

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Building Address 6949 Westcott Pl.  
Clarksville, Md. 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Hall Shop Manor  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Vinod Patel  
Address 6949 Westcott Pl.  
City Clarksville State Md. Zip Code 21029  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family  
Proposed Use Same  
Estimated Construction Cost \$ 65,000  
Description of Work Deck Garage + patio

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Vinod Patel  
Contact Name Peter Sarge  
Address 11292 Scroggsville Rd.  
City Lanham State Md. Zip Code 20723  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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 \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement ☐ Unfinished Basement ☐  
☐ Crawl space ☐ Slab on Grade ☐  
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: \_\_\_\_\_  
Other Structure: \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Footings: \_\_\_\_\_  
Roof Height: \_\_\_\_\_  
☐ 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: \_\_\_\_\_

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 POSTED NOTICES.

Applicant's Signature Peter Sarge  
Print Name Peter Sarge  
Date 8/6/08  
Title/Company \_\_\_\_\_

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>8/6/08</u>	<u>[Signature]</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?			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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

-  OLD SEPTIC AREA TO BE REMOVED 1400ft<sup>2</sup>  
 NEW SEPTIC AREA TO BE ADDED 500ft<sup>2</sup>  
 Original septic area 11,160ft<sup>2</sup>  
 New area 10,260ft<sup>2</sup>
-  PASSED HOLE  
 FAILED  
 EXISTING WELL

ALL WELLS AND SEPTIC WITHIN 100' AND 200' HAVE BEEN SHOWN

"I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF."

*D. V. Patel*  
HOMEOWNER SIGNATURE

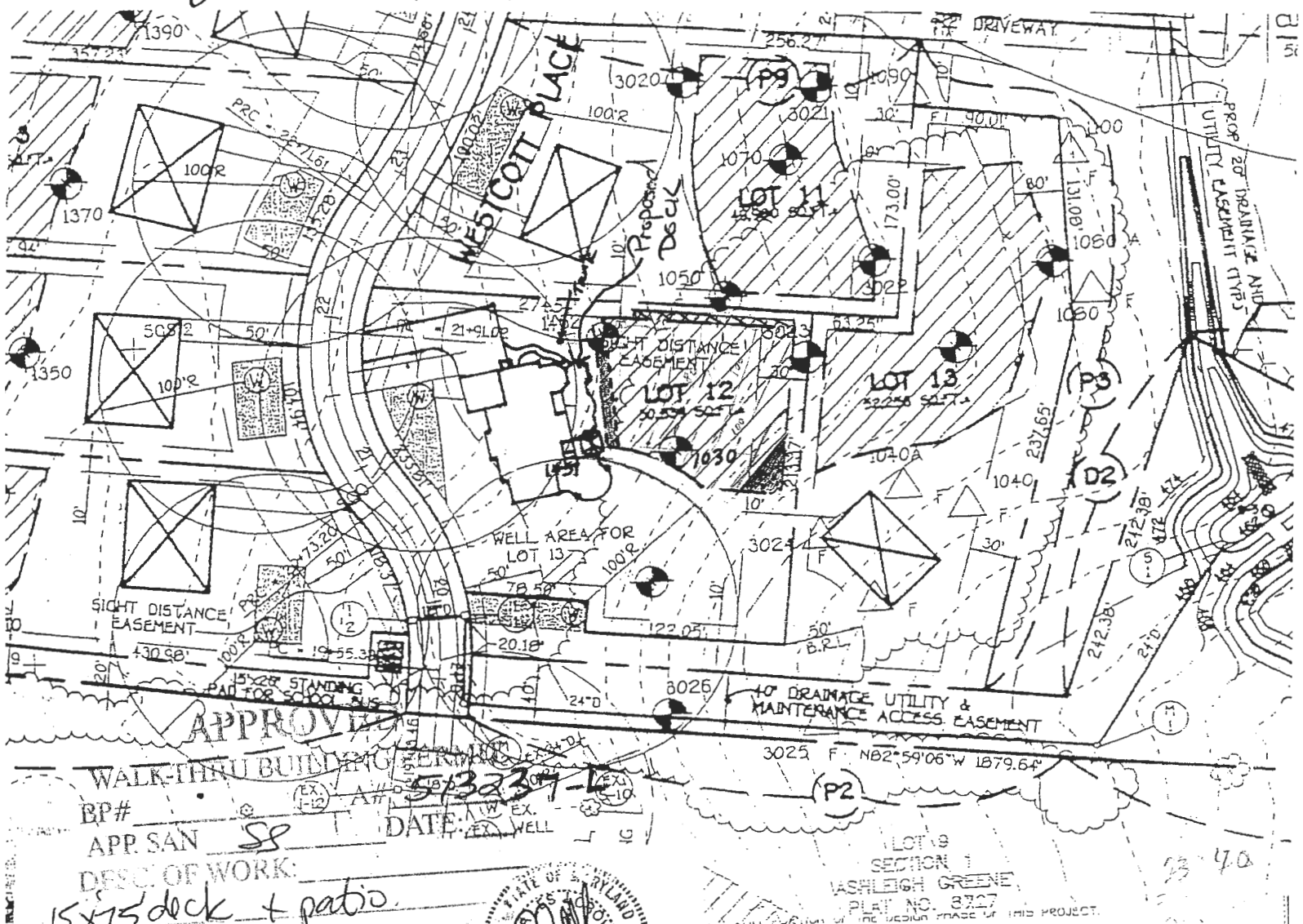
"ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN."

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

*for*  
 HEALTH OFFICER SS DATE: 8/5/08



THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE SHALL NOT BE NECESSARY.



WALK-THRU BUILDING PERMIT

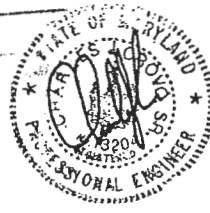
BP# 513237-16 DATE: 8/5/08

APP SAN SS DESC OF WORK:

15x15 deck + patio

*Charles J. Crovo*  
CHARLES J. CROVO SR., P.E.

8/5/08  
DATE



## PERCOLATION CERTIFICATION PLAN HALL SHOP MANOR - LOT 12

ZONE: RR-DEO  
TAX MAP No. 41 GRID No. 1 PARCEL No. 138

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
ORIGINALLY DRAWN: AUGUST 8, 2002  
MODIFIED DRAWN: JUNE 13, 2008

SCALE: 1" = 100'

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP, WIDTH REQUIREMENT AS SPECIFIED IN COMAR 28.04.03.

This property has a 5 bedroom maximum limitation

TOPOGRAPHIC CONTOURS BASED ON HARFORD AERIAL FLOWN SURVEY DATED JUNE 9, 2000 AND SUPPLEMENTED BY HOWARD COUNTY AERIAL COUNTOUR MAPS.