

Dave Sadler
President



STIRLING HOMES

20901 New Hampshire Avenue
Brookeville, Maryland 20833
Phone: (301) 974 4899
Email: dsadler@stirlinghd.com

Mike Davis
Deputy Director
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

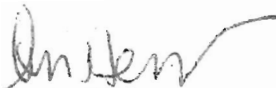
October 16, 2012

Re: Home Addition, 15029 Oak Ridge Ct., Dayton, MD 21036

Dear Mr. Davis,

We have recently had to move my husband's elderly father into our home due to health reasons. In order to adequately meet his needs we need to add an addition with elevator to our current home. As you will note by the enclosed plot plan we are requesting a variance to the current septic reserve area to accommodate the new addition. Due to our lot configuration and the location of our current sewer lines and distribution box this is the only location for the addition that works. The original septic reserve area was platted at 11,016 square feet allowing for possible reduction while still exceeding the required 10,000 square feet. Maintaining the 20 foot setback to the addition will reduce the current reserve area by 208 square feet. This will leave a septic reserve area of 10,748 square feet, still 7.5% above the minimum required. Thank you for your cooperation in helping us meet this family need.

Sincerely,



Ann Hoffman
15029 Oak Ridge Ct.
Dayton, MD 21036

11/29/12

M. Davis

Approved B12003683

No waiver req'd.

B12003683

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <p style="text-align: center;">NO</p>		<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <p style="text-align: center;">NO</p>		<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? <p style="text-align: center;">NO</p>		<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE? <p style="text-align: center;">NO</p>		<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? <p style="text-align: center;">NO</p>		<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:		<input type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)</p> <p>IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p>		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

Maryland Department of Assessments and Taxation Real Property Data Search (vsw4.2A) HOWARD COUNTY	Go Back
	View Map
	New Search
	GroundRent
	Redemption
	GroundRent
	Registration

Account Identifier: District - 05 Account Number - 432723

Owner Information

Owner Name:	SUKO SCOTT K HOFFMAN ANN M T/E	Use:	RESIDENTIAL
Mailing Address:	15029 OAK RIDGE CT DAYTON MD 21036-1257	Principal Residence:	YES
		Deed Reference:	1) /08239/ 00605 2)

Location & Structure Information

Premises Address	Legal Description
15029 OAK RIDGE CT DAYTON 21036-0000	LOT 10 1.08 A 15029 OAK RIDGE CT R/W HIGH FOREST ESTATES

Map	Grid	Parcel	Se5 District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	13960
0027	0011	0147		0000			10	2	Plat Ref:	

Special Tax Areas	Town	NONE
	Ad Valorem	100
	Tax Class	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
2004	3,138 SF	1.0800 AC	000000

Stories	Basement	Type	Exterior
2.000000	YES	STANDARD UNIT SIDING	

Value Information

	Base Value	Value	Phase-in Assessments	
			As Of	As Of
Land	450,800	350,800	07/01/2012	07/01/2013
Improvements:	532,890	315,400		
Total:	983,690	666,200	666,200	666,200
Preferential Land:	0			0

Transfer Information

Seller:	SAPLING RIDGE LLC	Date:	04/20/2004	Price:	\$776,122
Type:	ARMS LENGTH IMPROVED	Deed1:	/08239/ 00605	Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt:	Special Tax Recapture:
Exempt Class:	NONE

Homestead Application Information

Homestead Application Status: Approved 08/14/2009



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B/2003688 (83)

Building Address: 15029 OAK RIDGE CT.
 City: DAYTON State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: HIGH FOREST ESTATES
 Section: _____ Area: _____ Lot: 10
 Tax Map: 27 Parcel: 147 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.08A

Existing Use: SINGLE FAMILY RESIDENTIAL
 Proposed Use: (SAME)
 Estimated Construction Cost: \$ 80,000
 Description of Work: 15'x30' CONSERVATORY
ADDITION W/ FINISHED BASEMENT
BELOW.

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: SAME AS CONTRACTOR
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: SCOTT SUKO/ANN HOFFMAN
 Address: 15029 OAK RIDGE CT.
 City: DAYTON State: MD Zip Code: 21036
 Phone: _____ Fax: _____
 Email: annmariehoffman@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: STIRLING HOMES AND DEV. LLC
 Address: 20901 NEW HAMPSHIRE AVE.
 City: BROOKVILLE State: MD Zip Code: 20833
 Phone: 301 974 4899 Fax: _____
 Email: davidksadler@aol.com

Contractor Company: STIRLING HOMES FAY LLC
 Contact Person: DAVE SADLER
 Address: 20901 NEW HAMPSHIRE AVE
 City: BROOKVILLE State: MD Zip Code: 20833
 License No.: MHC # 129248
 Phone: 301 974 4899 Fax: _____
 Email: davidksadler@aol.com

Engineer/Architect Company: AR GRAPHICS
 Responsible Design Prof.: A. RANDALL CASSELL
 Address: 113 GOTHARD RD.
 City: LUTHERVILLE State: MD Zip Code: _____
 Phone: 410 825 8734 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>30'</u>	<u>15'</u>
Area of construction (sq. ft.):	Basement:	
Use group:	<input checked="" type="checkbox"/> Finished Basement	
Construction type:	<input type="checkbox"/> Unfinished Basement	
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Masonry	No. of Bedrooms:	
<input checked="" type="checkbox"/> Wood Frame	Multi-family Dwelling	
<input type="checkbox"/> State Certified Modular	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: DAVE SADLER
 Email Address: davidksadler@aol.com
 Title/Company: _____

Print Name: DAVE SADLER
 Date: 11-7-12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

CL# 11350



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____
Permit No.: B/2003683 (83)

Building Address: 15029 OAK RIDGE CT.
City: DAYTON State: MD Zip Code: 21036
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: HIGH FOREST ESTATES
Section: _____ Area: _____ Lot: 10
Tax Map: 27 Parcel: 147 Grid: 11
Zoning: _____ Map Coordinates: _____ Lot Size: 1.08 AC

Existing Use: SINGLE FAMILY RESIDENTIAL
Proposed Use: (SAME)
Estimated Construction Cost: \$ 80,000
Description of Work: 15'x30' CONSERVATORY
ADDITION W/ FINISHED BASEMENT
BELOW.

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: SAME AS CONTRACTOR
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: SCOTT SUKO/ANN HOFFMAN
Address: 15029 OAK RIDGE CT.
City: DAYTON State: MD Zip Code: 21036
Phone: _____ Fax: _____
Email: annmariehoffman@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: STIRLING HOMES AND DEV. LLC
Address: 20901 NEW HAMPSHIRE AVE.
City: BROOKVILLE State: MD Zip Code: 20833
Phone: 301 974 4877 Fax: _____
Email: dauidk.sadler@aol.com

Contractor Company: STIRLING HOMES AND DEV LLC
Contact Person: DAVE SADLER
Address: 20901 NEW HAMPSHIRE AVE
City: BROOKVILLE State: MD Zip Code: 20833
License No.: MHC # 129248
Phone: 301 974 4877 Fax: _____
Email: dauidk.sadler@aol.com

Engineer/Architect Company: AR GRAPHICS
Responsible Design Prof.: A. RANDALL CASSELL
Address: 113 GOTHARD RD.
City: LUTHERVILLE State: MD Zip Code: _____
Phone: 410 825 8734 Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>30'</u>	<u>15'</u>
Area of construction (sq. ft.):	2 nd floor: _____	
Use group:	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Construction type:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Structural Steel	No. of Bedrooms: _____	
<input type="checkbox"/> Masonry	Multi-family Dwelling	
<input checked="" type="checkbox"/> Wood Frame	No. of efficiency units: _____	
<input type="checkbox"/> State Certified Modular	No. of 1 BR units: _____	
	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: dauidksadler@aol.com
Email Address: _____
Title/Company: _____

Print Name: DAVE SADLER
Date: 11-7-12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11/20/12</u>	<u>ND</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

