

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07.004986

Building Address 2800 Duvall Road
Woodbine MD 21797

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

Census Tract 604002 Subdivision _____

Section _____ Area _____ Lot 10

Tax Map 7 Parcel 212 Grid 11

Zoning _____ Map Coordinates 863 Lot size _____

Property Owner's Name Scott Carnal

Address 2800 Duvall Road

City Woodbine State MD Zip Code 21797

Home Phone 301 854 6445 Work Phone 301 774 7455

Applicant's Name & Mailing Address, (if other than stated hereon): 331

Phone _____ Fax _____

Existing Use Single family Home

Proposed Use Sub family addition

Estimated Construction Cost \$ 100,000.00

Description of Work Addition of
Master bedroom, Master bath
+ front hallway

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Lehman Associates

Contact Person John Lehman AIA

Address 6885 Mark Hollow Road

City Highland State MD Zip Code 20777

Phone 301 854 1109 Fax 301 854 1077

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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> State Certified Modular | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

| Building Characteristics | Utilities |
|---|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 1st floor: <u>24</u> Depth <u>32</u> Width _____ | 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: _____ | 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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: _____ | |
| 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.

Applicant's Signature Scott H. Carnal

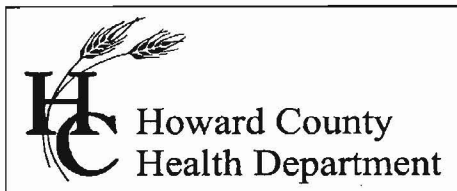
Title/Company Owner

Print Name Scott H. Carnal

Date 12/27/07

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

| 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>10/21/2008</u> | | <u>R. Buckner</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 # <u>1070</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 NewTown Zone _____ | |
| White: Building Official | | | SDP/Red-line approval date _____ | Accepted by <u>[Signature]</u> |
| Green: LDD, DPZ | | | Yellow: DED, DPZ | |
| Pink: Health | | | | |
| Gold: SHA | | | | |



Bureau of Environmental Health
7178 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 Beilenson, M.D., M.P.H., Health Officer

1/7/2008

To: Scott Carneal
2800 Duvall Rd.
Woodbine, MD 21777

From: Gabe Creighton, Environmental Sanitarian
Well and Septic Program

Re: B07004986
2800 Duvall Rd.
Woodbine, MD 21777
Proposed Addition of Master Suite and Hallway

Mr. Carneal:

This department has received and reviewed the building permit application referenced above. Upon this review it has been determined that the improvements proposed by this building permit are at a minimum not permissible without fulfilling additional requirements from this agency and dependent upon resolution of these additional requirements, ultimately may not be permissible should the resolution prove unsatisfactory.

1. File review of records on file in this department shows that a septic repair was performed on the property in 2003. Percolation testing performed at this time indicates that the soils on the property may be limited for future sewage disposal systems. Percolation testing to demonstrate adequate future repair area(d) is required prior to any addition increasing sewage flows (addition of bedrooms). If suitable repair area cannot be found, the building permit may be denied. An application for percolation testing is enclosed. A fee of \$506.00 will be assessed for this testing. For this application to be processed, you must submit the completed application and fee along with proposed test locations on a plan.
2. This property does not have an approved percolation certification plan on file as required by Howard County Code Section 3.805 (See enclosed regulation summary). All building permits for structures served by septic systems are subject to this requirement at this time. Typically, percolation certification plans are prepared by a surveyor or engineer after the percolation testing has been conducted, though homeowners are allowed to prepare the plan themselves, provided that accurate property boundary information is available for their use

and the individual is capable of fulfilling the requirements for the plan set forth in Howard County Code Section 3.805.

Upon receipt of this letter, you may respond in writing to the above address, or contact me directly at (410) 313-2775.

Respectfully,

A handwritten signature in black ink, appearing to read 'Gabriel A. Creighton', with a stylized flourish extending to the right.

Gabriel A. Creighton, R.S.
Development Coordination Section
Well and Septic Program

GAC/gac

Enclosures: As stated

cc: File