

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08002827

Building Address 15190 Bushy Park Road
Woodbine, MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 4

Tax Map 8 Parcel 383 Grid 21

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JACQUES M. MATHIAS

Address _____

City _____ State _____ Zip Code 21797

Phone _____ Phone _____

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

Phone 410-370-2777 Fax _____

Existing Use SINGLE FAMILY RESIDENCE

Proposed Use SINGLE FAMILY RESIDENCE

Estimated Construction Cost \$ _____

Description of Work: _____

Contractor Company PHOENIX CONSTRUCTION LLC

Contact Person LEAH DANIEL

Address _____

City _____ State _____ Zip Code 21221

License No. _____

Phone _____ Fax _____

Occupant or Tenant JACQUES M. MATHIAS

Contact Name JACQUES M. MATHIAS

Address _____

City _____ State _____ Zip Code 21797

Phone 410-370-2777 Fax _____

Engineer or Architect Company MILLER ENGINEERING

Contact Person MIKE HANCOCK

Address 311 W. CO. RD. 60

City HICKORY State _____ Zip Code 21071

Phone 410-571-8224 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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

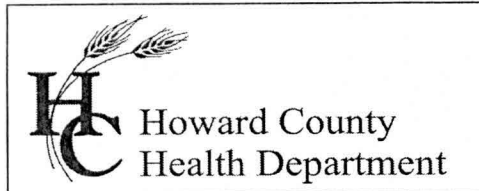
Applicant's Signature _____
Title/Company _____

DEAN MATHIAS
Print Name _____
Date 9/17/08

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>10-7-08</u>	<u>Dana Bernard</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 # _____
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			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Yellow: DED, DPZ Pink: Health Gold: SHA



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

September 9, 2008

Jason Taylor
15190 Bushey Park Rd.
Woodbine, MD 21797

RE: **Variance Approval**
15190 Bushey Park Rd.
Woodbine, MD 21797

Dear Mr. Taylor,

The Department of Health has received your variance request dated August 27, 2008 for the above referenced property. This agency will grant **approval** of the variance provided that the proposed new underground propane tank is constructed no closer to the well than the existing propane tank; forty-three feet. A general variance for wells to be located twenty feet from an addition has been enclosed. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request. Any deviations from the site plan submitted with the request 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,

Michael J. Davis, R.S.
Assistant Director
Bureau of Environmental Health

cc: File

August 27, 2008

Howard County Health Department
7178 Columbia Gateway Drive
Columbia Maryland 21046
Attn. Mr. Mike Davis

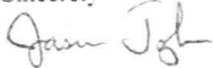
Ref: Propane Tank and Well Variance

Dear Mr. Davis,

Attached to this letter is a copy of the proposed sunroom addition for my house at 15190 Bushy Park Road in Woodbine. In the course of developing these plans I discovered that my propane tank is currently located approximately 43 feet from the well and that the corner of the proposed addition would just fall inside the 30 foot well building restriction radius. I called my propane supplier and they indicated that the tank can be no more than 120' from where the service delivery truck is parked so that it can be reached by hose without the truck leaving a paved surface. I asked if the tank could be filled from Bushy Park Road and the propane supplier said that they cannot use Bushy Park for parking/delivery services as it would be a safety hazard to do so. The attached plan shows the proposed new location for the tank increasing the distance from approximately 43 feet to approximately 69 feet while still maintaining the appropriate distance from the paved driveway and falling between several very large shade trees.

The attached plan also shows that a very small piece of the sunroom addition would cross the 30 foot well building restriction radius. Before moving forward and spending money on architectural services I would like to run both of these variance requests past you for your review. Originally I thought the addition would be closer to the front of the house but moved it as far back as possible while still allowing good access between the sunroom and the house. If you have any questions I would be happy to discuss this with you by phone at 443.786.3747 or through an e-mail to Jason.M.Taylor@verizon.com.

Sincerely

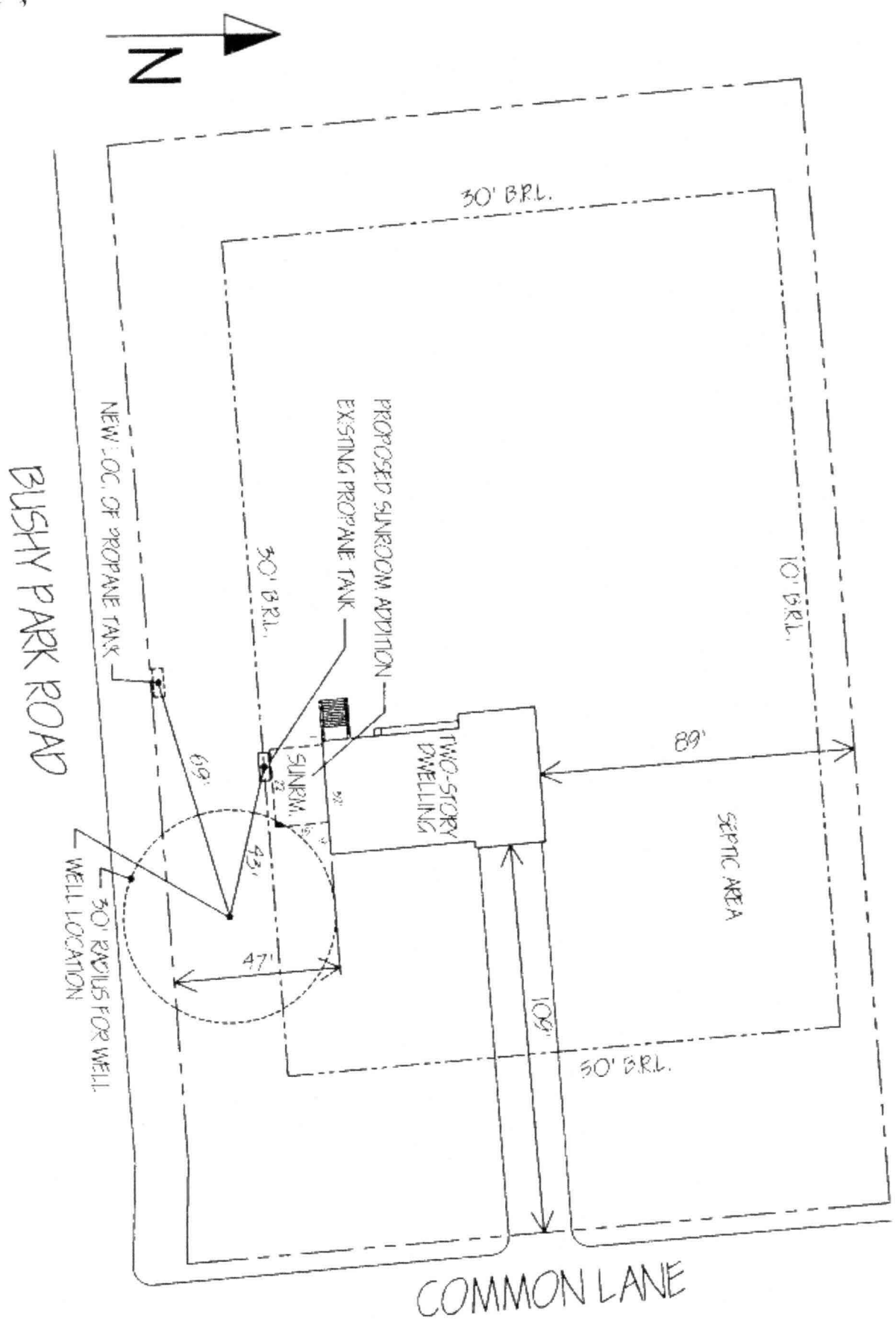


Jason Taylor

12877

A 50264-C

514988-C



BUSHY PARK ROAD

NEW LOC. OF PROPANE TANK

PROPOSED SUNROOM ADDITION
EXISTING PROPANE TANK

TWO-STORY DWELLING

SEPTIC AREA

30' RADIUS FOR WELL
WELL LOCATION

COMMON LANE

30' BRL.

10' BRL.

89'

109'

50' BRL.

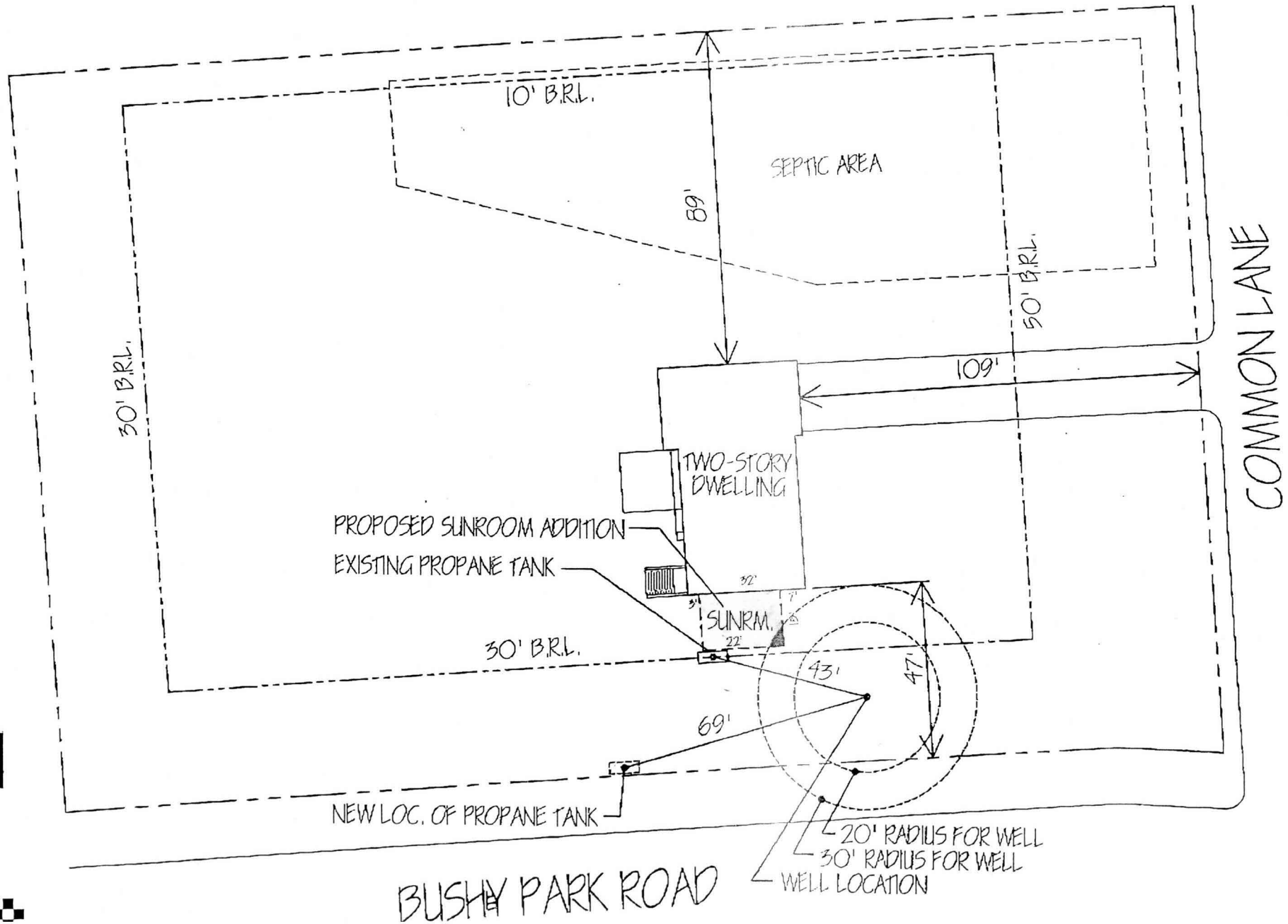
30' BRL.

69'

93'

47'





**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

200136032

Building Address 15190 Bushy Park RD
Woodbine md 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6010 Subdivision Village of 3 keys
 Section _____ Area _____ Lot 4
 Tax Map 8 Parcel 383 Grid 21
 Zoning RI-150 Map Coordinates 3513 Lot size _____

Property Owner's Name JASON & JUDY TAYLOR
 Address 15190 Bushy Park RD
 City Woodbine State md Zip Code 21797
 Home Phone 410-489-0042 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SRP
 Proposed Use 20x12 screen porch 12x7 open deck
 Estimated Construction Cost \$ 20,000
 Description of Work 20x12 screen porch REIK
sable Roof + 12x7 open deck 4/84

Contractor Company class act Design
 Contact Person WAYNE FULLER
 Address RD box 569
 City Pasadena State md Zip Code 21123
 License No. 48395
 Phone 410-242-7771 Fax 410-439-1850

Occupant or Tenant JASON & JUDY TAYLOR
 Contact Name same
 Address 15190 Bushy Park RD
 City Woodbine State md Zip Code 21797
 Phone 410-489-0042 Fax 410-439-4492

Engineer or Architect Company class act
 Contact Person Wayne Fuller
 Address same as above
 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: <u>324 SF</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	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: <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"/>
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 <input type="checkbox"/> Other: _____
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: <u>200</u> _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

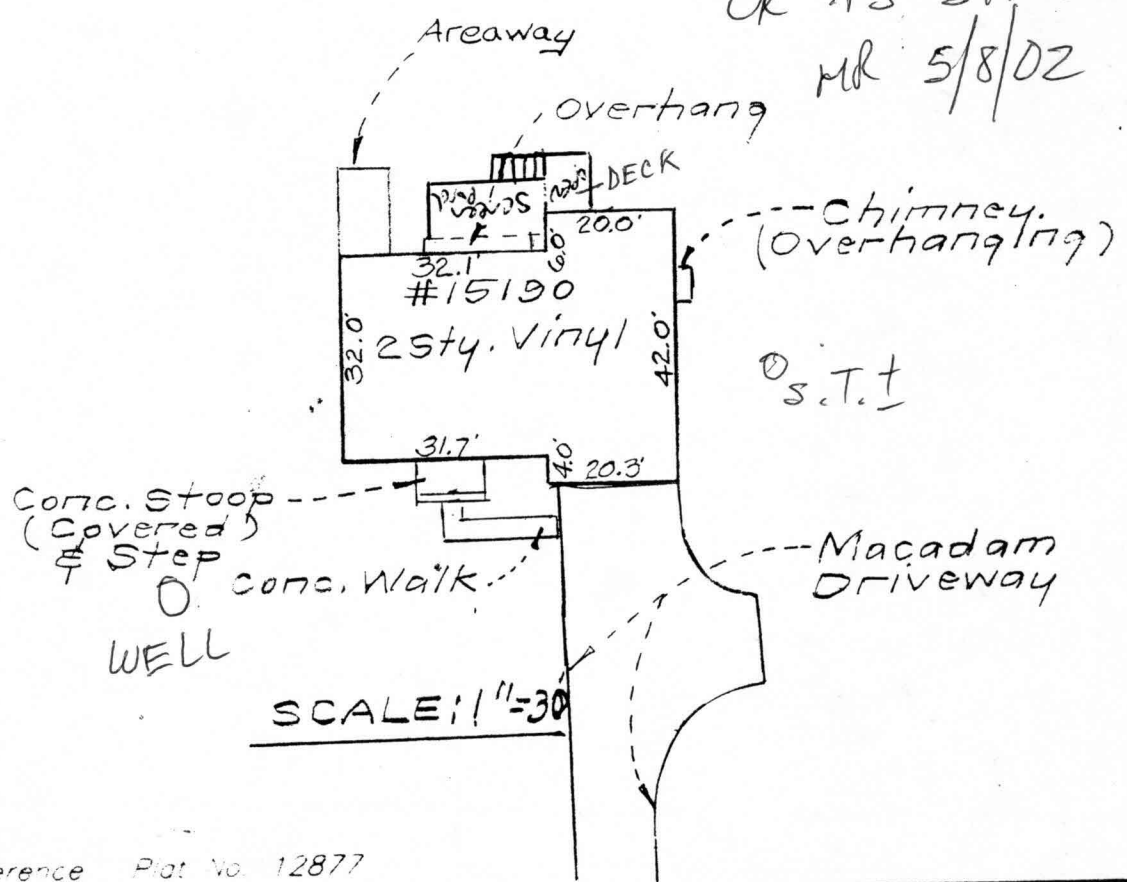
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Wayne Fuller
 Applicant's Signature
class act contractors
 Title/Company
 OK MR 5/8/02

WAYNE FULLER
 Print Name
5/8/02
 Date

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

DECK & PORCH
OK AS SHOWN
MR 5/8/02



Plot Reference Plot No. 12877



CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.

DESIGNED	<p>BOUNDARY SURVEY 15190 BUSHY PARK ROAD LOT 4 VILLAGE OF THREE KEYS LOTS 1 THRU 4 AND PRESERVATION PARCEL 'A' ELECTION DISTRICT No. 4 HOWARD COUNTY, MARYLAND</p>	SCALE 1"=50'
DRAWN MA		DRAWING
CHECKED P.A.E		JOB NO. 99-206
DATE 6-06-01		FILE NO. 99-206-0

Building Address 15190 Bushy Park Rd.
WOODBINE, MD 21777
Suite/Apt. #: --- SDP/WP/Petition #: 01-10
Census Tract 6040 Subdivision VILLAGE OF THREE KEYS
Section N/A Area N/A Lot 4
Tax Map 8 Parcel 59 Grid 21
Zoning RC Map Coordinates 3213 Lot size 59,771 sq ft

Property Owner's Name WILLIAMSBURG GROUP LLC
Address P.O. Box 1018
City COLUMBIA State MD Zip Code 21044
Home Phone _____ Work Phone 410/777-8110
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$100,000
Description of Work MODEL GEO. OLIVER CRFT EX
2 STORY, FULL BSMT, 10K, 3 FB, 1 HB,
FP, GARAGE, (4 BR) w/ OPT. FIN. BSMT.

Contractor Company SAME AS OWNER
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company LESARIS ARCH. GROUP
Contact Person CARLOS
Address 26030 WESTWOODS CENTER DR.
City VIENNA State VA Zip Code 22122
Phone 703/760-7344 Fax 703/760-7326

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>47</u> Depth <u>52</u> Width <u>47</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>43</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>43</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</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: _____	
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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Suzanne P. Davis
Applicant's Signature
Title/Company _____

SUZANNE P. DAVIS
Print Name
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: _____	45252
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>10/24/00</u>	<u>[Signature]</u>	All minimum setbacks met?	Sub-total paid \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ <u>4000</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District?	Check # <u>2170</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

