

Building Address <u>13515</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>34</u> Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>John</u> Address <u>13515</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>SAME AS Contractor</u> Phone _____ Fax _____
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Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>82,000</u> Description of Work _____	Contractor Company _____ Contact Person <u>Way</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>1-10</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" 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 checked="" 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 <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 _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		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: _____	
		<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. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>4/19/02</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
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>100</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-373-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: **B15003474**

Health

Building Address: **13505 HIGHLAND RD.**
 City: **CLARKSVILLE** State: **MD** Zip Code: **21029**
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: **10 ~~1027A~~**
 Tax Map: **34** Parcel: **05436005** Grid: **B**
 Zoning: _____ Map Coordinates: _____ Lot Size: **1.1 ACRE**

Property Owner's Name: **DEREK IPSEN**
 Address: **13505 HIGHLAND RD**
 City: **CLARKSVILLE** State: **MD** Zip Code: **21029**
 Phone: **410-531-2108** Fax: _____
 Email: **DEREK.IPSEN@GMAIL.COM**

Existing Use: **RESIDENTIAL**
 Proposed Use: **RESIDENTIAL**
 Estimated Construction Cost: \$ **25,000**
 Description of Work: **REMODEL BASEMENT**
APX 1700 sq ft (Living room, theater
Fb, wet bar) utility rooms + storage room
 Occupant or Tenant: **SINGLE FAMILY RESIDENCE**
 Was tenant space previously occupied? Yes No
 Contact Name: **RICHARD MARLER**
 Address: **10913 SHOW PONY PL**
 City: **DAMASCUS** State: **MD** Zip Code: **20872**
 Phone: **301-332-6251** Fax: _____
 Email: **RICHARDMARLER@GMAIL.COM**

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: **RICHARD MARLER CONSTRUCTION, LLC**
 Contact Person: **RICHARD MARLER**
 Address: **10913 SHOW PONY PL**
 City: **DAMASCUS** State: **MD** Zip Code: **20872**
 License No.: **127171**
 Phone: **301-332-6251** Fax: _____
 Email: **RICHARDMARLER@GMAIL.COM**

Engineer/Architect Company: **RYAN LEMON 443-478-6060**
 Responsible Design Prof.: **RYAN LEMON**
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: **443-478-6060** Fax: _____
 Email: **DESIGNRWL@GMAIL.COM**

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 st floor: 41	26
Area of construction (sq. ft.):	2 nd floor: 41	56
Use group:	Basement: 41	56
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: 4	
<input type="checkbox"/> State Certified Modular	<input checked="" type="checkbox"/> Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> 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

Other: **HEAT PUMP**

Sprinkler System:

Yes No

Grading Permit Number: _____

Building Shell Permit Number: _____

RECEIVED
AUG 10 2015
LICENSES & PERMITS
DIVISION

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES TO FOLLOW: (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 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.

Richard Marler
 Applicant's Signature: **RICHARD MARLER**
 Email Address: **RICHARDMARLER@GMAIL.COM**
 Title/Company: **RICHARD MARLER CONSTRUCTION, LLC**

RICHARD MARLER
 Print Name
AUG 6, 2015
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	9/8/15 H. OSWALD	

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

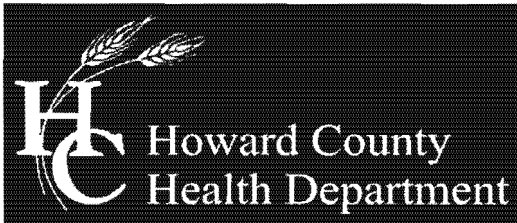
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$	
Permit Fee	\$	135
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	1725

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

T:\Operations\Updated Forms\Building applmp 8.2012.docx

Mail to Contractor also issued



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

August 21, 2015

RICHARD MARLER CONSTRUCTION LLC
10913 SHOW PONY PLACE
DAMASCUS, MD 20802

Sent via email to: RICHARDMARLER@GMAIL.COM; DEREK.IPSEN@GMAIL.COM

RE: **B15003474**
13505 HIGHLAND ROAD
CLARKSVILLE, MD 21029

RICHARD MARLER:

This letter is in response to building permit **B15003474**. The application describes interior alterations to the basement. Upon review the building permit and new basement floor plan, the submittal did not include a copy of the floor plans of the existing house.

Floor plans are required to determine if the existing house plus proposed changes match or exceed the capacity of the existing septic system. Note: Septic systems are sized according to the # of bedrooms. According to the septic permit, the septic system for this property was sized for (4) bedrooms. Please refer to the attachment for the definition of a bedroom per *County Code Section 3.801*.

In addition, this property never finalized the well water sampling requirements per our letter dated July 12, 2007. Please attached letter for more details. At no cost to you, our Community Hygiene Program may collect those samples. To schedule a Bacteria sample plus Short Term Alpha & Beta (pretreatment) samples, please call (410) 313 - 1773. Please reference my name and this letter when you call to schedule those samples.

Building permit approval is being placed on hold until floor plans have been received and approved and well water samples have been collected by our office or an independent State certified lab. Should you have any questions or concerns, you may contact me at (410) 313-1786 or via email hoswald@howardcountymd.gov

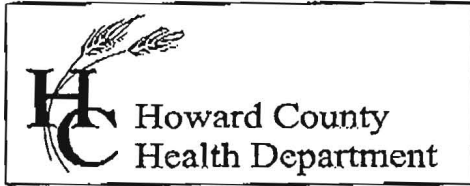
Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program

9/13/15 -
septic system
checked
- H.O.

9/13/15
samples
collected
9/13
- H.O.



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Vir
KCE Engineering, Inc.

FROM: Sara Fegel
Well and Septic Program
Development Coordination Section

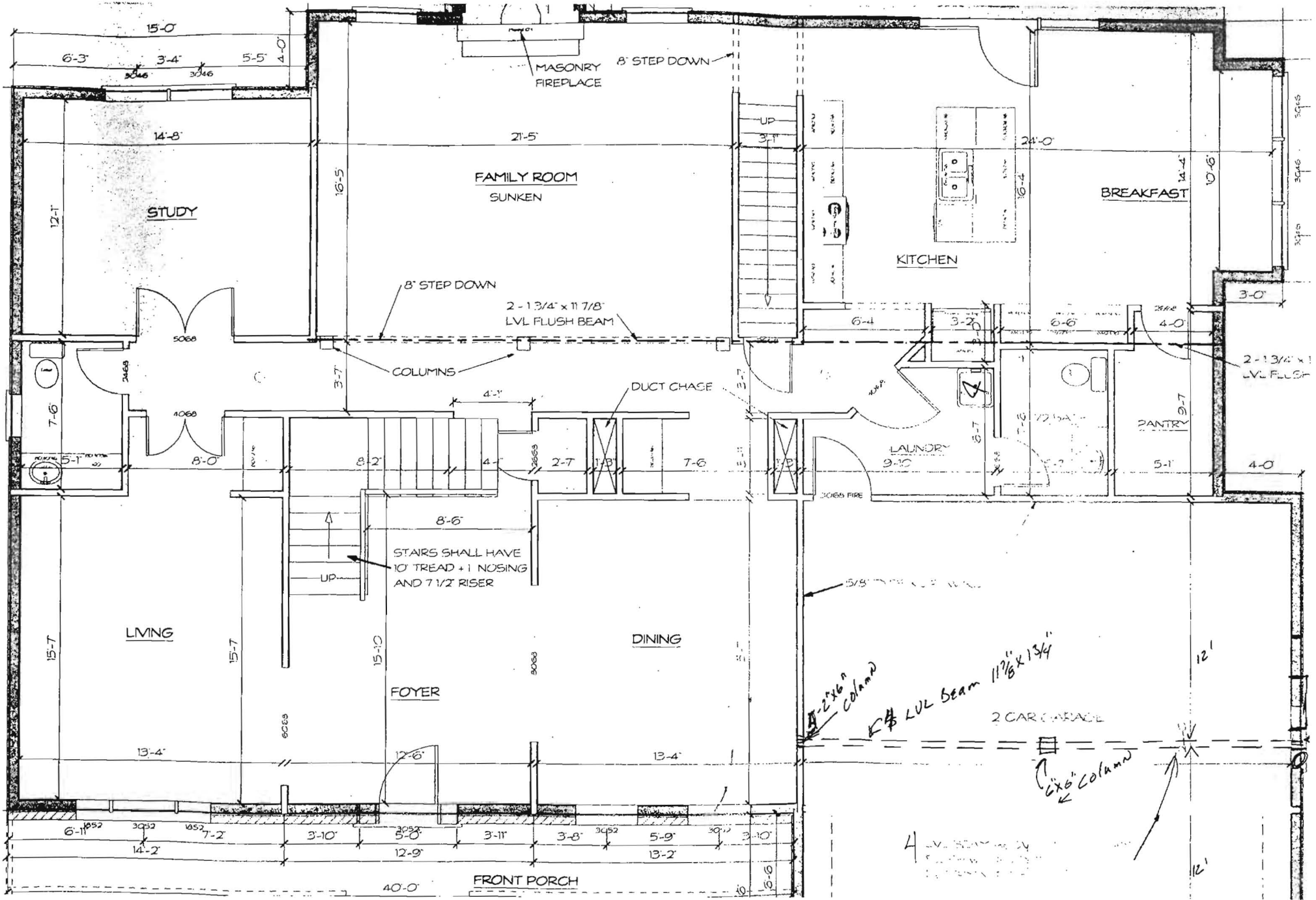
RE: File Number: BP # B06003406
13500 Highland Rd, Peter Bonnett Property

DATE: August 31, 2006

The following modifications are needed for building permit approval

- ✓ • Septic tank needs to be 20' from the house
- ✓ • Invert elevation out of septic tank needs to be 0.25'-0.3' below invert elevation into septic tank
- ✓ • Invert elevation into pump tank needs to be 0.25'-0.3' below invert elevation out of septic tank
- ✓ • The well must be drilled prior to building permit approval and the well completion report needs to be on file with the Health Dept. ✓
- ✓ • Well location statement needed: "The existing well (include tag number) has been field located by (surveying company) and is accurately shown"

→ pump tank 3' below grade
 → well completion needs to be signed
 - add an ^{small} invert elevation by house
 9/14/06 JF



15-0

6-3 3-4 5-5 4-0

14-8

21-5

STUDY

FAMILY ROOM
SUNKEN

KITCHEN

BREAKFAST

8' STEP DOWN

2-1 3/4" x 11 7/8"
LVL FLUSH BEAM

COLUMNS

DUCT CHASE

LAUNDRY

PANTRY

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

STAIRS SHALL HAVE
10' TREAD + 1" NOSING
AND 7 1/2" RISER

LIVING

DINING

FOYER

2x6 Column

K# LVL Beam 11 7/8" x 1 3/4"

2 CAR CHASE

6x6 Column

*4 LVL BEAM IN
PARKING GARAGE*

FRONT PORCH

40-0

12-1

16-5

24-0

14-4

10-6

3-7

4-2

4-2

6-4

3-2

6-6

4-0

3-0

7-6

8-0

8-2

4-1

2-7

1-8

7-6

5-7

7-6

9-7

5-1

4-0

15-7

15-7

15-10

8-6

8-6

5/8" THICK LVL WALL

13-4

13-4

12-1

12-1

6-11

3-0

14-2

7-2

3-10

5-0

12-9

3-11

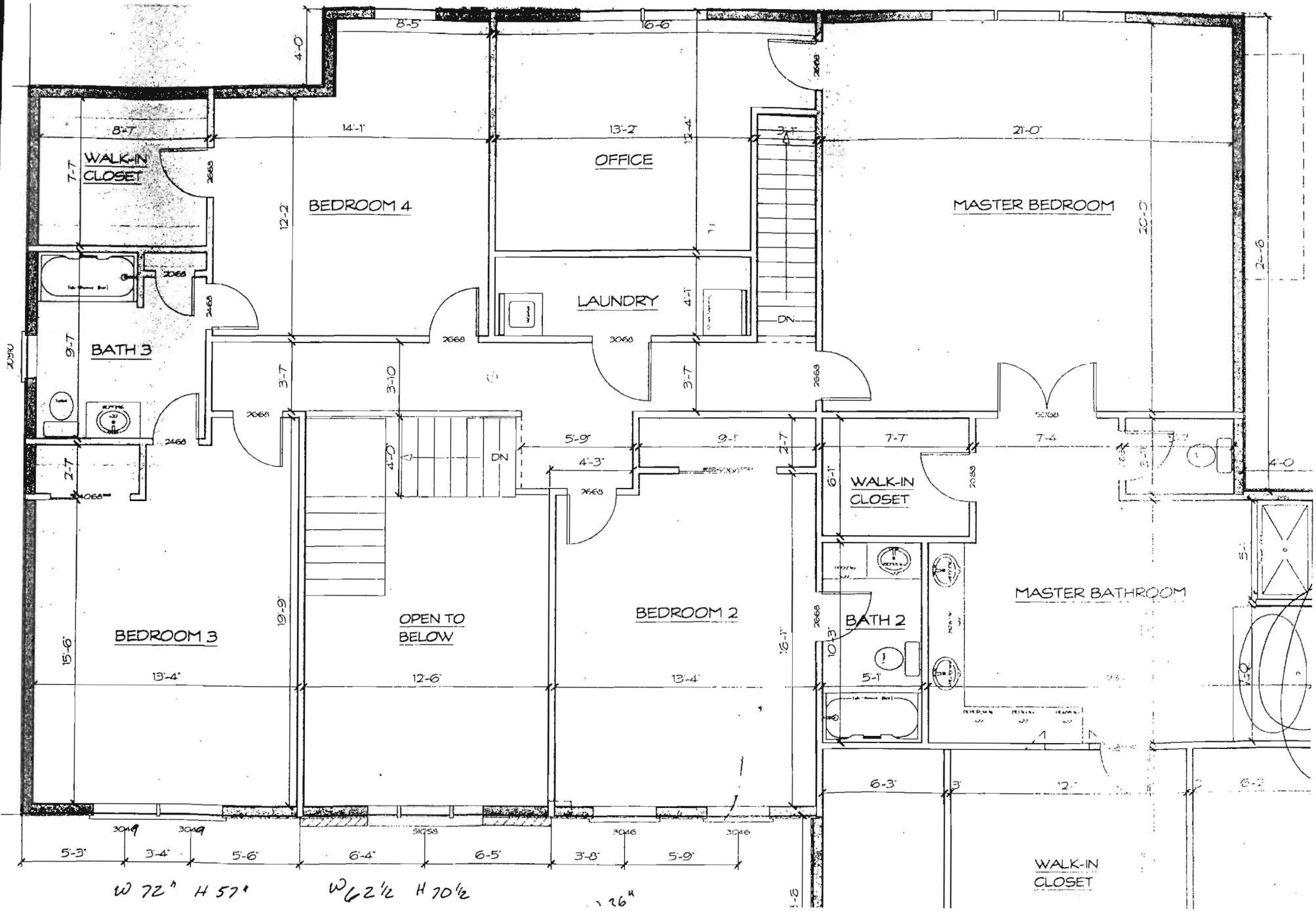
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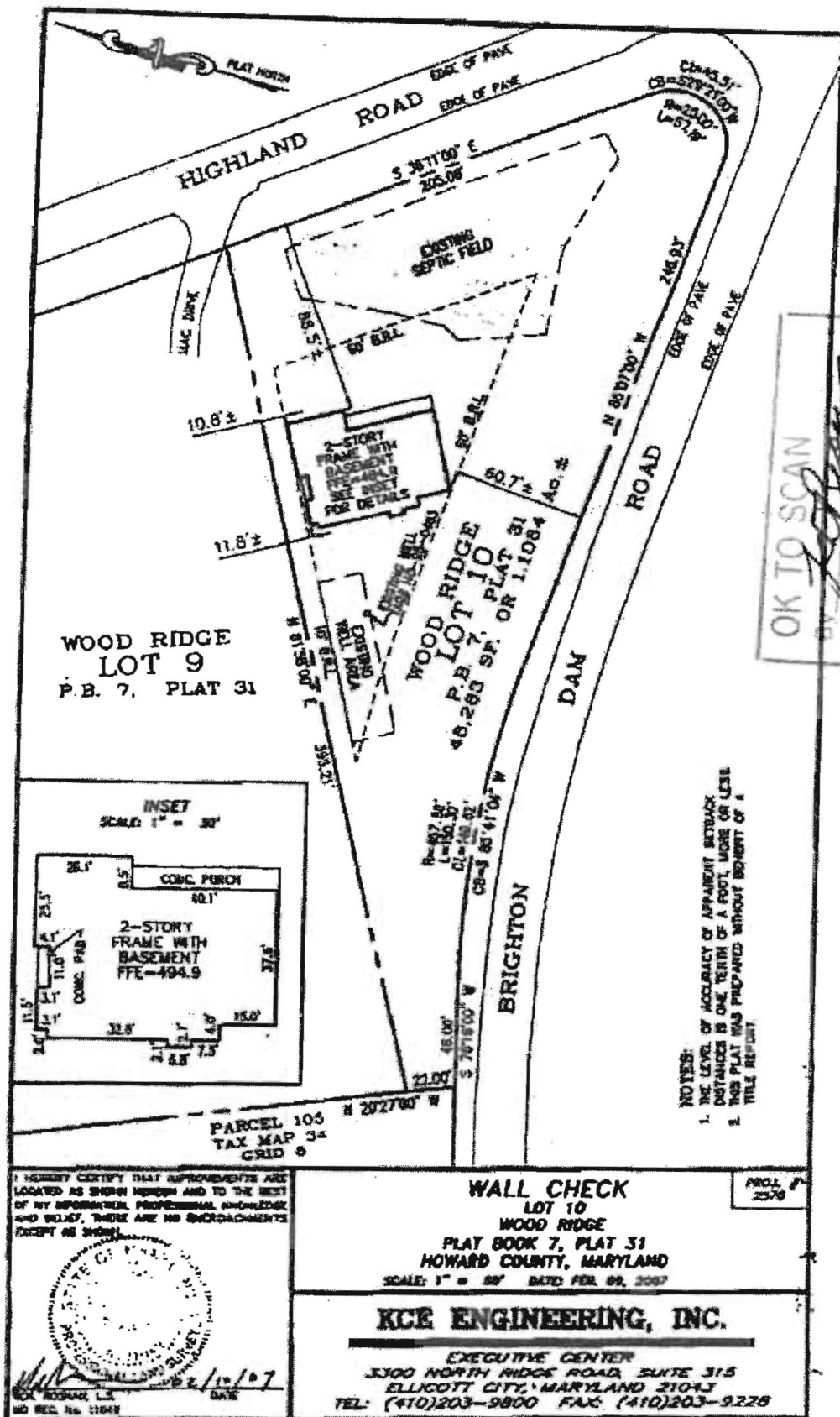
5-9

13-2

3-10

8-6

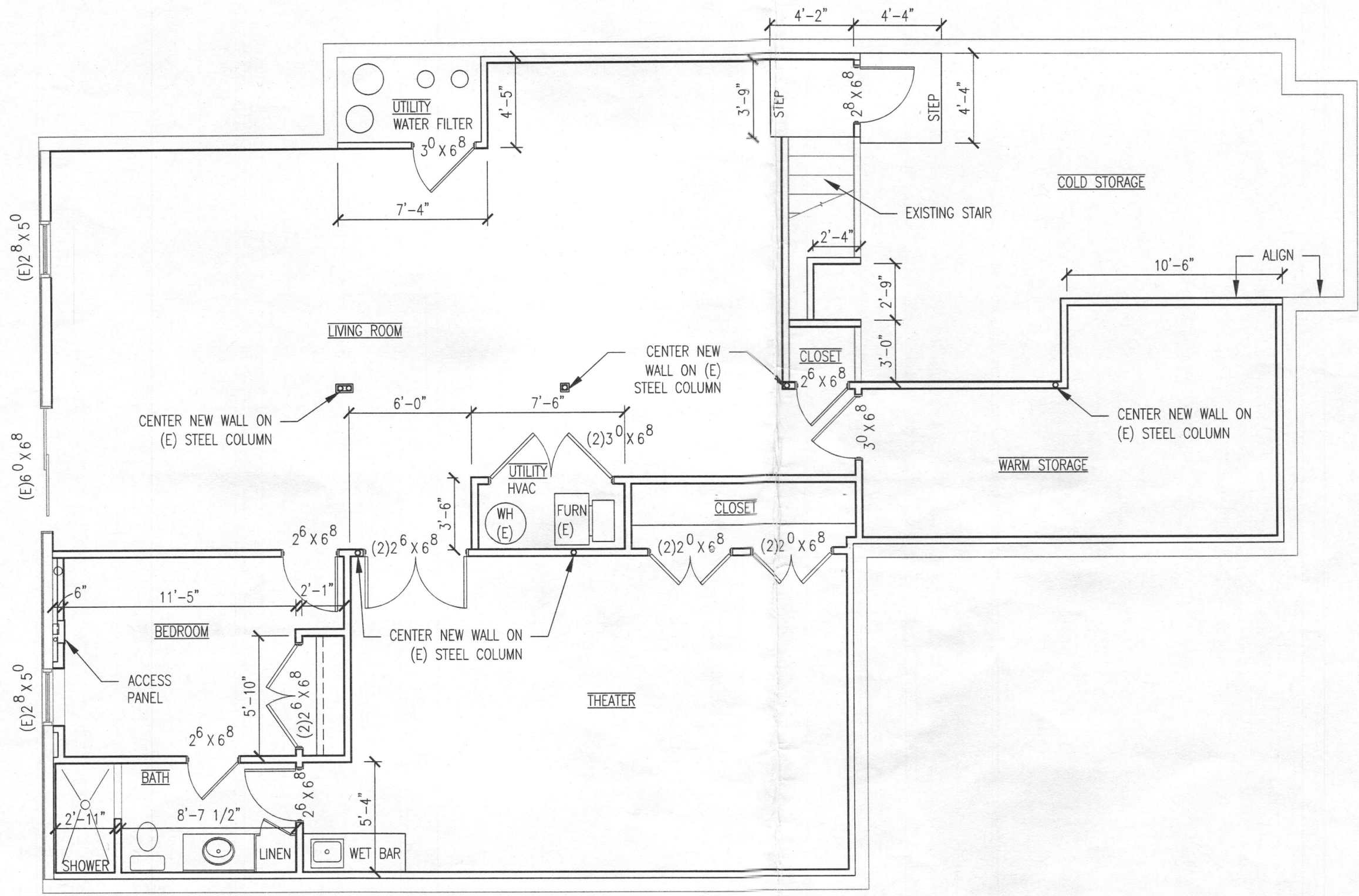




OK TO SCAN
 BY: [Signature]
 Date: 3/4/2007
 Scanned by: LAB 3-5-07

NOTES:
 1. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE TENTH OF A FOOT, MORE OR LESS.
 2. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

B06003406
 13500 Highland Rd.



1

BASEMENT FLOOR PLAN

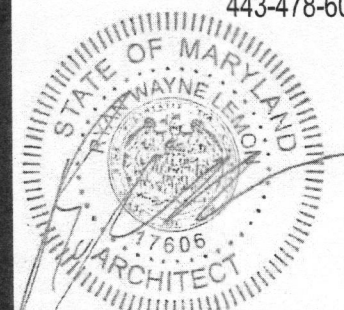
SCALE: 3/16" = 1'-0"

Ipsen Basement Remodel

13505 HIGHLAND ROAD
CLARKSVILLE, MD 21029

ISSUED FOR PERMIT
AUGUST 07, 2015

Ryan W. Lemon, AIA
443-478-6060



I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the state of Maryland. Lic.: 17606
Exp.: 03 February 2016