

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B12002950

Building Address: 5412 JAMESWAY CT.
CLARKSVILLE, MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SINGLE FAMILY DWELLING

Proposed Use: MOTHER-IN-LAW/HARDSHIP CASE

Estimated Construction Cost: \$ 30,000.00

Description of Work: CRAWL / FRAME 1-STORY
BRDRM - BATH - 22'0" W X 30' L

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: FRANK JONES

Address: 5412 JAMESWAY CT.

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: 410.531.3257 Work Phone: 301.689.3153

Applicant's Name & Mailing Address, (if other than stated herein):
SAME

Phone: _____ Fax: _____

Email: frank8142@verizon.net

Contractor Company: OWNER/BUILDER

Contact Person: FRANK JONES

Address: 5412 JAMESWAY CT

City: CLARKSVILLE State: MD Zip Code: 21029

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: OWNER/BUILDER

Responsible Design Prof.: FRANK JONES

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<input type="checkbox"/> Roadside Tree Project Permit #	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input type="checkbox"/> Public
<u>1st floor: 30' X 20'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: <u>NONE</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>1</u>	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	<u>IN-LAW ADDITION</u>
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>30' X 30'</u>	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Footings: <u>8" X 48" CRAWL</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof: <u>G12 SHINGLE</u>	<input type="checkbox"/> Roadside Tree Project Permit #
<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: Frank Jones

Email Address: frank8142@verizon.net

Title/Company: OWNER/BUILDER

Print Name: FRANK JONES

Date: 4-15-2011 8-30-12

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	<u>12/11/12</u>	<u>[Signature]</u>
Fire Protection		

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

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

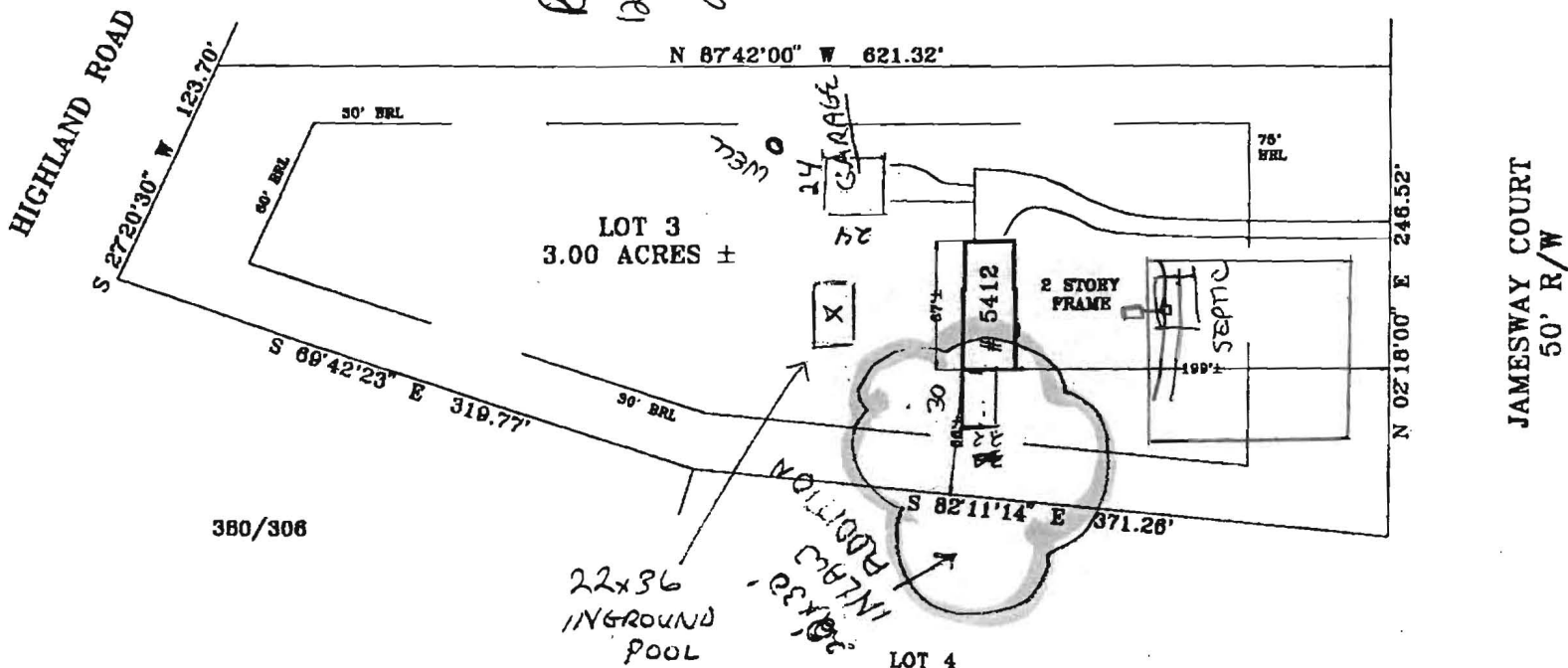
check # 6594

NOTES:

- 1) B.R.L. Information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1±.

B12002950
 12/19/12 HS
 addition OK
 * NO
 LOT 2
 NEW BR
 per new floor
 plans!

80



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland. Panel # 26 of 45 Community Panel # 240044-00 258 Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as **LOT 3** **5412 JAMESWAY COURT** recorded in the Land Records of Howard County, Maryland in Plat Bk. **7830** Liber Folio for the purpose of locating the improvements thereon.



LOCATION DRAWING
 5412 JAMESWAY COURT
 DUNFARMIN ESTATES
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

- This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

NTT Associates, Inc.	Scale: 1" = 100'
16205 Old Frederick Road Mt. Airy, Maryland 21771 Ph. (410)442-2031 Fax No. (410)442-1315	Date: OCTOBER 11, 1995
	Field by: JLM
	Drawn by: JLM
	Drawing # MSC2255

James C. Hudgins PLS #96

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 7/18/14
 To: Debbie Whalen
 (Person's Name and Division)
 From: Frank Jones (A10) 5393257
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Jones Res
 Project site address 5412 Jamesway Ct Clarksville MD 21029
 Permit Number 612002950 SDP # _____
 Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other floor plan adding 2 closets

RECEIVED
 JUL 18 2014
 LICENSES & PERMITS
 DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by cha

cc: health
 DPZ

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division
 JUL 24 2014

6-16-14

Please amend my permit (B12002950) to read "1 large room and two storage closets".

Thank you.

Frank Jones

invoice # 369065
cash

RECEIVED

JUL 18 2014

LICENSES & PERMITS
DIVISION

5412 JAMESWAY CT.
FRANK JONES
B1200 2950
EXISTING FAMILY RM

EXISTING LIV. RM.

HEADER

EXISTING PORCH

STORAGE
CLOSET

STORAGE
CLOSET

EXISTING
FIREPLACE

1026

3068

3068

3052

30'

3052

2x6
EXT. WALLS

19x22

2x6

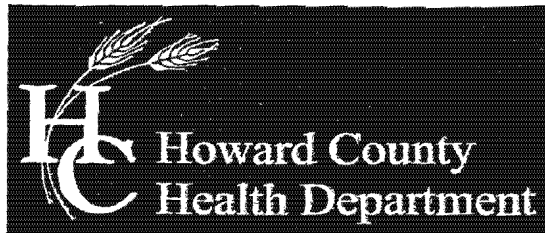
RAIL
STEP
STEP

RAIL

REVISED
Date: 7-8-14
Comments: add 2 closets
B1200 2950

22'

3052



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

September 14th, 2012

Frank Jones
5412 Jamesway Court
Clarksville, MD 21029

Re: Building Permit Application
B12002950

Dear Mr. Jones,

This office has received the above referenced building permit application for a one story addition to include an in-law suite with one bedroom and one bathroom. At this time we are unable to recommend approval of your application. The following items must be addressed prior to permit approval:

- An approved Percolation Certification Plan is required per Howard County Code Sec. 3.805 for an increase in living space over 250 sq. ft. that is not a garage. The content of this plan and the supporting data serve as the Health Department's justification for approving the current building permit application and any subsequent building permit applications. You may use existing percolation data for this plan. Usually the data for the Percolation Certification Plan are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. However the homeowner may prepare this plan using a scaled house location survey drawing.

I have enclosed the requirements for the Percolation Certification Plan and some additional information to be shown on the plan. Three copies must be submitted to our office for approval. Your building permit will remain on hold until all Health Dept. requirements are met. If you have any questions regarding this evaluation you may contact me at the Bureau of Environmental Health at 410-313-6287 or by e-mail at hscott@howardcountymd.gov.

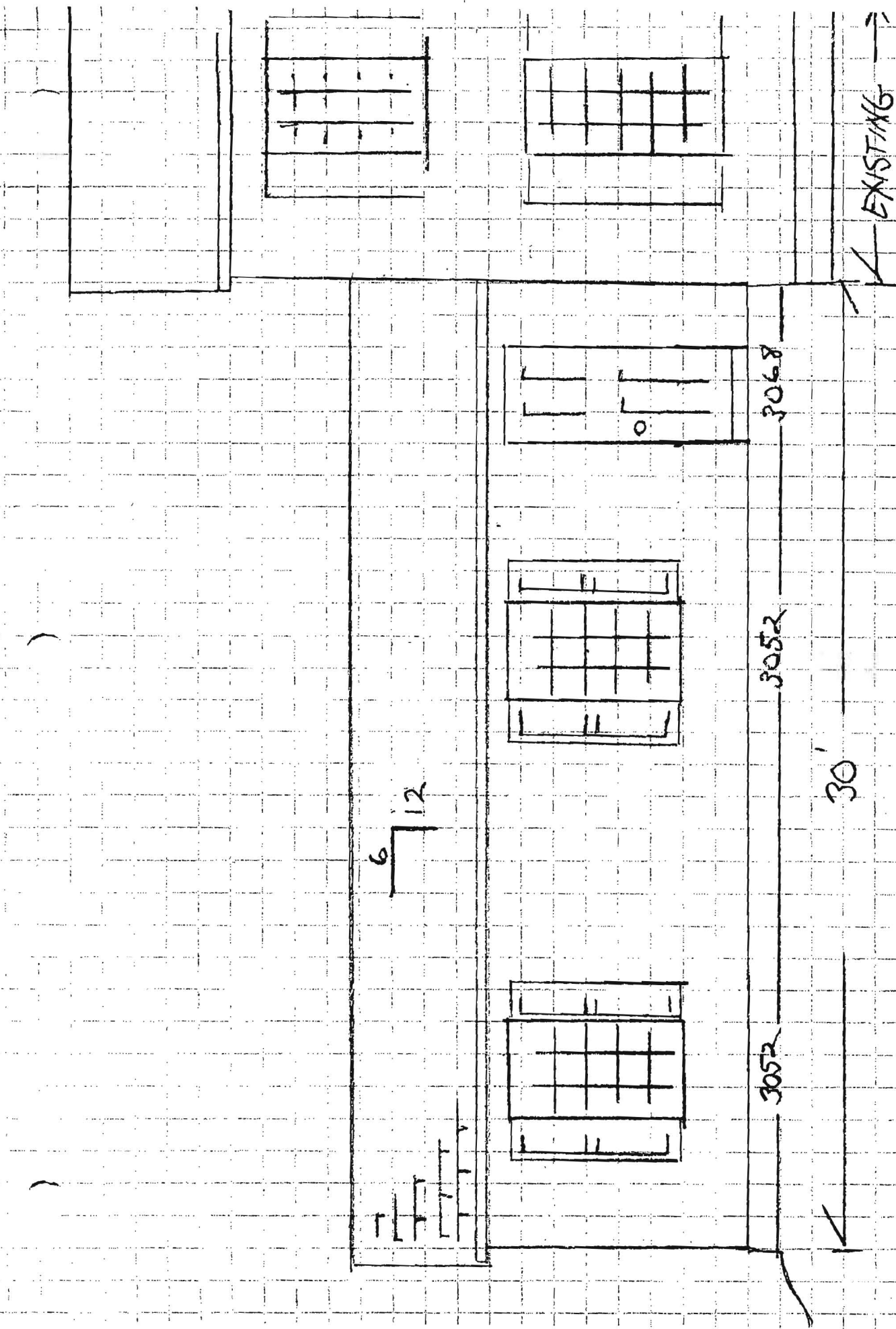
Sincerely,

A handwritten signature in black ink that reads 'Heidi Scott'.

Heidi Scott, R.S.

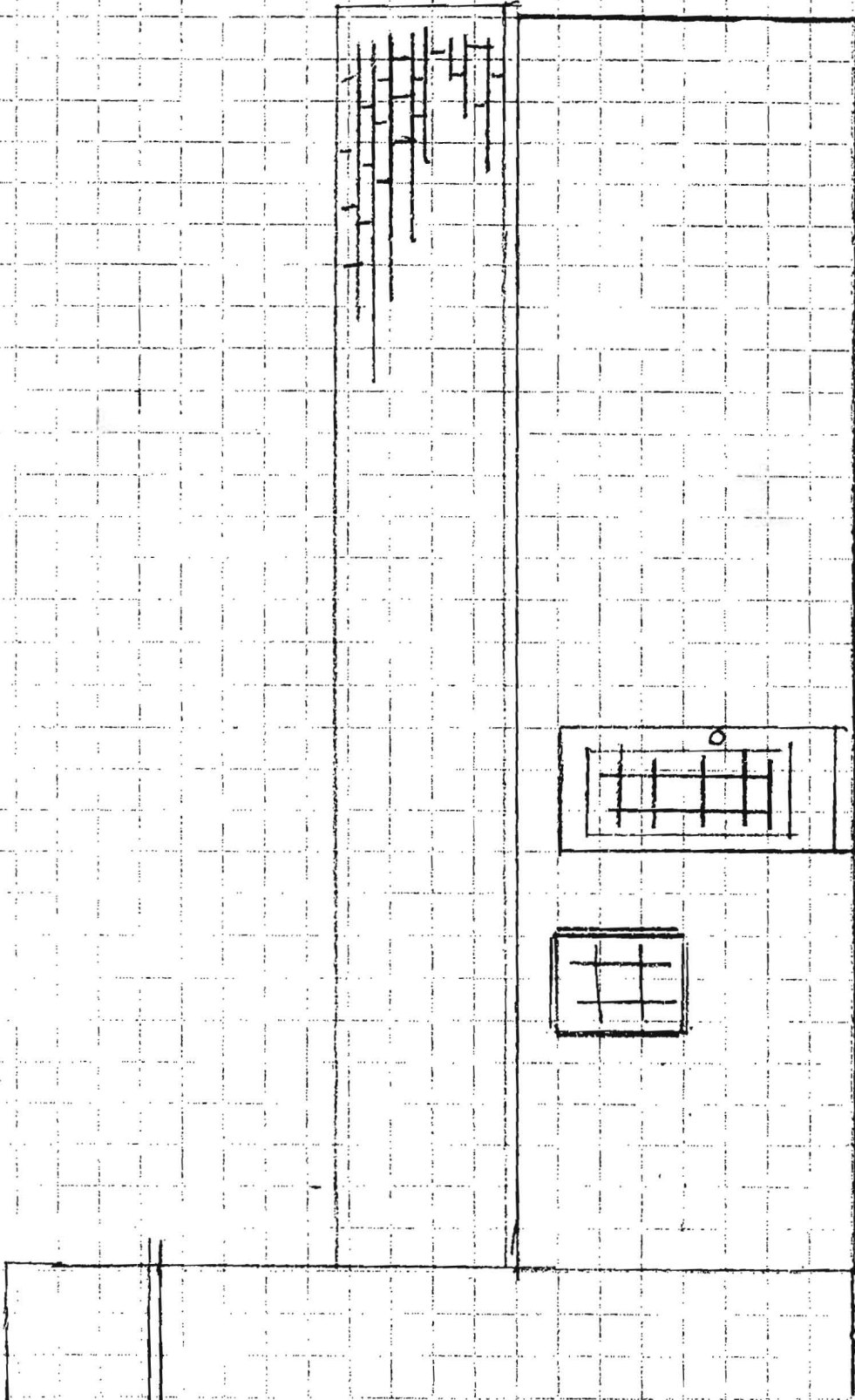
Development Coordination Section
Well & Septic Program

Cc:
File



FRONT ELEVATION

EXISTING



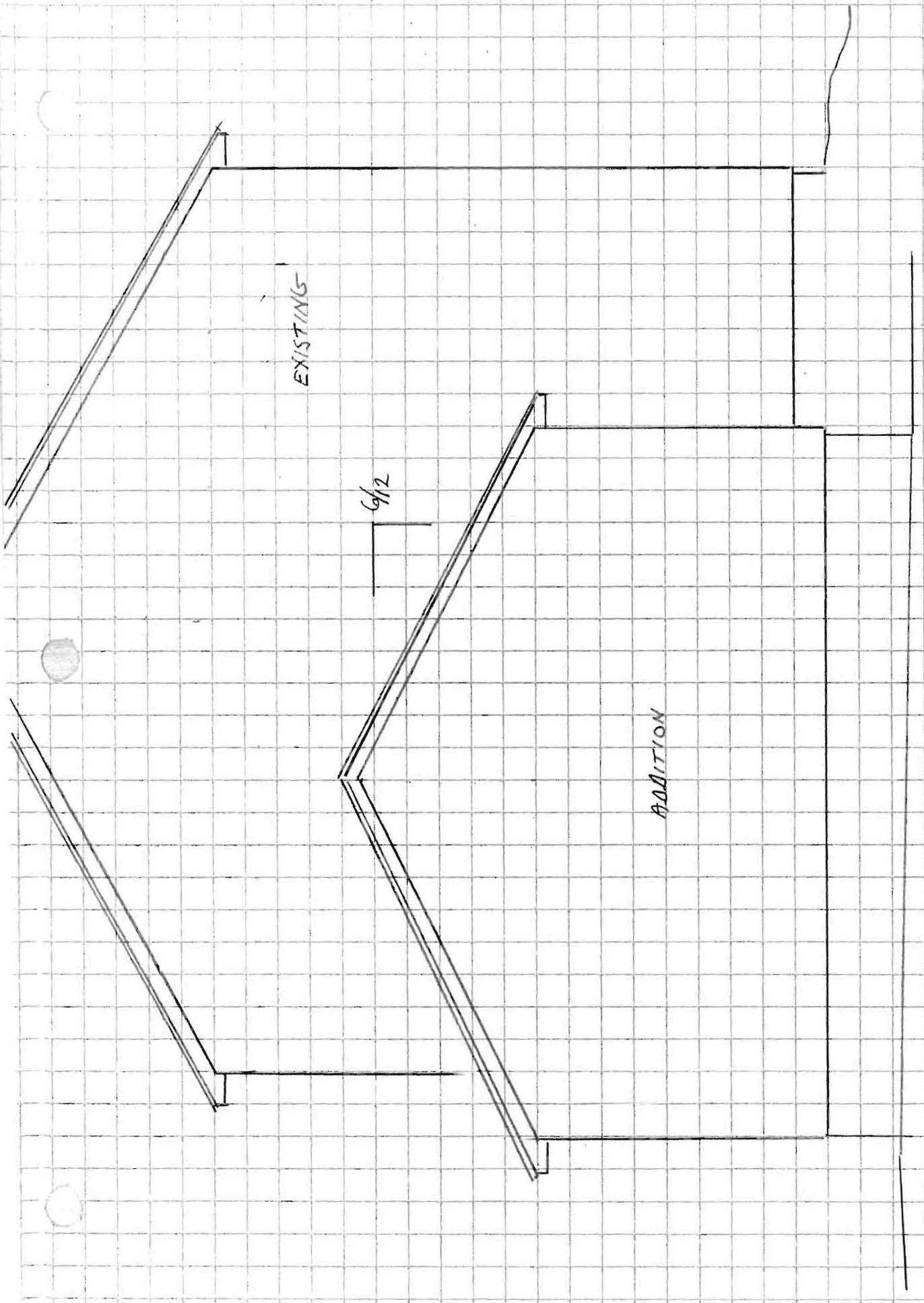
2023

3068

FRENCH

30'

REAR ELEVATION



EXISTING

ADDITION

6 1/2

SIDE ELEVATION

22'

EXISTING HOME

EXISTING FOUNDATION 8'

2'x2'
PAD

2'x2'
PAD

3- 2'x12' BEAM
GLUED/BOLTED

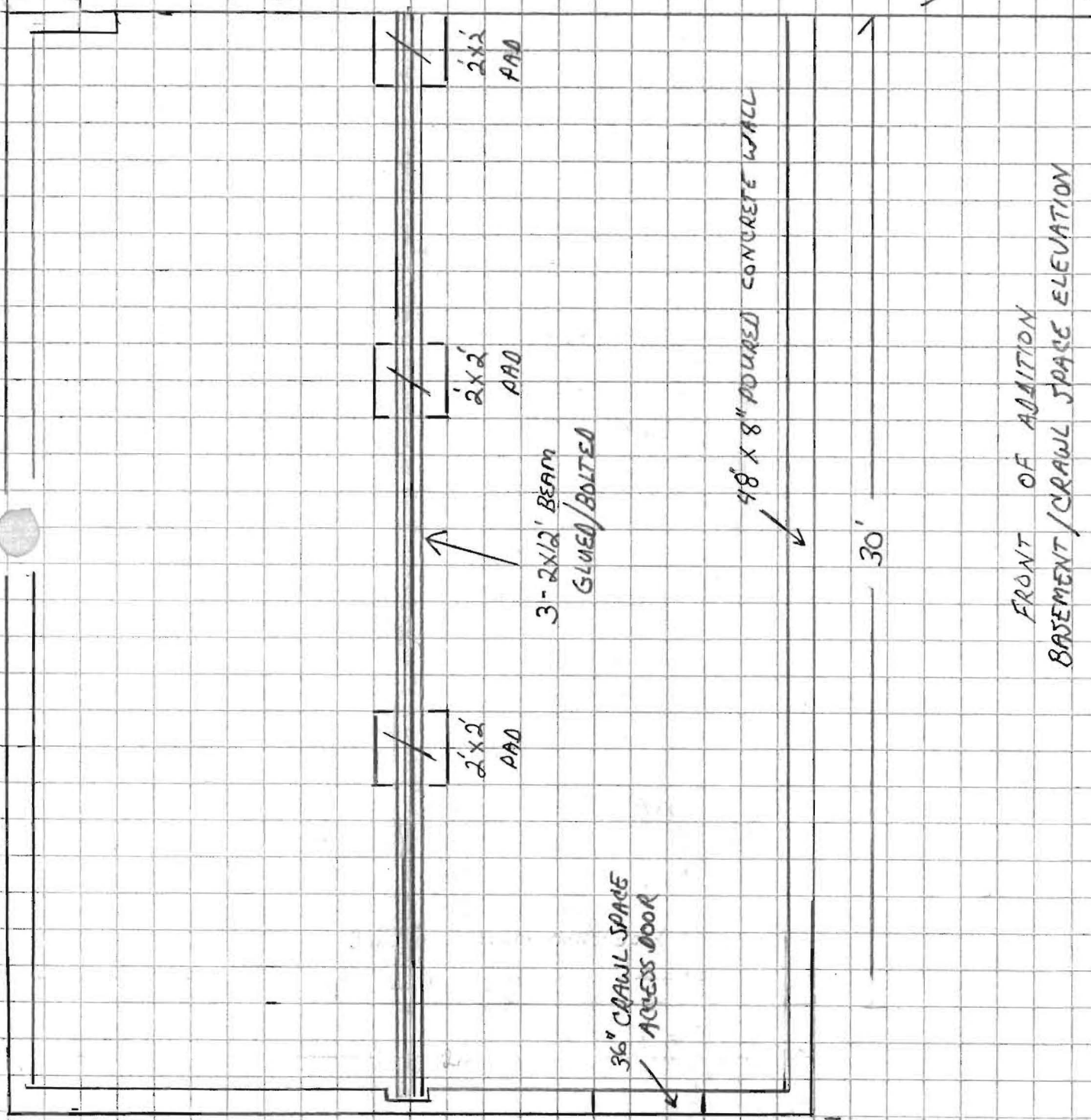
2'x2'
PAD

48" X 8" POURED CONCRETE WALL

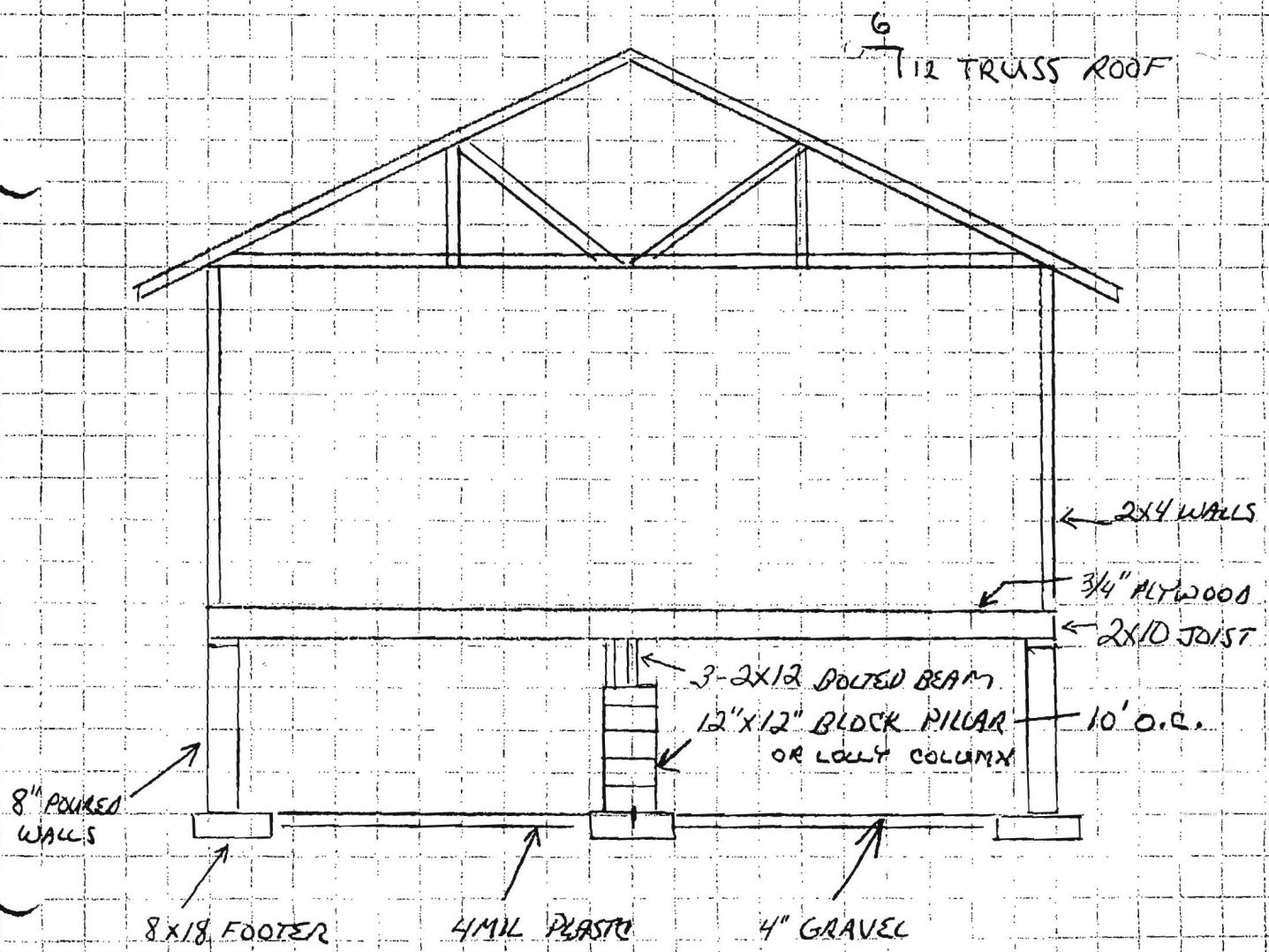
30'

36" CRAWL SPACE
ACCESS DOOR

FRONT OF ADDITION
BASEMENT/CRAWL SPACE ELEVATION



BREAK-AWAY ELEVATION OF ADDITION



5412 JAMESWAY CT
FRANK JONES

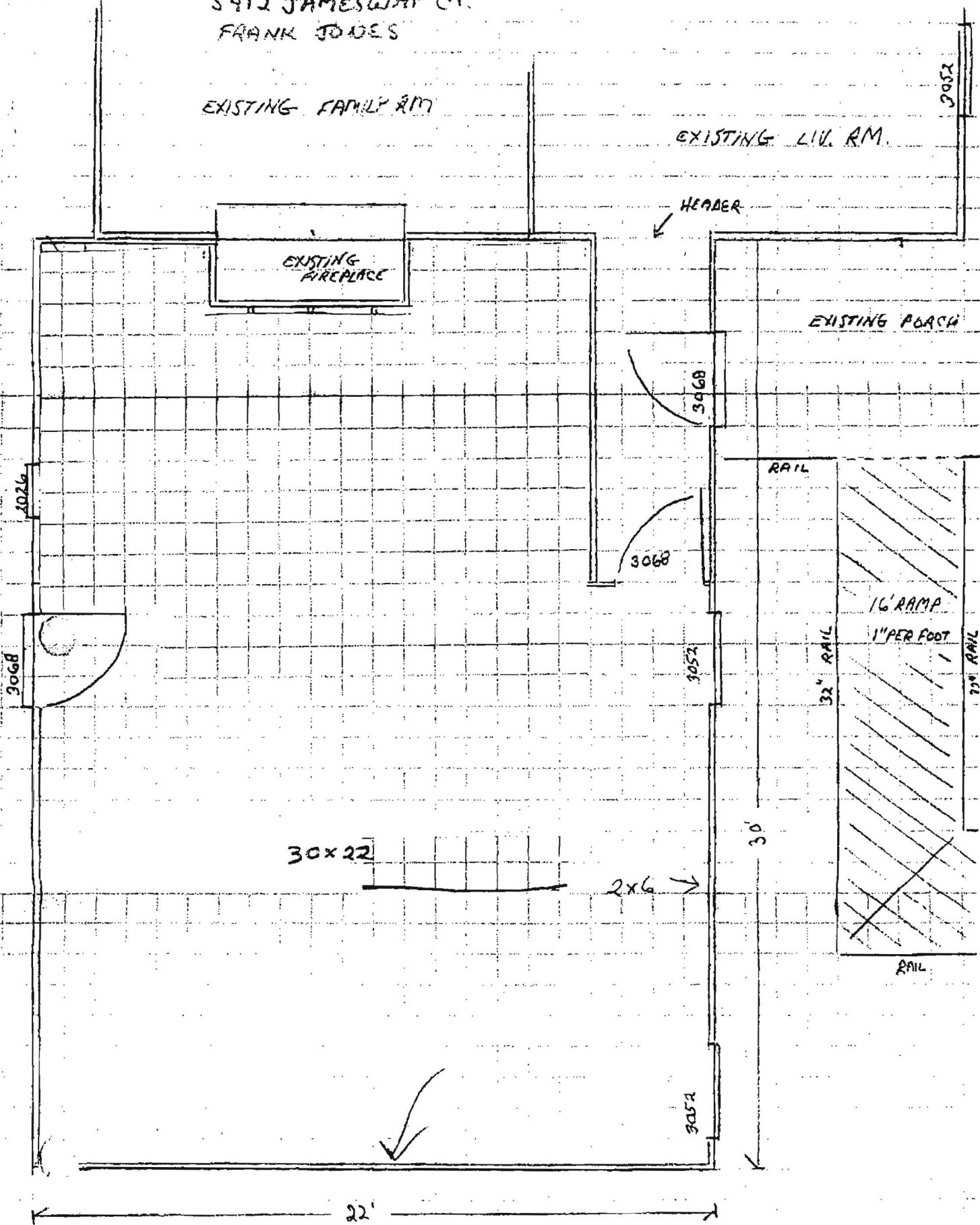
EXISTING FAMILY RM

EXISTING LIV. RM

EXISTING FIREPLACE

HEADER

EXISTING PORCH



ATTEN: HSI/DI SCOTT

FIRST FLOOR

FRANK JONES
5412 JAMESWAY CT.
3052 CLARKSVILLE, MD

TOTAL P.01

6068
SLIDER

30210

3052

COUNTRY KITCHEN
21-8 x 13-4

FAMILY RM.
19-8 x 13-4

DINING- RM.
13-8 x 12-0

LIVING RM.
15-8 x 13-4

3052

3052

3052

3052

ADDITION

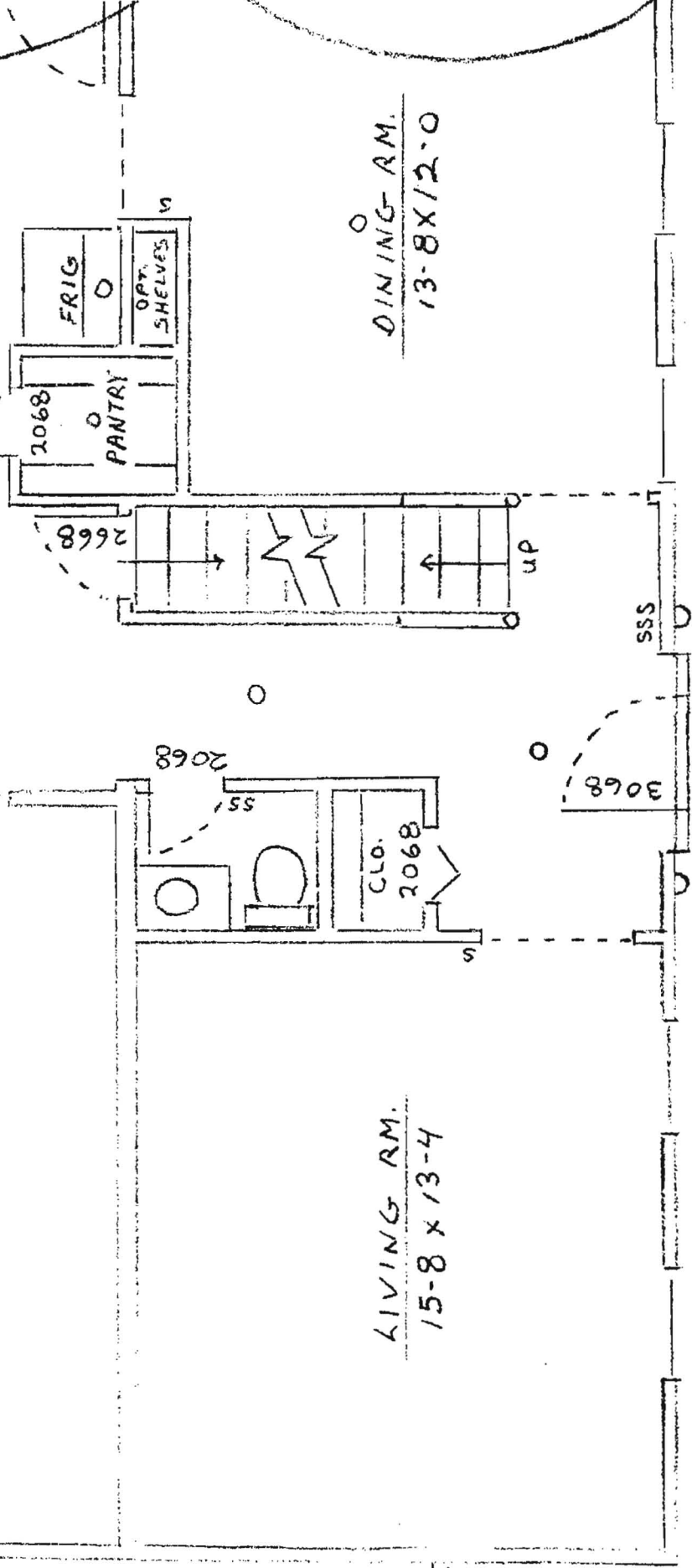
DDD

DEC-07-2012 01:17

443 479 4880

P.01/01

FIRE PLACE



SSS

3068

2068

SS

CLO.
2068

2668

2068
PANTRY

FRIG

OPT.
SHELVES