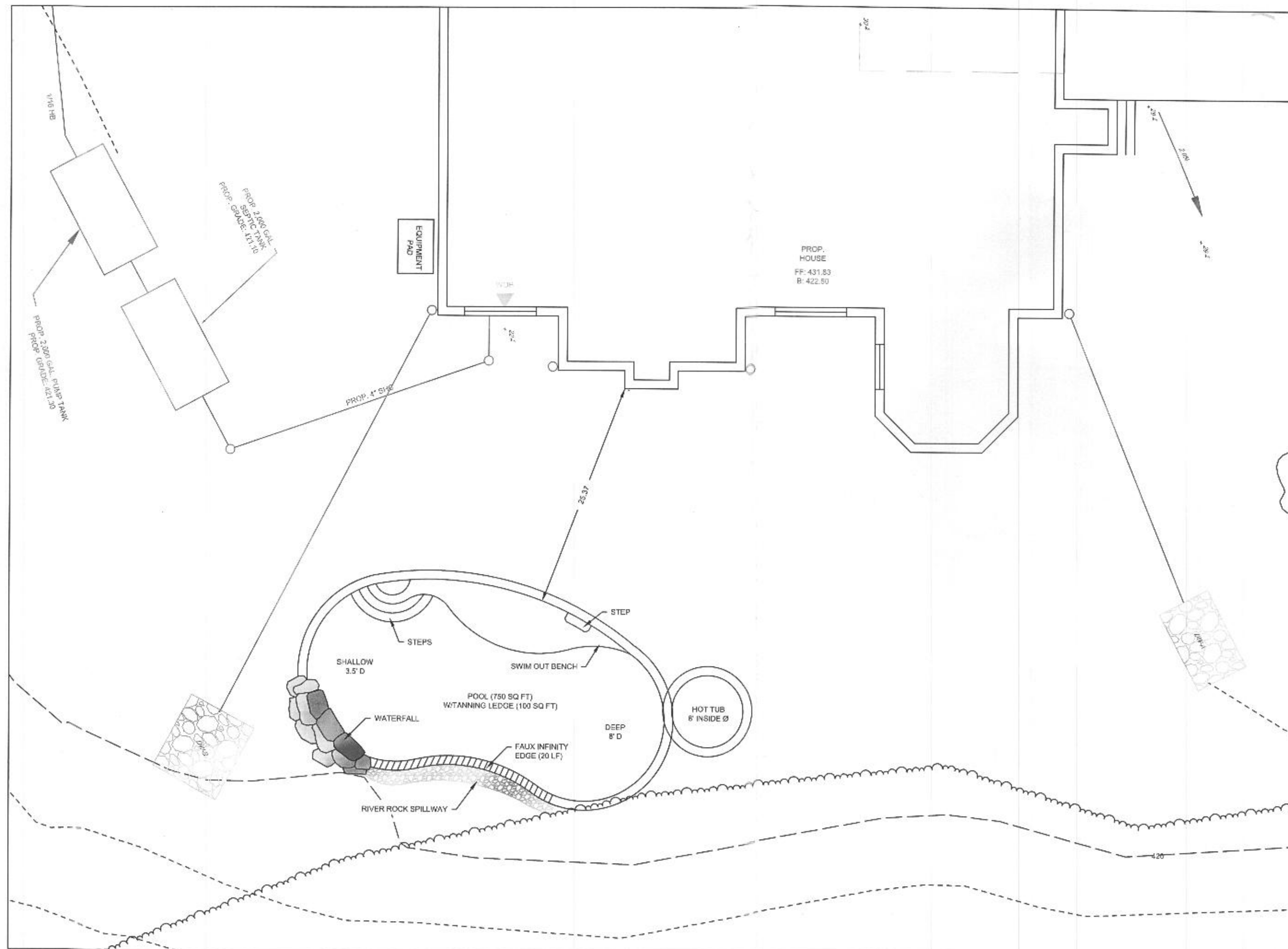


1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME WELL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECODIFICATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNER-SHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
3. SUBJECT PROPERTY ZONED "R" PER 10/3/77 COMPREHENSIVE ZONING PLAN.
4. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN UNDE DEDITMENT



LPF

3230 BETHANY LANE
ELLICOTT CITY, MD. 21043
(301) 465-7777 FAX: (301) 465-7986



**VOLTZ
LANDSCAPE
DESIGN**

6761 HAVILAND MILL RD
CLARKSVILLE, MD 21029



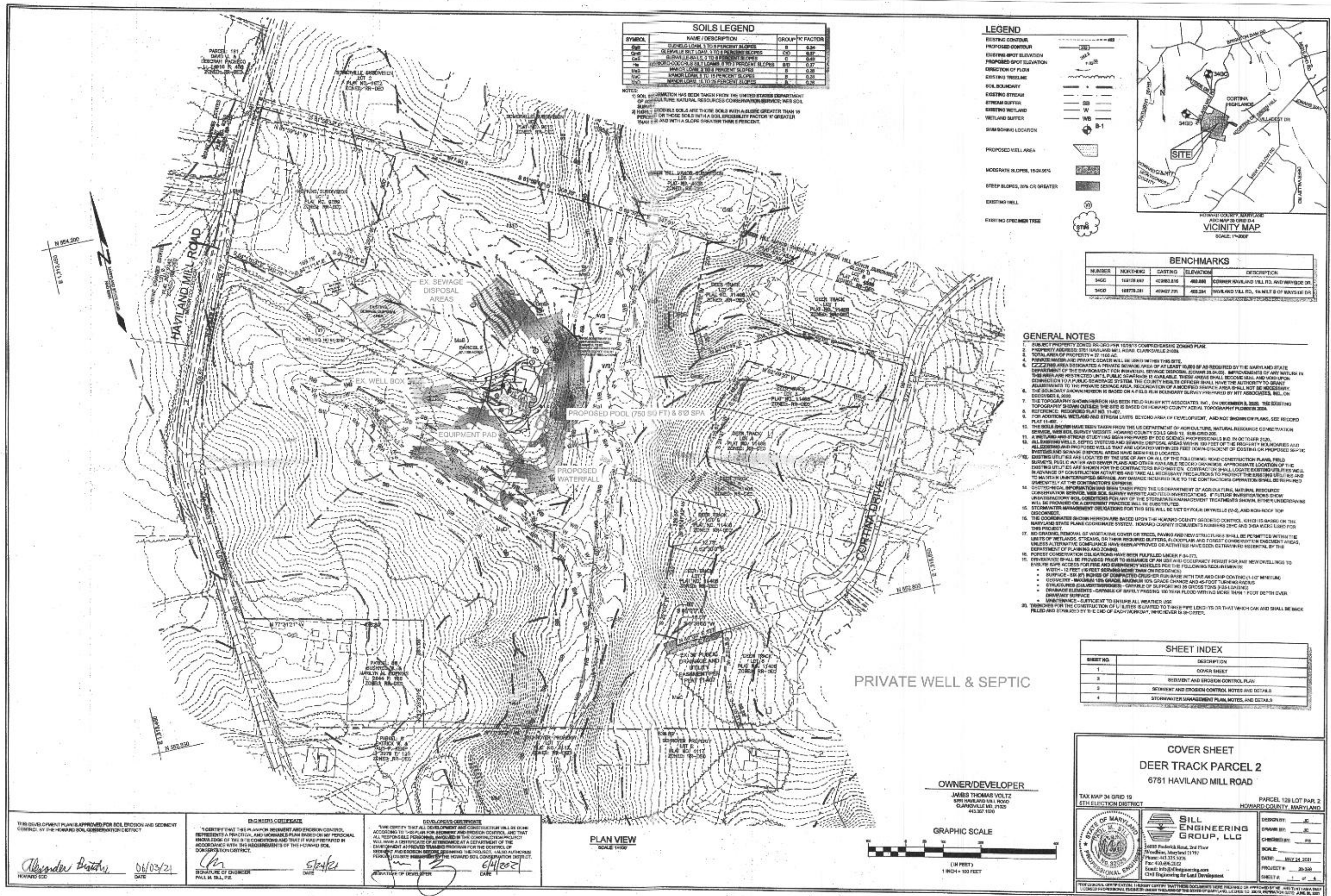
Date: 04 15 2022

Project No.: 2834074

Drawn By: AG

Reviewed By: MS

SHEET: OF 1



CP. 21-137

Voltz Residence

PROPOSED RESIDENCE

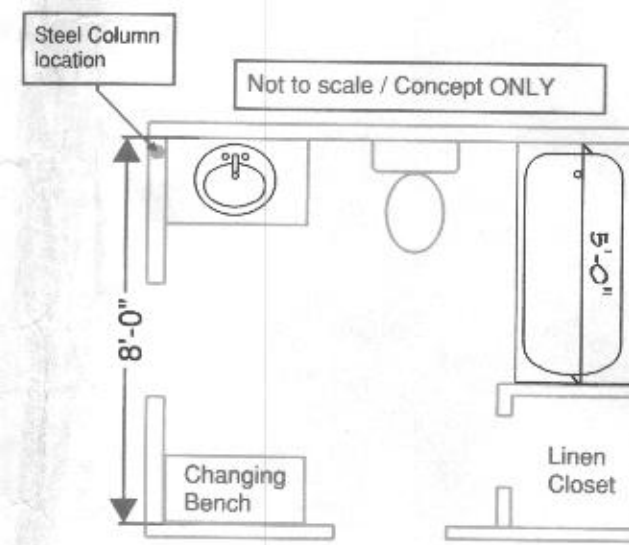
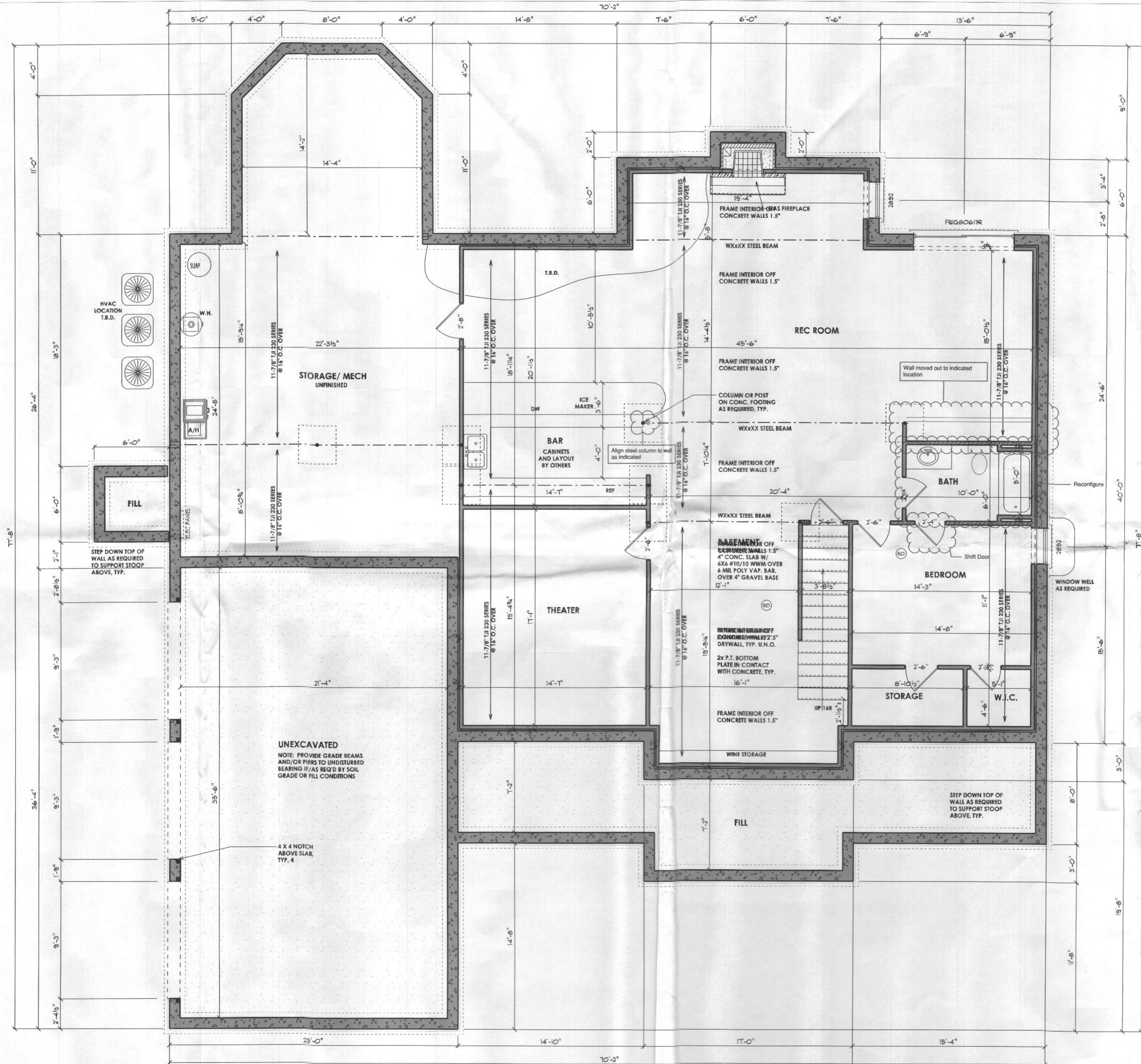
6761 Haviland Mill Road, Clarksville, Maryland 21029

[illegible]

FOUNDATION

2.01

PRINT DATE :
Wednesday, September 16, 2020



- 1) 2000 PSF MIN SOIL BEARING CAPACITY ASSUMED
- 2) BEAMS, JOISTS, HEADERS & RAFTERS TO BE SP #1 @ 12" O.C. EY. TYP THROUGH U.N.O.
- 3) BASEMENT WINDOW AND DOOR LOCATIONS TO BE DETERMINED AT PRECON.
- 4) ALL LOCATIONS FOR HVAC, SUMP PUMPS, ROUGH-INS, H/W/H, A/H AND OTHER FEATURES ARE SUBJECT TO BUILDER DISCRETION ON SITE
- 5) FOUNDATION WALL MIN. THICKNESS 8" @ 10' WHERE STEEL WALL AT BASEMENT GRADE 12" HIGH
- 6) VERIFY SIZE AND LOCATION OF WINDOWS PER GRADE OF FINISH
- 7) MIN. 1/2" HOOKED ANCHOR BOLTS EMBEDDED 4 MIN. 7" INTO CONCR. SHALL BE SPACED AT 4' O.C. AND LOCATED 4" @ 12" FROM BASE GRADE OF ALL SILL PLATE PIECES.
- 8) REFER TO WALL SECTIONS 5' FOR FOUNDATION WALL DETAILS.

MIN. 10" REINFORCED CONCRETE
FOUNDATION WALL (THICKNESS &
REINFORCING PER SOIL & GRADE
CONDITIONS & CODE)
MIN. 10"x24" CONTINUOUS FOOTING

MIN. 10" REINFORCED CONCRETE
FOUNDATION WALL (THICKNESS &
REINFORCING PER SOIL & GRADE
CONDITIONS & CODE)
MIN. 10"x24" CONTINUOUS FOOTING

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

Date: 9/30/21

To: Daniel Swisher Health
(Person's Name and Division)

From: Nick Renshaw Mueller-Homes (443) 707-8154
(Your Name, Company Name and Telephone Number)

Subject: Project name Volitz Residence
Project site address 6761 Howard Mill Rd
Permit # B21001401 SDP # _____
Other information pertinent to this project To health department

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☒ Copies of revised library detail (be specific).
- ☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☐ Other _____

Revises Sheet 3.01

Contact Person Information: (Required)

Nick Renshaw
Please Print Name

Telephone No: 443-707-8154

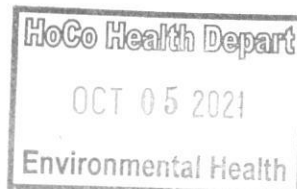
E-Mail Address: nick@mueller-homes.com

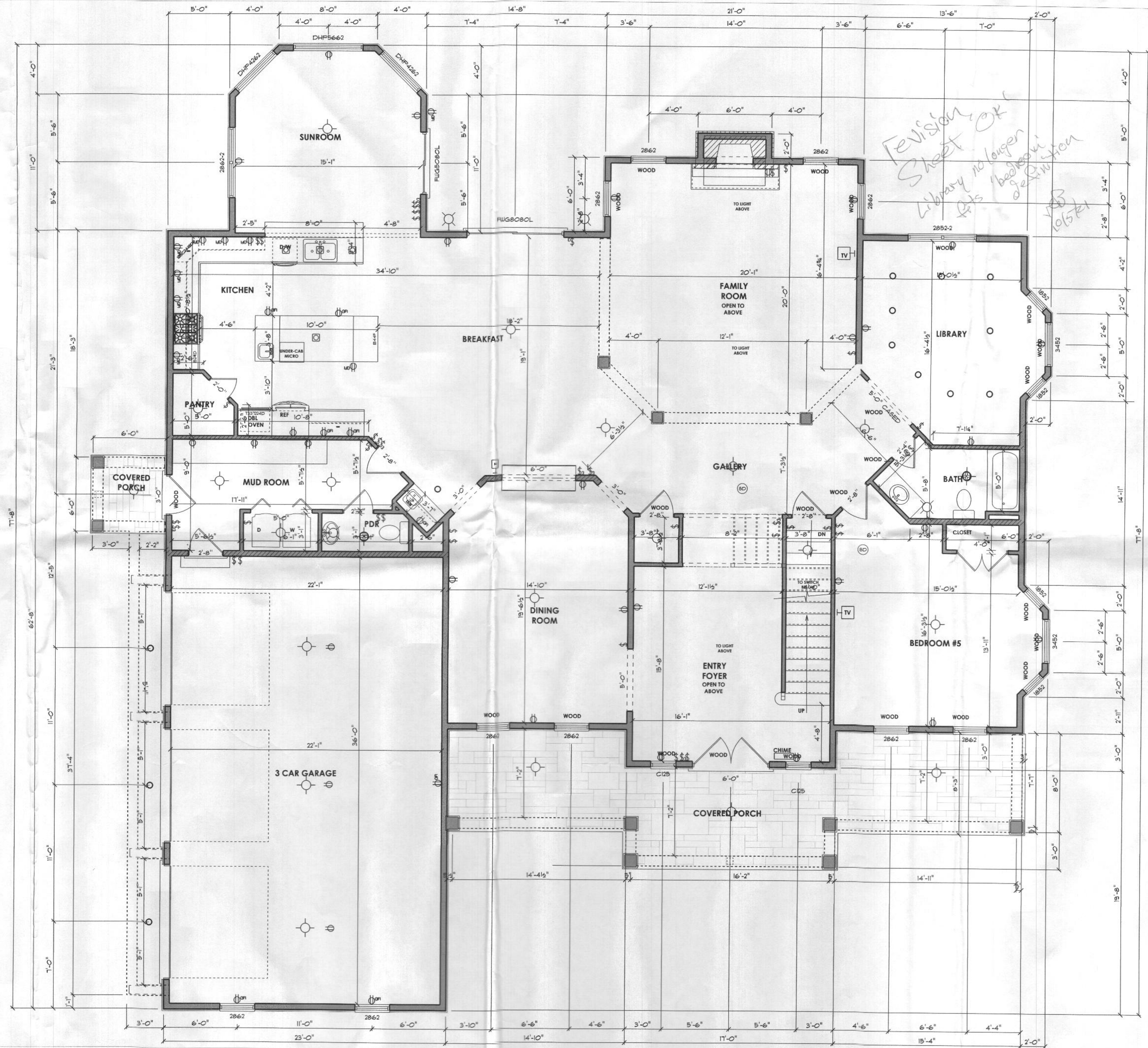
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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

Dropped in pick up bin in lobby

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014





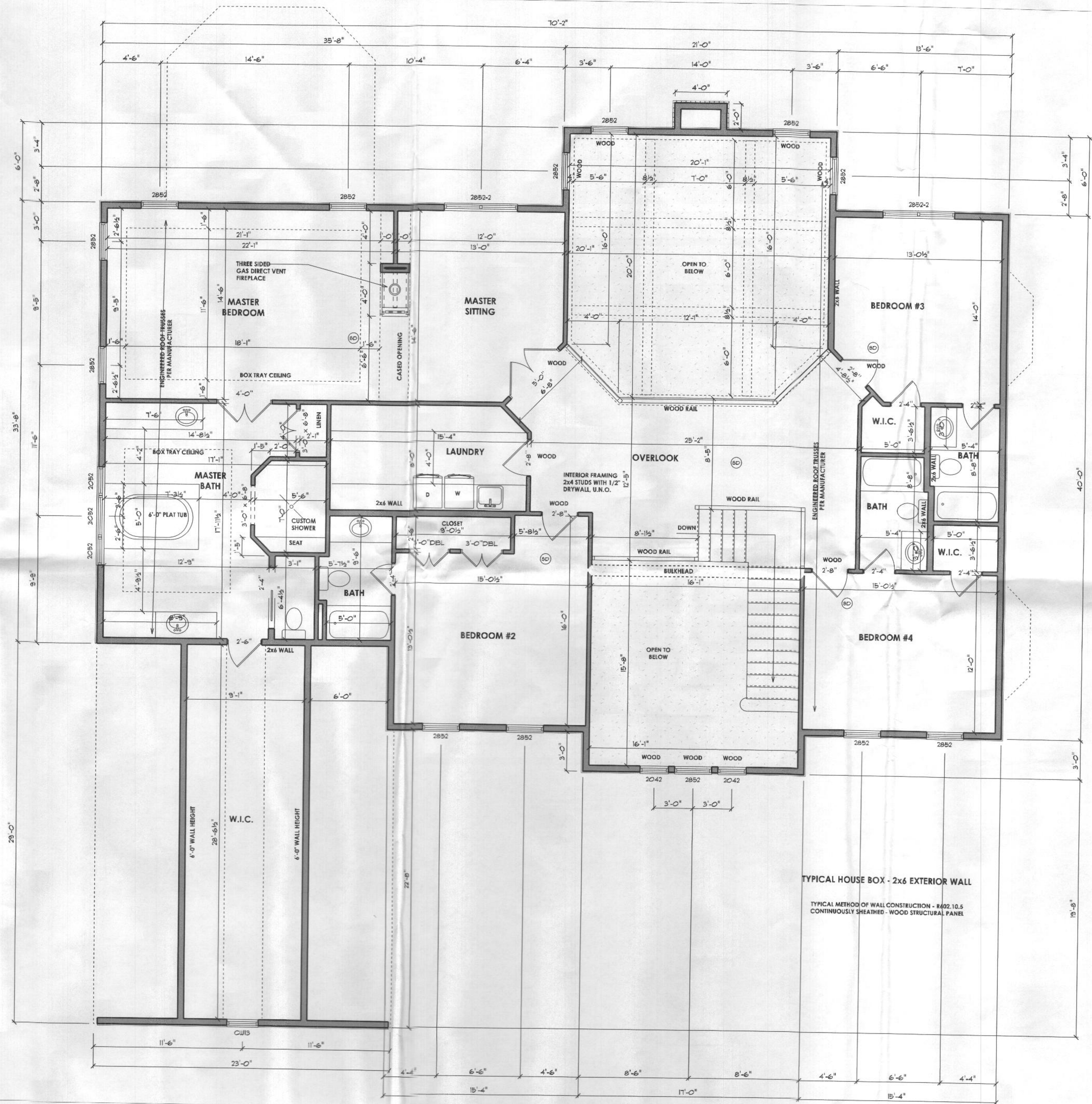
Voltz Residence

PROPOSED RESIDENCE
6761 Haviland Mill Road, Clarksville, Maryland 21029

REVISIONS		
1	REVIEW	4-24-20
2		
3		
4		
5		
6		
7		
8		
9		
10		

SCALE: 1/4" = 1'-0"

1ST FLOOR
3.01
PRINT DATE:
Thursday, September 30, 2021



PROFESSIONAL CERTIFICATION
 I certify that these documents
 were prepared or approved
 by me, and that I am a duly
 licensed professional
 architect under the laws of the
 State of Maryland.
 License Number #14678
 Expiration Date: 6/30/2020

Voltz Residence

PROPOSED RESIDENCE
 6761 Haviland Mill Road, Clarksville, Maryland 21029

REVISIONS

1	REVIEW	4-24-20

SCALE: 1/4" = 1'-0"

2ND FLOOR
3.02

PRINT DATE:
 Wednesday, September 16, 2020