

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0800 3294

Building Address <u>12618 Groveside Ct.</u> Suite/Apt. #: _____ SDPWP/Petition #: _____ Census Tract <u>605101</u> Subdivision _____ Section _____ Area _____ Lot <u>12</u> Tax Map _____ Parcel <u>77</u> Grid <u>4</u> Zoning <u>RR</u> Map Coordinates _____ Lot size <u>1.07 Ac</u>	Property Owner's Name <u>Dayton Oaks LLC</u> 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 _____ Address _____ 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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	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"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		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 _____	Print Name _____
Title/Company _____	Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health <u>11/26/08</u>		<u>R Baicker</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>23127</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

308000029

Building Address 12618 Greenwood Court  
Clarksville, MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: F-01672  
 Census Tract \_\_\_\_\_ Subdivision Preserve At Clarksville  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12  
 Tax Map 34 Parcel 77 Grid 11  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 21

Property Owner's Name Dayton Oaks, LLC  
 Address 16300 Woodside Court, Suite A  
 City Columbia State MD Zip Code 21046  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone 410 995 1736 Fax 410 381 8747

Existing Use Vacant lot  
 Proposed Use Single family dwelling  
 Estimated Construction Cost \$ 1,000,000.00  
 Description of Work Final of Permit of new  
single family dwelling, 2 car garage,  
large front porch, 5 bedrooms, 3 1/2

Contractor Company Dale Thompson Builders  
 Contact Person Amy Ferris  
 Address 16300 Woodside Court, Suite A  
 City Columbia State MD Zip Code 21046  
 License No. \_\_\_\_\_  
 Phone 410 995 1736 Fax 410 381 8747

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Dale Thompson Builders  
 Contact Person Amy Ferris  
 Address SAME AS ABOVE  
 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 _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression _____ # of Heads

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"/> 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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R _____ Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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Applicant's Signature Dale Thompson Builders  
 Title/Company \_\_\_\_\_

Print Name Amy Ferris  
 Date 1/30/08

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State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>1/30/08</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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 type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
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- _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



November 25, 2008

TO: Robert Bricker

FROM: Carl Thompson

RE: Building Permit Application B08003294, Pool House, 12618 Grovewood Court, Clarksville

The attached site plan now shows the calculations we used to verify that we could connect the pool house to the septic tank using a gravity connection.

The attached floor plan is the same one we submitted to DILP.

CPT



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

*Fax 410 381-8747*

11/19/2008

TO: Carl Thompson, Dale Thompson Builders

FROM: Robert Bricker, R.S., Environmental Sanitarian  
Well and Septic Program

RE: Building Permit Application B08003294, Pool House,  
12618 Grovewood Court, Clarksville

The proposal to construct a pool house at 12618 Grovewood Court is 'ON HOLD'. Supporting information is required for Health Department approval of this proposal.

- 1) The Health Department requires the floor plan for the proposed pool house.
- 2) As wastewater will be generated in the proposed structure, the Health Department requires submittal of a plan that demonstrates how the discharge line will be connected to the existing septic system. The plan needs to include elevations for all relevant grades and pipe inverts. You may contact myself or other Well and Septic program personnel if you have questions regarding this matter.

RB  
Copy: File



August 1, 2008

Ms. Avis Corbin  
Howard County Department Of Inspections  
George Howard Building  
3430 Court House Drive  
Ellicott City, Maryland 21043

Re: **B080000029**  
**12618 Grovewood Court**  
**Clarksville, MD 21029**

Dear Ms. Avis Corbin:

Dale Thompson Builders submitted a building permit application for The Preserve At Clarksville Lot #12-B080000029, however, there has been revisions made to the drawings originally submitted. The site plan for this property has not been revised. Enclosed please find the original approved building permit set and (2) copies of the revised drawings.

Should you have any questions or require additional information, please call me at (410) 995-6736.

Very truly yours,  
DALE THOMPSON BUILDERS

*Amy Ferrer*  
Amy Ferrer (AOB)  
Selections Administrator

*change location  
of house on lot*

*per conversation w/ Amy Ferrer 9/3/08, demands (windows) are being added to house itself, no change in house location.  
-approvable  
Jed [signature]*

*CK# 22787*

*\$50.00*

*150284  
cc: Health  
ZONING*













