

Building Address 11276 WOODBRIDGE RD  
GREENBELT MD 21044

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name HOUSMAN LLC  
 Address 11276 WOODBRIDGE RD  
 City GREENBELT State MD Zip Code 21044  
 Home Phone 410-501-1102 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone 410-501-1102 Fax Custom 11 hours

Existing Use Existing house  
 Proposed Use New house  
 Estimated Construction Cost \$ 150,000  
 Description of Work New house

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company DAVIDSON CONSTRUCTION  
 Contact Person ALBERTA GUYMON  
 Address 3203 BIRMINGHAM DR  
 City CHRYSLER State MD Zip Code 20813  
 License No. \_\_\_\_\_  
 Phone 740-375-5105 Fax 301-312-6007

Engineer or Architect Company Applied Civil Eng.  
 Contact Person Muhammad Zayed  
 Address 9470 Annapolis Rd Suite 401  
 City Linthicum State MD Zip Code 20714  
 Phone 301-454-5932 Fax \_\_\_\_\_

**BUILDING DESCRIPTION – COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

**BUILDING DESCRIPTION – RESIDENTIAL**

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
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: _____	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"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 [Signature]  
 Email Address [Email]  
 Title/Company \_\_\_\_\_

Print Name ALBERTA GUYMON  
 Date 6/04/2010

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	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Officials			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
Health <u>3-8-11 D 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? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>7089</u>	
			Lot Coverage for New Town Zone _____	Validation # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>	
ONE STOP SHOP: <input type="checkbox"/>					



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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*Peter L. Beilenson, M.D., M.P.H., County Health Officer*

October 18, 2011

Alfredo A. Guzman  
11276 Old Frederick Road  
Marriottsville, Maryland 21104

RE: 11276 Old Frederick Road  
BP # B10001559  
**PUBLIC WATER**

Dear Sirs or Madam:

This is to advise that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/06/2011 by HCHD. Final approval of the well is not required because the property is connected to public water.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

### RECOMMENDATION FOR USE AND OCCUPANCY

Respectfully,

Dana Bernard, Sanitarian  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File