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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00137851
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Building Address <u>15806 Bellis Drive</u> <u>Woodbine MD 21797</u>	Property Owner's Name <u>Tom + Meg Waller</u> Address <u>15806 Bellis Dr</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>00000</u> Subdivision <u>Leban Meadows</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>8</u> Parcel <u>233</u> Grid <u>17</u> Zoning <u>RCDT</u> Map Coordinates <u>3612</u> Lot size _____	Home Phone <u>301-854-6863</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Janet Miller</u> <u>12075 Old Frederick Rd.</u> <u>Marriottsville MD 21104</u> Phone _____ Fax _____

Existing Use <u>S/F Dwelling</u> Proposed Use <u>2-000 1-Bldg Dem</u> Estimated Construction Cost \$ <u>150,000.00</u> Description of Work <u>Raise Roof (add second floor)</u> <u>Convert Existing Bedrooms to office, laundry</u> <u>and den, move bed rooms to second floor</u> <u>and add one Bath, new stairway</u>	Contractor Company <u>John T. Miller Builders Inc.</u> Contact Person <u>Jan Miller</u> Address <u>12075 Old Frederick Rd</u> City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u> License No. <u>67861</u> Phone <u>410-442-1385</u> Fax <u>410-442-1385</u>
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Occupant or Tenant <u>Same</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>None</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
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Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input 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 _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Signature: <u>Janet Miller</u> Title/Company: <u>President John T. Miller Builders Inc</u> Date: <u>9/10/02</u>	Signature: <u>Janet Miller</u> Print Name: _____ Date: <u>Aug. 5, 2002</u> Date: _____
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

197.42'

MONUMENT

T.H. ZIMMERMAN & WIFE

PLAT

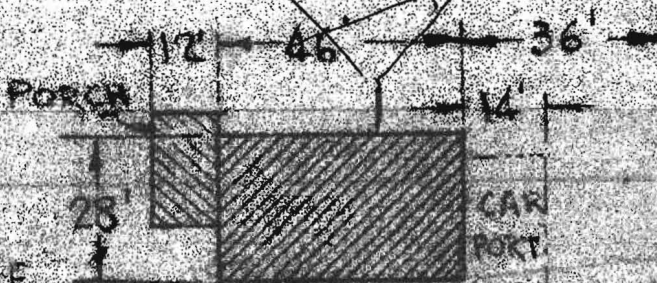
Septic

SCALE 1/32" = 10'

152.14'

RESIDENCE
R. MULLHEAR

260.92'



MARKER TO BE INSTALLED

127.16'

LIBBON
METHODIST
PARSONAGE

MIN BLDG. LINE

75'

80' WELL

IRON STAKE

CURB

15806
BELLIS
DRIVE

25'

CURB



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., Howard County Health Officer

September 10, 2002

Tom and Meg Waller
15806 Bellis Drive
Woodbine, MD 21797

RE: Building Permit Application B00137851
Lisbon Meadows, Lot 1-B, Section I
15806 Bellis Drive
Proposed Second Story with three BR

Dear Mr. and Mrs. Waller:

This office has recommended approval of the referenced building permit application subject to the following condition:

That, within ten business days, you will submit a letter committing to structural or architectural alteration of each of the existing three bedrooms to prevent future bedroom uses. These alterations could include removal of an existing wall, conversion to a bath or stairway, and/or permanent removal of the existing means of emergency egress. Thus the finished house will also have no more than three bedrooms. Based on this commitment and the inspection of the system conducted on August 21, 2002, this office will not require a septic system repair as a prerequisite to building permit approval.

The Health Department's recommendation for approval is based on your acceptance of this condition.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin, R.S.

Water and Sewerage Program

MR

cc: Dan Miller
File