

Building Address 12832 HIGHLAND RD
HIGHLAND MO 65777

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

Census Tract 605101 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 21 Grid 4

Zoning RR Map Coordinates 14B12 Lot size _____

Property Owner's Name DAVID R O'LEARY

Address 12832 HIGHLAND RD

City HIGHLAND State MO Zip Code 65777

Home Phone 301-856-3518 Work Phone 301-856-9124

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY, DETACHED

Proposed Use _____

Estimated Construction Cost \$ 50,000-

Description of Work 2 STORY ADDITION, 32.5
X 39' IRR. SHADE, DINING, FAMILY W/
F.P. + BATH; MASTER BED W/ BATH + OFFICE + PORCH

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant SAME

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company NONE

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

David R O'Leary
 Applicant's Signature

DAVID R O'LEARY
 Print Name

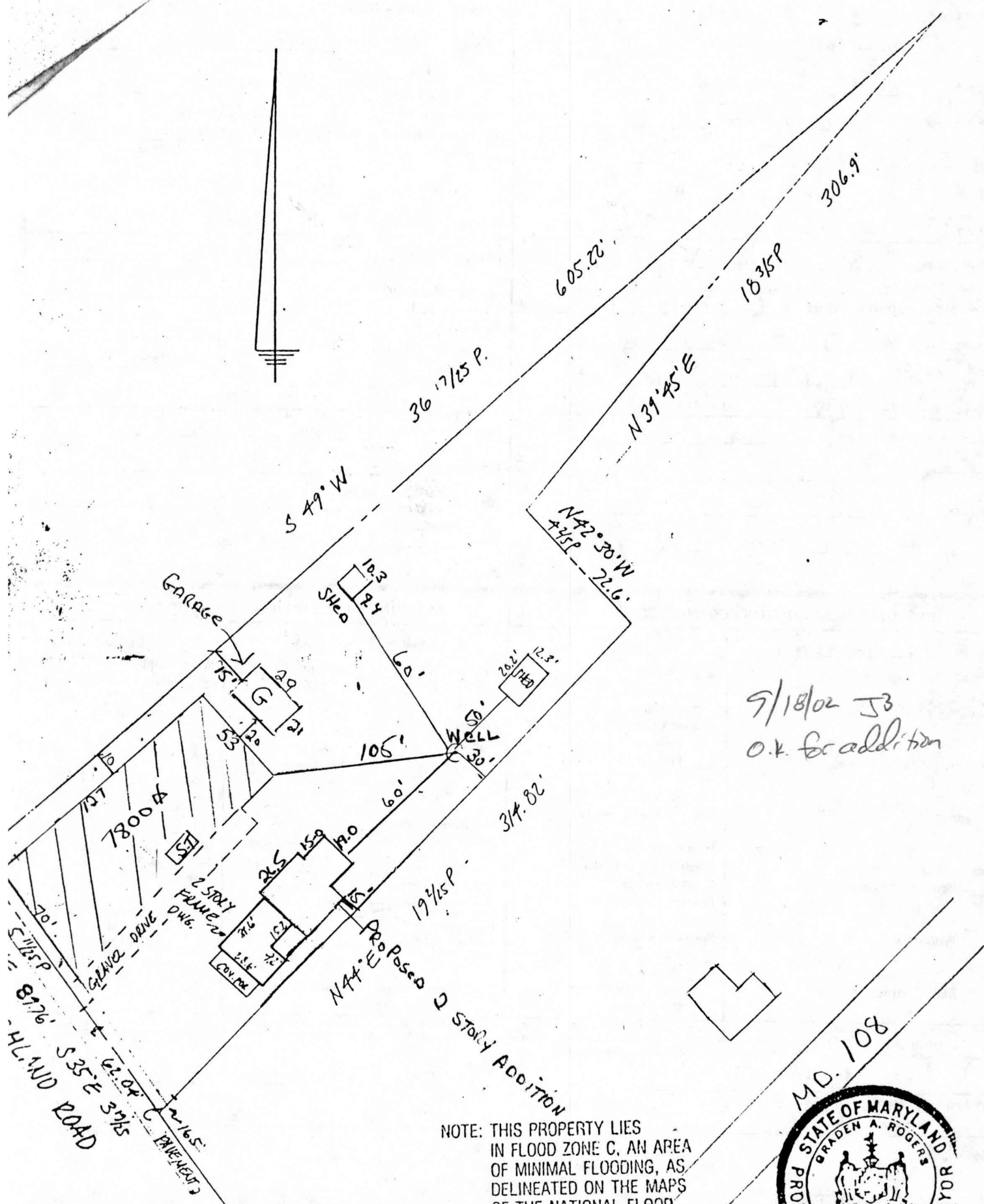
7/8/02
 Date

Title/Company _____

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 \$ <u>25.00</u>	
State Highways			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____	
Health	<u>7/10/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>151</u>	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>5332</u>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
				Accepted by <u>[Signature]</u>	

10 CRAIN HIGHWAY N.W. SUITE 75
 GLEN BURNIE, MARYLAND 21061
 (301) 768-2121



9/18/02 JB
 O.K. for addition

NOTE: THIS PROPERTY LIES IN FLOOD ZONE C, AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM



No title report furnished.

IFICATION: This is to certify that the improvements located hereon are located as shown. This is not a property survey and should not be used for the erection of fences or other improvements.

Braden A. Rogers
 BRADEN A. ROGERS - PROP. L.S. MD. LIC. NO. 119

R. 929 FOLIO 650

BLOCK _____ SECT. _____ PLAT _____

ENTITLED _____

RYED IN HOWARD COUNTY MD.

BOOK _____ FOLIO _____

12832 HIGHLAND ROAD

SCALE 1" = 60'

DATE 9-11, 19 13

CASE NO. 93377

JOB NO. MJC13831



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

July 12, 2002

Daniel R. O'Leary
12832 Highland Road
Highland, MD 20777

RE: Building Permit B00137341
12832 Highland Road
Proposed 2-story Addition

Dear Mr. O'Leary:

This office has received the building permit, but cannot recommend approval at this time any recommendation for building permit approval is contingent upon clarification of the following:

1. the current number of bedrooms
2. the proposed number of bedrooms
3. and the well abandonment report that was to be completed at the time of the new well being drilled per the meeting you had with Mark Rifkin on August 17, 2001.

Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Respectfully Yours,

John A. Boris, Jr., R.S.
Well and Septic Program

JAB

cc: Department of Inspections, Licenses & Permits
File



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

July 31, 2002

Daniel R. O'Leary
12832 Highland Road
Highland, Maryland 2077

RE: Building Permit Application B00137341
12832 Highland Road

Dear Mr. O'Leary:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the location of the existing dug well.

As a result of the recent conversation between you, Mr. Rifkin, and myself we decided on the procedure required to issue the permit. The procedure is as followed:

1. Plumb new well
2. Well driller must supervise introduction of gravel to hand dug portion
3. The permit will then be signed once abandonment report is received
4. The well driller will then come back to fill the dug well with 6" on concrete on top of the gravel

Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Very Truly Yours,

John A. Boris, Jr., R.S.
Well and Septic Program

JAB

cc: Department of Inspections, Licenses & Permits
Joe Mayne
File

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0032913

Building Address 12832 HIGHLAND RD
H. Hill Md. 20777
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6051.01 Subdivision N/A
 Section N/A Area N/A Lot N/A
 Tax Map 40 Parcel 81 Grid 4
 Zoning B-1 Map Coordinates 14B12 Lot size 1.13 AC.

Property Owner's Name DANIEL R O'LEARY
 Address 12832 HIGHLAND RD
 City HIGHLAND State MD Zip Code 20777
 Home Phone 301-854-8348 Work Phone 301-854-9424
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use RESIDENTIAL SFD
 Proposed Use RESIDENTIAL SFD
 Estimated Construction Cost \$ 10,000
 Description of Work New 2 story 2 car GARAGE detached w/ storage above

Contractor Company Owner
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant OWNER
 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 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 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"/>
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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>GARAGE</u>	
Dimensions: <u>31x29</u>	
Footings: <u>CONCRETE</u>	
Roof: <u>ASPHALT SHINGLES</u>	
_____ 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 Daniel R O'Leary
 Title/Company OWNER

Print Name DANIEL R O'LEARY
 Date 10/23/01

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>11/6/01</u>	<u>Steven R Krieg</u>
<input checked="" type="checkbox"/> 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"/>		

PROPERTY ID#: 52522

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>3047</u>
Validation	# <u>4505</u>

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

FRONT

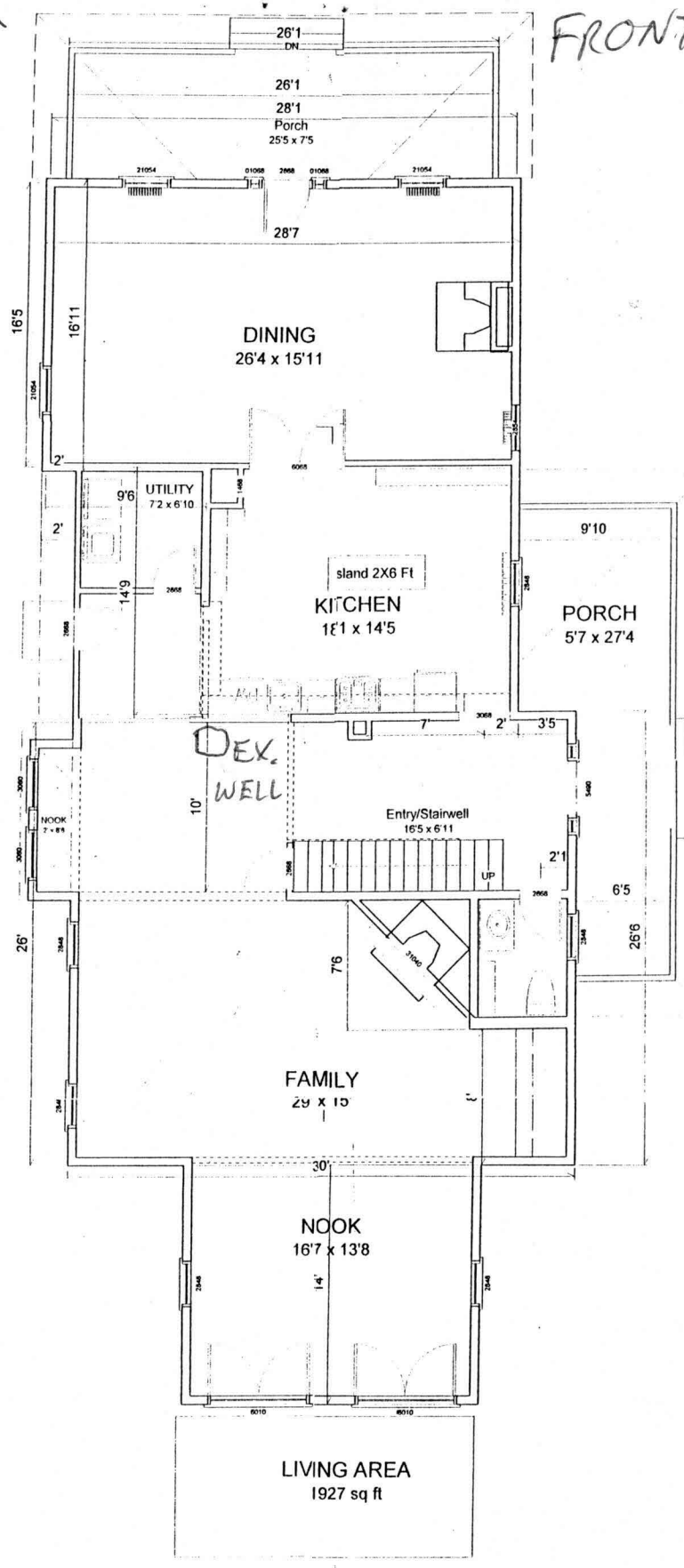


LIVING AREA
1645 sq ft

2nd floor

HIGHLAND
RD

FRONT



Patio