

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B07001903

Building Address 491 Route 32  
Sykesville MD 21774-1006  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision John Deere  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
 Tax Map 4 Parcel \_\_\_\_\_ Grid 15  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 1.00 AC

Property Owner's Name Dwight + Ann De...  
 Address 7434 Springfield - 06  
 City Sykesville State MD Zip Code 21774  
 Home Phone 410 552-1369 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
James Walter 2942 Ridge Rd Sykesville MD 21774  
 Phone 410 984-4525 Fax \_\_\_\_\_

Existing Use VACANT LOT  
 Proposed Use DRIVEWAY  
 Estimated Construction Cost \$ 12,250.00  
 Description of Work DRIVEWAY 10X8 AND FRONT DRIVE

Contractor Company Wm. De... + Son  
 Contact Person James Walter  
 Address 2942 Ridge Rd  
 City Balto State MD Zip Code 21244  
 License No. 9033  
 Phone 410 984-4525 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 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	Sprinkler system: N/A <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: <u>44x</u> <u>26</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>44x</u> <u>26</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>44x</u> <u>26</u>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: <u>Mud room</u> Dimensions: <u>4x10</u> Footings: _____ Roof Height: _____	
<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.

James Walter  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

James Walter  
 Print Name  
4-16-07 4-19-07 5-21-07  
 Date

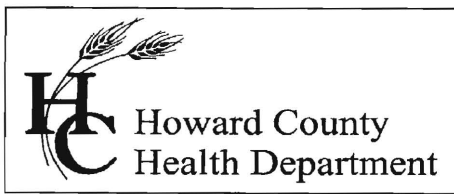
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/15/07</u>	<u>Gabriel J. Gf</u>
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"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>17666</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____





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

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

6/5/2007 on-hold in ACCELA

To: James Whetzel  
Whetzel & Son  
2842 Ridge Rd.  
Baltimore, MD 21244

From: Gabe Creighton  
Well and Septic Program

Re: B07001903  
481 Sykesville Rd (Rt. 32)  
Sykesville, MD 21784  
David and Amy Dell

To Whom It May Concern:

This department has received and reviewed the above referenced building permit application. Upon this review it has been determined that the plan submitted with the application is insufficient for approval of the building permit. Items listed below need to be revised on a subsequent plan prior to permit approval.

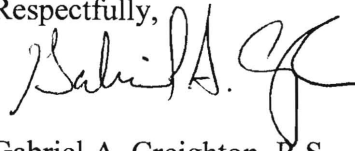
- The plan needs a note stating that the existing well location shown on the plan has been surveyed by a licensed professional surveyor.
- The plan received by this office appears to be a faxed copy: it is not to scale, and is relatively illegible. Please submit an original copy of the plan.
- The plan should show the septic trenches as depicted on the approved percolation certification plan. (enclosed)
- The plan should show the outline of the now demolished house. This is necessary because septic trenches cannot be installed into unnatural soils such as filled in foundations.
- A note should be added to the plan stating that if equal length (+/- 10%) septic trenches cannot be installed in the septic area, a low pressure dosing system will be required to obtain equal distribution amongst the septic trenches.
- The septic tank location shown on the plan is less than the required 20' (twenty feet) from the house foundation. Revise this location as necessary.
- Add a note stating that the septic system to serve the proposed house will not flow by gravity from the basement. A pump will be required for basement plumbing.
- Add a note stating that the Septic Reserve Area including the corners of the now demolished house will be staked by a licensed surveyor prior to the septic installation.

Letter to: James Whetzel, Whetzel & Son  
Re: B07001903  
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Once the revised plan has been received, it will be reviewed to determine whether it meets this department's criteria. If determined to be sufficient, the permit will be approved. If determined to be insufficient, the permit may not be allowed to proceed until an acceptable solution can be reached.

If you have questions regarding this process, please contact this office at (410) 313-2775.

Respectfully,



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

GAC/gac

Enclosure

cc: Amy and David Dell (7434 Springfield Ave., Sykesville, MD 21784)  
Marks and Associates, LLC (Via Fax: 410-747-8547)  
File