

B 00134717 SPK

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

B 00134719

Building Address 2151 Mount View Rd
Marriottsville MD 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision Crest Acres
Section _____ Area _____ Lot 8
Tax Map 16 Parcel 379 Grid 1
Zoning RKDEP Map Coordinates 1234 Lot size _____

Property Owner's Name Mark & Karen Levin
Address 2151 Mount View Rd
City Marriottsville State MD Zip Code 21104
Home Phone 410-440-2030 Work Phone 301-572-3221
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFO
Proposed Use SFO
Estimated Construction Cost \$ 45,000.00
Description of Work 33x14 Addition, 12x210th
floor Bedroom, full bath, closets, +
Storage areas, convert existing Bdr to Study
Occupant or Tenant owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company KPK Construction
Contact Person Kevin Kennedy
Address 9375-G Gerwig Lane
City Columbia State MD Zip Code 21046
License No. MHC 18614
Phone 410-290-9963 Fax 410-290-9067
Engineer or Architect Company N/A
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"/> 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 _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>24</u> <u>40</u> 2nd floor: <u>20</u> <u>40</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 THERE TO; (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 Kevin Kennedy
Title/Company Owner KPK Construction

Print Name Kevin Kennedy
Date 3/6/02

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		
Health Engineering, DPZ		
Health	<u>4/1/02</u>	<u>Steven R. Krueg</u>
Fire Protection		
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"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	
<u>13-228</u>	Filing fee \$ <u>25</u>
	Permit fee \$ _____
	Excise tax \$ _____
	Add'l per. fee \$ _____
	TOTAL FEES \$ _____
	Sub-total paid \$ _____
	Balance due \$ _____
	Check # <u>11215</u>
	Validation # _____
	Accepted by _____

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

May 8, 2002

Mark Levin
2151 Mount View Road
Marriottsville, MD 21104

RE: Building Permit Application B00134719
Crest Acres, Lot 8
2151 Mount View Road

Dear Mr. Levin:

This letter is to follow up on our previous telephone conversation regarding the referenced building permit application. Per our phone conversation, I have recommended the approval of the referenced building permit application; however, it is important to recognize that any future proposed additions may require the evaluation of septic system capacity which could result in the installation of additional septic system components.

It is understood that this house is connected to public water and has an existing well not in service. COMAR 26.04.04 (State Well Construction Regulations) stipulate that wells which are permanently disconnected are considered abandoned. Furthermore, any well considered abandoned shall be filled and sealed by a licensed well driller. **This abandonment process is important in that it helps to restore the subsurface geologic conditions which existed before the well was drilled, and more importantly, to protect the groundwater resource from potential contamination.**

Alternatively, if the intention is to use this well for residential irrigation (non-potable uses), it is requested that you write a formal letter stating this. Also, during the installation of the associated plumbing for the non-potable well, appropriate backflow prevention devices (if a cross connection exists) must be installed to prevent the possibility of cross contamination between the public potable water supply and the private non-potable well water supply.

The Health Department's recommendation for approval is based on your acceptance of these conditions. If you have any questions, please call me at (410)313-2640.

Respectfully,
Steven R. Krieg
Steven R. Krieg
Registered Environmental Sanitarian
Well and Septic Program

SRK

cc:

File ✓

FACSIMILE TRANSMISSION COVER SHEET

TO: STEVEN KRIEG
OF: HO. CO. DEPT. OF HEALTH. WELL & SEPTIC
FACSIMILE NO. 410-

FROM: TOM BROWNING

OF : KPK CONSTRUCTION

FACSIMILE NO. (410) 290-9067

DATE: MARCH 29, 2002

NUMBER OF PAGES INCLUDING THIS PAGE: 2

NOTES: I HOPE THAT THIS ANSWERS YOUR
QUESTIONS. IF I CAN BE OF ANY
ASSISTANCE, PLEASE CALL ME.

Tom.

If this transmission is not received clearly, please call our office at the number listed above.

