

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-149169 JPB
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Building Address <u>6946 WESTCOTT PLACE</u> <u>CLARKVILLE, MD 21029</u>	Property Owner's Name <u>NVR, INC.</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>6085 MARSHALEE DRIVE</u>
Census Tract _____ Subdivision <u>HALE STOP MANOR</u>	City _____ State <u>MD</u> Zip Code <u>21029</u>
Section _____ Area _____ Lot <u>2</u>	Home Phone _____ Work Phone <u>410-379-5456</u>
Tax Map <u>11</u> Parcel <u>138</u> Grid <u>1</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates <u>1492</u> Lot size _____	Phone _____ Fax <u>410-379-2430</u>

Existing Use <u>VACANT LOT</u>	Contractor Company <u>NVR, INC.</u>
Proposed Use <u>SPD</u>	Contact Person _____
Estimated Construction Cost \$ _____	Address _____
Description of Work <u>Clifford Park 2.5</u>	City _____ State <u>MD</u> Zip Code <u>21022</u>
_____	License No. _____
_____	Phone _____ Fax _____

Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular _____ 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. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health <u>8/6/04</u>		<u>Jay</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ OFFICIAL INFORMATION	PROPERTY INFORMATION
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
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 NewTown Zone _____	Check # <u>17799.0</u>
SDP/Red-line approval date _____	Validation # <u>71647</u>
	Accepted by <u>Jay</u>

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

ENTERLINE
ROAD —

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00157532

Building Address 6946 WESTCOTT PL.
CLARKSVILLE MD 21029

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

Census Tract Subdivision Hall Sharp Manor 2

Section Area Lot 2

Tax Map 41 Parcel 138 Grid

Zoning Map Coordinates Lot size

Property Owner's Name BOBBY & JESSIE KARANOVICH

Address 6946 WESTCOTT PL

City CLARKSVILLE State MD Zip Code 21029

Home Phone (301) 854 0027 Work Phone

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

Phone Fax

Existing Use SFD

Proposed Use Deck & Porch SFD

Estimated Construction Cost \$ 34,000

Description of Work 24' x 16' SCREENED PORCH
& 9' x 16' DECK WITH STEPS TO
GROUND.

Contractor Company OUTDOOR CRAFTSMEN & DESIGN

Contact Person LUIS BALDERRAMA

Address 11292 STAGESVILLE RD.

City LAUREL State MD Zip Code 20723

License No. 83116

Phone (301) 6170808 Fax (301) 6170909

Occupant or Tenant

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company

Contact Person

Address

City State Zip Code

Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

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 THERE TO; (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

Title/Company

Print Name

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY.

AGENCY

DATE

SIGNATURE APPROVAL

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to 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 NewTown Zone

SDP/Red-line approval date

Accepted by

PROPERTY ID#

Filing fee

Permit fee

Excise tax

Add'l per. fee

TOTAL FEES

Sub-total paid

Balance due

Check

Validation

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

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Rev. 11/4/04

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2100110037B EFFECTIVE DEC. 4, 1988.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (4)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3766) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

APPROVED

WALK-THRU BUILDING PERMIT

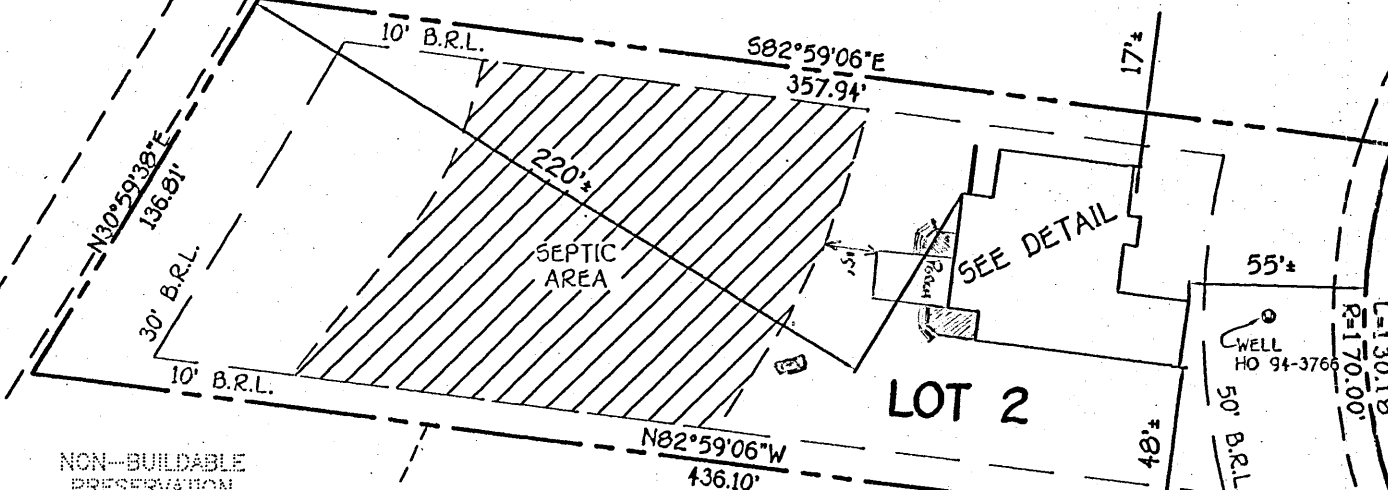
BP# 600157582 A# 513 237-A

APP. SAN Kadi DATE: 1/13/04

DESC. OF WORK: porch

LOT 3

20' PRIVATE DRAINAGE & UTILITY EASEMENT



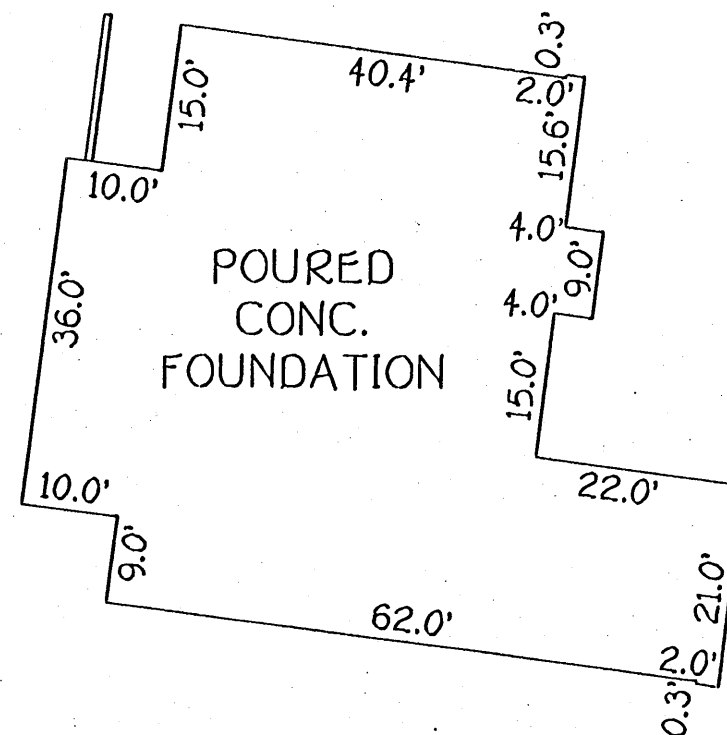
NON-BUILDABLE PRESERVATION PARCEL 'B' PRIVATELY OWNED AND MAINTAINED

LOT 2

LOT 1

10' PUBLIC TREE MAINTENANCE EASEMENT

WESTCOTT PLACE
40' RIGHT-OF-WAY



DETAIL:
1"=20'

T/2/04
checked
O.12

HOUSE LOCATION DRAWING

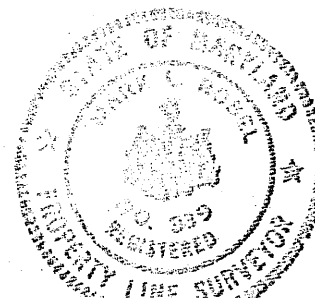
FOUNDATION LOCATION: 9/10/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 9/17/04
DRAWN BY: VLJ
CHECKED BY: MLR
PROJECT No.: 40307

*6946 WESTCOTT PLACE
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 506.1'

LOT 2
HALL SHOP MANOR
LOTS 1 THRU 14
BUILDABLE PRESERVATION PARCEL 'A',
NON-BUILDABLE PRESERVATION PARCEL 'B'
AND 'C' AND NON-BUILDABLE BULK
PARCEL 'D'.
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT *16675

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461-2855



Mark J. Fisher 9/17/04
PROFESSIONAL LAND SURVEYOR DATE
REG. # 339

Building Address
6945 WESTCOTT PLACE
CLARKVILLE, MD 21029

Property Owner's Name
NIR, INC

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

Address
6085 MARSHALEE DRIVE

Census Tract
Subdivision
HALL SHOP MANDR

City
State
Zip Code

Home Phone
Work Phone
410-379-5956

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

Section
Area
Lot
2

Tax Map
Parcel
Grid
1

Phone
Fax
410-379-2430

Zoning
Map Coordinates
1492
Lot size

Existing Use
VACANT LOT

Proposed Use
SPD

Estimated Construction Cost, \$

Description of Work
CLEAR LOT

Contractor Company
NIR, INC

Contact Person

Address

City
State
Zip Code

License No.
Phone
Fax

Occupant or Tenant

Engineer or Architect Company

Contact Name

Contact Person

Address

City
State
Zip Code

Phone
Fax

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

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Applicant's Signature

Print Name

Title/Company

Date

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

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?
YES ☒ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Front:

Rear:

Side:

Side St.:

All minimum setbacks met?
YES ☐ NO ☐

Is Entrance Permit required?
YES ☐ NO ☐

Historic District?
YES ☐ NO ☐

Lot Coverage for NewTown Zone

SDP/Red-line approval date

Filing fee \$ 100

Permit fee \$

Excise tax \$

Add'l per. fee \$

TOTAL FEES \$

Sub-total paid \$

Balance due \$

Check # 177990

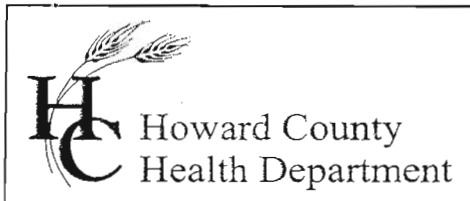
Validation # 71447

Accepted by

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Rev. 5/17/00



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

August 6, 2004

NVR Inc.
6085 Marshalee Drive
Elkridge, MD 21075

RE: Lots 1, 2, & 3 Hall Shop Manor
Nitrogen Pre-Treatment Requirements

Dear Sirs:

This is to accompany the Health Department building permit approval for the above referenced lots regarding the requirements set forth on the final recorded plan for the Hall Shop Manor subdivision.

The above mentioned lots are approved under the condition that the lots mentioned above have a nitrogen pre-treatment device that treats septic effluent to a level of at least 10 mg/L nitrogen. The Health Department is not permitted to recommend a manufacturer of such a unit and the manufacturer of such a unit must be pre-approved by the Maryland Department of the Environment.

Applicant is must insure that an I & A Agreement is signed and recorded among the land records of Howard County prior to issuance of the Use and Occupancy for the above mentioned lots.

Applicant is also reminded that the septic installation cannot proceed until the installer provides a manufacturer guarantee that the installed unit will function as prescribed.

Any questions regarding this issue can be answered by calling (410) 313-1771.

Respectfully,

John A. Boris, Jr., R.S., Director
Well and Septic Program

cc: File