

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**B09001273**  
**PERMIT NUMBER**

Building Address 5418 Harris Farm Lane  
Clarksville, MD 21029

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

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 19A

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

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Tracey K. Duffy  
 Address 5418 Harris Farm Lane  
 City Clarksville State MD Zip Code 21029  
 Home Phone 410-531-5780 Work Phone 301-252-1092  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

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

Existing Use Garage SPD  
 Proposed Use Garage  
 Estimated Construction Cost \$ 20,000

Description of Work Addition to an existing  
detached garage  
25'x42'

Contractor Company Tracey Duffy / owner  
 Contact Person Tracey Duffy  
 Address 5418 Harris Farm  
 City Clarksville State MD Zip Code 21029  
 License No. \_\_\_\_\_  
 Phone 301-252-1092 Fax 410-531-5780

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

Contact Name Tracey Duffy  
 Address 5418 Harris Farm Lane  
 City Clarksville State MD Zip Code 21029  
 Phone 301-252-1092 Fax 410-531-5780

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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <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 <u>25</u> Width <u>42</u> 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: <u>Detached garage</u> Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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.

Tracey K. Duffy  
 Applicant's Signature  
Owner  
 Title/Company

Tracey K. Duffy  
 Print Name  
06/03/09 6/4/09  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input type="checkbox"/> Dev. Engineering, DPZ	<u>6-23-09</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health	<u>9/1/2009</u>	<u>[Signature]</u>
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ <u>189.00</u>
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ <u>18.90</u>
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 New Town Zone _____	Check # <u>2431</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

174103

Property known as:

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

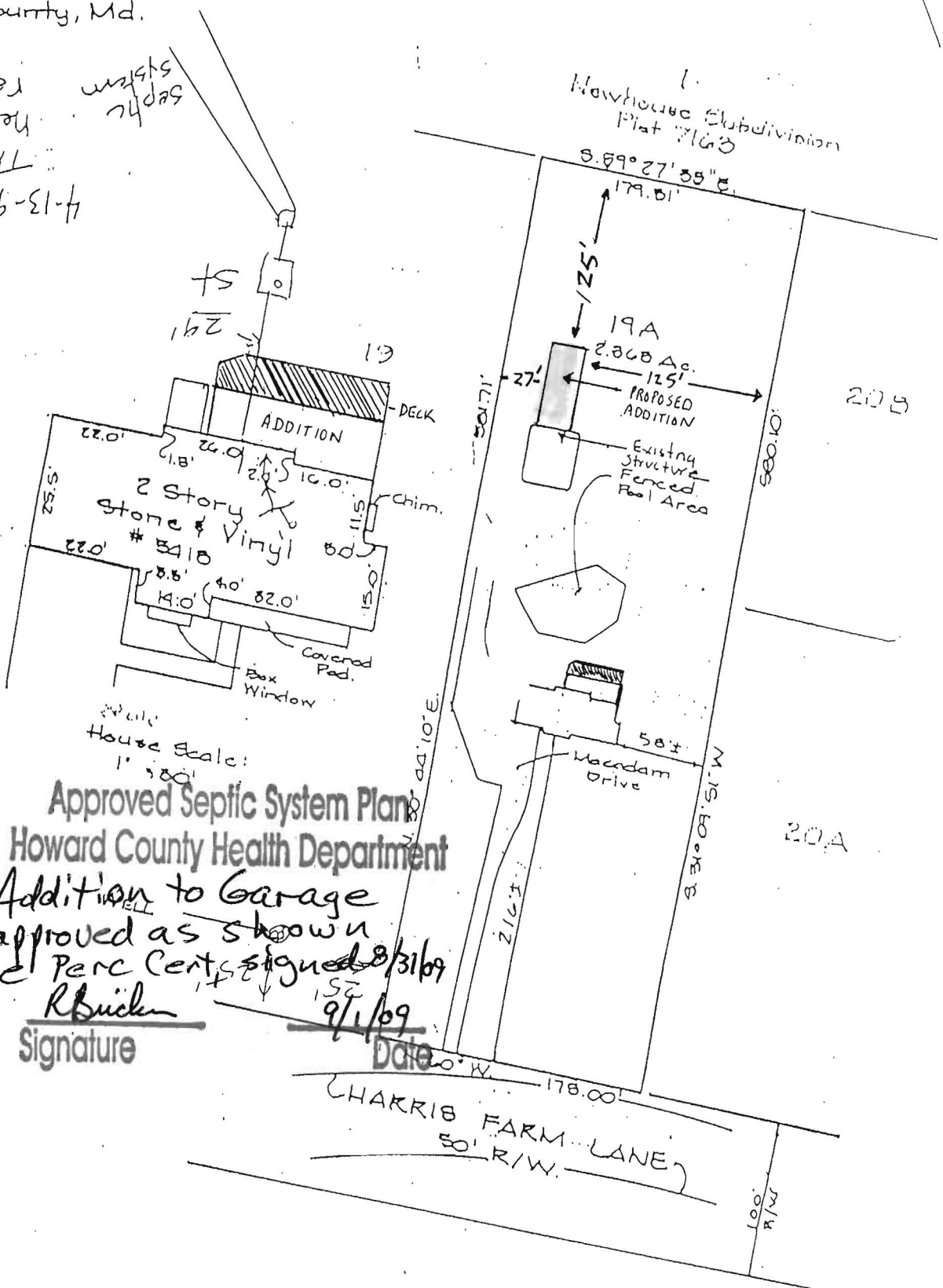
Lot 19A

Liber 2119 Folio 79

Ho. Co. Dept. of Public Works  
Plat No. J-4070-66-1

5<sup>TH</sup> Election District  
Howard County, Md.

TKD per  
Health Dept.  
records  
Septic  
system  
4-13-94



Approved Septic System Plan  
 Howard County Health Department  
 Addition to Garage  
 approved as shown  
 See Perc Cert. signed 8/31/09  
 RBuehler  
 Signature  
 9/1/09  
 Date

LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1" = 100' DATE 11-16-12
<p>This is to certify that I have surveyed the property known as:</p> <p><u>518 HARRIS Farm Lane</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>		<p>LAND DESIGN ENGINEERING, INC.        8835 Columbia 100 Parkway        Unit N        Columbia, MD 21045        (410) 715-1070        (301) 596-3424        (410) 715-0681 (Fax)</p>



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

**MEMO**

Date: June 18, 2009

To: Tracey K. Duffy, Property owner

From: Robert Bricker, Environmental Sanitarian Supervisor  
Well and Septic Program

RB

RE: BP090001273, 25-ft x 42-ft addition to detached garage

Dear Tracey Duffy,

I have reviewed your Building Permit application to construct a 25 ft. by 42 ft. addition onto the existing detached garage at 5418 Harris Farm Lane. I have found that a Percolation Certification Plan will be required (Howard County Code 3.805), supported by current data, to move forward with this project.

Reasons for the requiring a Percolation Certification Plan are as follows:

- 1) there is no Percolation Certification Plan for this parcel,
- 2) soil profiles are not described in the percolation test data (November 1975).

All parcels or lots in Howard County are required to have a septic easement large enough to accommodate an initial drainfield plus two repairs [3.805.A(2)(X)]. As Lot 19A, Alan Weintraub Subdivision, was created after March 1972, Code of Maryland [COMAR, 26.04.02.04.F] requires that this septic easement be an area of at least 10,000 square feet.

During this process, both the locations and conditions of the existing septic system and the existing well will be observed and evaluated by current code requirements. As a result, a determination may be made to require repair, replacement, or upgrade, or no action at all.

I have enclosed excerpts from Howard County Code concerning required content of Percolation Certification Plans and the regulated setback distances related to well and septic system locations

If you wish to move forward with this project, please contact me at the Bureau of Environmental Health, phone 410-313-1771.

RB  
Copy file

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31211 9/4/09  
B09001273

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Clarksville MD 21029

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 19A

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

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

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

Existing Use Garage  
Proposed Use Garage  
Estimated Construction Cost \$ 20,000

Description of Work Addition to an existing detached garage  
25x42

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Contact Person Tracey Duffy  
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License No. \_\_\_\_\_  
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Contact Person \_\_\_\_\_  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply: \_\_\_\_\_  
 Public  
 Private  
Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
# of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse   
Depth 25 Width 42  
1<sup>st</sup> floor: \_\_\_\_\_  
2<sup>nd</sup> floor: Detached garage  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement  Crawl space  Slab on Grade   
No. of Bedrooms \_\_\_\_\_  
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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**

Water Supply: \_\_\_\_\_  
 Public  
 Private  
Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

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Tracey Duffy  
Applicant's Signature  
owner  
Title/Company

Tracey K. Duffy  
Print Name  
06/03/09 6/4/09  
Date

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**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ				Front: _____	\$ _____	
State Highways				Rear: _____	Permit fee \$ _____	
Building Officials				Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ				Side St: _____	Add'l per fee \$ _____	
Health <u>f. Brader</u>	<u>9/1/2009</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? YES <input type="checkbox"/> NO <input type="checkbox"/>				Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____	
				Lot Coverage for New Town Zone _____	Validation # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				SDP/Red-line approval date _____	Accepted by _____	
ONE STOP SHOP: <input type="checkbox"/>						

174103



TRACEY DUFFY  
5418 HARRIS FARM LANE  
CHECKSVILLE, MO, 21029

NEW TO EXISTING

EXISTING  
GARAGE

VINYL

RIDGE VENT

VINYL  
TO M.E.

8X10  
DOOR

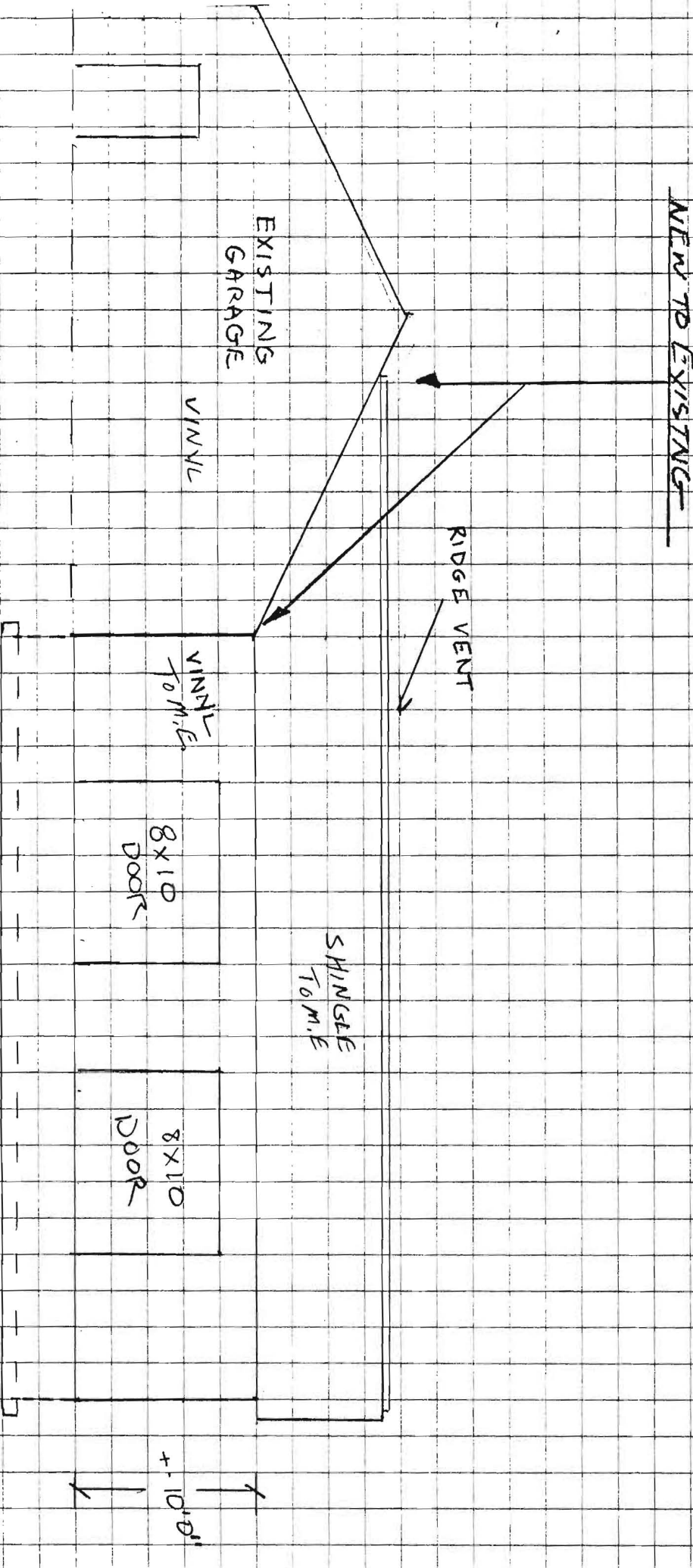
SHINGLE  
TO M.E.

8X10  
DOOR

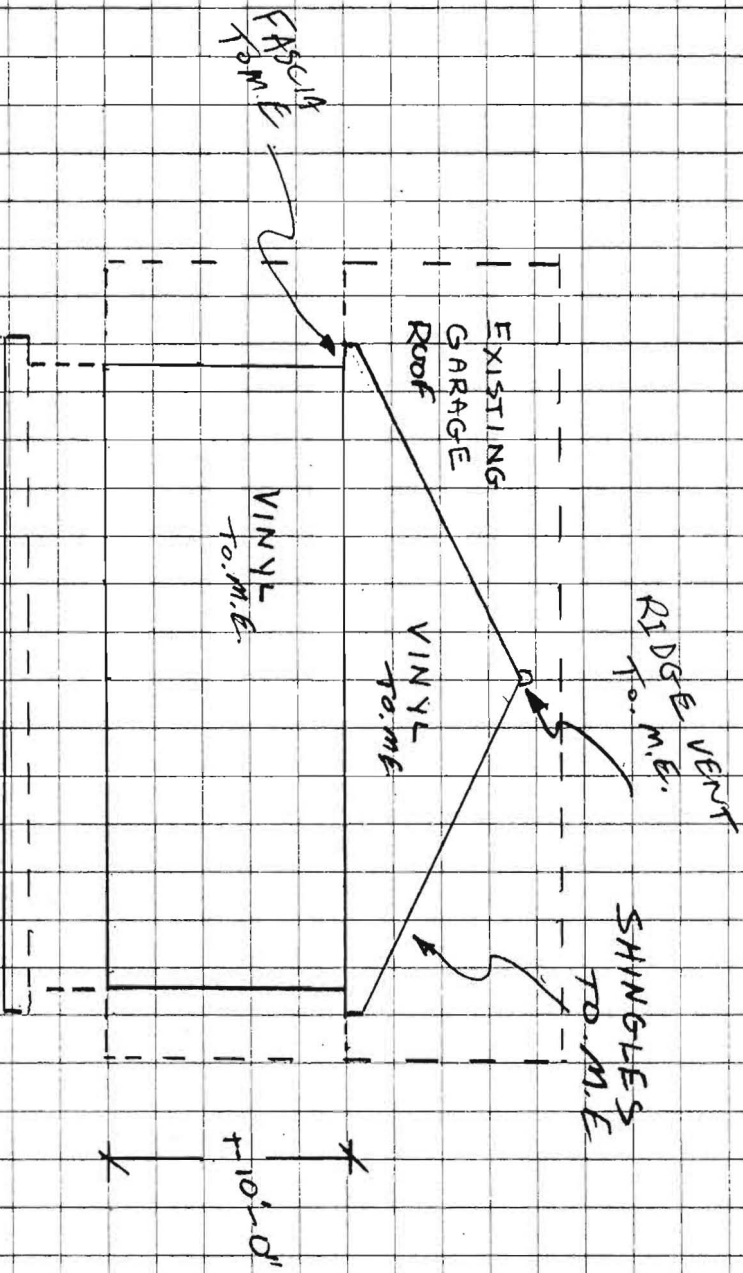
+10'0"

PROPOSED FRONT ELEVATION

SCALE 1/8" = 1'0"



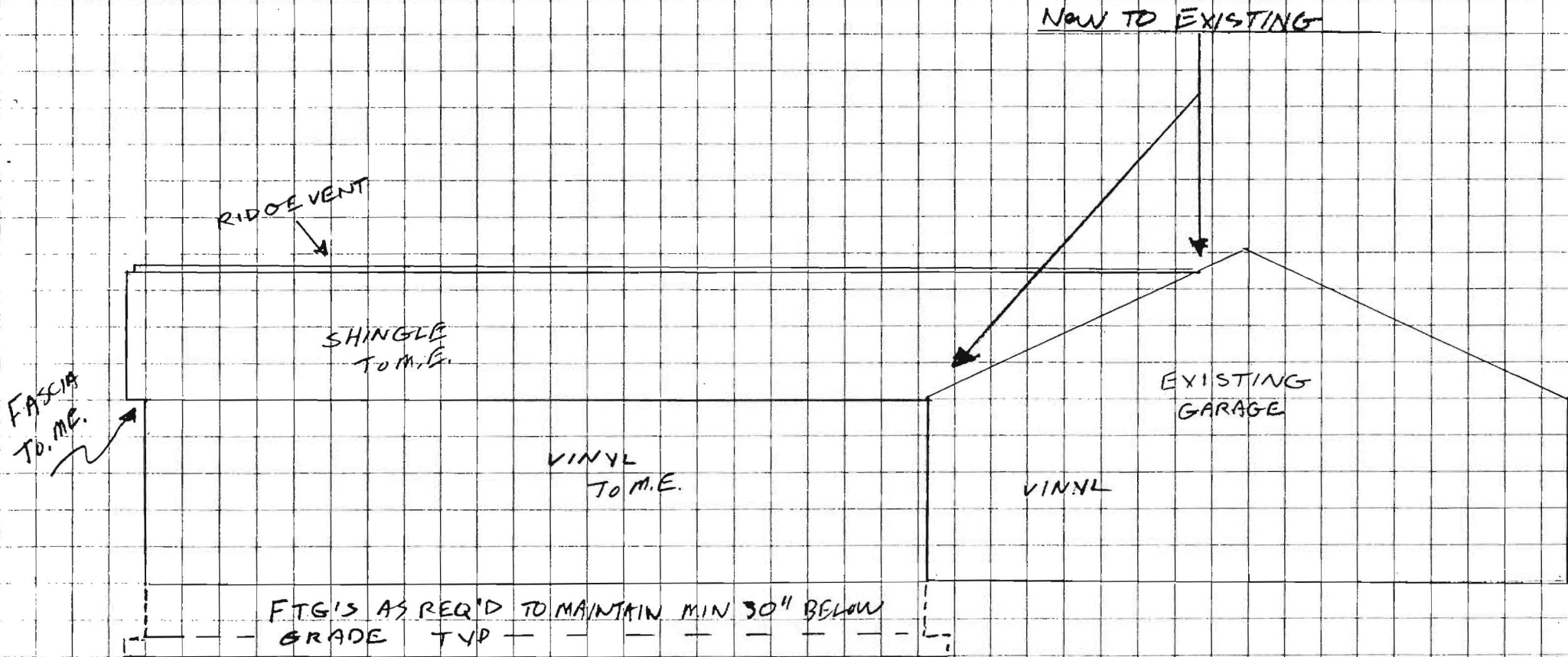
TRACEY DUFFY  
5418 HARRIS FARM LANE  
CLARKSVILLE, MD 21029



PROPOSED RIGHT SIDE ELEVATION

SCALE 1/8" = 1'-0"

TRACEY DUFFY  
5418 HARRIS FARM LANE  
CLARKSVILLE, MD 21029



PROPOSED LEFT SIDE ELEV. SCALE  $\frac{1}{8} = 1'-0"$

42'

8" C.M.V.

PROPOSED FOUND PLAN

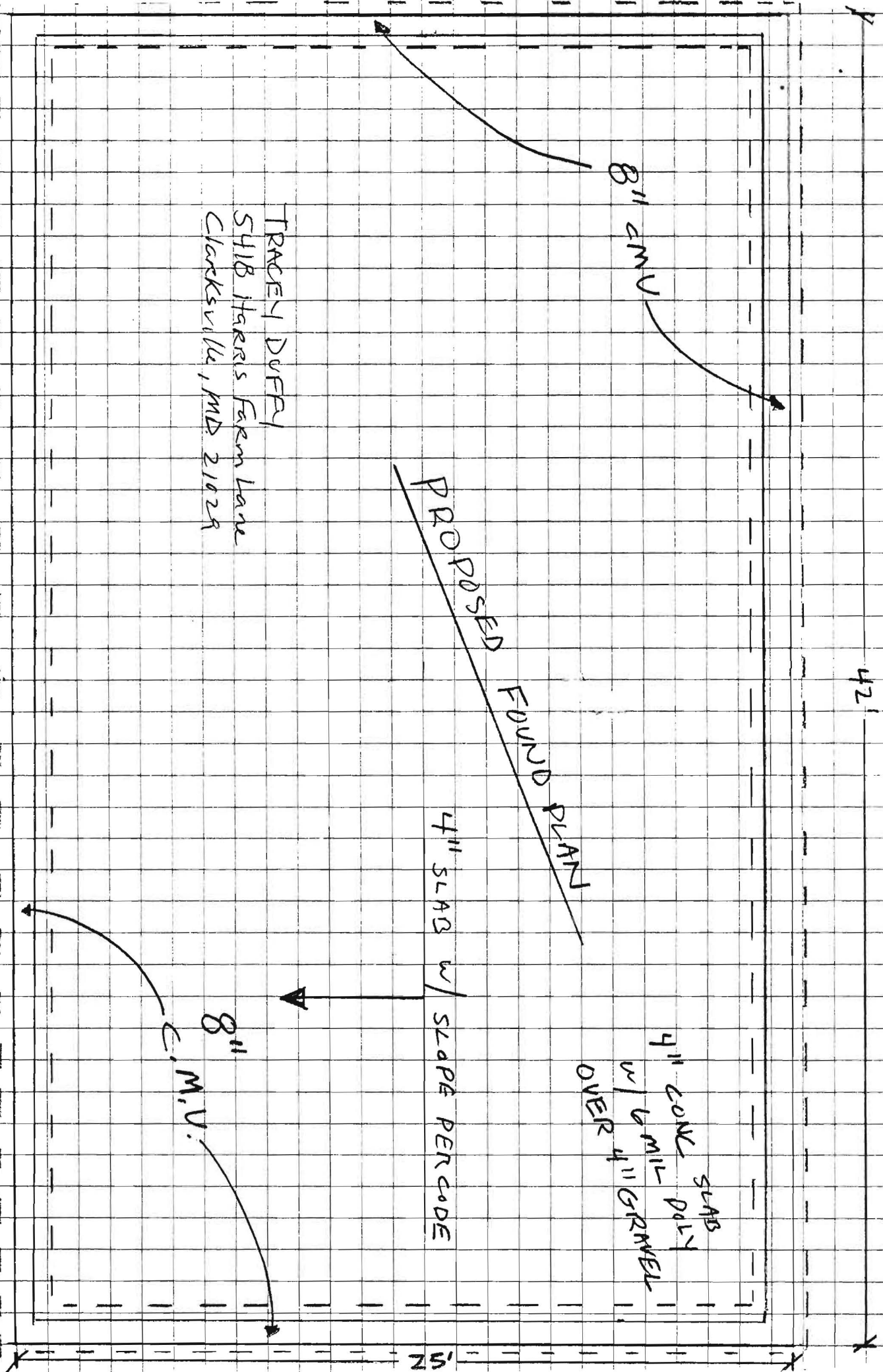
4" SLAB w/ SLOPE PER CODE

4" CONCRETE SLAB  
w/ 6 MIL DALT  
OVER 4" GRNELL

TRACEY DUFFY  
5418 HARRIS Farm Lane  
Clarksville, MD 21029

8" C.M.V.

SCALE 1/4" = 1'-0"



EXISTING

PRE ENG TRUSSES @ 24" O.C.

1 3/4" F100R  
PLAN

2 - 1 3/4" x 1 1/2" LVL  
CONT

TRACKEY DUFFY  
5418 HARRIS Farm Lane  
Clarksville, MD. 21029

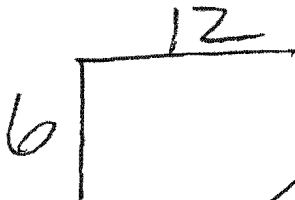
42'

25'

00'

6'

8'



30 YR SHingles  
OVER 30# FELT  
ON 7/16 OSB  
w/ CLIPS

PRE ENG  
ROOF TRUSSES  
@ 24" O.C.

VENTED  
SOFFIT  
w/ 5" ALUM  
GUTTERS

2 - 2x4 PLATES  
TYP

TYP WALL  
2x4 @ 16" O.C.  
w/ 7/16 OSB  
w/ HORIZ SID.

TRACEY DUFFY  
5418 HARRIS Farm Lane  
Clarksville, MD, 21029

4" CONC SLAB  
w/ 6MIL POLY  
OVER 4" GRAVEL

P.T  
2x4

8" x 20" FTG  
20" MSW

NOT TO SCALE

FIGURE 1

CONSTRUCTION DETAILS FOR THE APA NARROW WALL BRACING METHOD WITH JAIL HOLD-DOWNS OVER CONCRETE OR MASONRY BLOCK FOUNDATION

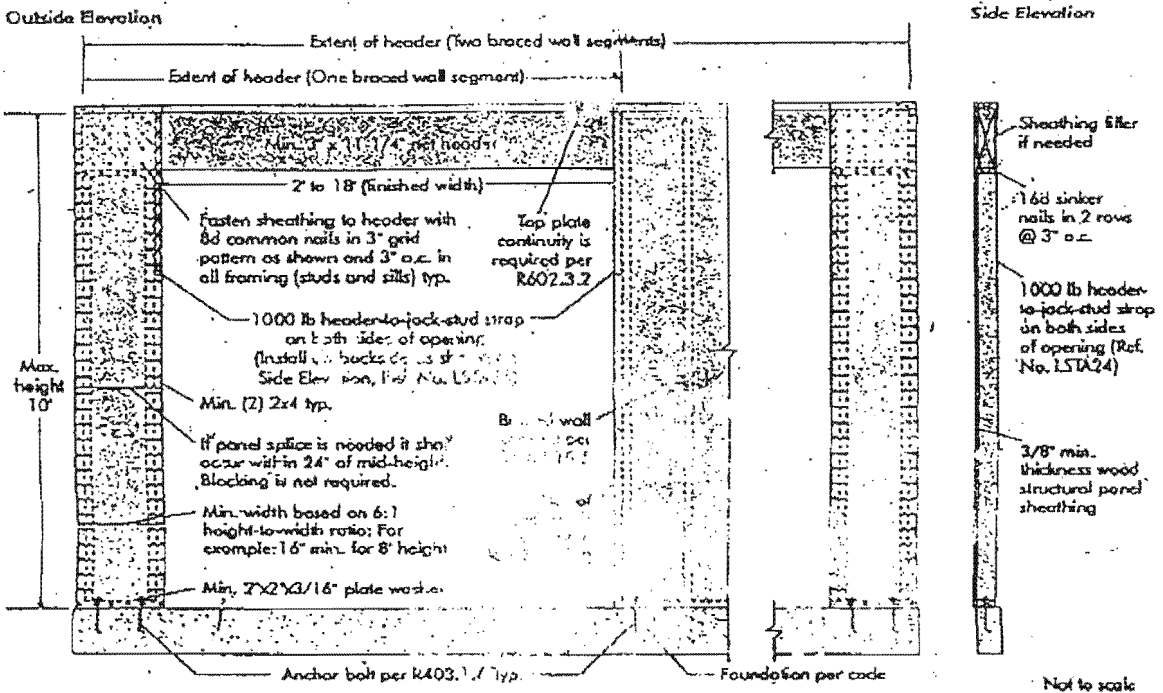


FIGURE 2

CONSTRUCTION DETAILS FOR THE APA NARROW WALL BRACING METHOD WITHOUT HOLD-DOWNS OVER RAISED WOOD FLOOR OR SECOND FLOOR - FRAMING ANCHOR OPTION (a)

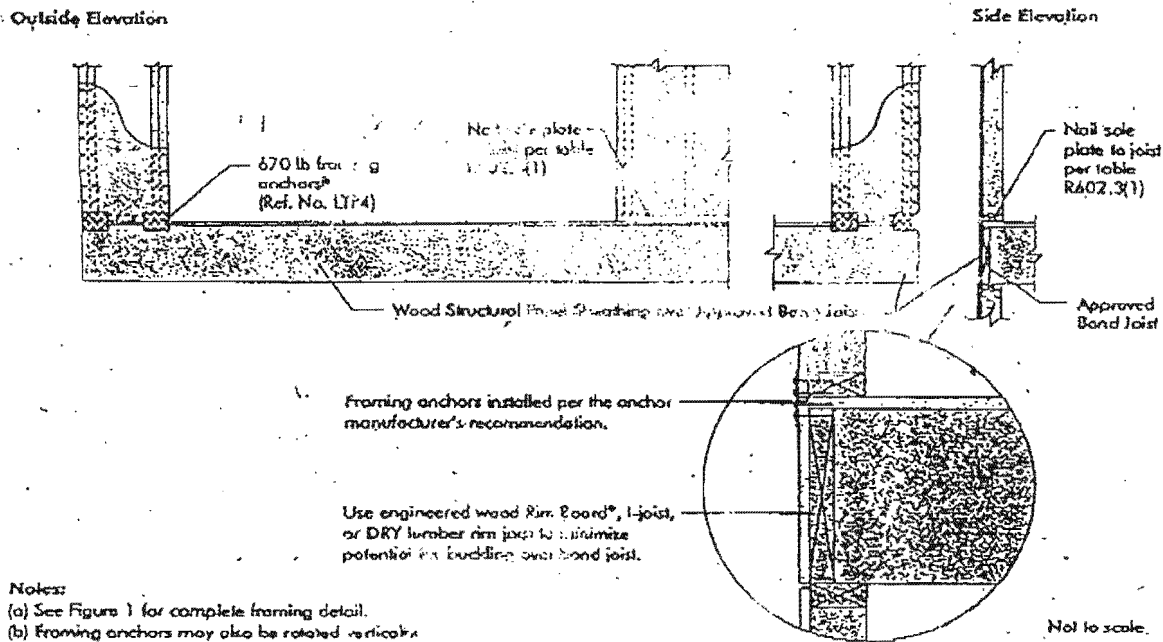


FIGURE 3

CONSTRUCTION DETAILS FOR THE APA NARROW WALL BRACING METHOD WITHOUT HOLD-DOWNS OVER RAISED WOOD FLOOR OR SECOND FLOOR - WOOD STRUCTURAL PANEL OVERLAP OPTION (a)

