

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B09000256

Building Address 12844 Mabelh Farm Lane
Clarksville, MD 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 Scott Berg
Address 12844 Mabelh Farm Ln
City Clarksville State MD Zip Code 21029
Phone 410 295 1417 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Outdoor Architects
5604 Freshaine Ln.
Phone _____ Fax _____
Columbia, MD 21044

Existing Use Deck
Proposed Use New 3rd set of steps
Estimated Construction Cost \$ 2000.-
Description of Work Install new step from
existing deck.
28-30" wide 60 SF

Contractor Company Outdoor Architects
Contact Person Mark Storch
Address 5604 Freshaine Ln
City Columbia State MD Zip Code 21044
License No. 17972
Phone 410 309 4164 Fax 410 730 0053

Occupant or Tenant Scott Berg
Contact Name Mark Storch
Address 5604 Freshaine Ln
City Columbia State MD Zip Code 21044
Phone _____ Fax _____

Engineer or Architect Company NA
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	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	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"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	
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 HERETO; (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 [Signature]
Title/Company President, Outdoor Arch. tects

Print Name Mark Storch
Date 2/18/2009

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 \$ <u>50.00</u>
Building Official <u>[Signature]</u>	<u>2/19/09</u>		Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>50</u>
Health <u>[Signature]</u>	<u>2/18/09</u>		All minimum setbacks met?	TOTAL FEES \$ <u>55.00</u>
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 # <u>CASH</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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

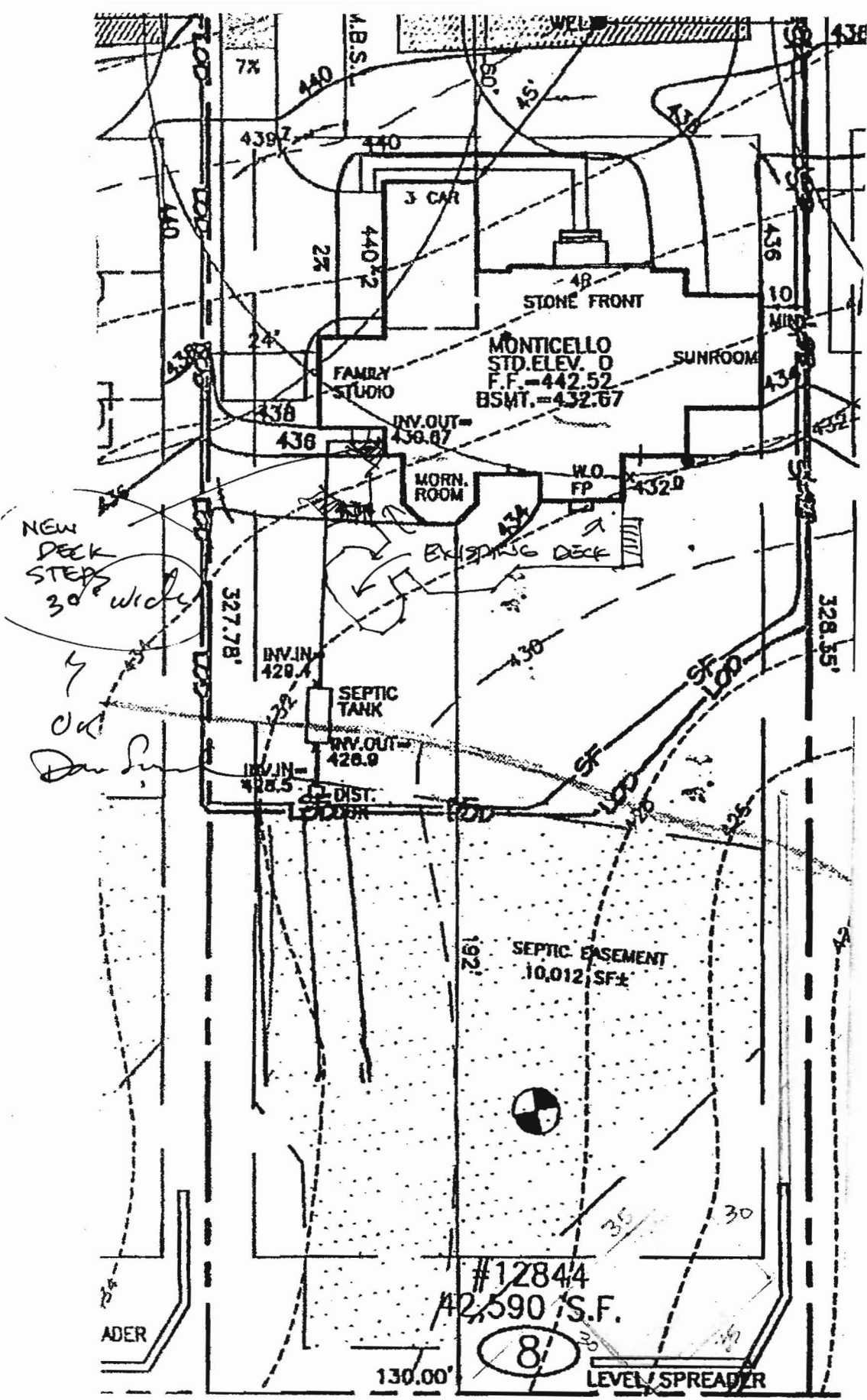
APPROVED

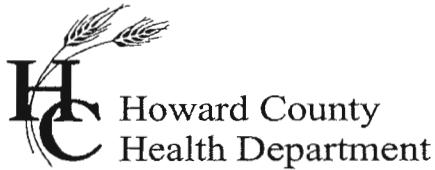
WATERFORD BUILDING PERMIT

BP# A# 524124

APP. BY SFD DATE: 2/19/09

DESCRIPTION Deck Steps





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

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

May 5, 2008

Scott & Lisa Berg
12844 Macbeth Farm Lane
Clarksville, MD 21029

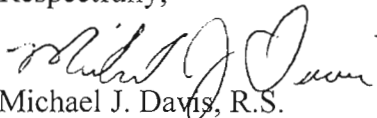
RE: **Variance Approval**
12844 Macbeth Farm Lane
Clarksville, MD 21029

Dear Sir or Madam:

The Department of Health has received your variance request dated April 24, 2008 to allow a Sewage Disposal Area (SDA) to be located five feet from the proposed sports court. This agency grants **approval** of the variance due to the fact that the sewage disposal area has been adjusted to maintain 10,000 square feet. Any deviation from the Perc Certification Plan signed by this Department on April 28, 2008 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.
Director, Well and Septic Programs

cc: File

April 24, 2008


Scott & Lisa Berg
12844 Macbeth Farm Lane
Clarksville, MD 21029

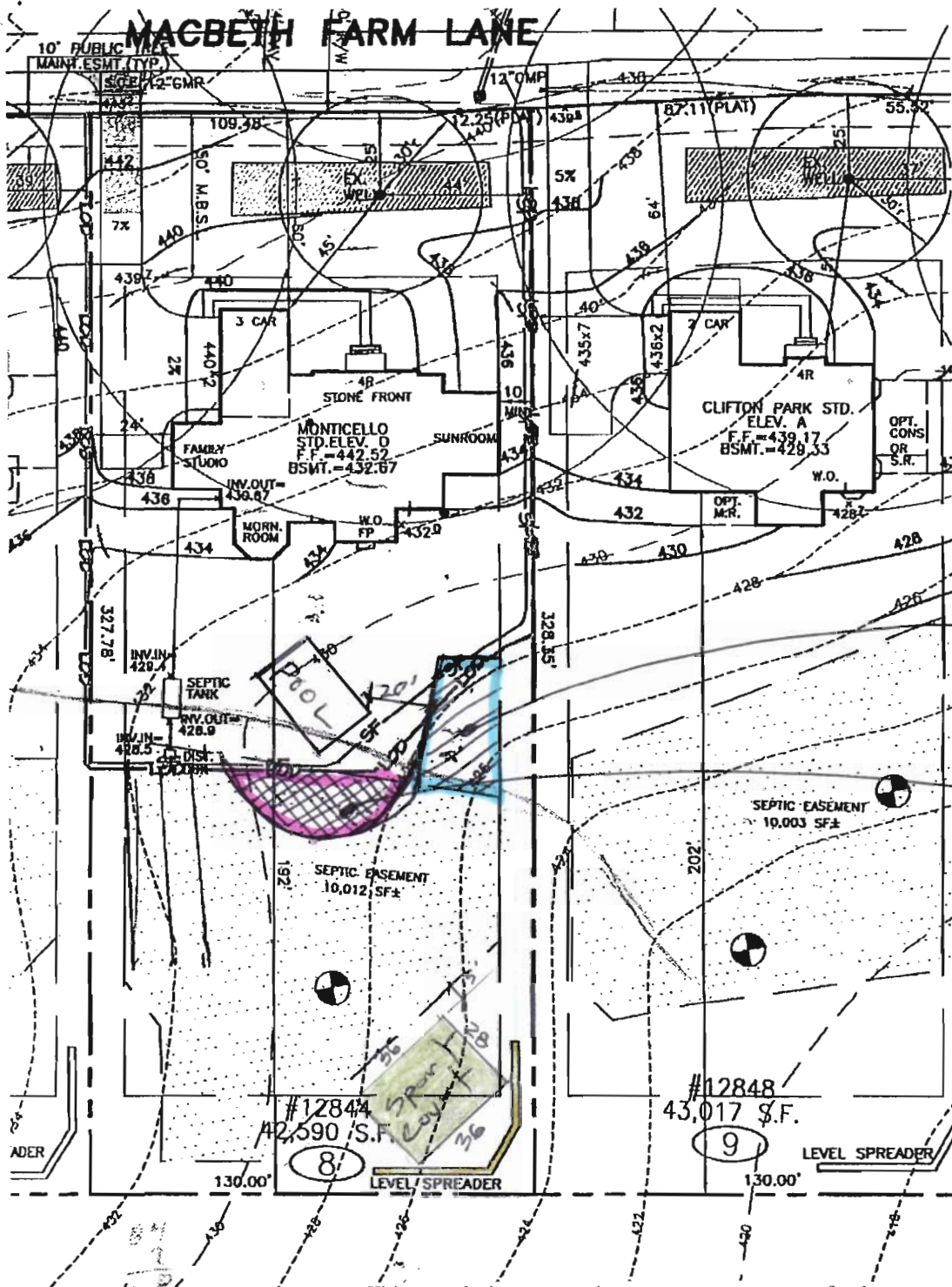
Mr. Mike Davis
Howard County Bureau of Environmental Health
Well & Septic Division
7178 Columbia Gateway Drive
Columbia, MD 21046

Dear Mr. Davis,

We are in the process of planning the construction of a small sports court near the rear of our property. The sports court would be approximately 28' x 36' as shown on the attached plan. We are formally requested a variance for the 10' setback required for a tennis court to the 5' setback required for a patio. We have confirmed with John Alcorn of Sediment Control and Jimmy Witmer of Development Engineering that there is no required setback from the level spreader. We appreciate your consideration in this matter. If you have specific questions about the plan or the court, please contact our Landscape Architect, Mark Storch at 410 245 7417.

Sincerely,


Scott & Lisa Berg



New area to be added.

Old Vacated Septic Area Deleted

Approved for private water & revised private sewerage system toward County Health department.

B. Wilson for Peter Brilowson 5/5/08
Howard County Health Officer Date

IAN, WELL TAG #HO-95-0314 & RITCHIE ASSOC. INC. IS ACCURATELY SHOWN.

This area designates a private sewage easement of at least 10,000 square feet 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 to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary.

1" = 50'

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

LAYOUT 10/15/07 ^(K) INSP 4 10/30/07
 INSP 2 10/18/07 INSP 5 10/31/07
 INSP 3 10/19/07 INSP 6 11/1/07

ISSUE DATE: 9/24/07

P 527821

APPROVAL DATE: 11/7/07

PERMIT

Logged Into Permit Manager A 524124
 TAX ID # 05-445000

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

South Carroll Backhoe IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Rd (21157) PHONE NUMBER: 410-875-4197

SUBDIVISION: Clarksville Overlook (formerly Macbeth Farm) LOT NUMBER: 8

ADDRESS: 12844 Macbeth Farm Lane PROPERTY OWNER: NV Homes

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: _____

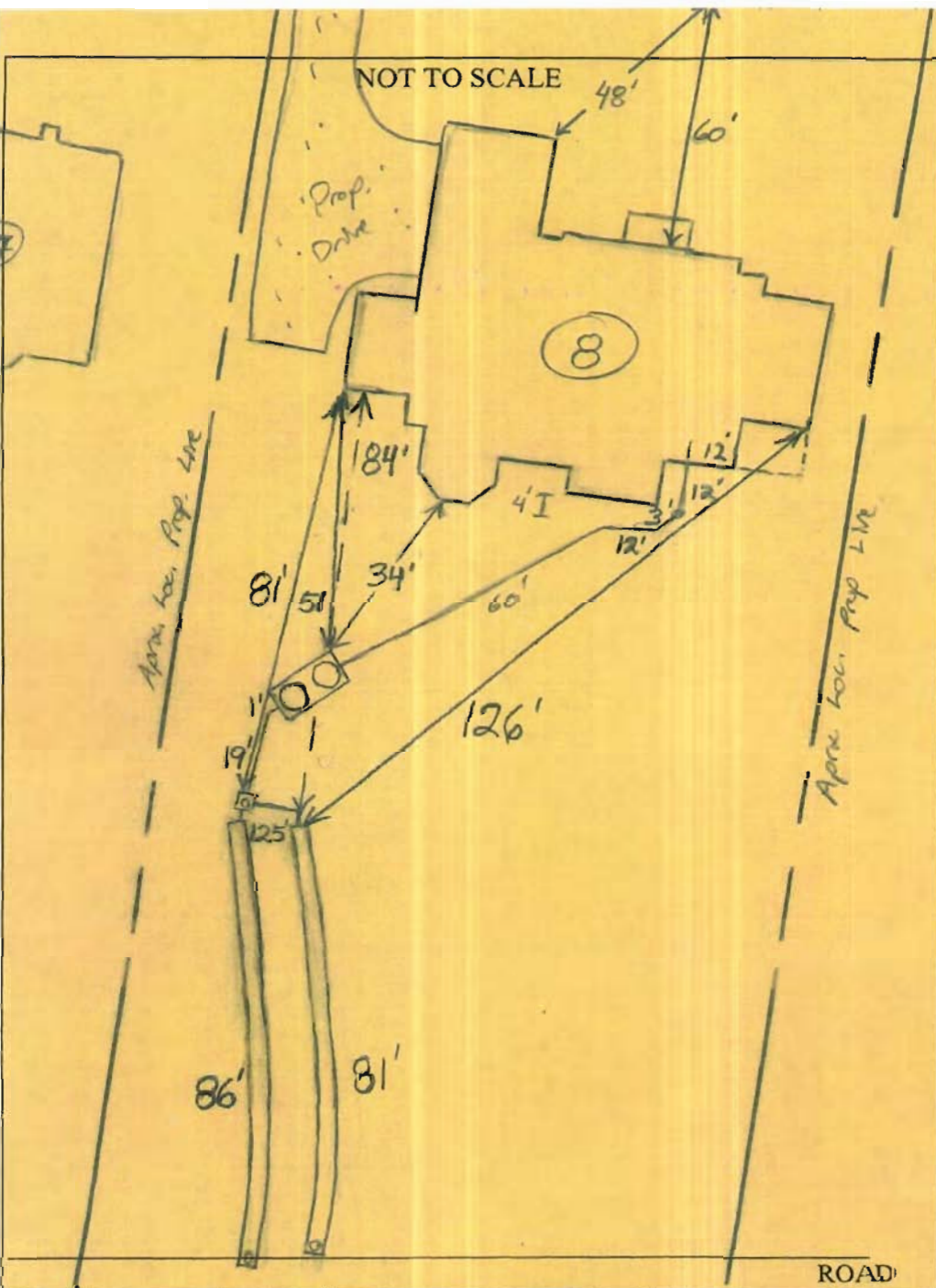
LINEAR FEET OF TRENCH REQUIRED: 173

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Locate System as directed by HCHD at the Layout Inspection.
NOTES:	2 sixty foot trenches are recommended. Tertiary repairs may require a pump due to difficulties with fall and gravity that necessitate the distribution box not be placed in the center of the septic reserve area.

PLANS APPROVED: Gabriel Creighton DATE: 8/1/07

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATER TIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>167'</u>		
ABSORPTION AREA <u>50'+ Sidewalk</u>		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2-3'</u>
BAFFLES	<u>Need Rear</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front/Rear</u>
6" PORT LOC	<u>None</u>
WATERTIGHT TEST	<u>No</u>
<u>Babylon slotted ramp</u>	
SEPTIC TANK 2 LEVEL	<u>N/A</u>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION
 10/15/07 SDA located in a very difficult area for contour. Due to field-run/shot contours, install 2x 86' trenches

as close to contour as instructed @ time of layout. House connection proposed to a different loc as per plan. (KW) 10/18/07 No work done. OK to cover house connection but contractor must supply measurements (BB) 10/19/07 Tank set. Line from here to tank covered when it arrived. (KW) 10/30/07 Mating gear on. Contractor had to dig-up top trench due to excessive rain (KW) 10/31/07 Need to finish lower trench (BB) 11/1/07 Need rear baffle. everything else finished. (BB) 11/7/07 Rear baffle installed per Ken Schissler. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 11/7/07

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
307004293

Building Address 12844 Mac Beth Farm Ln
Clarksville, MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 8
 Tax Map 34 Parcel 90 Grid 24
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVR Inc
 Address 6083 Marshall Dr.
 City Elkridge State MD Zip Code 21075
 Home Phone _____ Work Phone 410-879-5950
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/DECK
 Estimated Construction Cost \$ ~~114,425.53~~
 Description of Work Build approx. 1,472 sq. ft. (32x73), 20x16 Pavilion w/2 steps to grade. 14x10 apart deck.

Contractor Company Pro-Built Construction
 Contact Person Edward Pacylawski
 Address 13453 Long Days Ct.
 City Highland State MD Zip Code 20777
 License No. _____
 Phone 301-854-0821 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: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ _____ 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: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ 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: <u>post & piers</u> 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.

Edward Pacylawski
 Applicant's Signature
President
 Title/Company

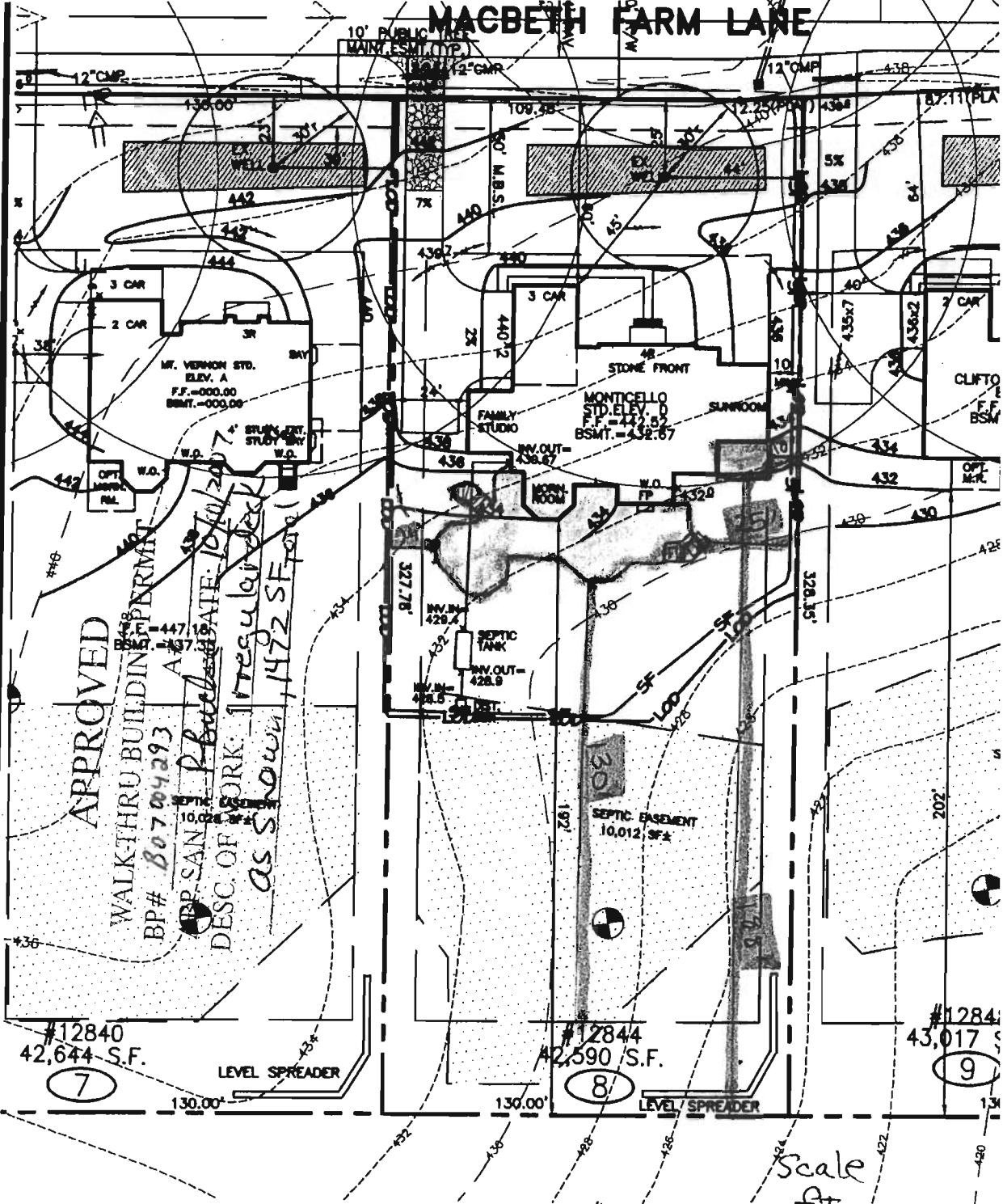
Edward Pacylawski
 Print Name
10/10/07
 Date

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>10/10/2007</u>	<u>R. Bueker</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? 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 # _____
SDP/Red-line approval date _____	Validation # _____

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



APPROVED
 WALKTHRU BUILDING PERMIT
 BP# 807004293
 BP SANITARY BUILDING DATE 10/10/20
 DESC. OF WORK: Irregular deck
 as shown 1472 SF

THE EXISTING WELL SHOWN ON THIS PLAN, WELL TAG #HO-95-0314 HAS BEEN FIELD LOCATED BY MORRIS & RITCHE ASSOC. INC, PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

Scale
 1" = 50' 50"

*Macbeth Farms, Lot 8
 12844 Macbeth Farm Lane*

SETBACKS: RR-DEO
 FRONT YARD: 50' MIN.
 SIDE YARD: 10' MIN.
 REAR YARD: 30' MIN.

BUILDER
 N.V.HOME
 6085 MARSHALEE DRN
 ELKRIDGE, MARYLAN
 PH:410-379-



MORRIS & RITCHE ASSOCIATES, INC.
 ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS, & LANDSCAPE ARCHITECTS
 3445-A Box Hill Corporate Center Drive
 Abingdon, Maryland 21009
 (410) 515-0000

SITE & GRADING PL
 FOR
CLARKSVILLE OVEI
 (A.K.A. MACBETH FARMS)

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

308 000981

Building Address 12814 Maebeth Farm Lane
Clarksville, MD
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 8
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Scott Berg
Address Same as Building
City _____ State _____ Zip Code _____
Phone 410 245 7417 Phone 410 262 5568
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Same Fax _____

Existing Use SFD
Proposed Use Pergola
Estimated Construction Cost \$ 6,000.-
Description of Work Build Free standing pergola @ 20'x20'

Contractor Company Outdoor Architects
Contact Person Mark Storch
Address 5604 Freshaine La
City Columbia State MD Zip Code 21044
License No. 79271
Phone 410 309 4164 Fax 410 730 0053

Occupant or Tenant Scott Berg
Contact Name Mark Storch
Address 5604 Freshaine Lane
City Columbia State MD Zip Code 21044
Phone 410 309 4164 Fax 410 730 0053

Engineer or Architect Company NA
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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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 _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> 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"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
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State Certified Modular _____	
Manufactured Home _____	

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Applicant's Signature [Signature]
Title/Company President / Outdoor Architects

Print Name Mark Storch
Date April 9, 2008

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	<u>4/9/08</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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"/>			Hookup District?	Validation # _____
ONE STOP SHGP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LOD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	
Terms PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B01002349

Building Address 12844 Macbeth Farm Lane, Clarksville MD
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Clarksville Overlook
Section _____ Area _____ Lot 8
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NV Homes
Address 685 Marshala Dr S-130
City Elkridge State MD Zip Code 21075
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-379-5956 Fax 410-379-2430

Existing Use Vacant lot
Proposed Use Single family house
Estimated Construction Cost \$ 200,000
Description of Work New 2 story with 3 car garage. "Monticello EL D" with finished basement, 2 story side sun room, morning RM

Contractor Company NV Homes
Contact Person Dustin Hill
Address Same as owner
City _____ State _____ Zip Code _____
License No. SL
Phone _____ Fax _____

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

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Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>5</u>	
Height: <u>26</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: _____	
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 Kerwin
Applicant's Signature
agent NV Homes
Title/Company

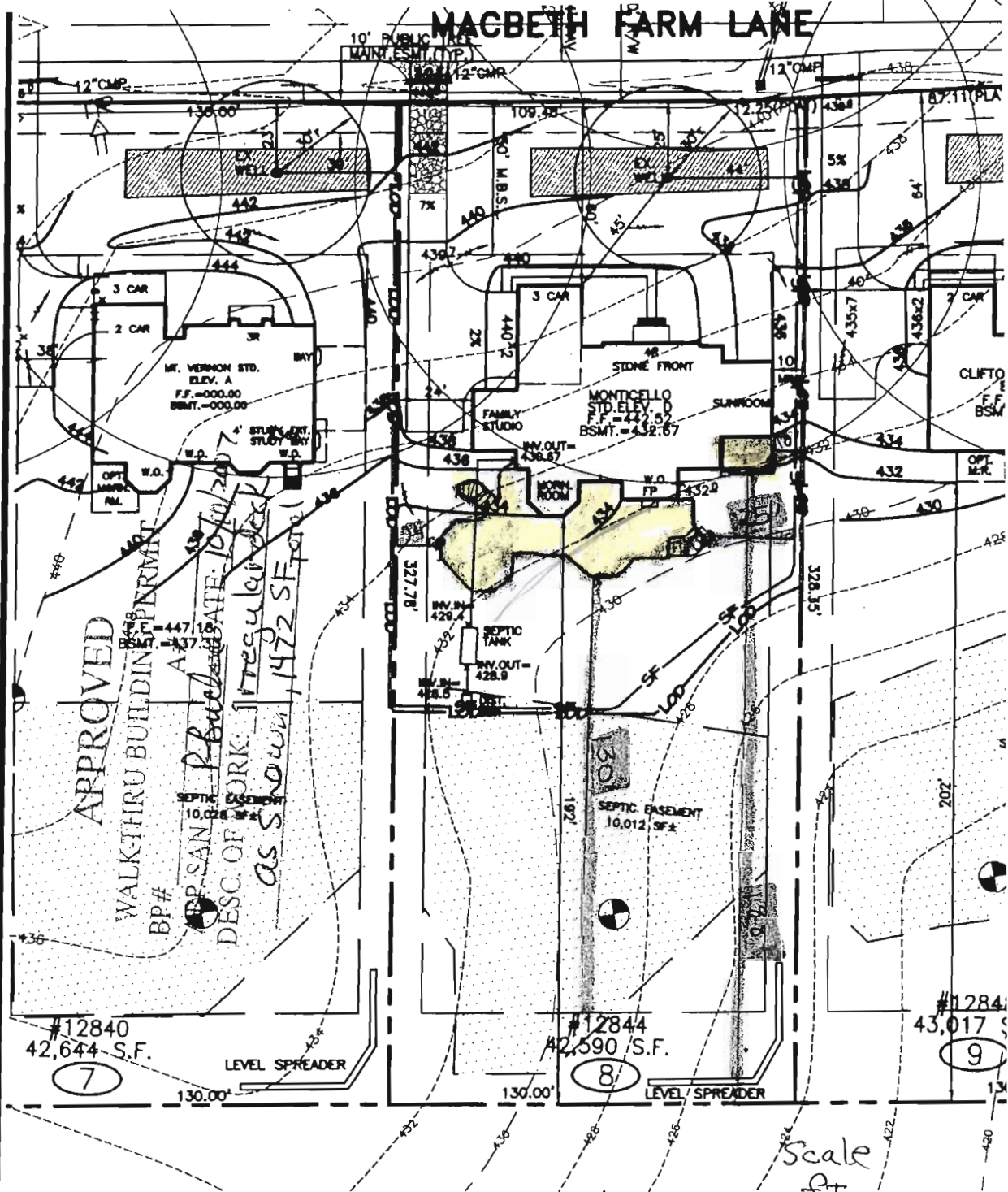
Jim Kerwin
Print Name
6/12/07
Date

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>8/12/07</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"/>		
ONESTOP SHOP: <input type="checkbox"/>		
Distribution of Copies - White: Building Official Green: LDD, DPZ		

DFZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
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 New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

MACBETH FARM LANE



Deck permitted after wall check

Septic Permit not yet issued.

APPROVED

WALK-THRU BUILDING PERMIT

BP#

OP. SAN. P. BUILDING DATE: 10/10/20

DESC. OF WORK: 1. Regular Deck

AS SHOWN 1472 SF

THE EXISTING WELL SHOWN ON THIS PLAN, WELL TAG #HO-95-0314 HAS BEEN FIELD LOCATED BY MORRIS & RITCHE ASSOC. INC., PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

Macbeth Farms, Lot 8

12844 Macbeth Farm Lane

SETBACKS: RR-DEO

FRONT YARD: 50' MIN.

SIDE YARD: 10' MIN.

REAR YARD: 30' MIN.

BUILDER

N.V.HOME

6085 MARSHALEE DRN

ELKBRIDGE, MARYLAN

PH.:410-379-



MORRIS & RITCHE ASSOCIATES, INC.

ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS, & LANDSCAPE ARCHITECTS

3445-A Box Hill Corporate Center Drive

Abingdon, Maryland 21009

SITE & GRADING PL

FOR

CLARKSVILLE OVEI

(A.K.A. MACBETH FARMS)