



Building Permit Application

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

Date Received: _____

Permit No.: 616001987

Building Address: 12880 Linden Church Road
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Adam August
 Address: 12880 Linden Church Road
 City: Clarksville State: MD Zip Code: 21029
 Phone: _____ Fax: _____
 Email: adam.august@verizon.net

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Adam August
 Address: 9050 Red Branch Rd. Unit 1
 City: Columbia State: MD Zip Code: 21045
 Phone: _____ Fax: _____
 Email: tommchale@clarksvilleconstruction.net

Contractor Company: Clarksville Construction Services
 Contact Person: Tom McHale
 Address: 9050 Red Branch Rd. Unit 1
 City: Columbia State: MD Zip Code: 21045
 License No.: 78947
 Phone: 4433863099 Fax: _____
 Email: tommchale@clarksvilleconstruction.net

Engineer/Architect Company: Bluehousearchitect.com
 Responsible Design Prof.: Melissa Clark
 Address: 1993 Barclay Road
 City: Marysville State: MD Zip Code: 21104
 Phone: 410-549-3377 Fax: 410-549-3377
 Email: mclark@bluehouseARCH.com

Existing Use: Bedroom
 Proposed Use: Bedroom extension
 Estimated Construction Cost: \$ 100,000
 Description of Work: Add 10x35 addition
add 2 dormers
add front porch
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

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

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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas McHale
 Applicant's Signature
 tommchale@clarksvilleconstruction.net
 Email Address
 Project Manager
 Title/Company

Thomas C McHale
 Print Name
 4/13/14
 Date

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

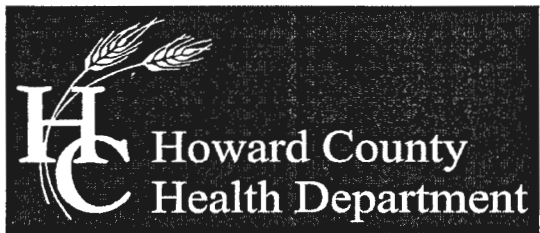
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/5/16</u>	<u>H. Osinski</u>

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

DP2 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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

May 5, 2016

Adam August
12880 Linden Church Road
Clarksville, MD 21229

RE: Waiver Approval
12880 Linden Church Road
Clarksville, MD 21229

Dear Mr. August:

This letter is being issued in response to your waiver request. This agency has **approved** the waiver to the required Percolation Certification Plan. While there is no Perc Certification Plan on file for this property, there is a platted sewage disposal area and soil profiles. The addition does not impact the area available for future on-site sewage disposal system repairs. Any deviations from the site plan submitted with the building permit will be subject to further 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,

A handwritten signature in black ink that reads 'Michael J. Davis'.

Michael J. Davis
Assistant Director
Bureau of Environmental Health

April 7, 2016

Howard County Health department
8930 Stanford Boulevard
Columbia, MD 21045

From: Adam August
12880 Linden Church Road
Clarksville, MD 21229

Re: Perc Test Waiver

To Whom It May Concern:

We are submitting plans to increase the size of our home in Clarksville. The addition does not include any additional bedrooms, and is not any closer to the well or septic fields. I have included site plans along with all all well and septic information.

Please contact me with any questions.

Regards,

Adam August
adamaugust@clarksvilleconstruction.net
443-812-2260

5/5/16
Approved
Joseph J. Davis

April 7, 2016
aa

SITE INSPECTION SHEET

OWNER: Adam August PHONE #: _____

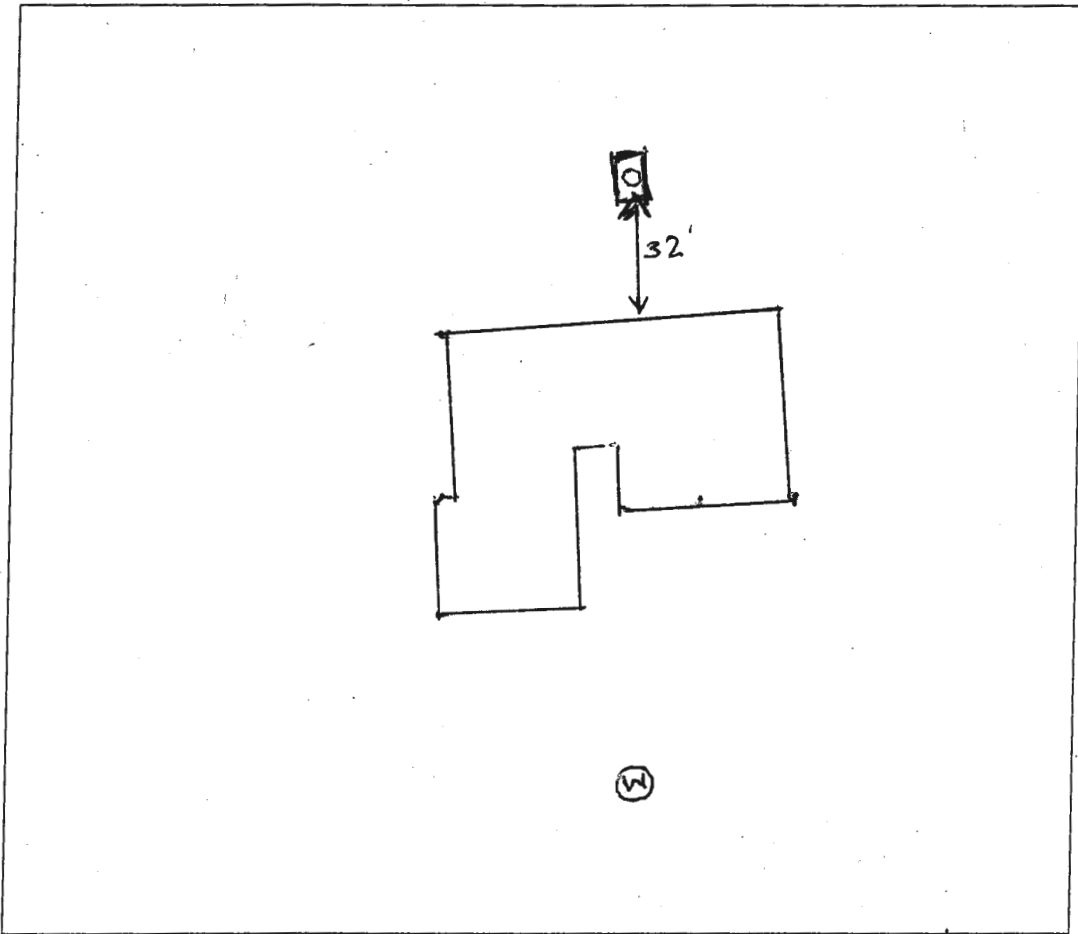
ADDRESS: 12880 Linden Church CONTRACTOR: Clarksville Construction

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Add 16x35' addition (bedroom extension)

LOCATION DIAGRAM



COMMENTS: No noted issues w/ the septic area. Well has a 1 pc cap but secure. PVC pipe flush w/ cap. & greater than 8" above grade. Tag attached.

DATE: 4/13/16 INSPECTOR: Hank Oswald

