



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

DALP 2017 FEB 10 AM 4:24

Date Received: \_\_\_\_\_

Permit No.: B17000511

Building Address: 13827 Lakeside Dr.  
 City: Chesapeake State: MD Zip Code: 21529  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 1134 Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: M1 Map Coordinates: \_\_\_\_\_ Lot Size: 21AC1

Existing Use: SFD  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 300,000  
 Description of Work: 2 story All with Basement / 2 story All  
1st floor 13827 Lakeside Dr. 2 story All  
2nd floor 13827 Lakeside Dr. 2 story All  
Basement 13827 Lakeside Dr. 2 story All  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Kacey Stolar  
 Address: 13827 Lakeside Dr.  
 City: Chesapeake State: MD Zip Code: 21529  
 Phone: 410-571-3714 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: 451 Daffodil Lane, 2nd St. 220  
 City: McLean State: VA Zip Code: 22101  
 Phone: 702-852-9000 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>374</u>	<u>374</u>
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: <u>374</u>	<u>374</u>
Use group:	Basement: <u>517</u> <u>374</u>	
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>3-23-17</u>	<u>Bernard</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1747</u>

**Bernard, Dana**

---

**From:** Bernard, Dana  
**Sent:** Thursday, March 09, 2017 11:52 AM  
**To:** dwilliams@rapidpermits.com; mgillen@carnemark.com  
**Subject:** Building Permit B17000511-13827Lakeside Drive

Good Afternoon Mr. Williams,

I have received your revised plot plan, however your permit is still pending. We have not received the floor plans for the existing house and for the proposed additions.

Thank you & Have a\*~\*)

~\*~\*) ~\*~\*)

\* Wonderful Day!

*Dana Bernard*

Dana Bernard, R.E.H.S/L.E.H.S.

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

3/15/17 10:08 AM

Called Dan Williams to confirm (did not receive floor plans.)

Dana Bernard  
Bureau of Environmental Health  
Well and Septic Program  
8930 Stanford Blvd  
Columbia, MD 21045  
410-313-2775  
[dbernard@howardcountymd.gov](mailto:dbernard@howardcountymd.gov)

March 15, 2017

Building Permit #B17000511  
Project Address: 13827 Lakeside Drive, Clarksville, MD 21029  
Review Date: 2/22/17  
Reviewer: Dana Bernard

Dana,

Please see comment responses below:

Comments	Responses
A new site plan must be submitted with the correct information. The site plan submitted does not contain the correct location of the wells. Please Show the location of both wells located on the property.	Please see revised site plan (clouded) showing location of two existing wells. Information was obtained from the health department files, and overlaid on the existing site location survey.
Floor plans of the existing house and proposed additions are needed for review to determine the number of bedrooms. The number of bedrooms will determine if your existing system can accommodate the proposed addition.	Please see attached floor plans of the existing and proposed addition. Please note that we are eliminating an existing bedroom in the basement and adding one bedroom on the second floor, so the count should remain the same.

Thank you,

Michael Gillen  
Senior Project Designer

CARNEMARK  
7550 Wisconsin Ave  
Suite 120  
Bethesda MD 20814  
o. 301.657 5000  
c. 202 430 0957  
[mgillen@carnemark.com](mailto:mgillen@carnemark.com)  
[www.CARNEMARK.com](http://www.CARNEMARK.com)



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

OILP 2017 FEB 10 049:24

Date Received: \_\_\_\_\_

Permit No.: **B17000511**

Building Address: 13827 Lakeside Drive  
 City: Clarksville State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 17  
 Tax Map: 0034 Parcel: 0110 Grid: 0001  
 Zoning: RR Map Coordinates: \_\_\_\_\_ Lot Size: 3.1 AC

Property Owner's Name: Kerry Station  
 Address: 13827 Lakeside Drive  
 City: Clarksville State: MD Zip Code: 21029  
 Phone: 410-531-3914 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address (If other than stated herein)  
 Applicant's Name: Daniel Williams - RPS, Inc  
 Address: 711 Garrison Rd #100  
 City: Lanham Hills State: MD Zip Code: 20784  
 Phone: 301-731-4767 Fax: 301-731-5948  
 Email: dwilliams@rapidpermits.com

Existing Use: SFD  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 300,000  
 Description of Work: 2-story Add w/ Basement / 2-story Add w/ Garage Below / 2-story cantilevered Add and Deck  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Carnemark Design + Build  
 Contact Person: Michael Gillen  
 Address: 1550 Wisconsin Ave Ste 120  
 City: Bethesda State: MD Zip Code: 20814  
 License No.: MHIC 103977  
 Phone: 301-657-5000 Fax: \_\_\_\_\_  
 Email: mgillen@carnemark.com

Engineer/Architect Company: Elbert Bryan  
 Responsible Design Prof.: Wayne Bryan, PE  
 Address: 1451 Dolly Madison Blvd Ste 220  
 City: McLean State: VA Zip Code: 22101  
 Phone: 703-827-9552 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>57.4</u>	<u>88.2</u>
	2 <sup>nd</sup> floor: <u>57.4</u>	<u>57.2</u>
Area of construction (sq. ft.):	Basement: <u>51.9</u>	<u>34.8</u>
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Daniel Williams  
 Applicant's Signature  
dwilliams@rapidpermits.com  
 Email Address  
Expediter / RPS, Inc.  
 Title/Company

Daniel Williams  
 Print Name  
2/10/2017  
 Date  
**RECEIVED**  
 FEB 10 2017

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

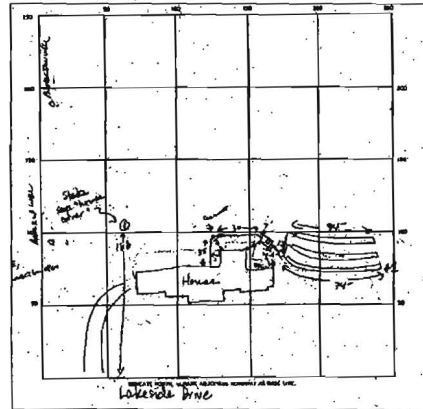
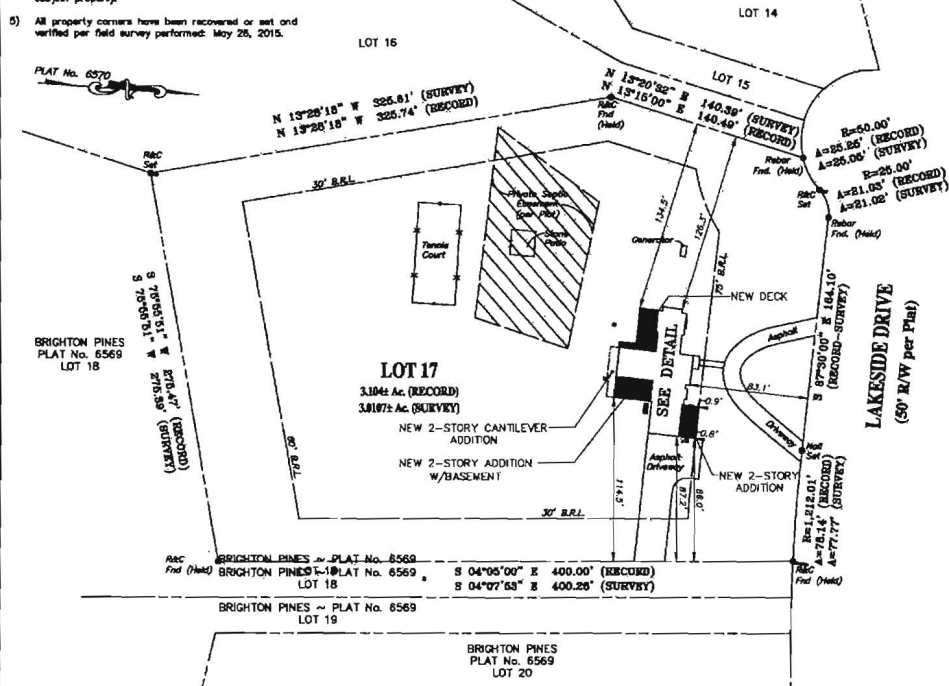
Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>24754</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

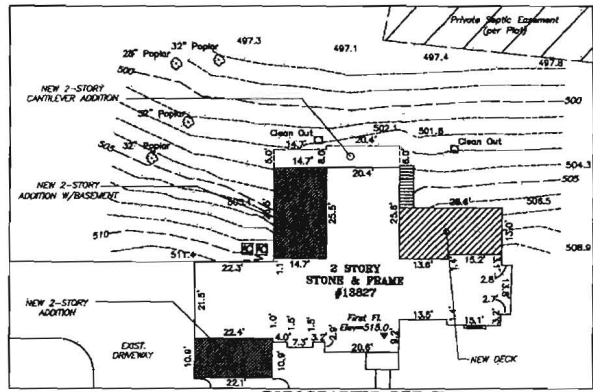


**GENERAL NOTES:**

- 1) Property shown in Howard County Tax Assessment Map Page 34, Grid 0001, Parcel 0110.
- 2) Property is recorded among the Land Records of Howard County, Maryland in Liber 1748 of Folio 612 and is shown on Plat 6570.
- 3) Premises Address:  
13827 Lakeside Drive  
Clarksville, Maryland 21029-1339
- 4) The information shown hereon has been prepared without the benefit of a Title Report, therefore may not reflect all easements or encumbrances which may affect the subject property.
- 5) All property corners have been recovered or set and verified per field survey performed: May 26, 2015.

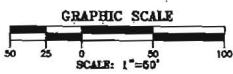


PROVIDED BY:  
Bureau of Environmental Health  
Howard County Health Department  
Ph. 410-818-1771



**TOPOGRAPHICAL NOTES:**

- 1) The elevations shown hereon are on an assumed datum based upon Howard County GS Vertical Datum. The bench mark shown for this datum has been assigned the following elevation.  
Front Entrance Elevation = 515.0
- 2) The type and nature of all utilities shown hereon has been established by on-site observation and field location. Any utilities shown should be considered incomplete and have not been referenced or verified with any utility company as-built plans or records.
- 3) 1" Topography by Snider & Associates.



**SURVEYOR'S CERTIFICATE**

I hereby certify that the information shown hereon has been based upon the results of a field survey pursuant to the deed or plat of record. Property Markers have been recovered or placed in accordance with the information shown. This plat and the field survey upon which it is based was prepared under my direct supervision in accordance with the regulations governing Land Surveying in the State of Maryland.

Date: 6-2-15



Wayne F. Asberth  
Professional Land Surveyor  
Maryland Registration No. 21330  
EXPIRES: 01/07/2015

**BOUNDARY & PARTIAL TOPOGRAPHIC SURVEY**

LOT 17  
SECTION ONE, AREA TWO  
BRIGHTON PINES  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' MAY 2015



**SNIDER & ASSOCIATES  
SURVEYORS**

20270 GOLDENROD LANE, SUITE 110  
GERMANTOWN, MARYLAND 20878  
301/948-5100 • Fax 301/948-1286

DRAFTING	M.N.B.	COMPUTATIONS	W.F.A.
PROJECT	15-25068	APPROVAL	W.F.A.

Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Drive  
Columbia, MD 21045  
(410)-313-2640

**RECEIVED**

MAR 01 2017

LICENSES & PERMITS  
DIVISION

February 27, 2017

Building Permit #B17000511  
Project Address: 13827 Lakeside Drive, Clarksville, MD 21029  
Review Date: 2/22/17  
Reviewer: Dana Bernard

Dana,

Please see comment responses below:

Comments	Responses
A new site plan must be submitted with the correct information. The site plan submitted does not contain the correct location of the wells. Please Show the location of both wells located on the property.	Please see revised site plan (clouded) showing location of two existing wells. Information was obtained from the health department files, and overlaid on the existing site location survey.
Floor plans of the existing house and proposed additions are needed for review to determine the number of bedrooms. The number of bedrooms will determine if your existing system can accommodate the proposed addition.	Please see attached floor plans of the existing and proposed addition. Please note that we are eliminating an existing bedroom in the basement and adding one bedroom on the second floor, so the count should remain the same.

Thank you,

Michael Gillen  
Senior Project Designer

CARNEMARK  
7550 Wisconsin Ave  
Suite 120  
Bethesda MD 20814  
o. 301.657 5000  
c. 202 430 0957  
[mgillen@carnemark.com](mailto:mgillen@carnemark.com)  
[www.CARNEMARK.com](http://www.CARNEMARK.com)

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 3/1/2017

To: Dan Swinder / DANA BERNARD  
(Person's Name and Division)

From: Daniel Williams - Rapid Permit Service (301) 731-4767  
(Your Name, Company Name and Telephone Number)

Subject: Project name Station Residence

Project site address 13827 Lakeside Drive

Permit # B17000511 SDP # \_\_\_\_\_

Other information pertinent to this project \_\_\_\_\_

**RECEIVED**  
**MAR 01 2017**  
**PLAN REVIEW DIVISION**

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
  - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
  - Letter Summarizing Changes
  - Energy conservation calculations
  - Copies of REVISED PLOT PLAN (be specific). WELL + SEPTIC DETAILS SHOWN
  - Health Department Request  DPZ/ DED Request  Applicant's Request
  - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
  - Other \_\_\_\_\_

**Contact Person Information: (Required)**

Daniel Williams  
Please Print Name

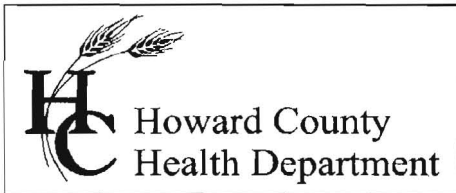
Telephone No: 301-731-4767

E-Mail Address: dwilliams@rapidpermits.com

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by AKH

PER D. SWINDER +  
HEALTH DEPT



Bureau of Environmental Health  
8930 Stanford Drive Columbia, MD 21045  
(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)  
Maura J. Rossman, M.D., Health Officer

Date: February 22, 2017

To: Applicant: Daniel Williams  
Via Email: [DWILLIAMS@RAPIDPERMITS.COM](mailto:DWILLIAMS@RAPIDPERMITS.COM)

CC: Builder: Michael Gillen  
Via Email: [MGILLEN@CARNEMARK.COM](mailto:MGILLEN@CARNEMARK.COM)

RE: Building Permit # B17000511

Mr. Williams,

After my review of your building permit, it has been determined that you will need to complete a few tasks to move forward with your building permit proposal. Further review is contingent upon submission of the following:

- A new site plan must be submitted with the correct information. The site plan submitted does not contain the correct location of the wells.
- Please show the location of both wells located on the property.
- Floor plans for the existing house and proposed additions are needed for review to determine the number of bedrooms. The number of bedrooms will determine if your existing system can accommodate the proposed additions.
- If your system is inadequate, your system may have to be upgraded to accommodate the new additions and the decision will be based on the final review of the floor plans and current septic system conditions.
- If your septic system has to be upgraded, it will have to be updated before building permit approval. The OSDS (Operating Sewage Disposal System) site plan must be submitted to confirm the location and the upgrade needed to accommodate the proposed additions.

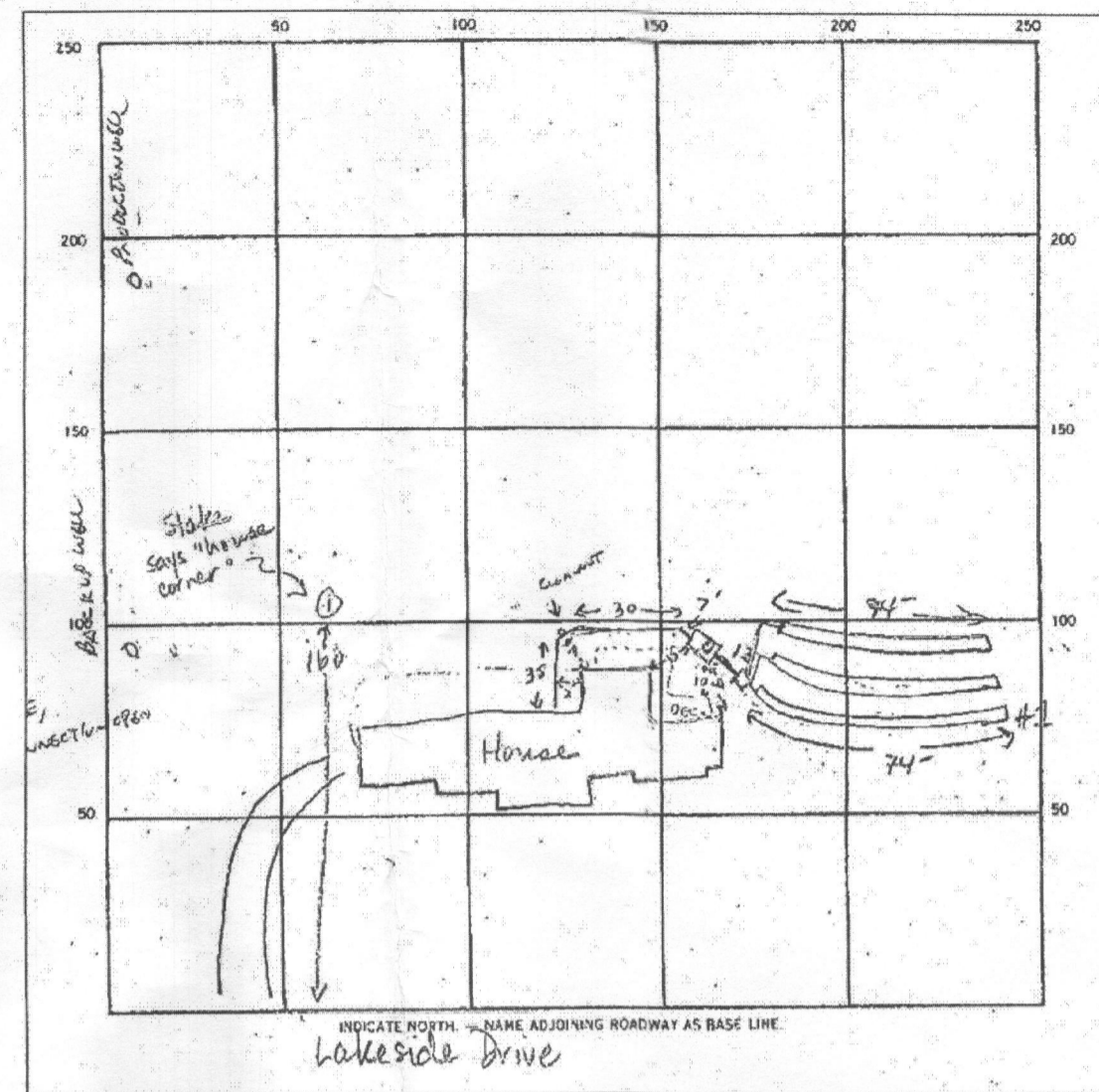
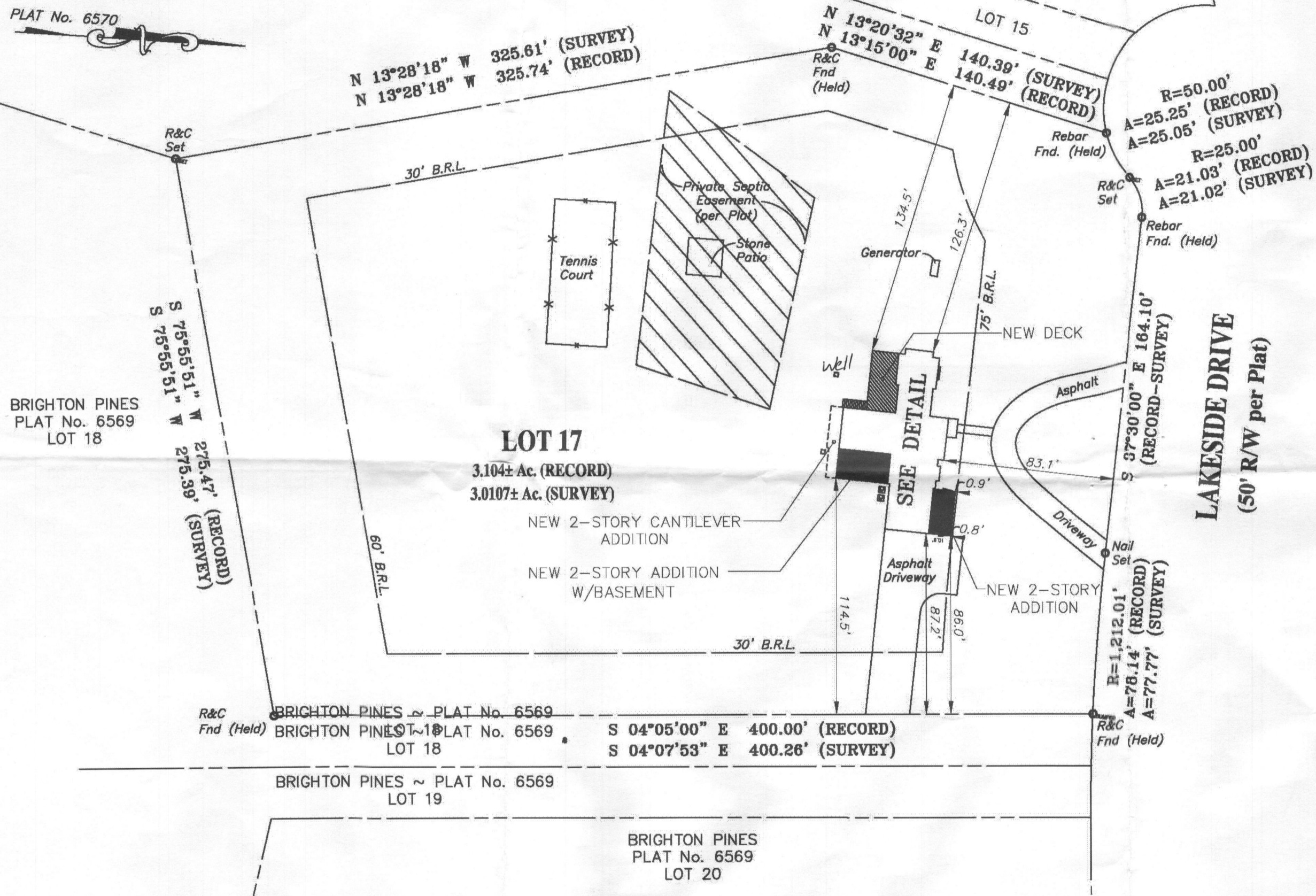
Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

  
Dana Bernard  
Environmental Specialist II  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

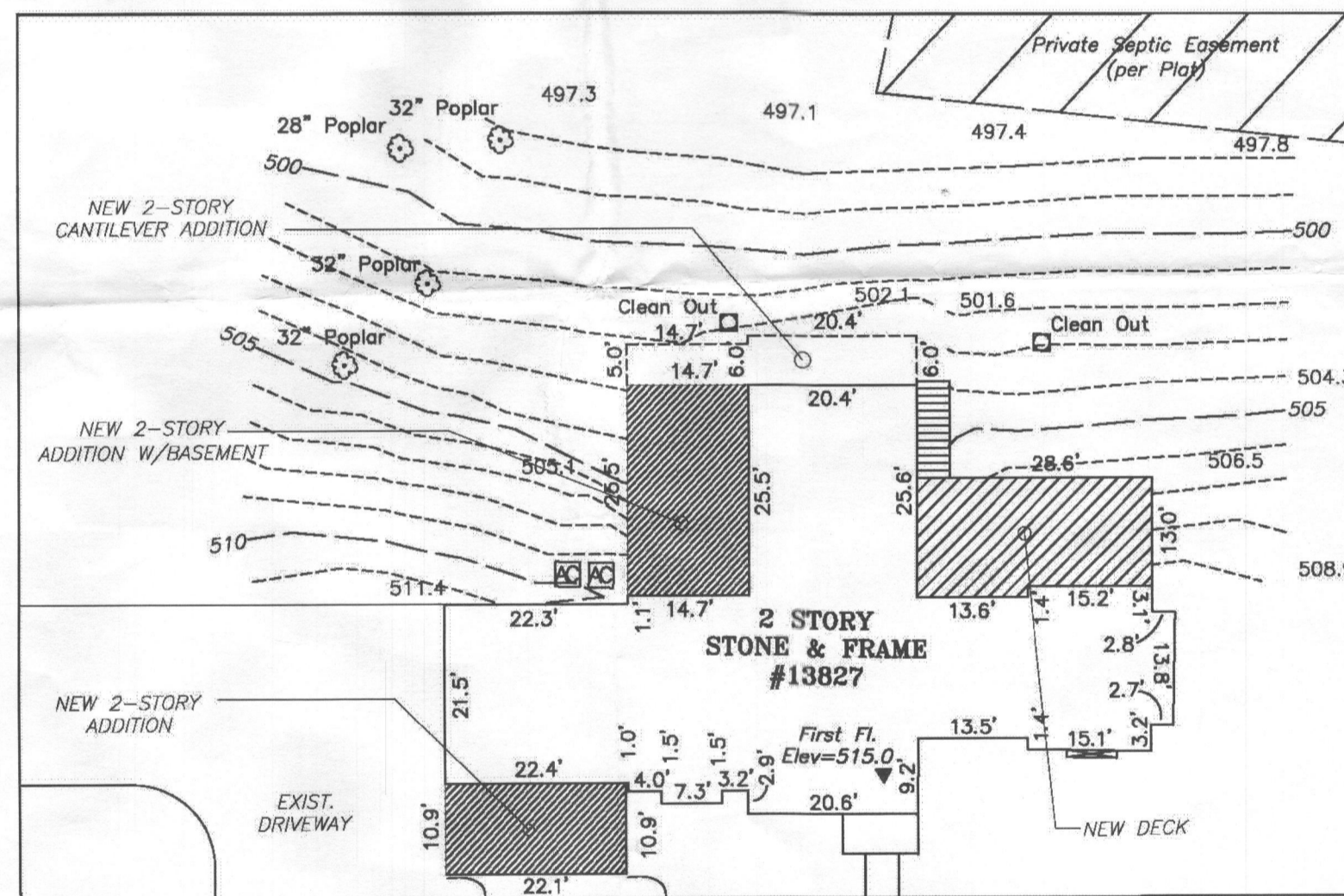
cc: Well & Septic program file  
Homeowner- Via: parcel post

**GENERAL NOTES:**

- 1) Property shown in Howard County Tax Assessment Map Page 34, Grid 0001, Parcel 0110.
- 2) Property is recorded among the Land Records of Howard County, Maryland in Liber 1748 at Folio 612 and is shown on Plat 6570.
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- 5) All property corners have been recovered or set and verified per field survey performed: May 26, 2015.



PROVIDED BY:  
Bureau of Environmental Health  
Howard County Health Department  
Ph. 410-313-1771



TOPOGRAPHIC DETAIL  
SCALE: 1"=20'

**TOPOGRAPHICAL NOTES:**

- 1) The elevations shown hereon are on an assumed datum based upon Howard County GIS Vertical Datum. The bench mark shown for this datum has been assigned the following elevation.  
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- 3) 1' Topography by Snider & Associates.

**SURVEYOR'S CERTIFICATE**

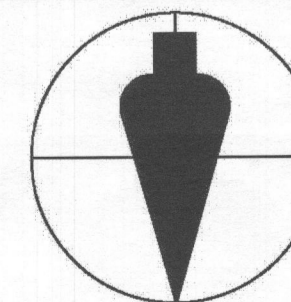
I hereby certify that the information shown hereon has been based upon the results of a field survey pursuant to the deed or plat of record. Property Markers have been recovered or placed in accordance with the information shown. This plat and the field survey upon which it is based was prepared under my direct supervision in accordance with the regulations governing Land Surveying in the State of Maryland.

Date: 6-2-15



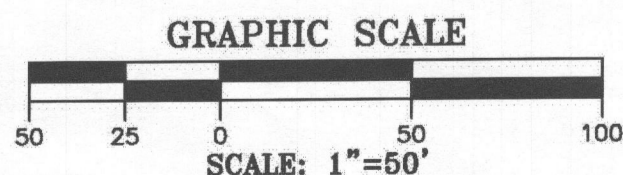
Wayne F. Aubertin  
Professional Land Surveyor  
Maryland Registration No. 21330  
EXPIRES: 01/07/2015

**BOUNDARY & PARTIAL TOPOGRAPHIC SURVEY  
LOT 17  
SECTION ONE, AREA TWO  
BRIGHTON PINES  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' MAY 2015**



**SNIDER & ASSOCIATES  
SURVEYORS**

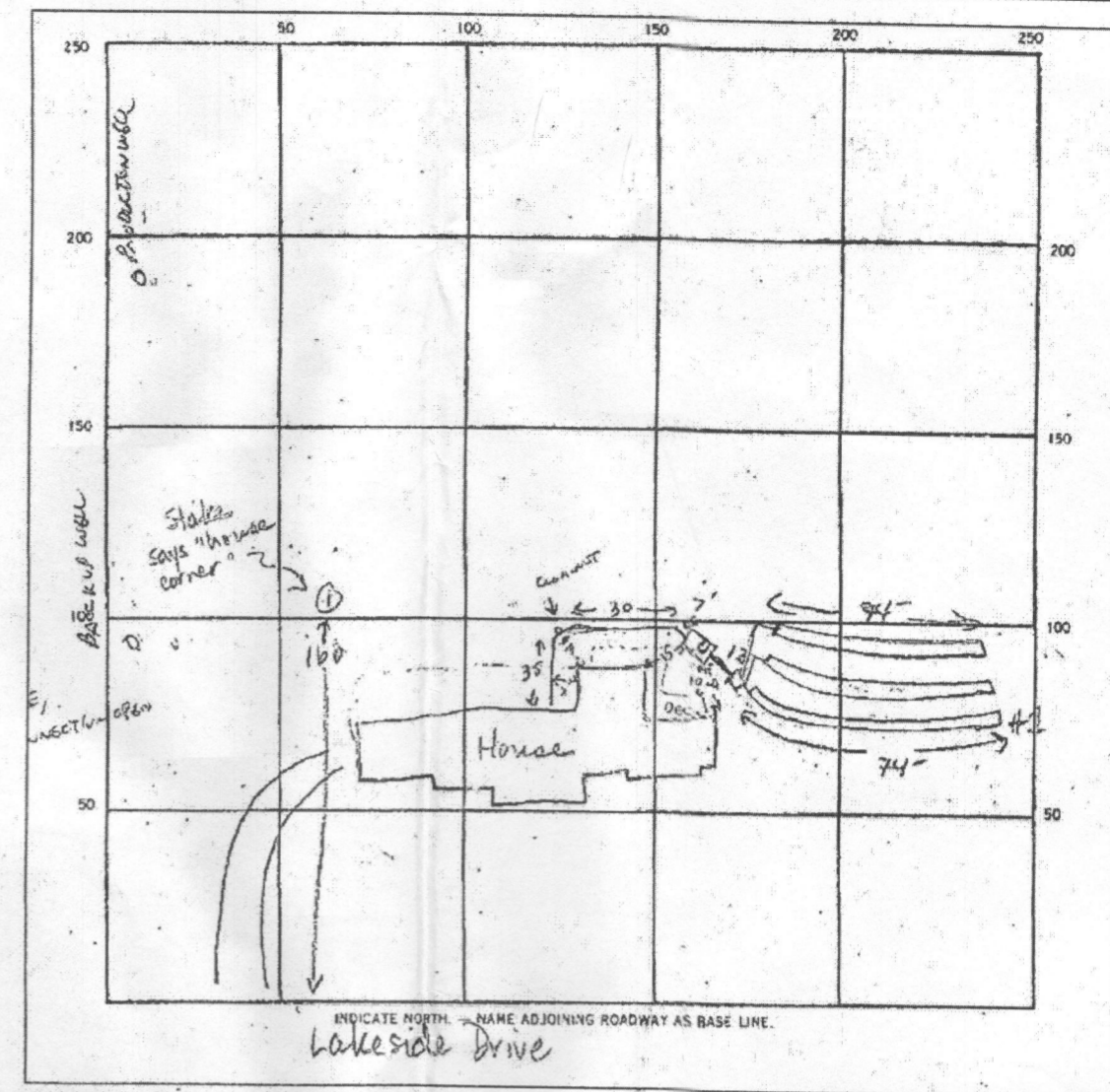
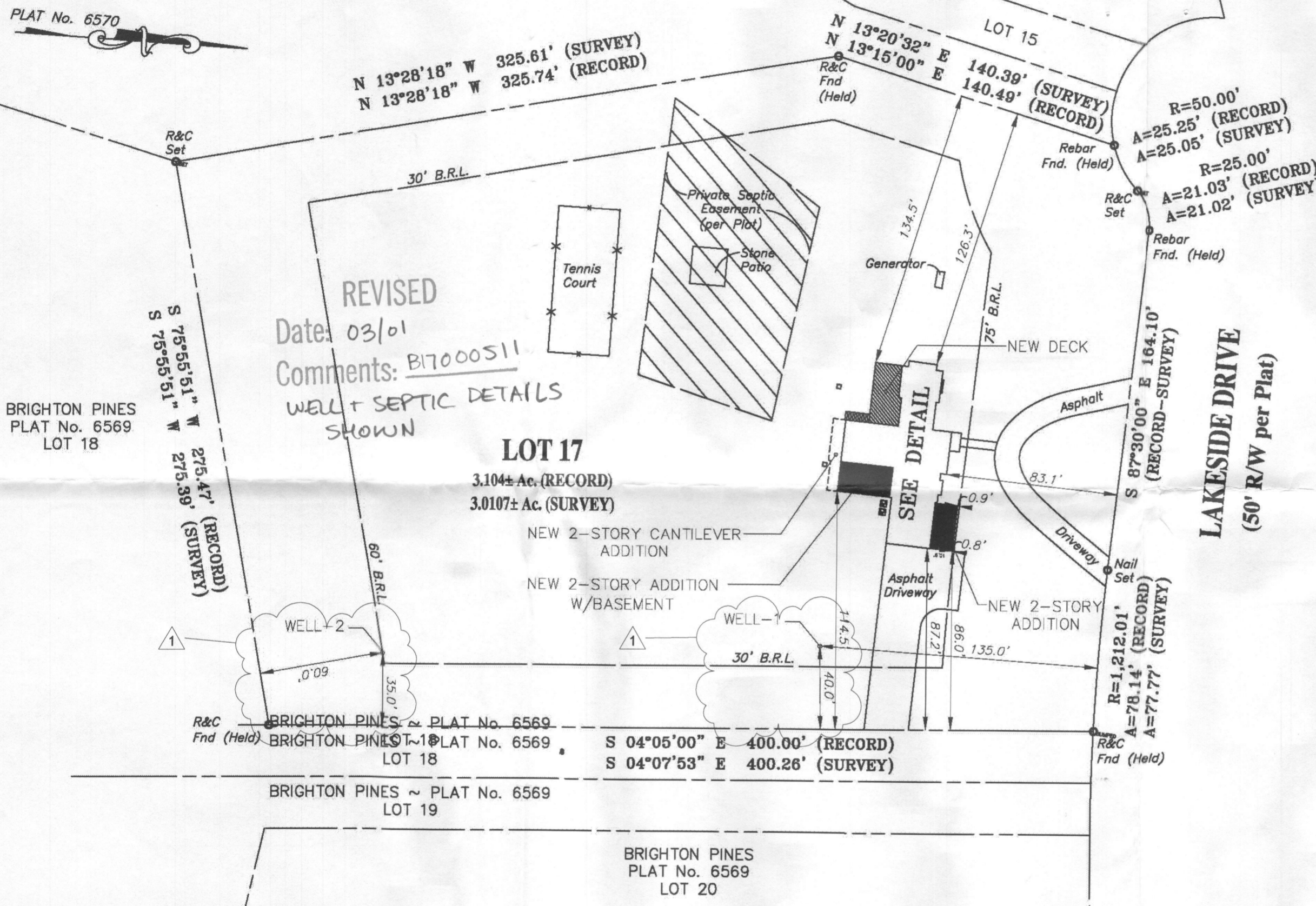
20270 GOLDENROD LANE, SUITE 110  
GERMANTOWN, MARYLAND 20876  
301/948-5100 • Fax 301/948-1286



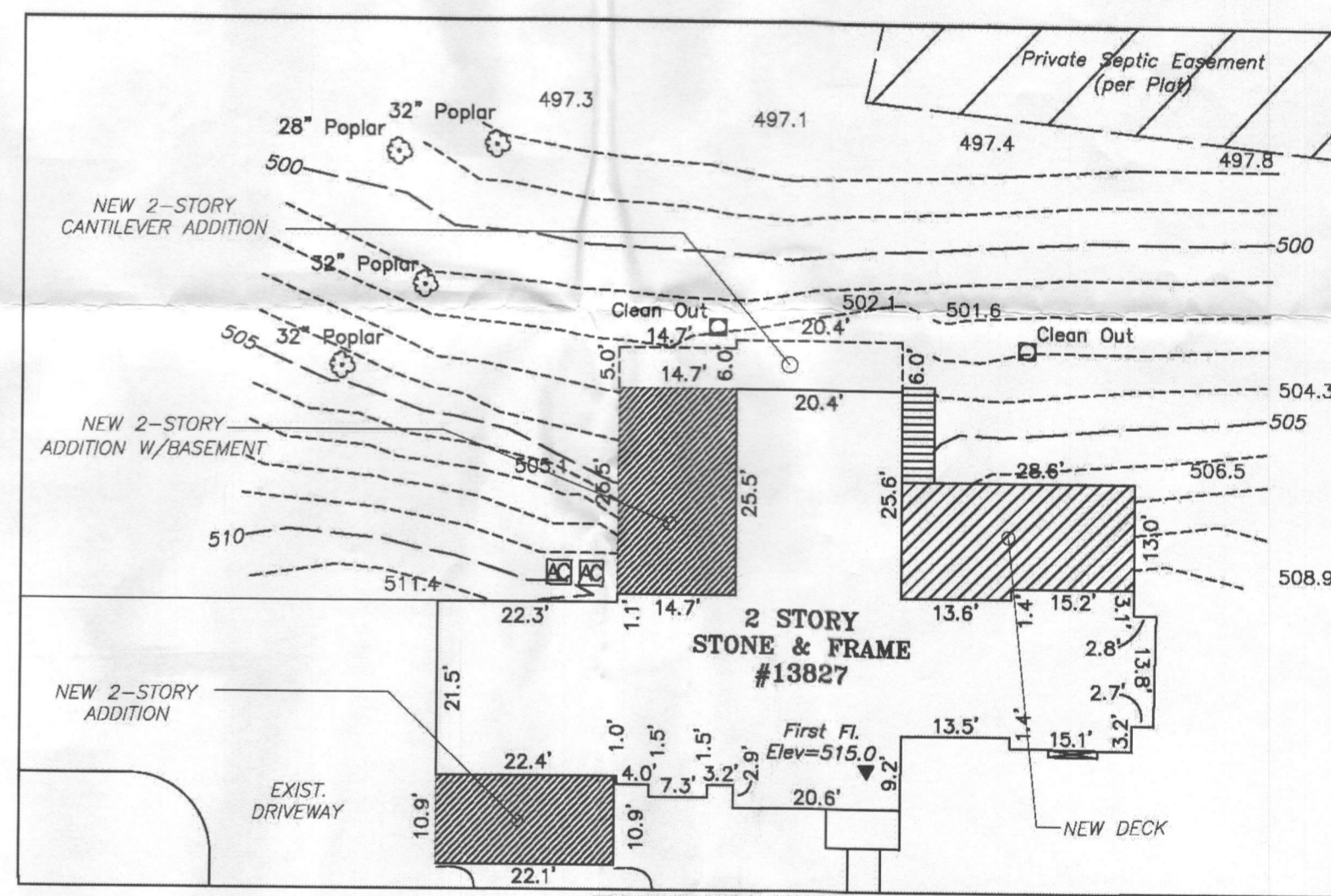
DRAFTING	M.N.B.	COMPUTATIONS	W.F.A.
PROJECT	15-25068	APPROVAL	W.F.A.

**GENERAL NOTES:**

- 1) Property shown in Howard County Tax Assessment Map Page 34, Grid 0001, Parcel 0110.
- 2) Property is recorded among the Land Records of Howard County, Maryland in Liber 1748 at Folio 612 and is shown on Plat 6570.
- 3) Premise Address:  
13827 Lakeside Drive  
Clarksville, Maryland 21029-1339
- 4) The information shown hereon has been prepared without the benefit of a Title Report, therefore may not reflect all easements or encumbrances which may affect the subject property.
- 5) All property corners have been recovered or set and verified per field survey performed: May 26, 2015.



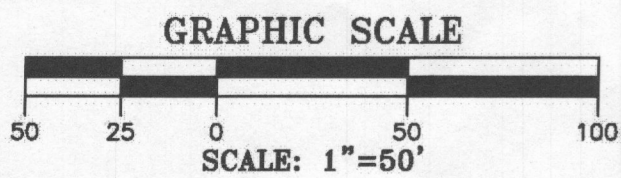
PROVIDED BY:  
Bureau of Environmental Health  
Howard County Health Department  
Ph. 410-313-1771



TOPOGRAPHIC DETAIL  
SCALE: 1"=20'

**TOPOGRAPHICAL NOTES:**

- 1) The elevations shown hereon are on an assumed datum based upon Howard County GIS Vertical Datum. The bench mark shown for this datum has been assigned the following elevation.  
Front Entrance Elevation = 515.0
- 2) The type and nature of all utilities shown hereon has been established by on-site observation and field location. Any utilities shown should be considered incomplete and have not been referenced or verified with any utility company as-built plans or records.
- 3) 1' Topography by Snider & Associates.



**SURVEYOR'S CERTIFICATE**

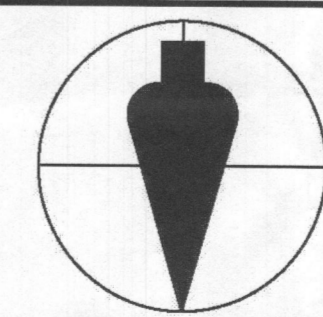
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Date: 6-2-15



*Wayne F. Aubertin*  
Wayne F. Aubertin  
Professional Land Surveyor  
Maryland Registration No. 21330  
EXPIRES: 01/07/2015

**BOUNDARY & PARTIAL TOPOGRAPHIC SURVEY**  
**LOT 17**  
**SECTION ONE, AREA TWO**  
**BRIGHTON PINES**  
**HOWARD COUNTY, MARYLAND**  
SCALE: 1" = 50' MAY 2015



**SNIDER & ASSOCIATES**  
**SURVEYORS**

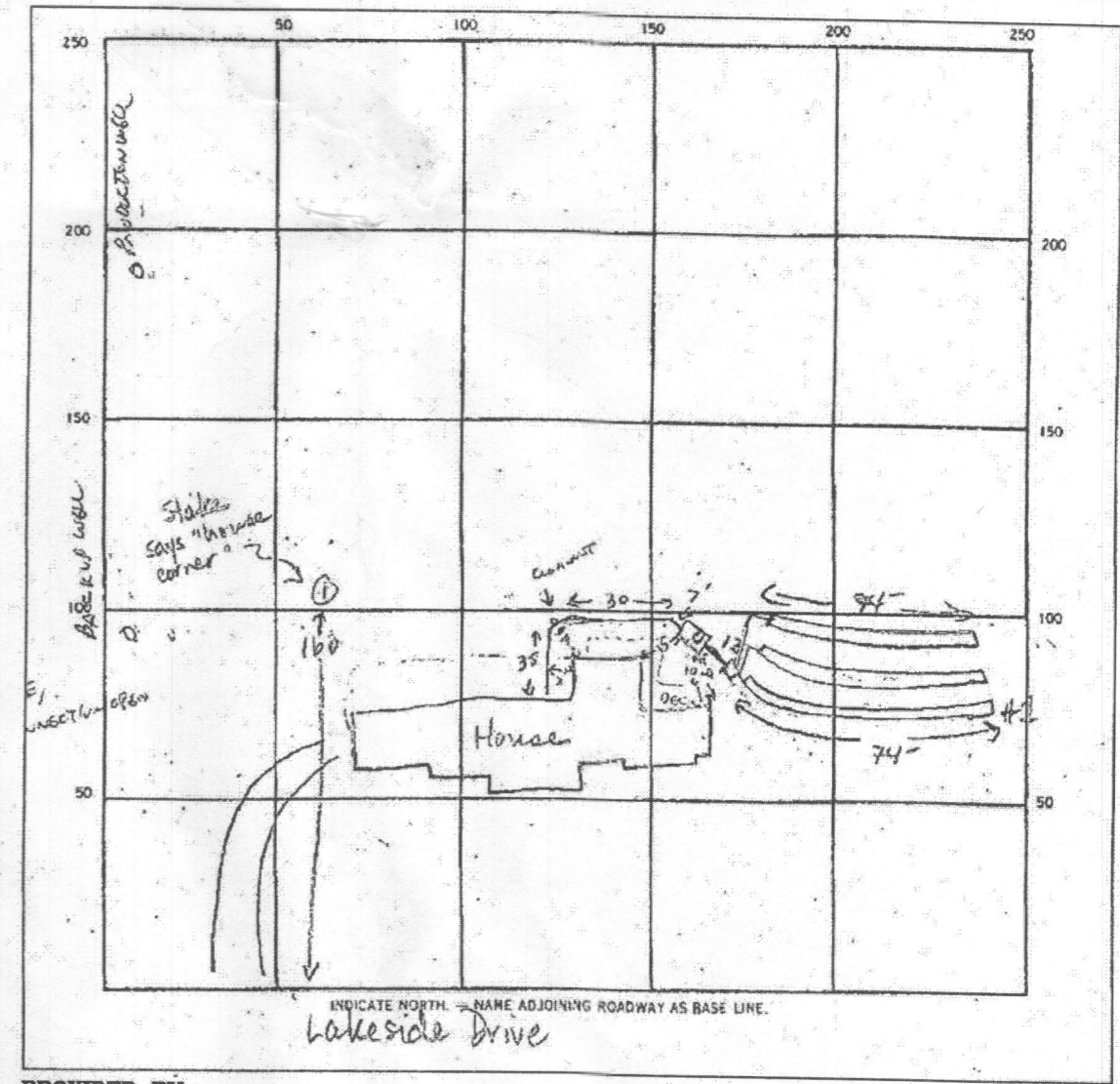
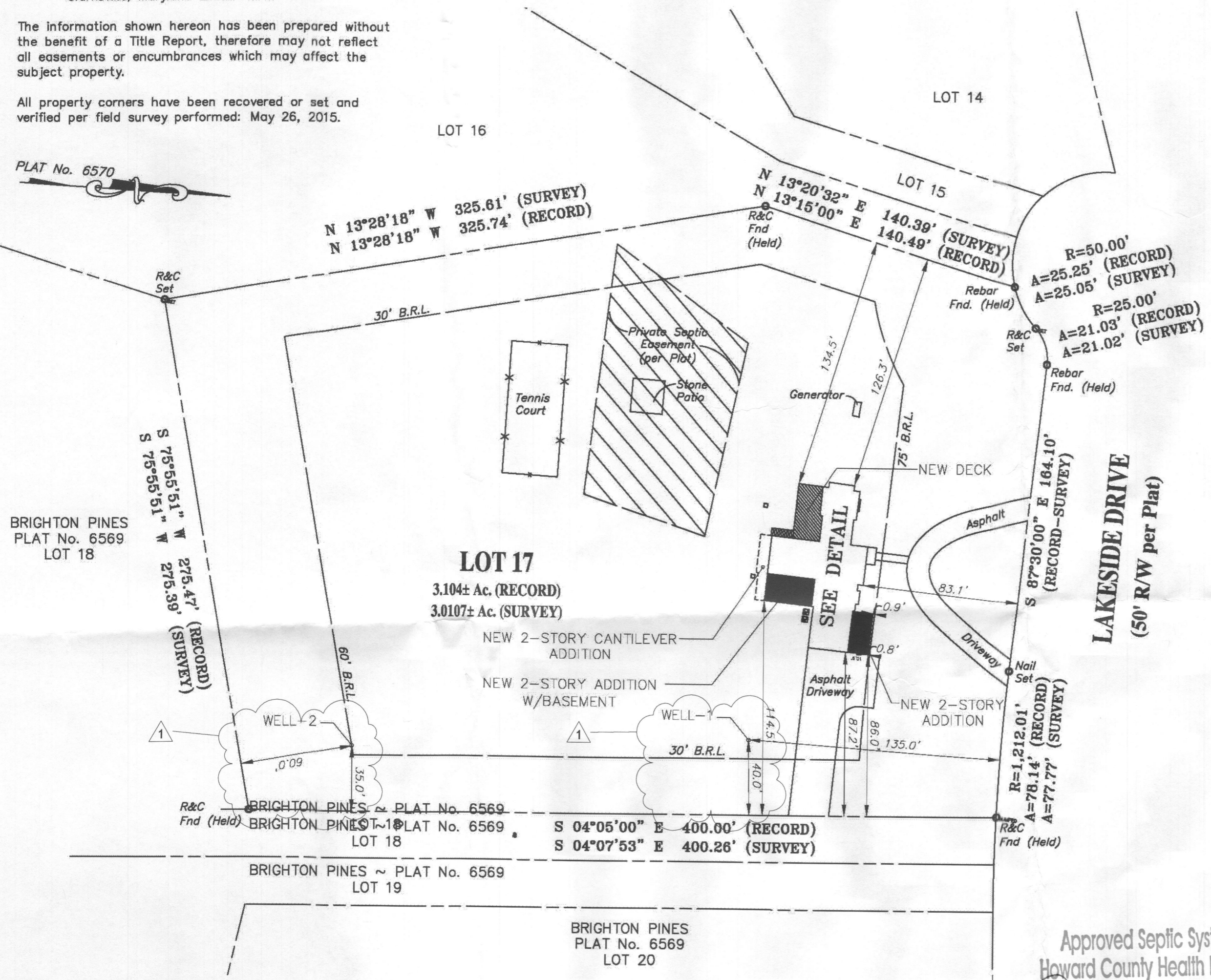
20270 GOLDENROD LANE, SUITE 110  
GERMANTOWN, MARYLAND 20876  
301/948-5100 • Fax 301/948-1286

DRAFTING	M.N.B.	COMPUTATIONS	W.F.A.
PROJECT	15-25068	APPROVAL	W.F.A.

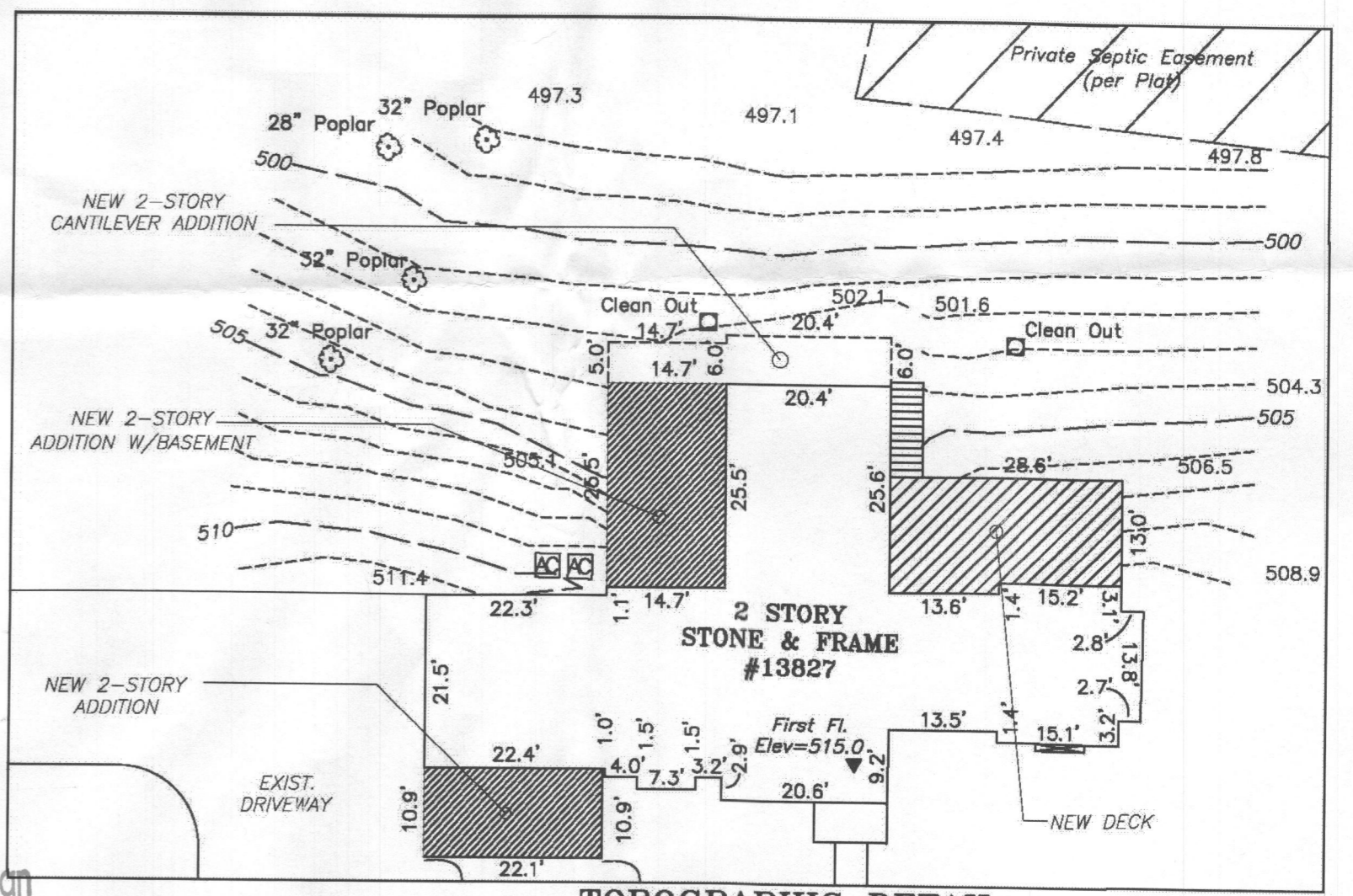
HEALTH

**GENERAL NOTES:**

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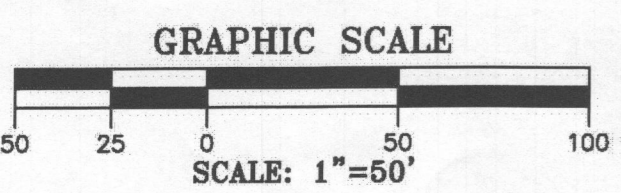
PROVIDED BY:  
Bureau of Environmental Health  
Howard County Health Department  
Ph. 410-313-1771



TOPOGRAPHIC DETAIL  
SCALE: 1"=20'

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- 3) 1' Topography by Snider & Associates.



Approved Septic System Plan  
Howard County Health Department  
*Danaburd 3/28/14*  
Signature Date

**SURVEYOR'S CERTIFICATE**

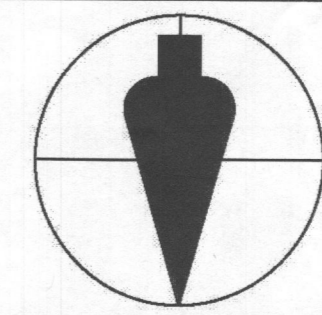
I hereby certify that the information shown hereon has been based upon the results of a field survey pursuant to the deed or plot of record. Property Markers have been recovered or placed in accordance with the information shown. This plot and the field survey upon which it is based was prepared under my direct supervision in accordance with the regulations governing Land Surveying in the State of Maryland.

Date: *6-2-15*



*WFA*  
Wayne F. Aubert  
Professional Land Surveyor  
Maryland Registration No. 21330  
EXPIRES: 01/07/2015

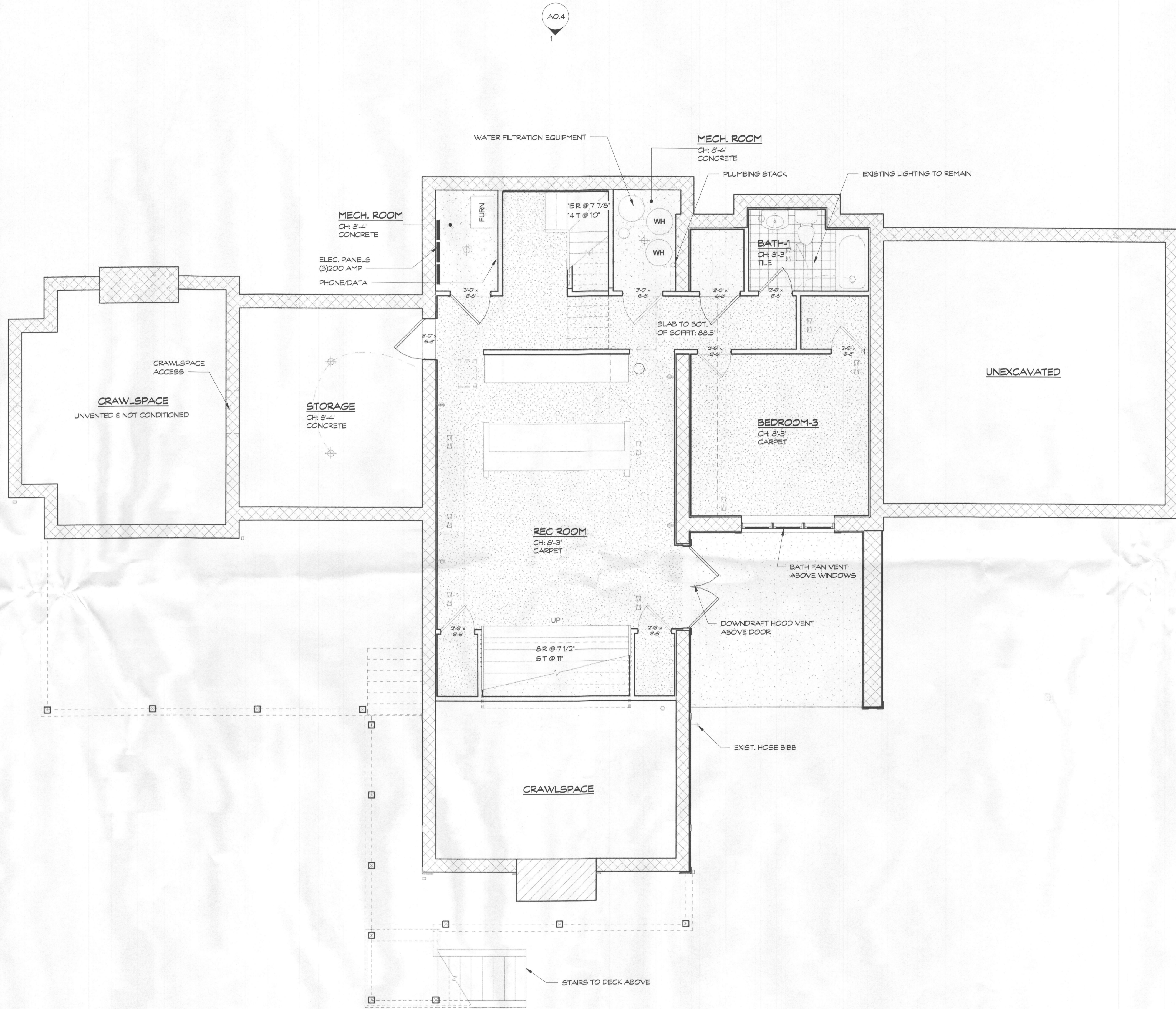
**BOUNDARY & PARTIAL TOPOGRAPHIC SURVEY**  
**LOT 17**  
SECTION ONE, AREA TWO  
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SCALE: 1" = 50' MAY 2015



**SNIDER & ASSOCIATES**  
**SURVEYORS**

20270 GOLDENROD LANE, SUITE 110  
GERMANTOWN, MARYLAND 20876  
301/948-5100 • Fax 301/948-1286

DRAFTING	M.N.B.	COMPUTATIONS	W.F.A.
PROJECT	15-25068	APPROVAL	W.F.A.



proposed renovation for:  
 Station Residence  
 13827 Lakeside Drive  
 Clarksville, MD 21029

sheet title:  
 Existing  
 Basement  
 Plan

sheet scale:  
 1/4" = 1'-0"

sheet date:  
 2.07.2017

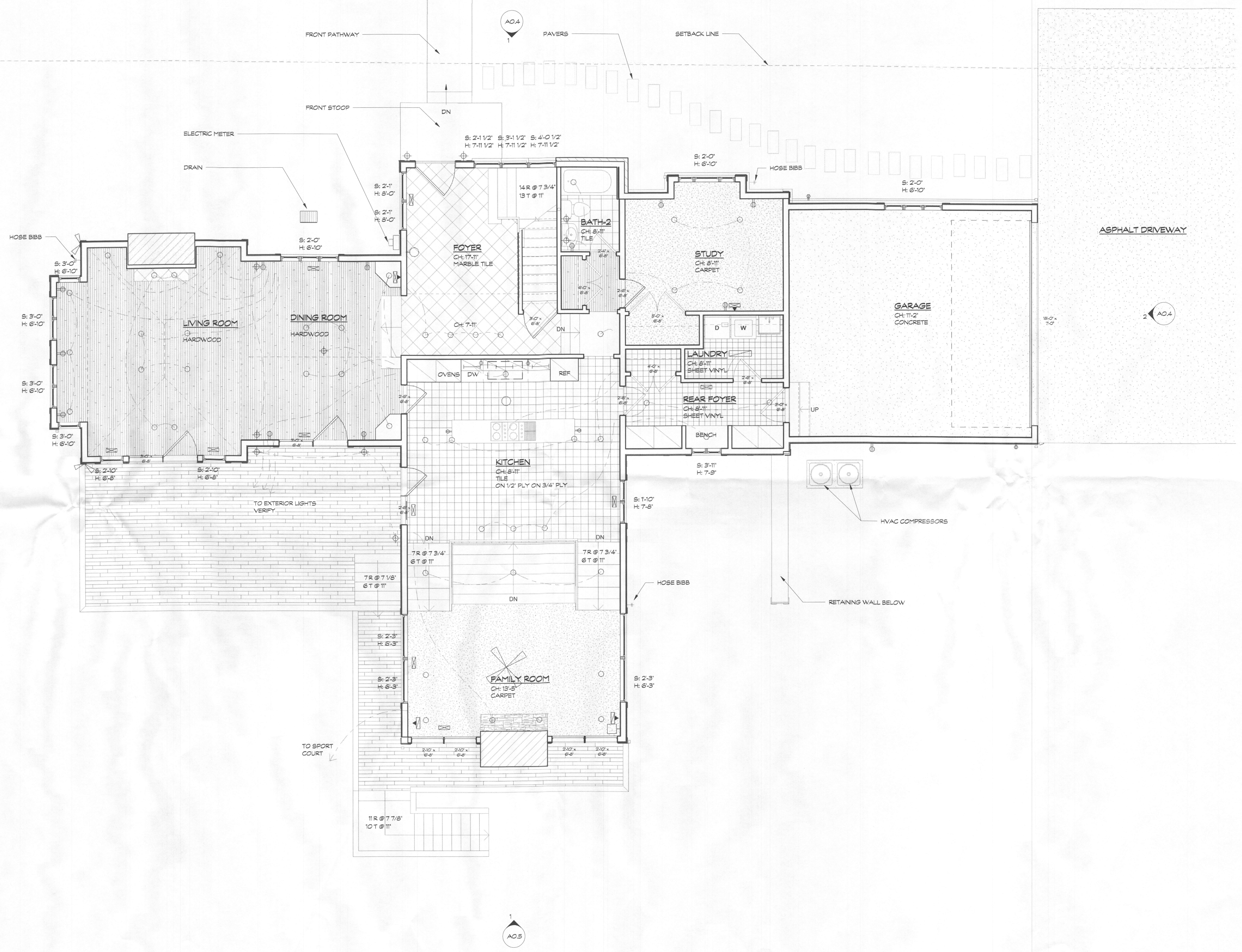
drawing revisions:  
 date:  
 description:  
 PERMIT

rev. #	description	date

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2/24/2017 2:51:36 PM  
 C:\Users\mgillen\Documents\Stator-Pricing-3-Central\_2017\_MGillen.rvt

1 EXISTING FIRST FLOOR PLAN  
 A0.1 1/4" = 1'-0"



proposed renovation for:  
 Station Residence  
 13827 Lakeside Drive  
 Clarksville, MD 21029

sheet title:  
**Existing First Floor Plan**

sheet scale:  
 1/4" = 1'-0"

sheet date:  
 2.07.2017

drawing revisions:  
 date: 

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description:  
 PERMIT

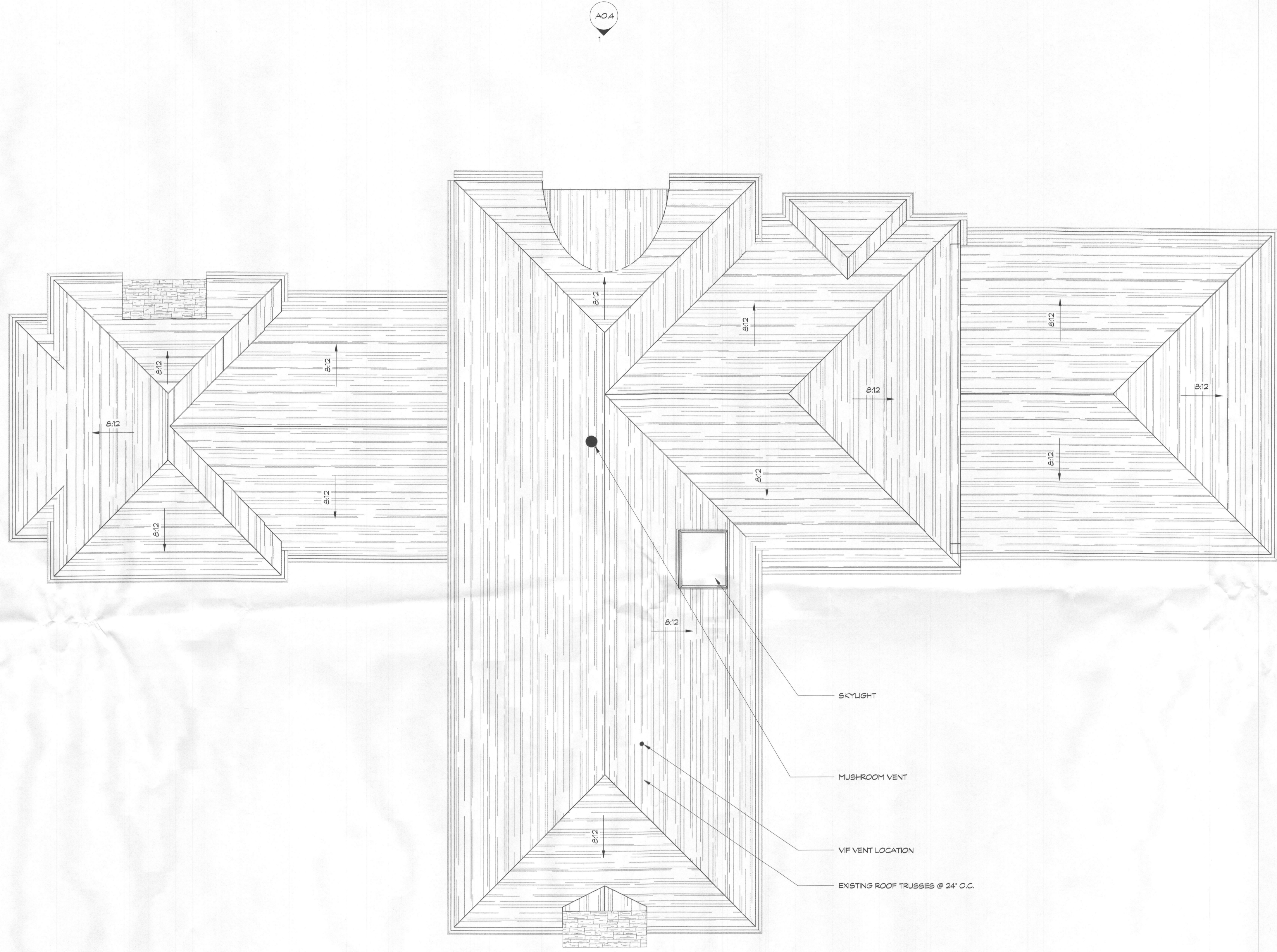
rev.# 

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A0.1

AO.5 2



SKYLIGHT

MUSHROOM VENT

VIF VENT LOCATION

EXISTING ROOF TRUSSES @ 24' O.C.

1  
 AO.5

2  
 AO.4

proposed renovation for:  
 Staton Residence  
 13827 Lakeside Drive  
 Clarksville, MD 21029

sheet title:

Existing  
 Roof Plan

sheet scale:

1/4" = 1'-0"

sheet date:

2.07.2017

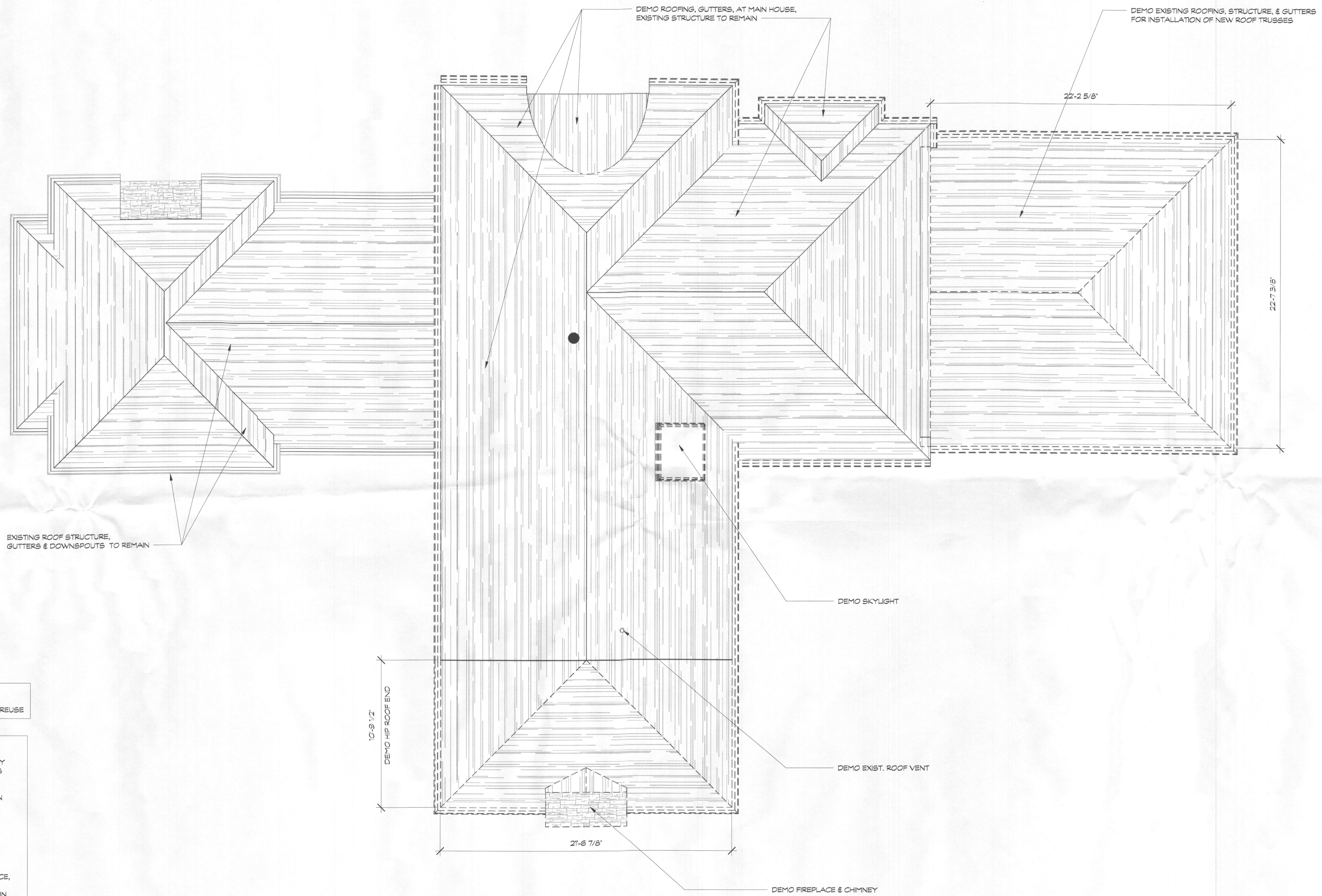
drawing revisions:

date:	description:	rev.#
	PERMIT	

description:

rev.#

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**GENERAL DEMOLITION NOTES**

1. SALVAGE ALL STONE FROM FIREPLACE & CHIMNEY FOR REUSE

- COMMUNITY FORKLIFT NOTES:**
- CAREFULLY REMOVE AND SET ASIDE FOR COLLECTION, BY COMMUNITY FORKLIFT, ANY OF THE FOLLOWING ITEMS AS SHOWN ON PLANS.
- APPLIANCES - CLEAN AND IN WORKING CONDITION
  - CABINETS
  - CEILING FANS - WITH ALL PARTS
  - DOORS
  - FENCING
  - FLOORING - DE-NAILED AND BUNDLED
  - GLASS AND MIRRORS - ONLY IF FRAMED
  - HVAC
  - LIGHTING FIXTURES
  - LANDSCAPING MATERIAL - PAVERS, STONE, LATTICE, BOARDERS
  - LUMBER AND TRIM - DE-NAILED AND 6 FT. LONG MIN.
  - MASONRY
  - MEDICINE CABINETS
  - PANELING
  - RADIATORS
  - ROOFING
  - SHELVING
  - SHOWER DOORS - MUST INCLUDE HARDWARE
  - SIDING
  - SINKS
  - STONE
  - TILE
  - TOILETS - MUST BE LOW-FLOW
  - TUBS
  - VENT COVERS
  - WINDOWS - IN WORKING CONDITION

proposed renovation for:  
 Staton Residence  
 13827 Lakeside Drive  
 Clarksville, MD 21029

sheet title:

Demolition  
 Roof Plan

sheet scale:

1/4" = 1'-0"

sheet date:

2.07.2017

drawing revisions:

date:	description:
	PERMIT

rev.#	description:
	PERMIT

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