

10000531

Building Address 6301 Kerne Ct Clarksville  
MD 21034

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 31

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Chris Frande  
Address 6301 Kerne Ct  
City Clarksville State MD Zip Code 21034  
Home Phone 410 531 1557 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SED  
Proposed Use SED  
Estimated Construction Cost \$ 54,000  
Description of Work Construct approx 750 sq ft  
18x18 open porch. Step to grade

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company PROBUH CON  
Contact Person Edward Pacylawski  
Address 13330 Clarksville Pike  
City Highland State MD Zip Code 20777  
License No. 20347  
Phone 301-854-0821 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 \_\_\_\_\_  
1<sup>st</sup> floor: \_\_\_\_\_  
2<sup>nd</sup> floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement  Crawl space  Slab on Grade   
No. of Bedrooms \_\_\_\_\_  
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: POST AND PIERS  
Roof: \_\_\_\_\_  
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   
NFA #13D \_\_\_\_\_  
NFA #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 POSTING NOTICES.

Applicant's Signature Edward Pacylawski

Print Name Edward Pacylawski

Email Address \_\_\_\_\_  
Title/Company President / ProbuH Con.

Date 3/10/10

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\*PLEASE WRITE NEATLY AND LEGIBLY\*\*

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ				Front: _____	\$ _____	
State Highways				Rear: _____	Permit fee \$ _____	
Building Officials				Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____	
Health <u>3-9-10</u> <u>DBurard</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? YES <input type="checkbox"/> NO <input type="checkbox"/>				Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____	
				Lot Coverage for New Town Zone _____	Validation # _____	
				SDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

P-802

NOTE:  
ALL WELLS & SEPTIC WITHIN  
100' OF PROPERTY HAVE BEEN SHOWN

# PROPOSED SRA RELOCATION PLAN TO ACCOMIDATE IN-GROUND POOL CONSTRUCTION

## LEGEND

- PERC HOLES
- WELL
- EXISTING SRA
- SRA TO BE RELOCATED - 400 SQ FT
- RELOCATED SRA - 400 SQ FT

### NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MACBETH FARMS, PLAT No. 18792. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-08-36 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-0298, HAS BEEN FIELD LOCATED BY MORRIS & RITCHIE ASSOC., INC. AND IS ACCURATELY SHOWN.
11. A LOW PRESSURE DOSE SYSTEM MAY BE REQUIRED FOR ANY SYSTEM WITH UNEQUAL LENGTH TRENCHES.

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

*Howard County Health Department*

APPROVED:  
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE

REVISED PERCOLATION CERTIFICATION PLAN FOR:

LOT 31 McaBETH RARM  
6301 KEERNE COURT  
CLARKSVILLE, MD 21029

### BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

## ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418

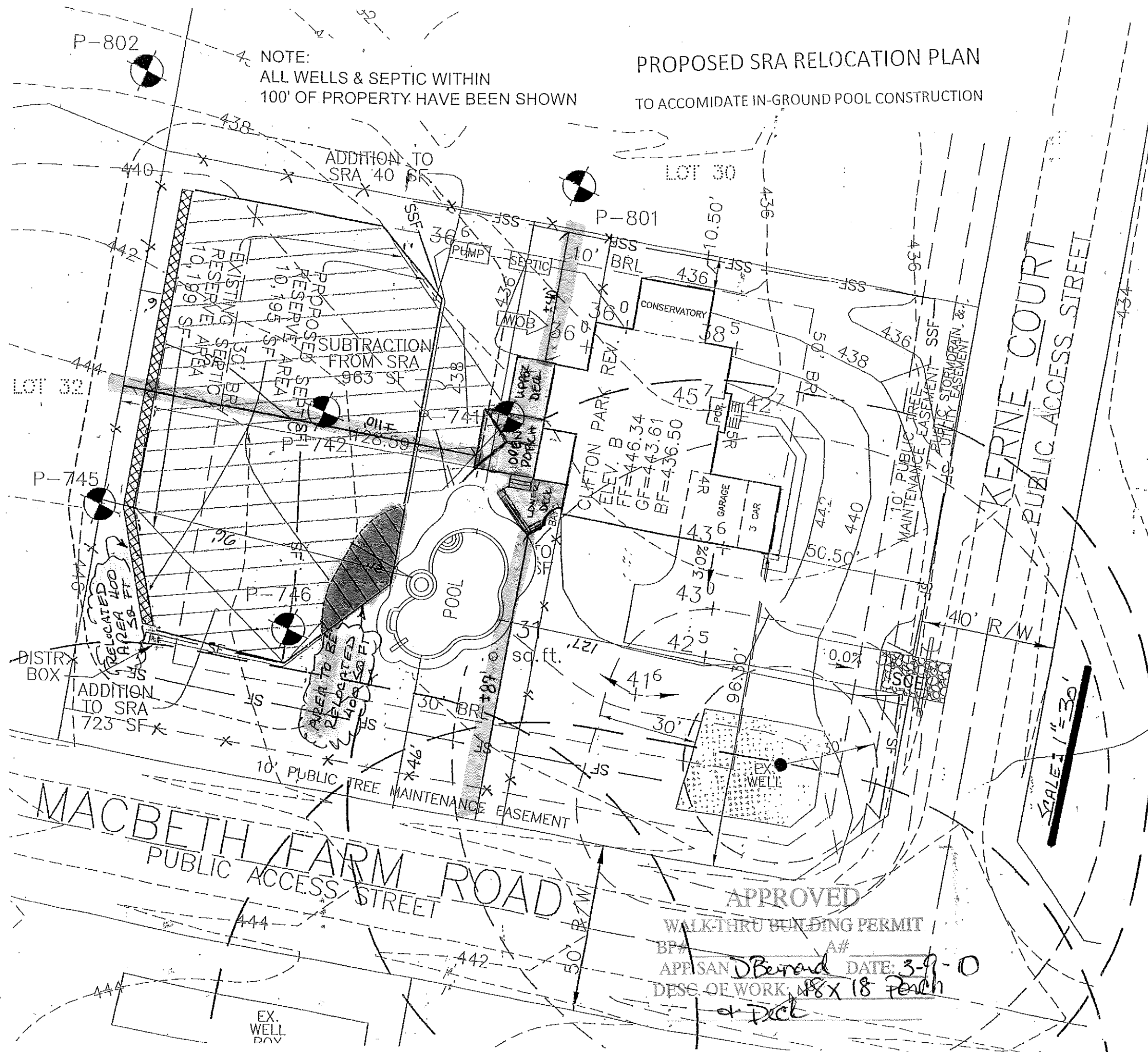
ELLCOTT CITY, MARYLAND 21043

PHONE: 410-465-6105 ▲ FAX: 410-465-6644

EMAIL: benchmrk@cats.com

OWNER/BUILDER:

PROJE



APPROVED  
WALKTHRU BUILDING PERMIT  
BPA# \_\_\_\_\_ A# \_\_\_\_\_  
APPISAN *D. Berard* DATE: 3-9-0  
DESC. OF WORK: *18' X 18' Trench*  
*or Deck*

GRID NORTH

SCALE: 1" = 30'

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
B09001095

Building Address 6301 Kerne Ct  
Clarksville 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Chris Frande  
 Address 6301 Kerne Ct  
 City Clarksville State MD Zip Code 21029  
 Phone 301-943-5217 Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Karen Klayman  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
410 507 7705

Existing Use SFD  
 Proposed Use inground pool  
 Estimated Construction Cost \$ 40,000  
 Description of Work 22'x43' inground pool,  
depth 3'to 8', filled by truck,  
w/ 4' fence to code

Contractor Company Anthony & Sylvan Pools  
 Contact Person Alan Walker  
 Address 544 C Ritchie Hwy  
 City Serena Park State mn Zip Code 0100  
 License No. 125678 Phone 410 544 6084 Fax 21146

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	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"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<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.

Karen Klayman  
 Applicant's Signature

Karen Klayman  
 Print Name

\_\_\_\_\_  
 Title/Company

5/13/09  
 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			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health	<u>5/19/09</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> TOTAL FEES \$ _____	
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?			Check # _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Validation # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
Distribution of Copies - White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:Forms\PERMIT.FRM			Pink: Health	Gold: SHA

P-802

NOTE:  
ALL WELLS & SEPTIC WITHIN  
100' OF PROPERTY HAVE BEEN SHOWN

# PROPOSED SRA RELOCATION PLAN

TO ACCOMMODATE IN-GROUND POOL CONSTRUCTION

## APPROVED

### WALK-THRU BUILDING PERMIT

BP# LOT 30 A# 518543

APP SAN 88 DATE: 5/19/09  
DESC. OF WORK: 22' x 43' in ground pool

## LEGEND

- PERC HOLES
- WELL
- EXISTING SRA
- SRA TO BE RELOCATED - 400 SQ FT
- RELOCATED SRA - 400 SQ FT

### NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MACBETH FARMS, PLAT No. 18782. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-08-36 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
7. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
8. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
9. THE EXISTING WELL SHOWN ON THIS PLAN, HO-85-0288, HAS BEEN FIELD LOCATED BY MORRIS & RITCHIE ASSOC., INC. AND IS ACCURATELY SHOWN.
10. A LOW PRESSURE DOSE SYSTEM MAY BE REQUIRED FOR ANY SYSTEM WITH UNEQUAL LENGTH TRENCHES.

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

*Add however appropriate*

APPROVED:  
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

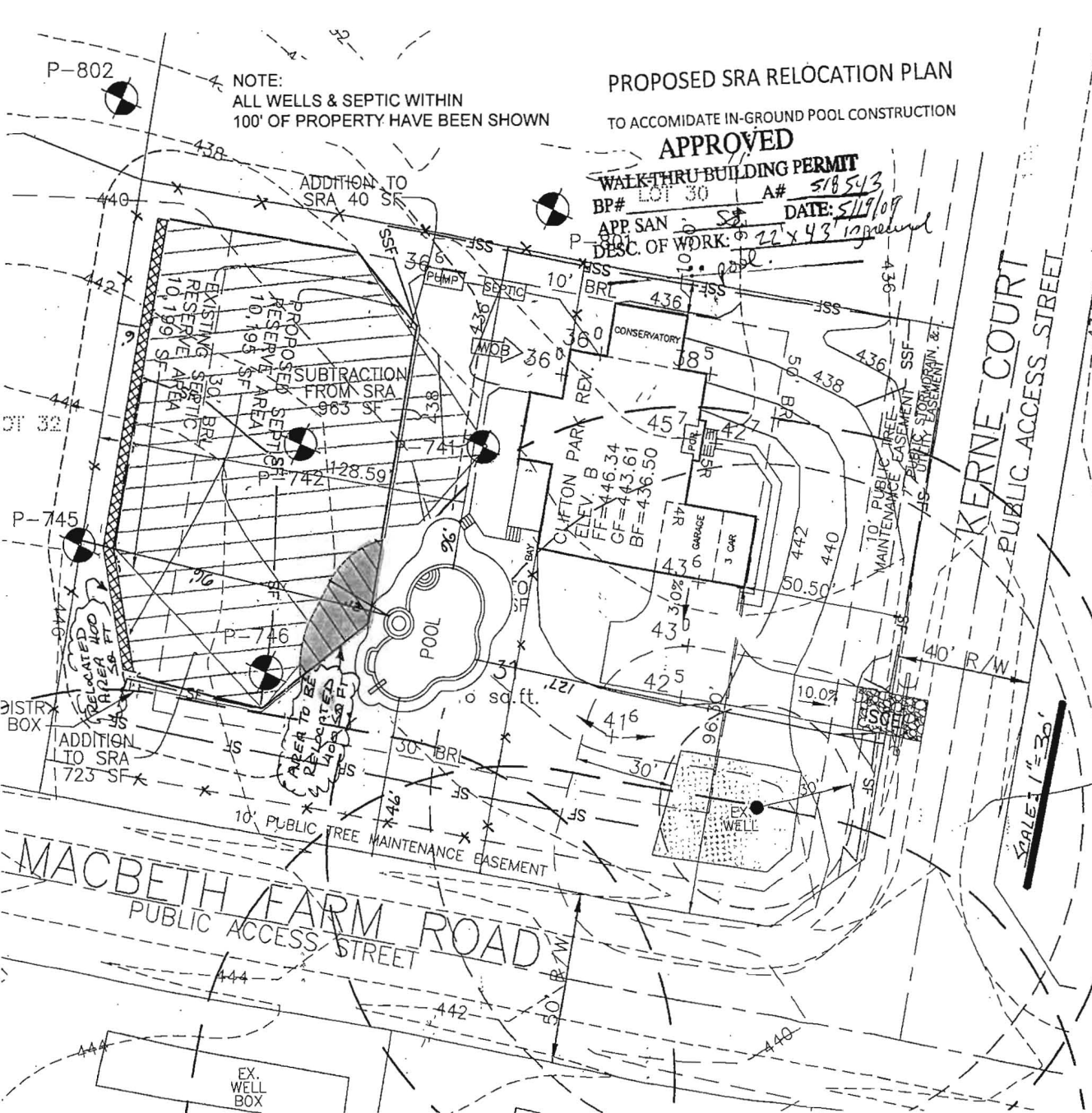
REVISED PERCOLATION CERTIFICATION PLAN FOR:  
LOT 31 McABETH RARM  
6301 KEERNE COURT  
CLARKSVILLE, MD 21029

**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 ▲ FAX: 410-465-6644  
EMAIL: [benchmrk@cols.com](mailto:benchmrk@cols.com)

OWNER/BUILDER: \_\_\_\_\_ PROJECT \_\_\_\_\_



GRID NORTH

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

**B08000338**

Building Address 6301 Kennel Ct  
Manassas MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Manassas Farm  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 31  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NVR TAG  
 Address 6085 Manassas Dr S-130  
 City Elkridge State MD Zip Code 21075  
 Home Phone \_\_\_\_\_ Work Phone 410 379 5958  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Jim Keenan Draught Building Service  
P.O. # 532 Woodbine MD 21797  
 Phone 443 309 7792 Fax 410 419 0550

Existing Use Vacant lot  
 Proposed Use Single Family Home  
 Estimated Construction Cost \$ 200,000  
 Description of Work New 2 story "Clifton Park"  
with 2 car garage, morning room,  
and finished basement.

Contractor Company NV Homes  
 Contact Person Matt Atwell  
 Address 6085 Manassas Dr S-130  
 City Elkridge State MD Zip Code 21075  
 License No. SC  
 Phone 410 379 5956 Fax 410 379 2430

Occupant or Tenant N/A  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>64' x 60'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>54' x 60'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>64' x 60'</u>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms <u>4</u>	
Height: <u>35'</u>	
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: _____	
<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.

Jim Keenan  
 Applicant's Signature  
of NV Homes  
 Title/Company

Jim Keenan  
 Print Name  
2/13/08  
 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>10/7/08</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>5-28-08</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

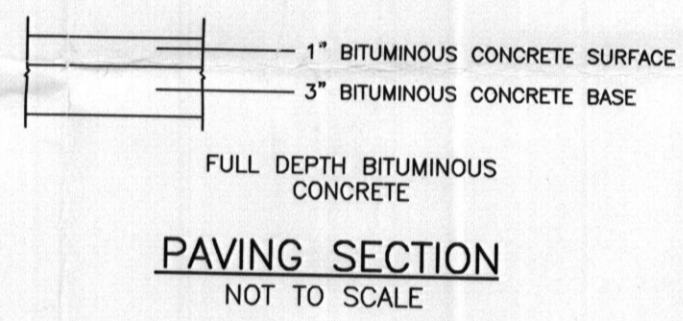
**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MACBETH FARMS, PLAT No. 18792. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-08-36 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-0298, HAS BEEN FIELD LOCATED BY MORRIS & RITCHIE ASSOC., INC. AND IS ACCURATELY SHOWN.
11. A LOW PRESSURE DOSE SYSTEM MAY BE REQUIRED FOR ANY SYSTEM WITH UNEQUAL LENGTH TRENCHES.

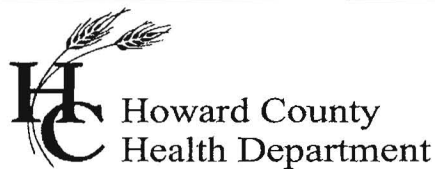
INV. OUT OF HOUSE	434.0
INV. IN TANK	433.4
INV. OUT SEPTIC TANK	433.1
TOP OF SEPTIC TANK	434.4
GROUND OVER SEPTIC TANK	436.0
INV. IN PUMP TANK	432.8
INV. OUT PUMP TANK	432.5
TOP OF PUMP TANK	433.6
GROUND OVER PUMP TANK	436.6
INV. INTO BOX	442.1
INV. OUT OF BOX	442.0
GROUND AT BOX	445.0

Approved Septic System Plan  
Howard County Health Department

Signature \_\_\_\_\_ Date 12/2/08



NO.	DATE	REVISION
<b>BENCHMARK</b> ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS <b>ENGINEERING, INC.</b> 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 ▲ FAX: 410-465-6644 EMAIL: benchmark@cais.com		
OWNER/BUILDER:		PROJECT:
NVHOMES MARYLAND EAST DIVISION 6085 MARSHALEE DRIVE SUITE 130 ELKRIDGE, MARYLAND 21075 PHONE: 410-379-5956 FAX: 410-379-5956		<b>MACBETH FARM            LOT 31</b>
LOCATION:		TITLE:
8301 KERNE COURT CLARKSVILLE, MD 21029 TAX MAP No. 34 - BLOCK No. 18 - PARCEL No. 90 4th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		<b>BUILDING PERMIT PLAN</b>
HOUSE TYPE:		DATE:
<b>CLIFTON PARK - ELEVATION "B"</b>		SEPTEMBER 30, 2008
DESIGN:	DRAFT:	PROJECT NO.
JMC	JMC	2061
SCALE:		DRAWING
1" = 30'		1 OF 1



Bureau of Environmental Health  
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](http://www.hchealth.org)

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

May 18, 2009

Chris and Jeanette Frande  
6301 Kerne Ct.  
Clarksville, MD 21046

RE: **Variance Approval**  
**6301 Kerne Ct.**

Dear Sir or Madam:

The Department of Health has received your variance request received April 21, 2009 to allow a Sewage Disposal Area to be located six (6) feet from the property line. This agency grants **approval** of the variance. Any deviation from this plan will require review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.  
Assistant Director  
Bureau of Environmental Health

cc: File

April 21, 2009

Mr. Mike Davis  
Deputy Director of Environmental Health  
7178 Columbia Gateway Drive  
Columbia MD 21046

RE: Request variance on 6301 Kerne Ct, Clarksville MD 21029

Dear Mr. Davis,

We are writing you today to request a variance to reduce the setback from our property line to the septic reserve field to 5 feet. We would like to put an in-ground swimming pool in our backyard and we are very limited to the space where we can locate it due to the location of the driveway, the grading of our property and the fact that the septic area takes up the majority of our backyard.

We would really appreciate you giving us favorable consideration in regards to this request. We recently purchased this property and did so with the intention of being able to put a pool in.

Thanking you in advance for your assistance with this matter.

Sincerely,



Chris and Jeannette Frandé  
6301 Kerne Ct  
Clarksville MD 21029

March 23, 2009

Mr. Mike Davis  
Deputy Director of Environmental Health  
7178 Columbia Gateway Drive  
Columbia MD 21046

RE: Request variance on 6301 Kerne Ct, Clarksville MD 21029

Dear Mr. Davis,

We are writing you today to request a variance to reduce the setback from our septic reserve field from 20 feet to 10 feet. We understand that if the reserve ever had to be used in the future it would have to be 10 feet back from the line so that in addition to the 10 feet we are requesting would provide 20 feet that is necessary. We would like to put an in-ground swimming pool in our backyard and we are very limited to the space where we can locate it due to the location of the driveway, the grading of our property and the fact that the septic area takes up the majority of our backyard.

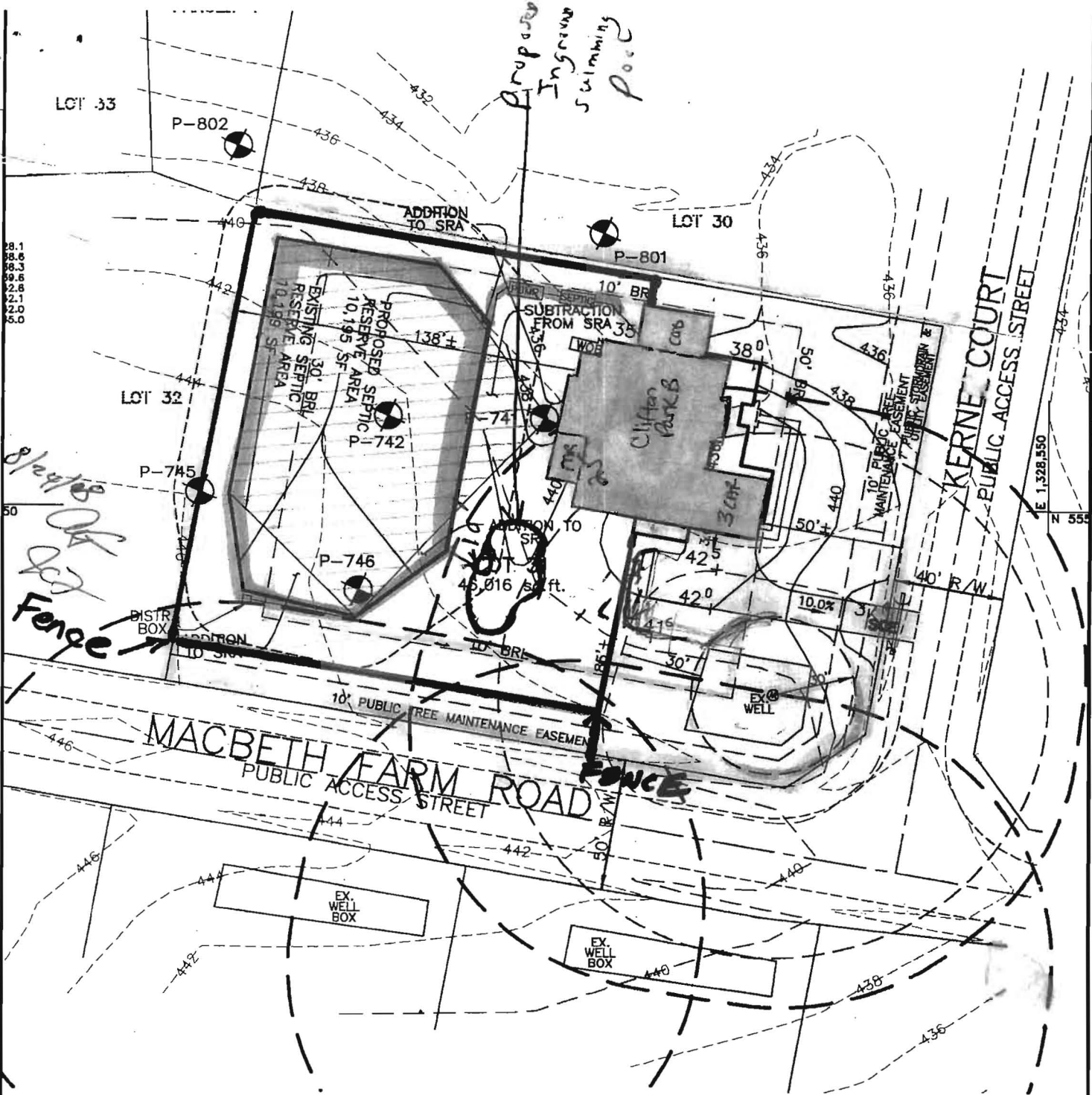
We would really appreciate you giving us favorable consideration in regards to this request. We recently purchased this property and did so with the intention of being able to put a pool in.

Thanking you in advance for your assistance with this matter.

Sincerely,



Chris and Jeannette Frandé  
6301 Kerne Ct  
Clarksville MD 21029



*Proposed In-ground Swimming Pool*

*Shades of Red Fence*

**MACBETH FARMS**

**LOT 31**

**BENCHMARK**

**ENGINEERS • LAND SURVEYORS • PLANNERS**  
**ENGINEERING, INC.**

FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 7/28/08

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

P:\2061 brighton mill\dwg\8091.dwg, Lot, 7/28/2008 5:19:27 PM,  
 jmc

*6301 Kerne Ct  
 Clarksville, MD*