



**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: 07/03/14  
Permit No.: B14002432

Building Address: 6118 Tulane Drive  
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: \_\_\_\_\_

Property Owner's Name: Cary Ho + Michelle Ho  
Address: 12408 Preforia Drive  
City: Silver Spring State: Md. Zip Code: 20904  
Phone: 410-807-2444 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Existing Use: SFH  
Proposed Use: SFH  
Estimated Construction Cost: \$ \_\_\_\_\_  
Description of Work: Demo Existing House  
Garage to remain, Build New House  
Garage Detached  
Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: Classic Homes of Maryland  
Contact Person: Mark Okolita  
Address: 50 W. Edmonston Drive  
City: Rockville State: Md. Zip Code: 20852  
License No.: BE-3900 MHB# 5421  
Phone: 301-251-2001 ext: 329  
Email: mark@classicmd.net / kmerqner@classicmd.net

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>69' x 40'</u>	2 <sup>nd</sup> floor: <u>66' x 40'</u>
Area of construction (sq. ft.):	Basement: <u>69'4" x 40'</u>	
Use group:	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input type="checkbox"/> Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input checked="" type="checkbox"/> Public	
<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Grading Permit Number:</u>	
<u>Building Shell Permit Number:</u>	

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: Douglas C. Myers  
Email Address: douglas@myers@gmail.com  
Title/Company: DOUGLAS C. MYERS, LLC

Print Name: Douglas C. Myers  
Date: 7/3/2014  
RECEIVED  
JUL 03 2014  
LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

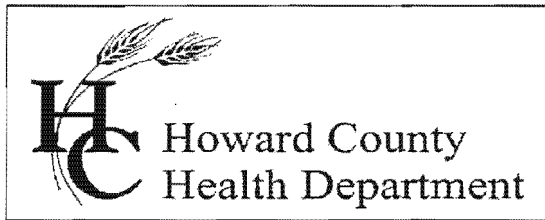
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<u>Blake RB</u>

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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>437</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA



**Bureau of Environmental Health**

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
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**

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Date: August 1, 2014

To: Classic Homes of Maryland, c/o Doug Myers, Applicant  
[douglascmyers@gmail.com](mailto:douglascmyers@gmail.com)

From: Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian II, Well and Septic Program

**RE: B14002432, Building Permit Application for demolition and rebuild at 6118  
Tulane Drive (Tax Map 34, Parcel 123)**

The referenced Building Permit Application is 'On Hold'. The following issues must be resolved for Health Department approval of the proposal.

1. The well must be sealed by a Licensed Well Driller and the Well Abandonment Report received and approved by the Health Department.
2. The existing septic tank must be pumped dry and a copy of the invoice for the service submitted to the Health Department.
3. A BAT Site Plan for installation of the septic system upgrade must be submitted and approved prior to Health Department approval of the building permit.
4. The Health Department will relax its requirement that the septic system be upgraded prior to building permit approval. The septic system upgrade must be completed and the installation approved by a Health Department Environmental Sanitarian prior to Health Department recommendation for Use & Occupancy.

RB

Copy: Jeff Williams, Supervisor, Well and Septic Program  
Kevin Wolf, Environmental Sanitarian II, Well and Septic Program  
file

**NOTES:**

1. TOPOGRAPHY SHOWN ON THE SUBJECT PROPERTY WAS FIELD-RUN BY SHANABERGER & LANE IN MAY, 2014. BENCHMARK USED WAS TOP ELEVATION OF SEWER MANHOLE 7 ON CONTRACT 34-3669-D (ELEV 378.8).
2. PROPERTY IS ZONED R-12.
3. PROPERTY IS SERVED BY PRIVATE SEWER AND BY PUBLIC WATER (CONTRACT 34-3669-D).
4. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM PLAT BOOK 4, FOLIO 14, AND DO NOT REPRESENT A BOUNDARY SURVEY..
5. EXISTING GARAGE TO REMAIN
- EXISTING HOUSE TO BE REMOVED
- PROPOSED HOUSE
- EXISTING CONTOURS
- TREES AND BUSHES
- SILT FENCE
- LIMIT OF DISTURBANCE
6. THE LOT SHOWN HEREON COMPLES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
7. ANY CHANGE TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
8. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL (COMAR 26.04.03). IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
9. TOTAL DISTURBED AREA: 4,435 SQ. FT. ±
10. AREA OF NEW IMPERVIOUS SURFACE: 1025 SQ. FT. ±

