

Call Cont

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO0137335

Building Address 4966 MORNING STAR DRIVE
DAYTON, MD 21036

Property Owner's Name BOB + CAROLYN PARKER
Address 4966 MORNING STAR DRIVE
City DAYTON State MD Zip Code 21036

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

Census Tract 6051.01 Subdivision LINDEN CHAPEL

Home Phone 410531-9110 Work Phone SAME
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section 2 Area 6000 Lot 6

Tax Map 28 Parcel 167 Grid 14

Zoning RRDEUM Map Coordinates 1353 Lot size 40,595 sq ft

Phone _____ Fax _____

Existing Use SFD

Contractor Company ALLAN HOMES UNLIMITED

Proposed Use ADD FINISHED CLUB BSMT

Contact Person Jim Brewster

Estimated Construction Cost \$ 5000.00

Address P.O. Box 1058

Description of Work ADD CLUB BSMT, REC ROOM

City COLUMBIA State MD Zip Code 21044

Family Room, office, EXERCISE ROOM, Hall, Bath

License No. 77138

Phone 410-381-1414 Fax _____

Occupant or Tenant Bob + Carolyn Parker

Engineer or Architect Company CG JACKSON

Contact Name Bob Parker

Contact Person JACK JACKSON

Address 4966 MORNING STAR DRIVE

Address _____

City Dayton State MD Zip Code 21036

City GATHERSBURG State md Zip Code _____

Phone 410531-9110 Fax 410531-9490

Phone 301-519-7485 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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |
| State Certified Modular _____ | |

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private _____ |
| 1st floor: _____ | Sewage Disposal: _____ Public _____ Private _____ |
| 2nd floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
Applicant's Signature
DIRECTOR OF OPERATIONS
Title/Company

Jim Brewster
Print Name
7/3/02
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: _____ | <u>55422</u> |
| State Highways | | | Rear: _____ | Filing fee \$ <u>25</u> |
| Building Official | | | Side: _____ | Permit fee \$ <u>45</u> |
| Dev. Engineering, DPZ | | | Side St.: _____ | Excise tax \$ _____ |
| Health | <u>7/12/02</u> | <u>[Signature]</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ <u>73</u> |
| 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"/> | Sub-total paid \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | Balance due \$ _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Check # <u>9506</u> |
| | | | | Validation # <u>5795</u> |
| | | | | Accepted by <u>[Signature]</u> |

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



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 10, 2002

Bob and Carolyn Parker
4966 Morning Star Drive
Dayton, MD 21036

RE: Building Permit B00137335
4966 Morning Star Drive
Proposed 1 Bedroom Addition

Dear Mr. & Mrs. Parker:

This office has received the building permit, but cannot recommend approval at this time because the existing trench is not documented to be adequate to accommodate the potential increase in sewage flow for a one-bedroom addition, and there is insufficient information to determine the existing water well location. A meeting was held on July 15, 2002 with an agent of Allan Homes and Mark Rifkin of the Howard County Health Department detailing items numbered 1 and 2 as listed below.

Any recommendation for building permit approval is contingent upon clarification of the number of bedrooms in the existing dwelling as well as the finished dwelling. Additional requirements include:

- 1) a percolation test to determine soil suitability for installation of a septic system repair to accommodate the potential increase in flow
- 2) to establish adequate future septic replacement area
- 3) and to verify the location of the existing well.

The septic system repair process involves a repair permit (\$25 fee) and is best completed through a professional septic contractor.

Please contact this office at (410) 313-2694 if you have any questions or to arrange permit issuance.

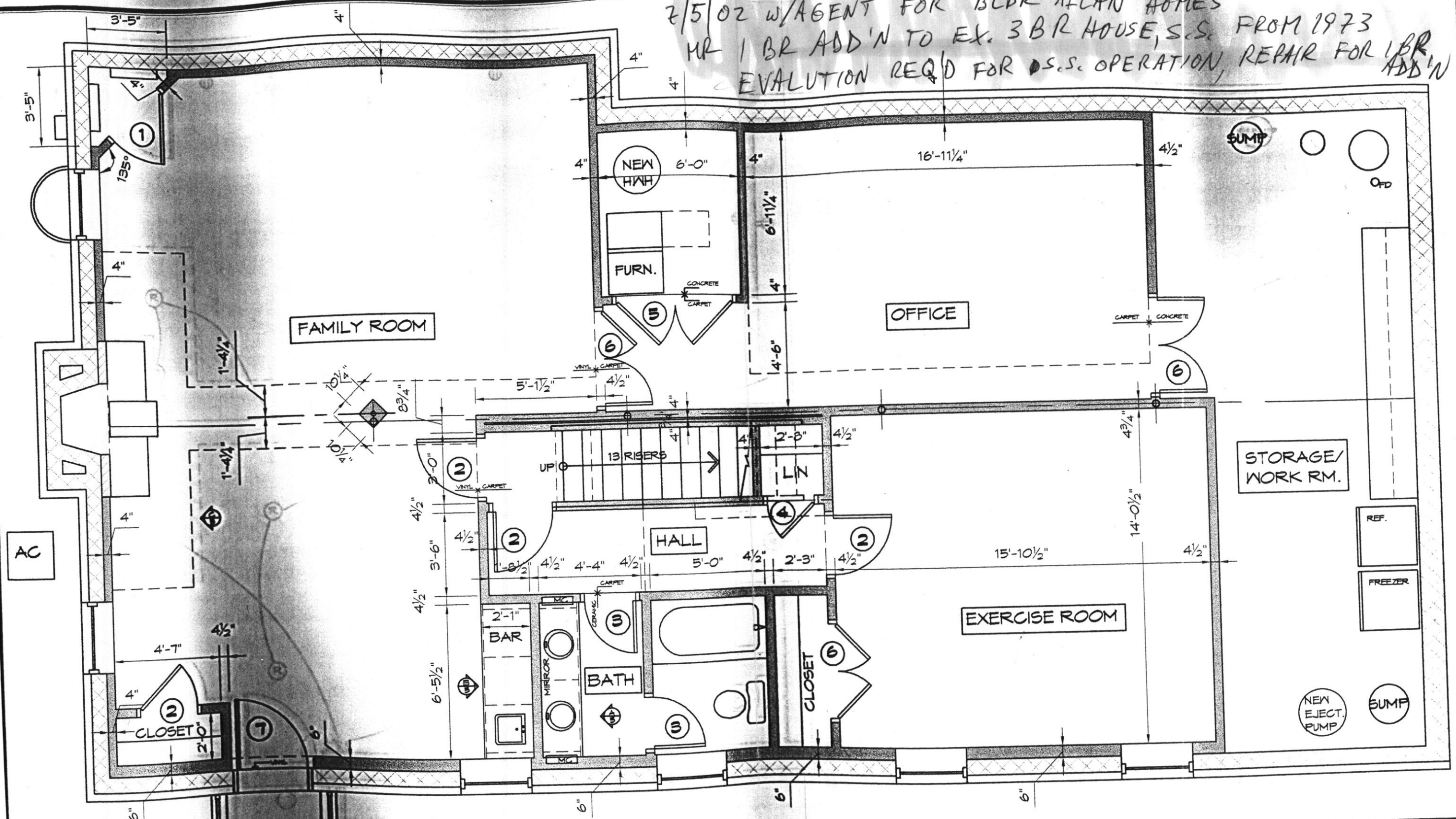
Very Truly Yours,

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

JAB

cc: Department of Inspections, Licenses & Permits
Allan Homes Unlimited
File

2/5/02 w/AGENT FOR BDR ALLAN HOMES
 MR 1 BR ADD'N TO EX. 3 BR HOUSE, S.S. FROM 1973
 EVALUTION REQ'D FOR S.S. OPERATION, REPAIR FOR 1 BR ADD'N



NEW BASEMENT PLAN

PARKER RESIDENCE BASEMENT REMODEL

ALLAN HOMES INC. - BUILDER
 COLUMBIA, MD 410-519-7485

C.G. JACKSON AIA - ARCHITECT
 GAITHERSBURG, MD 301-519-7485

2.

SCALE: 1/4" = 1'-0"
 DATE: 7-1-02