DEPT. OF INSPECTIONS, LICENSES/AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

## HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

TATALL T	TIOMID.		
BI	000	1314	

Building Address 13006	Twelve H:115 Re D 21029	Property Owner's Name Alors	NV E. Cheson
	1) 4104	Address City State Wood	Zip Code
Suite/Apt. #: SD	P/WP/Petition #:	TIOTHE THORE WO	K F HOHE
Census Tract	Subdivision	Applicant's Name & Mailing Address	, (if other than stated herein):
SectionA	reaLot		
Tax Map Parcel	Grid		
Zoning Map Coordi	inates Lot Size	Phone Fa	ıx
Existing Use Lesiden	e SFD ace Same / Addition	Contractor Company	10 to
Proposed Use Reside	ace Some / Addition	Contact Person	<u>_</u>
Description of Work	180,000	Address	
		License No.	Zip Code
$J_{\perp}$	Addition w/ fill ba		x
Occupant or Tenant		Engineer or Architect Company	
Contact Name		Contact Person	
Address		Address	
City State	e Zip Code	City State	Zip Code
Phone	Fax	Phone	Fax
BUILDING DESC	RIPTION – <u>COMMERCIAL</u>	BUILDING DESCRIPTI	ON – RESIDENTIAL
<b>Building Characteristics</b>	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling □ SF Townhouse □ Depth Width	Water Supply: Public
No. of stories:	Private	1 <sup>st</sup> floor:	Private
Gross area, sq. ft. per floor:	Sewage Disposal:Public	2 <sup>nd</sup> floor: Basement:	Sewage Disposal: Public
Use group:	Private	Finished Basement  Unfinished Basement  Crawl	Private
	Electric Yes $\square$ No $\square$	space □ Slab on Grade □	Electric Yes $\square$ No $\square$
Construction type: Reinforced Concrete	Gas Yes □ No □	No. of Bedrooms	Gas Yes □ No □
Structural Steel	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System:
Masonry Wood Frame	Electric □ Oil □ Natural Gas □	No. of 1 BR units:	Electric □ Oil □   Natural Gas □
State Certified Modular	Propane Gas □	No. of 2 BR units:  No. of 3 BR units:	Propane Gas □
State Certified Modular	Sprinkler system: N/A □		Sprinkler system: N/A
	Full Partial	Other Structure: Dimensions:	NFPA #13D NFPA #13R
	Other Suppression	Footings:Roof:	Other:
	# of Heads		,
		State Certified Modular Manufactured Home	
CORRECT; (3) THAT HE/SHE WILL CON THE ABOVE REFERENCED PROP	OMPLY WITH ALL REGULATIONS OF HO	THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLIC DWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) N THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY AND POSTING NOTICES.	THAT HE/SHE WILL PERFORM NO WO
Applicant's Signature		Print Name	
Email Address			
Title/Company		Date	
51 Fee	**PLEASE W	CTOR OF FINANCE OF HOWARD COUNTY /RITE NEATLY AND LEGIBLY.**	
AGENCY DATE	SIGNATURE APPROVAL	OR OFFICE USE ONLY - <u>DPZ SETBACK INFORMATION</u>	PROPERTY ID #
Land Development, DPZ		Front:	Filing fee \$
State Highways	·	Rear:	Permit fee \$
Building Officials		Side:	Excise tax \$
Dev. Engineering, DPZ	(n)	Side St.:	Add'l per fee \$
Health 6-10-10	Kana Berraid	All minimum setbacks met?	TOTAL FEES \$
Fire Protection		YES □ NO □	Sub-total paid \$
Is Sediment Control approval req YES □ NO □	uired prior to issuance?	Is Entrance Permit Required? YES	Balance due \$ Check # Validation #
CONTINGENCY ONE STOP	CONSTRUC TION START: □ SHOP: □	Lot Coverage for New Town ZoneSDP/Red-line approval date	Accepted by

L SITE ADDRESS: 13006 TWELVE HILLS RD CLARKSYILLE, MD  2. EXISTING ZONING IS RR-DEO	LEGEND
3. BOUNDARY LINES SHOWN HEREON ARE BASED ON BOUNDARY EVIDINGE 4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OUNERSHIP WIDTH AND LOT	NEW PA66ED PERC TEST
5. AREA OF THE PROROSED SEPTIC EASEMENT	existing perk area
SEWAGE DISPOSAL EAEMENTS WITHIN 100 FEET OF THE BOUNDARY LINES HAVE BEEN	PROPOSED NEW SEPTIC EASEMENT
7. ALL EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARIES	
SURROUNDING WELL AND SEPTIC SYSTEMS.  8. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED 5440	293.86
PERCOLATION CERTIFIACATION PLAN. 42	Go."
TOTAL PROPOSED SEPTIC AREA, IQ/33 S.F.	293.86
SDA AREA REMOVED 6,F.	ļ
THIS AREA DISINATES A MINIMUM IO COO COULDED	
THIS AREA DISINATES A MINIMUM 10,000 SQUARE FOOT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY	
THESE EASEMENTS SHALL BE NULL AND YOLD UPON CONNECTION TO A RUPLIC	
SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT  VARIANCES, FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT, RECORDATION  OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.	
C DE NECESBART.	
	B. Dan J. J.
AREA TO BE ADDED	1 × 1
Topography is at 2' Contour from Howard Co.	the same of the sa
Lot 8 Span	E TO TO THE TOTAL PROPERTY OF THE PROPERTY OF
Twelve Hills Section Two	
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BOUNDARY SURVEY AND HOUSE LOCATION SURVEY  AG BASED ON DATA AS PREPARED BY,  CLARK, FINEFROCK & SACKETT, INC.  CERTIFY THAT THE I HEREON IS BASED OF PERFORMED BY ME SUPERVISION, AND IS BEST OF MY KNOWLE	N FIELD WORK PRIVATE SELLEPAGE SYSTEMS
CERTIFICATION PLAN  CERTIFICATION PLAN  SUPERVISION, AND IS BEST OF MY KNOWLE	OR UNDER MY DIRECT IN CONFORMANCE WITH THE CORRECT, TO THE MASTER PLAN OF HOWARD COUNTY
BOUNDARY SURVEY AND HOUSE LOCATION SURVEY AS BASED ON DATA AS PREPARED BY, CLARK, FINEFROCK 4 SACKETT, INC.  DATE: 04/24/07	m 7/19/07
REVISED PERCOLATION PLAN PREPARED BY:  FRED C. DICKSON CO., INC.  SCALE: 1" 40' OUNER, ALGUE GOOSTI	
CLARKOV ALO, SILO	F HEATTH OFFICER SE DATE

MASIC CURRY HOUSE CHRIVE ELLICOPTIC TOT, MOD 19043 PERMITS (410) 313-2453 NESPECTIONS 1410) 313-1810 AUTOMATED REFORMATION (410) 313-3800	2 0.0	COUNTY PLICATION	PERM β 07 004	MIT NUMBER 1074	
Building Address 13006 Twee	ve Hills Rl	Property Owner's Name	Al 614	Pasun	
clarksville mi	<b>D</b>	Address 13006	Twelve	Hills Rd	
Suite/Apt. #: SDP/WP/Petition #:					
Consus Tract Subdivision Twelve Hill		City Clerkery 1		7 <u>0</u> Zip Code	
Section 2 Area	Lot	Home Phone 1/1 3/53 / -6226 Work Phone Applicant's Name & Mailing Address, (if other than stated hereon):			
Tax MapParcel	Grid	, ppiloani a Hamo a Mar			
Zoning Map Coordinates	Lot size	Phone	Fax	,	
Existing Use Sincle Fan.	1) Dealfing	Contractor Company 1	Tred ()	10/N- Colc	
Proposed Use Estimated Construction Cost \$		Contact Person	0 D.1	ww	
			Fred States		
Description of work	Pool	Address 4593 R	Address 4593 Russ Rd		
		City M+ A 1 State M Zip Code 2/77/ License No. 875 76 Phone Fax			
Occupant or Tenant		Engineer or Architect Co	ompany		
Contact Name	_	Contact Person	S		
Address					
CityState_		Address			
		City	State	Zip Code	
Phone Fax		Phone	Fax		
BUILDING DESCRIPTION	- COMMERCIAL	BUIL	DING DESCRIPT	ION - <u>RESIDENTIAL</u>	
Building Characteristics	<u>Utilities</u>	Building Chara		<u>Utilities</u>	
Height:	Water Supply: Public	SF Dwelling JZ SF To	ownhouse   Width	Water Supply: Public	
No. of stories:	Private	1st floor:	VVIda	Private Sewage Disposal:	
	Sewage Disposal: Public	2nd floor: Basement:		Public	
Gross area, sq. ft. per floor:	Private	Finished Besement D Un Crawl space D Slab or			
Use group:	Electric Yes   No   Gas Yes   No	No. of Bedrooms Height: Multi-family dwellings:		Electric Yes  No  Gas Yes No	
Construction type:	Heating System: Electric □ Oil □	No. of efficiency units: No. of 1 BR units:		Heating System: Electric ☐ Oil ☐	
Reinforced Concrete	Natural Gas 🗆	No. of 2 BR units: No. of 3 BR units:		Natural Gas ☐ Propane Gas ☐	
Structural Steel Masonry	Propane Gas	Other Structure:		Sprinkler system: N/A	
Wood Frame	Sprinkler system: N/A  Full	Dimensions: Footings:		NFPA #13D NFPA #13R	
	Partial	Roof Height:		Other:	
Conta Cartifical Mandalas					
State Certified Modular	Other Suppression	State Certified M			
State Certified Modular  The undersigned hereby certifies and agrees as follows: Howard County which are applicable thereto; (4) that he the right to biter onto this property for the purpose of	# of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API SHE WALL PERFORM NO WORK ON THE ABOVE REF	Manufactured Ho PLICATION; (2) THAT THE INFORMATION IS ERROCED PROPERTY NOT SPECIFICALLY	CORRECT: (3) THAT HE/SHE	WILL COMPLY WITH ALL REGULATIONS OF ION, (5) THAT HE/SRIE GRANTS COUNTY OFFICIALS	
THE UNDERSIGNED HERBBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE	# of Heads  (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API SHE WALL PERFORM NO WORK ON THE ABOVE REF	Manufactured Ho PLICATION; (2) THAT THE INFORMATION IS ERROCED PROPERTY NOT SPECIFICALLY	CORRECT: (3) THAT HE/SHE	MILL COMPLY WITH ALL REGULATIONS OF ION, (5) THAT HE/BHE GRANTE COUNTY OFFICIALS	
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I. 6ITE ADDRESS: 13006 TWELVE HILLS RD CLARKSVILLE, MD 2. EXISTING ZONING IS RR-DEO 3. BOUNDARY LINES SHOWN HEREON ARE BASED ON BOUNDARY EVIDINCE 4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT	LEGEND  NEW PASSED PERC 1881   AREA TO BE ADDED
AREA (AS-REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.  5. AREA (OF THE PROROGED SEPTIC EASEMENT	PROPOSED NEW SEPTIC EASEMENT
LOCATED.  1. ALL EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL RESONABLE EFFORTS WERE USED TO FIND THE LOACTION OF ALL SURROUNDING WELL AND SEPTIC SYSTEMS.  2. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED.	
PERCOLATION CERTIFIACATION PLAN.	A DDD OVED
10TAL PROPOSED SEPTIC AREA: O.133 6.F.  6DA AREA ADDED	APPROVED
ADA AREA REMOVED	WALK-THRU BUILDING PERMIT BP# <u>BO 700 10 74</u> A# 38567 APP. SAN <u>FO</u> DATE: <u>10 3/07</u> DESC. OF WORK: 20'x 40'  Fager 1 (20)
THIS AREA DISINATES A MINIMUM 10,000 SQUARE FOOT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE, IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCESSEDS ENCROACHMENT-INTO-THE PRIVATE SEWAGE EASEMENT, RECORDATI OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.	
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AND AS CO AS	San Line Company
Topography is at 2 Contour for Hosard Co.  13006 Twelve Hills Ro  Lot 8  Twelve Hills Section 1	_
Tast Holes Pray Igu Pera Val	
Existing Secret Present in	0'
EXIBTING HOUSE	
A A	Common mat.
REVISED PERCOLATION CERTIFICATION PLAN  GROAD  REVISED PERCOLATION PLAN  CERTIFICATION PLAN  SUPERVISION A	THE INFORMATION SHOWN SED ON FIELD WORK Y ME OR UNDER MY DIRECT AND IS CORRECT, TO THE NOVLEDGE WAS BELIEF HASTER PLAN OF HOWARD COUNTY
CLARK FINEROCK 1 BACKETT, INC.  CALAB.  REVBED PERCOLATION PLAN PREPARED BY:  SCALE I" + 40'  CALAB.	WINTER DAIN WOMANTE DAIN WOMANT

DEPARTMENT OF INSPECTIONS LICENSES AND PERMITS BUSICOSTITUDES DONE ENGLISHED TORM ON THE PERMITS BEING PERMITS (10) 313-365 NEPECTIONS (410) 313-1810 AUTOMATED NEPOSMATICH (410) 313-3800	HOWARD PERMIT AP	PLICATION	,3070	MIT NUMBER
Building Address 13006 To	welve Hills R	Property Owner's Name	Hoysius-	+Sharon Gleeson
Clarksville	21029	Address 300 L	Twelve Hi	Ils Rd
Suite/Apt. #: SDP/WP/Petition #:  Census Tract Subdivision Twelve Hills		City Clarks villz State Zip Code 21029		
$\nabla$		Home Phone 10 531 - 6206 Work Phone		
Section         Area         Lot         8           Tax Map         28         Parcel         38         Grid         16		Applicant's Name & Mai		
Zoning Map Coordinates / 4 A 3	Lot size	Phone Fax		
Existing Use, SPD		Contractor Company MARY And Pools		
Proposed Use T D+ 100   Estimated Construction Cost \$ 9	25,000	Contact Person JOANNE LATHAM		
Description of Work + nground	concrete	Address 9515	Car ru	CalA
Dool 25 x 55 in rea	an yard w/	4 1010	1.	14 01
48 high Fonce	to code	City Co UM In License No. 6 Phone 410-995-	694	Zip Code <u>210 96</u>
Occupant or Tenant	-	Engineer or Architect C		
Contact Name		Contact Person		
AddressState	Zip Code	Address		
		City State Zip Code		Zip Code
Phone Fax	<del></del>	Phone	Fax	
BUILDING DESCRIPTION	- COMMERCIAL	BUIL	DING DESCRIPTI	ON - <u>RESIDENTIAL</u>
<b>Building Characteristics</b>	<u>Utilities</u>	Building Chara		<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling ☐ SF T Depth	ownhouse 🗀 Width	Water Supply: Public
No. of stories:	Private Sewage Disposal:	1st floor:	(Dx "	Private Sewage Disposal:
Gross area, sq. ft. per floor:	Public Private	Basement: 3	8	Public Private
, , ,	Electric Yes 🗆 No 🗆	Finished Basement  Un Crawl space  Slab o No. of Bedrooms		Electric Yes   No
Use group:		Height:		Heating System:
Construction type:	Heating System: Electric □ Oil □	No. of 1 BR units: No. of 2 BR units:		Electric  Oil  Natural Gas
Reinforced Concrete Structural Steel	Natural Gas ☐ Propane Gas ☐	No. of 3 BR units:		Propane Gas
Masonry Wood Frame		Other Structure:		Sprinkler system: N/A □
wood Frame	Full	Footings: Roof Height:		NFPA #13D NFPA #13R
State Certified Modular	Partial Other Suppression	State Certified M	odular	Other:
	# of Heads	Manufactured Ho	ome	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FORLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HEI THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PROSE OF	(1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APP SHE WILL PERFORM NO WORK ON THE ABOVE REFE INSPECTING THE WORK PERMITTED AND POSTING I	LICATION; (2)THAT THE INFORMATION IS RENCED PROPERTY NOT SPECIFICALLY NOTICES	S CORRECT; (3) THAT HE/SHE V DESCRIBED IN THIS APPLICATION	MILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS
Magan		<u> </u>	44 nan	
Applicant & Signature		Print Name 9 -	5-07	
Title/Company	Checks payable to: DIRECTOR O	Date F FINANCE OF HOWARD EATLY AND LEGIBLY. **	COUNTY	
AGENCY DATE		CE USE ONLY-	KINFORMATION	PROPERTY ID#:
Land Development, DPZ	AND INCOME AND ADDRESS OF THE PARTY OF THE P	Front:	Filin	g fee S
State Highways Building Official		Rear: Side:		mit fee \$ ise tax \$
Dev. Engineering, DPZ		Side St.:		'I per fee \$
Health 9/5/87 Acagast All minimum setbacks met? TOTAL FEES \$				
Fire Protection  Is Sediment Control approval required prior to	iselance?	YES   NO I	COMPANIES OF THE PROPERTY OF THE PROPERTY OF	-total paid \$ance due \$
YES D NO D		YES D NO	□ Che	ock #
CONTINGENCY CONSTRUCTION START:		Historic District?	Vali	dation #
ONE STOP SHOP:	Lot Coverage for NewTow	m Zone_		
		SDP/Red-line approval da	AND THE RESERVE OF THE PARTY OF	Accepted by
Distribution of Copies- White: Building to T: Norms\PERMIT.FRM	Official Green: LDD, DPZ	Yellow: DED, DPZ	Pinic Health	Gold: SHA Rev. 11/4//04

