

408000261

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

PO800-529

Building Address 7717

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 12 Parcel 15 Grid 12

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Cliff

Address 7717

City Lanham State MD Zip Code 21767

Home Phone 410-500-7177 Work Phone 301-717-5577

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Home

Proposed Use Home

Estimated Construction Cost \$ 5000

Description of Work ...

Contractor Company ...

Contact Person ...

Address ...

City MD State MD Zip Code 21775

License No. AAWBB-109

Phone 410-489-7621 Fax 410-410-7177

Occupant or Tenant ...

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

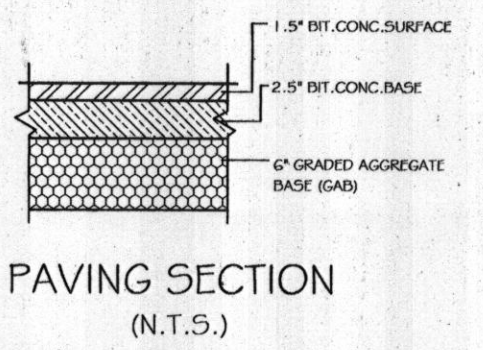
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Paul B...  
Applicant's Signature  
300 B...  
Title/Company

Paul B...  
Print Name  
Dec 1 2008  
Date

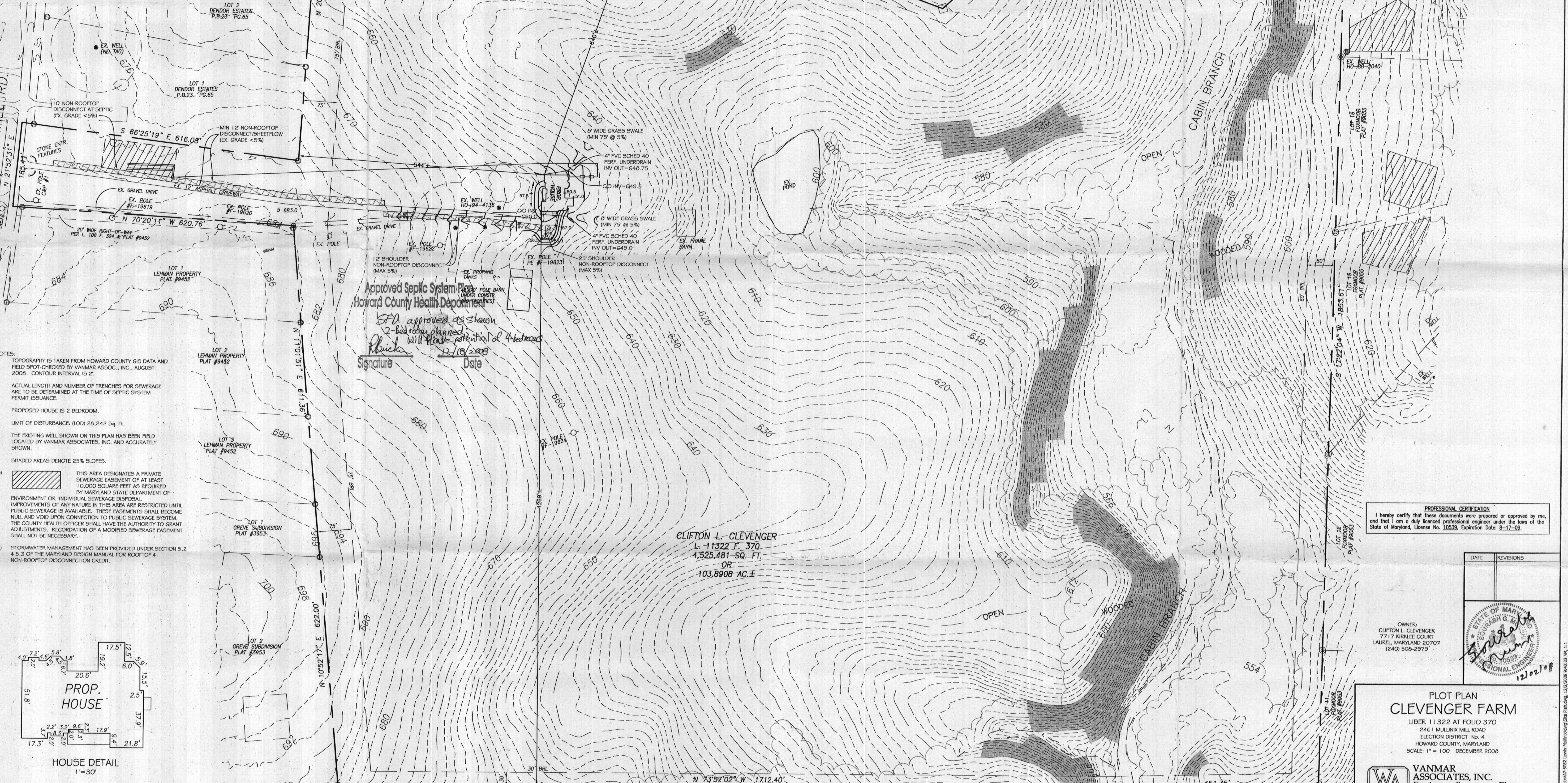
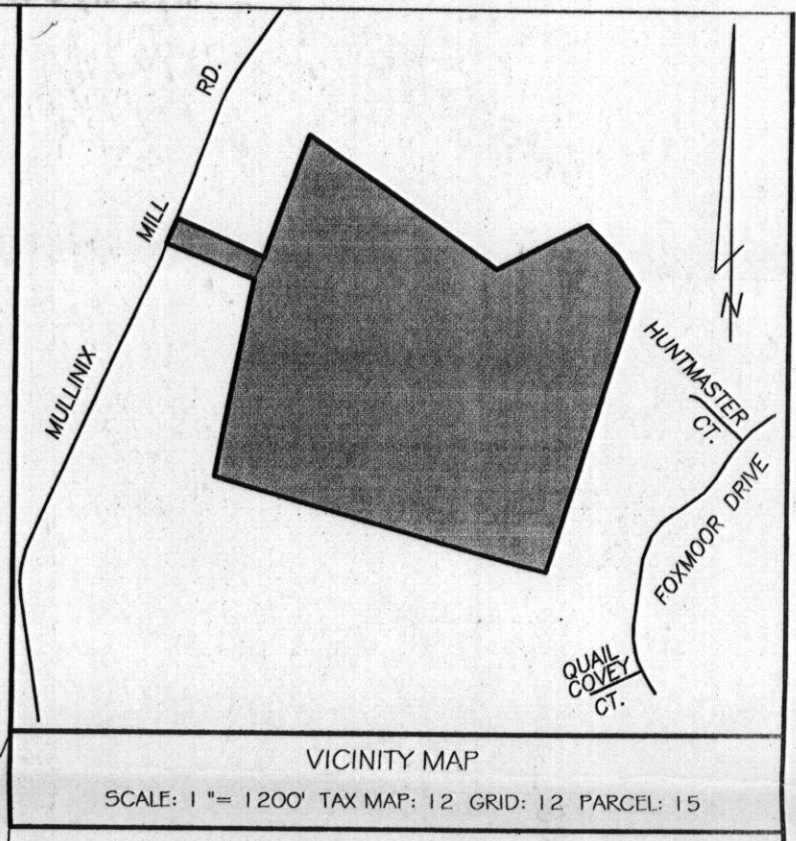
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>12/16/2008</u>		<u>RB...</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>146247</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone _____	Accepted by _____
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



**Septic System Elevation**  
 Proposed House: F.F. Elev. = 661.1  
 Basement Elev. = 651.0  
 Garage Elev. = 659.35  
 Sewer Out = 649.0  
 Proposed Septic Tank: Ex. Grd. Elev. = 650.8  
 Inv. In = 645.0, Inv. Out = 642.9  
 Proposed Pump Tank: Ex. Grd. Elev. = 650.0  
 Inv. In = 645.0, Inv. Out = 641.0  
 Proposed Distribution Box: Ex. Grd. Elev. = 647.8  
 Inv. In = 642.5, Inv. Out = 642.5

*Submitted 12/16/08  
 by Van Mar Associates*



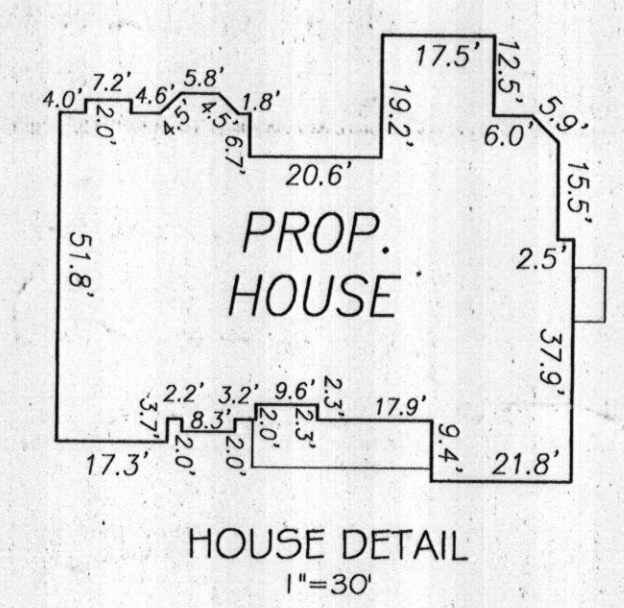
- NOTES:**
- TOPOGRAPHY IS TAKEN FROM HOWARD COUNTY GIS DATA AND FIELD SPOT-CHECKED BY VANMAR ASSOC., INC., AUGUST 2008. CONTOUR INTERVAL IS 2'.
  - ACTUAL LENGTH AND NUMBER OF TRENCHES FOR SEWERAGE ARE TO BE DETERMINED AT THE TIME OF SEPTIC SYSTEM PERMIT ISSUANCE.
  - PROPOSED HOUSE IS 2 BEDROOM.
  - LIMIT OF DISTURBANCE: (LOD) 26,242 SQ. FT.
  - THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES, INC. AND ACCURATELY SHOWN.
  - SHADED AREAS DENOTE 25% SLOPES.
  - THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT OR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
  - STORMWATER MANAGEMENT HAS BEEN PROVIDED UNDER SECTION 5.2 & 5.3 OF THE MARYLAND DESIGN MANUAL FOR ROOFTOP & NON-ROOFTOP DISCONNECTION CREDIT.

**Approved Septic System Plan**  
 Howard County Health Department

*SFD approved as shown  
 2 bed rehab planned  
 will have potential of 4 bedrooms  
 12/18/2008*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLIFTON L. CLEVINGER**  
 L-11322 F. 370  
 4,525,481-SQ.-FT.  
 OR  
 103,8908 AC.±



**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. 19533, Expiration Date: 8-17-09.

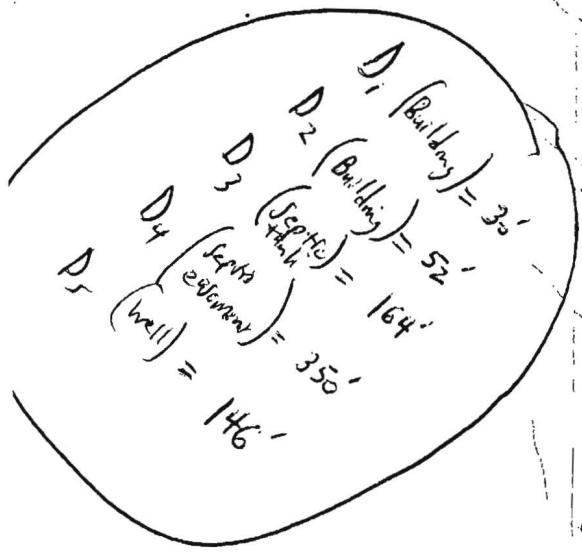
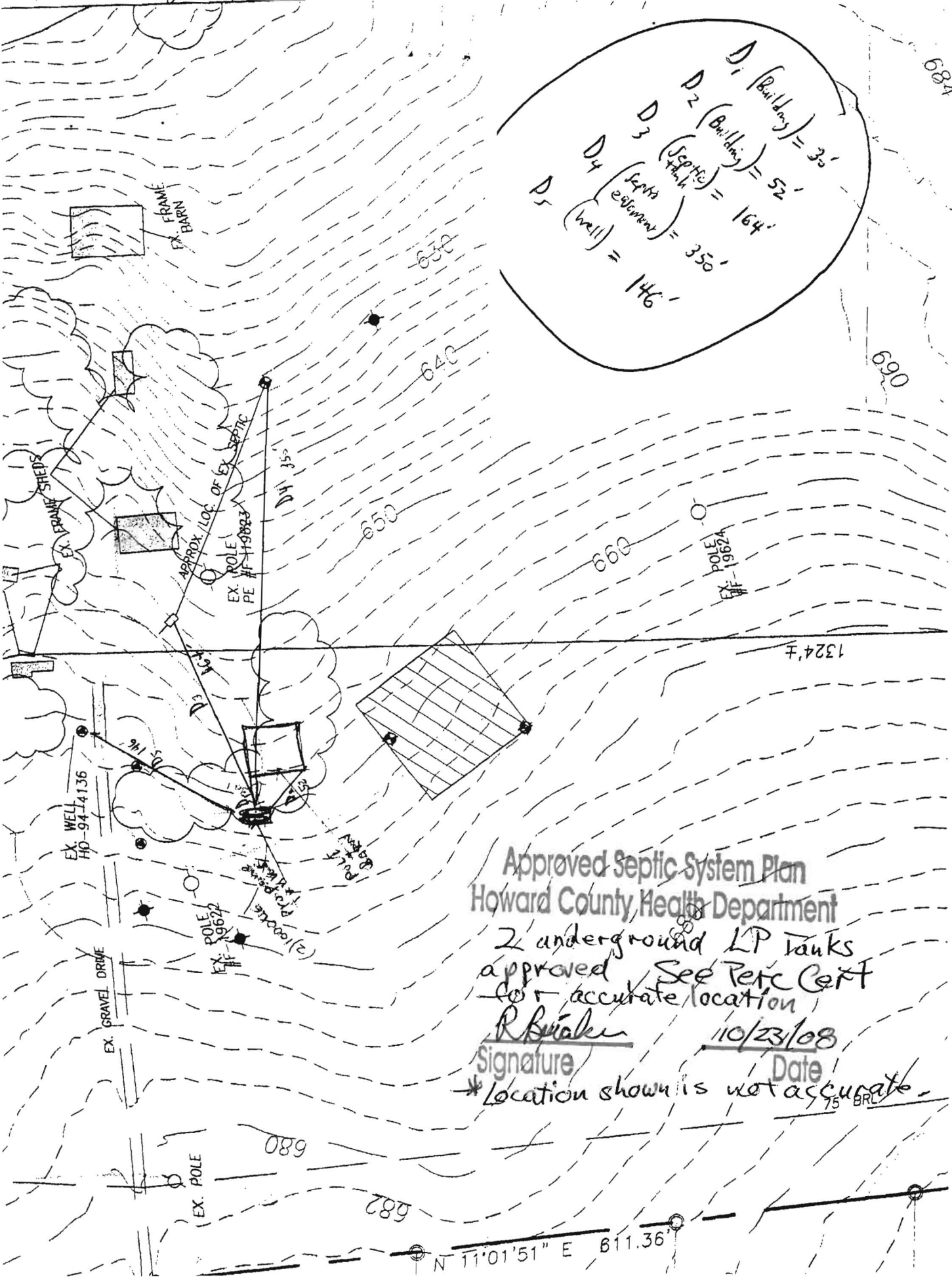
DATE	REVISIONS

**OWNER:**  
 CLIFTON L. CLEVINGER  
 7717 KIRKLEE COURT  
 LAUREL, MARYLAND 20707  
 (240) 506-2979

**PLOT PLAN CLEVINGER FARM**  
 LIBER 11322 AT FOLIO 370  
 2461 MULLINIX MILL ROAD  
 ELECTION DISTRICT No. 4  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' DECEMBER 2008

**VANMAR ASSOCIATES, INC.**  
 Engineers Surveyors Planners  
 310 South Main Street Mount Airy, Maryland 21771  
 (301) 829-2890 (301) 831-5015 (410) 549-2571  
 © Copyright, Latest Date Shown

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Approved Septic System Plan  
 Howard County Health Department

2 underground LP tanks  
 approved. See Perc Cert  
 for accurate location

R. Baker  
 Signature

10/23/08  
 Date

\*Location shown is not accurate.  
 75 BRL

N 11°01'51" E 611.36'

BARNARD BROS.  
1045 ST.Michaels Rd  
Mt.Airy,MD 21771

Howard County Health Department

Att: Robert Bricker

Referring: Cliff Clevener Permit# B08003529  
2461 Mullinix Mill Rd  
Mt. Airy, MD 21771

Floor plan show 2 bedrooms on 1st floor to be finish and  
2 bedrooms on 2nd floor not to be finished at this time.

The sqft of the 1st floor is 3576 to be finished at this  
time, andsqft of the 2nd floor not to be finished at this  
time is 1519 sqft.

✓ The total is 5095 sqft on the two floors, The basement is  
1758 sqft unfinished.

Approved Septic System Plan  
Howard County Health Department

THANK YOU

PAUL BARNARD

Barnard Bros.  
443-745-2221

2 Bedroom residence  
approved as described

R.Bricker  
Signature

12/18/2008  
Date

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

10200-024

Building Address 2401 ...  
W... 2717

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_

Contractor Company \_\_\_\_\_

Contact Person Mark ...

Address 575 ...

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms: _____	
Height: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health <u>10/23/08</u>		<u>R Buck</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

PROP. GRD. ELEV. = 649.0  
INV. IN = 647.9 INV. OUT = 646.9

DISTRIBUTION BOX: EX GRD. ELEV. = 679.8  
INV. IN = 676.8  
INV. OUT = 676.5

LOT 2  
DENDOR ESTATES  
P.B.23 PG.65

LOT 1  
DENDOR ESTATES  
P.B.23 PG.65

EX. WELL  
(NO TAG)

M 20°04'52" E 82

75' BRL

75'

660

670

640

640

APPROVED  
WALK-THRU BUILDING PERMIT  
APPROVED  
Dana Bernard  
DATE 3-4-04  
Installation of  
new septic system

\* House moved 62 feet from SE  
property line.

10' NON-ROOFTOP  
DISCONNECT AT SEPTIC  
(EX. GRADE <5%)

S 66°25'19" E 613.08'

MIN 12' NON-ROOFTOP  
DISCONNECT/SHEETFLOW  
(EX. GRADE <5%)

STONE ENTR.  
FEATURES

8' WIDE GRASS SWALE  
(MIN 75' @ 5%)

4" PVC SCHED 40  
PERF. UNDERDRAIN  
INV OUT = 648.75

C/O INV = 649.5

EX. POLE  
C&P #1

EX. GRAVEL DRIVE  
(TO BE REMOVED)

EX. 12' ASPHALT DRIVEWAY

EX. POLE  
#F-19619

EX. WELL  
HO-194-4136

N 70°20'11" W 620.76'

EX. POLE  
#F-19620

683.0

EX. GRAVEL DRIVE  
(TO BE REMOVED)

8' WIDE GRASS SWA  
(MIN 75' @ 5%)

4" PVC SCHED 40  
PERF. UNDERDRAIN  
INV OUT = 648.0

20' WIDE RIGHT-OF-WAY  
PER L. 108 F. 324 & PLAT #9452

LOT 1  
LEHMAN PROPERTY  
PLAT #9452

EX. POLE

12' SHOULDER  
NON-ROOFTOP DISCONNECT  
(MAX 5%)

EX. POLE  
#F-19622

CHECK DAM (TYP)

EX. POLE  
PE #F-19623  
NON-ROOFTOP DISCONNECT  
(MAX 5%)

EX. PROPANE  
TANKS

48'x70' POLE BARN  
UNDER CONSTR.  
(NO FACILITIES)

684

686

680

682

690

650

