

G06008499

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

D08001754

Building Address 6321 Keane Court
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Clarksville exchng
Section _____ Area _____ Lot 26
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVA Inc
Address 6055 Marshalee Dr S-130
City CC Bridge State MD Zip Code 21075
Phone 410-379-5956 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Jim Keenan PO Box 552
Woodbine MD 21197
Phone _____ Fax _____
443-309-7792 410-419-6550

Existing Use Vacant lot
Proposed Use Single family house
Estimated Construction Cost \$ 300,000
Description of Work New 2 story "Potomac"
etc D, 2 car garage w 1 carport attached,
4'x11' garage, 4'x11' kitchen, room
many room, assembly room, etc
Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company NVA Homes
Contact Person Matt Atwell
Address 6055 Marshalee Dr S-130
City CC Bridge State MD Zip Code 21075
License No. 856
Phone 410-379-5956 Fax 410-379-2130
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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>80'</u> x <u>90'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>40'</u> x <u>60'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>50'</u> x <u>60'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/>
Height: _____	NFPA #13D _____
Multi-family dwellings: _____	NFPA #13R _____
No. of efficiency units: _____	Other: _____
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 _____	

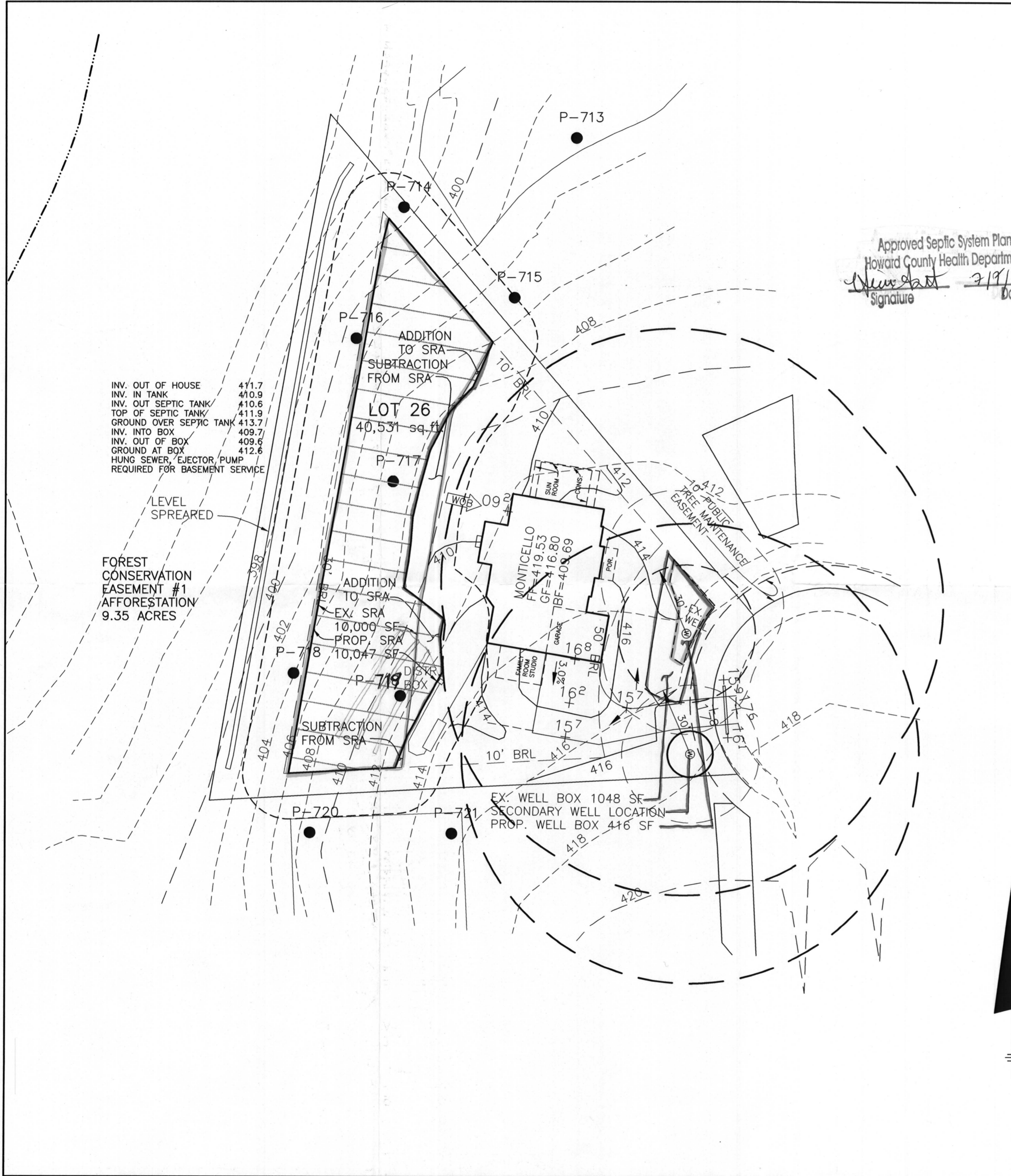
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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
NVA Homes
Title/Company

Jim Keenan
Print Name
1/12/08
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>1/12/08</u>	<u>Matt Atwell</u>	Are 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 checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>329172</u>
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			Lot Coverage for New Town Zone _____	Accepted by _____
White: Building Official			SDP/Red-line approval table _____	
Green: LDD, DPZ			Yellow: DEP, DPZ	
Pink: Health			Gold: SHA	



INV. OUT OF HOUSE 411.7
 INV. IN TANK 410.9
 INV. OUT SEPTIC TANK 410.6
 TOP OF SEPTIC TANK 411.9
 GROUND OVER SEPTIC TANK 413.7
 INV. INTO BOX 409.7
 INV. OUT OF BOX 409.6
 GROUND AT BOX 412.6
 HUNG SEWER, EJECTOR, PUMP
 REQUIRED FOR BASEMENT SERVICE

LEVEL SPREADED

FOREST CONSERVATION
 EASEMENT #1
 AFFORESTATION
 9.35 ACRES

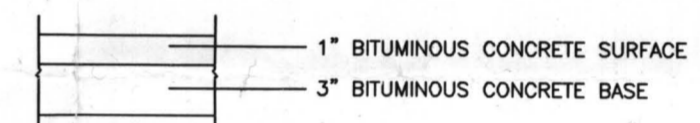
Approved Septic System Plan
 Howard County Health Department
John M. Carney
 Signature Date 7/9/08

- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MACBETH FARMS, PLAT No. 18791. 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-95-0293, 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.

John M. Carney 5/29/08
 PLAN PREPARER
 JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT
Richard J. Davis 6/23/08
 COUNTY HEALTH OFFICER DATE



PAVING SECTION
NOT TO SCALE

NO.	DATE	REVISION
 BENCHMARK ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 ▲ FAX: 410-465-6644 EMAIL: benchmrk@cais.com		
OWNER/BUILDER:		PROJECT:
NVHOMES MARYLAND EAST DIVISION 6085 MARSHALEE DRIVE SUITE 130 ELKBRIDGE, MARYLAND 21075 PHONE: 410-379-5956 FAX: 410-379-5956		MACBETH FARM LOT 26
LOCATION:		TITLE:
6321 KERNE COURT CLARKSVILLE, MD 21029 TAX MAP No. 34 - BLOCK No. 18 - PARCEL No. 90 4th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		REVISED PERCOLATION CERTIFICATION PLAN
HOUSE TYPE:		DATE:
MONTICELLO		MAY 29, 2008
DESIGN:	DRAFT:	PROJECT NO.
JMC	JMC	2143
SCALE:	DRAWING	OF
1" = 30'	1	1

GRID NORTH

Building Address 6321 Kerne Ct
Clarksville, MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 26

Tax Map 34 Parcel 90 Grid 24

Zoning _____ Map Coordinates _____ Lot size 40,531

Property Owner's Name NVR Inc

Address 6095 Marshalee Drive

City Elkridge State MD Zip Code 2075

Phone 410-378-5956 Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ DECK

Estimated Construction Cost \$ 20,396

Description of Work construct approx
35x16 deck w/ steps to
grade

Contractor Company Probuilt Construction, Inc

Contact Person Edward Pacylowski

Address 13330 clarksville Pk

City Highland State MD Zip Code 20777

License No. 202047

Phone 301-854-0887 Fax 301-854-9632

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: <u>3054 piers</u>	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

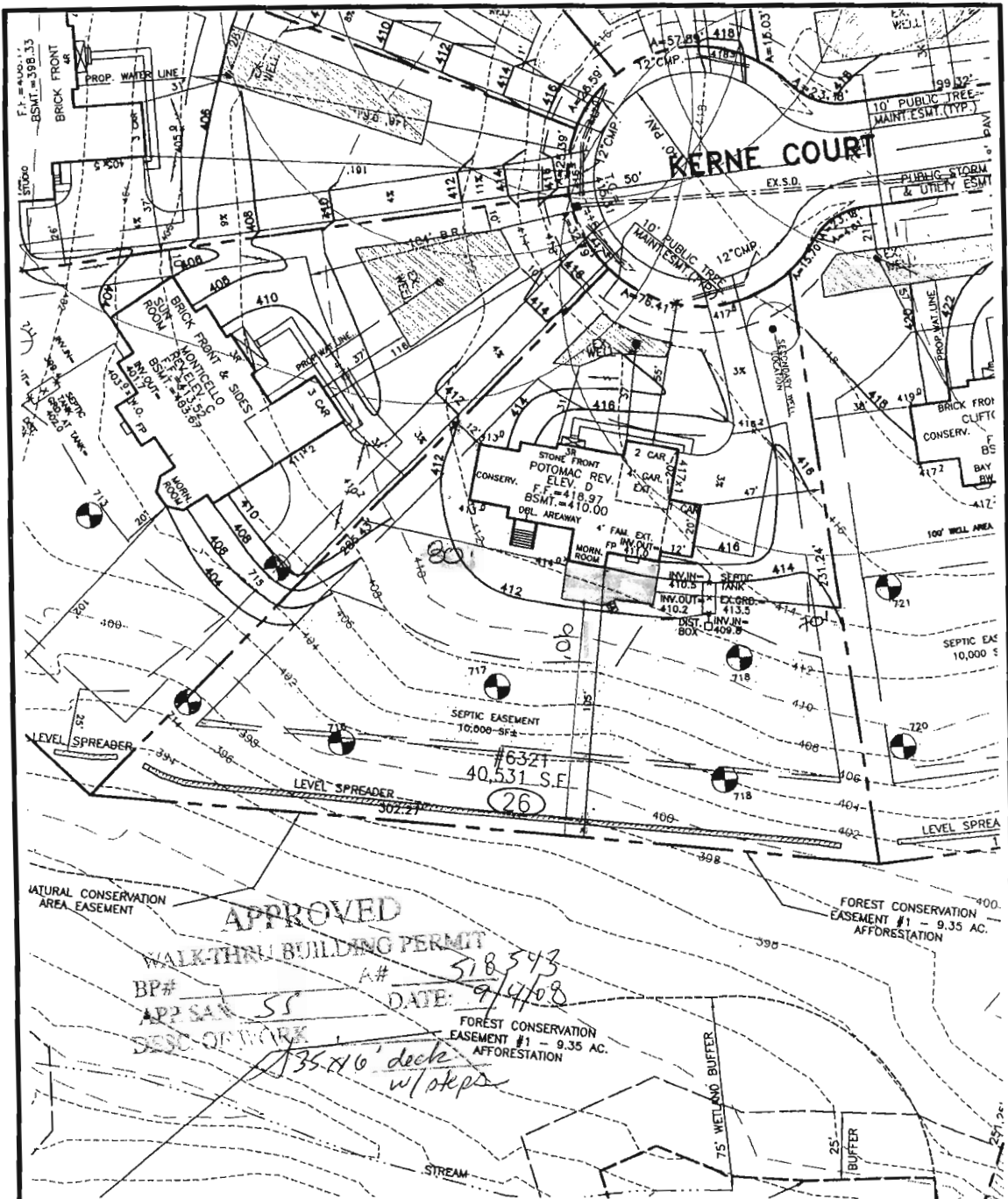
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[Signature]
 Applicant's Signature
President
 Title/Company

Edward Pacylowski
 Print Name
9/13/08
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	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.: _____	Ad'd'l per. fee \$ _____
Health	<u>9/4/08</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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies- White: Building Official		Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA



07-08-08 REV. PER CURRENT PERC. CERT (TB)
 06/17/08 REV. 1 CAR GAR. DIMS. (TB)
 06/12/08 REV. LOCATION OF 1 CAR GAR. (TB)
 06/03/08 REV. FROM WALKOUT TO AREAWAY. (TB)

THE SEPTIC RESERVE AREA AND THE WELL AREA SHOWN ARE BASED ON THE REVISED PERCOLATION CERTIFICATION BY BENCHMARK ENGINEERING, INC. APPROVED ON JUNE 23, 2008.

NOTE: THE 1 CAR FRONT LOAD GARAGE IS NOT TYPICAL FOR THIS HOUSE. ARCHITECTURAL DRAWINGS SHOWING THIS GARAGE WILL NEED TO BE OBTAINED FOR PERMIT AND STAKEOUT.

THE EXISTING WELL SHOWN ON THIS PLAN, WELL TAG #HO-95-0293 HAS BEEN FIELD LOCATED BY MORRIS & RITCHE ASSOC. INC, PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

EJECTOR REQUIRED TO SEWER BASEMENT.

SETBACKS: RR-DEO

FRONT YARD: AS SHOWN
 SIDE YARD: 10' MIN.
 REAR YARD: 30' MIN.

DIRT IMPORT REQUIRED: 100 YDS.±
 DIRT EXPORT REQUIRED: 000 YDS.±

BUILDER
 N.V. HOMES
 6085 MARSHALEE DRIVE, SUITE 130
 ELKCRIDGE, MARYLAND 21075
 PH.: 410-379-5956



MORRIS & RITCHE ASSOCIATES, INC.
 ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS, & LANDSCAPE ARCHITECTS
 3445-A Box Hill Corporate Center Drive
 Abingdon, Maryland 21009
 (410) 515-9000
 Fax: (410) 515-9002

SITE AND GRADING PLAN
 FOR
CLARKSVILLE OVERLOOK
 (A.K.A. MACBETH FARMS)
 LOT 26 #6321 KERNE COURT
 4TH ELECTION DISTRICT HOWARD CO., MARYLAND

SCALE: 1"=50'	DATE: APRIL 1, 2008	DRAWN BY: TB	DESIGN BY: TB	REVIEW BY: DA	JOB NO. 14948
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