

*Online*

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Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Shed	B20001319	04/27/2020
Description of Work		
SFD/ CONSTRUCT 35 X 10 SHED TO STORE POOL EQUIPMENT, CONSTRUCT 16X85 OPEN DECK, NO STEPS NEXT TO POOL SURROUND		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
5942	CLIFTON OAKS	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.95657	39.21381
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
874064	3	4.63	293400	716300	422900	RURAL
Legal Description						
IMPSLOT 10 4.6372 A[ ]5942 CLIFTON OAKS DRIVE[ ]WESTSIDE REVISION						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	10	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405408822	WESTSIDE					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-5	RR-DEO	4933-G6					
SDP No.	Final Plan No.	WP File No.					
	F-04-109						
Record Plat No.	WS Contract No.	FDP No.	Primary				
16876			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2014	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

COLOMBEL NICHOLAS		
Address Line 1		
5942 CLIFTON OAKS DR		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
CLARKSVILLE	MD	21029
Phone	Primary	
443-710-3928	Yes	
E-mail		
ncolombel@gmail.com		
Cell Number	Fax Number	
443-710-3928	410-381-4647	

Professionals (This section is not required.)

Search      Reset      Clear

License # *	Business Name		
08010113281	TNC IMPLEMENTATION GROUP LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	NICHOLAS		COLOMBEL
Primary	Address Line 1		
No	5942 CLIFTON OAKS DRIVE		
Address Line 2			
City		State	ZIP Code
CLARKSVILLE		MD	21029-0000
Phone 1	Phone 2	Fax	
4437103928		0000000000	
E-mail			
COLOMBEL@GMAIL.COM			

Applicant (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

Type *	First Name	MI	Last Name
Applicant	NICHOLAS		COLOMBEL
Relationship	Full Name		
--Select--			
Primary	Organization Name		
Yes	TNC IMPLEMENTATION GROUP LLC		
Street Address			
5942 CLIFTON OAKS DRIVE			
Address Line 2			
City		State	Zip Code
CLARKSVILLE		MD	21029-0000
Phone	Cell	Fax	
4437103928		0000000000	
E-mail *			
COLOMBEL@GMAIL.COM			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
10000	0	0	No
Construction Type			
--Select--			

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Existing Use *	Water	Sewage	Expiration Date	
<input type="text" value="Other - See Description of Work"/>	<input type="text" value="Private"/>	<input type="text" value="Private"/>	<input type="text" value="11/17/2020"/>	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit      Cancel

# PLOT/GRADING PLAN

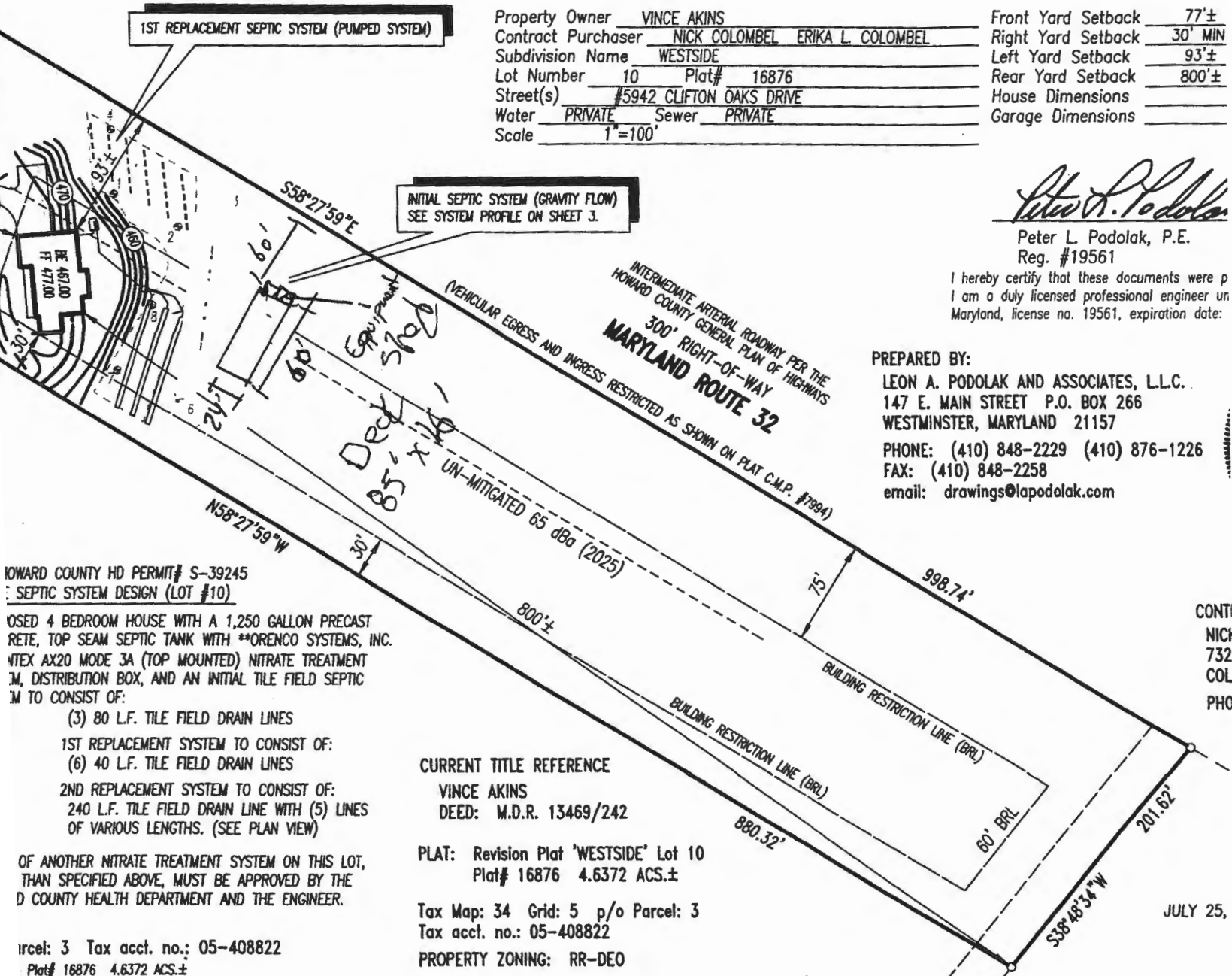
Property Owner	VINCE AKINS	Front Yard Setback	77'±
Contract Purchaser	NICK COLOMBEL ERIKA L. COLOMBEL	Right Yard Setback	30' MIN
Subdivision Name	WESTSIDE	Left Yard Setback	93'±
Lot Number	10 Plat# 16876	Rear Yard Setback	800'±
Street(s)	#5942 CLIFTON OAKS DRIVE	House Dimensions	
Water	PRIVATE Sewer PRIVATE	Garage Dimensions	
Scale	1"=100'		

*Peter L. Podolak*  
 Peter L. Podolak, P.E.  
 Reg. #19561

I hereby certify that these documents were prepared by me or under my direct supervision and I am a duly licensed professional engineer in the State of Maryland, license no. 19561, expiration date: \_\_\_\_\_

PREPARED BY:  
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Approved Septic System Plan  
 Howard County Health Department  
*Diana Beard* 5-22-20  
 Signature Date  
*B. 20001319*



HOWARD COUNTY HD PERMIT # S-39245  
 SEPTIC SYSTEM DESIGN (LOT #10)

PROPOSED 4 BEDROOM HOUSE WITH A 1,250 GALLON PRECAST CONCRETE, TOP SEAM SEPTIC TANK WITH \*\*ORENCO SYSTEMS, INC. NITEX AX20 MODE 3A (TOP MOUNTED) NITRATE TREATMENT UNIT, DISTRIBUTION BOX, AND AN INITIAL TILE FIELD SEPTIC SYSTEM TO CONSIST OF:

- (3) 80 L.F. TILE FIELD DRAIN LINES
- 1ST REPLACEMENT SYSTEM TO CONSIST OF:
  - (6) 40 L.F. TILE FIELD DRAIN LINES
- 2ND REPLACEMENT SYSTEM TO CONSIST OF:
  - 240 L.F. TILE FIELD DRAIN LINE WITH (5) LINES OF VARIOUS LENGTHS. (SEE PLAN VIEW)

CURRENT TITLE REFERENCE  
 VINCE AKINS  
 DEED: M.D.R. 13469/242  
 PLAT: Revision Plat 'WESTSIDE' Lot 10  
 Plat# 16876 4.6372 ACS.±  
 Tax Map: 34 Grid: 5 p/o Parcel: 3  
 Tax acct. no.: 05-408822  
 PROPERTY ZONING: RR-DEO

Parcel: 3 Tax acct. no.: 05-408822  
 Plat# 16876 4.6372 ACS.±

CONTINUED  
 NICHOLSON  
 732  
 COLLETT  
 PHOENIX

To Scale  
 J 6/27/2019  
 DPZ

JULY 25,