

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-15-653 KN

Building Address <u>504 BLAINE ROAD</u> <u>MD, ANNAPOLIS, MD 21403</u>	Property Owner's Name <u>COLLETT HEWITT LLC</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>N/A</u>	Address <u>504 BLAINE ROAD</u>
TAX ID # <u>04-341031</u> Census Tract <u>204001</u> Subdivision <u>10-11-11-11</u>	City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>21403</u>
Section _____ Area _____ Lot _____	Home Phone _____ Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RCM</u> Map Coordinates <u>208</u> Lot size <u>3,000.3</u>	Phone _____ Fax _____

Existing Use _____	Contractor Company <u>SHAWNEE</u>
Proposed Use <u>Module Home</u>	Contact Person _____
Estimated Construction Cost \$ <u>Module Home 140,000</u>	Address <u>7933 BLAINE ROAD</u>
Description of Work _____	City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>21403</u>
	License No. <u>MD BR 122</u>
	Phone _____ Fax _____

Occupant or Tenant _____	Engineer or Architect Company <u>BEY BLAKE INC</u>
Contact Name <u>COLLETT HEWITT</u>	Contact Person <u>LARRY HEW</u>
Address _____	Address <u>13335 MIDVALE ROAD</u>
City _____ State _____ Zip Code <u>21421</u>	City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>21403</u>
Phone _____ Fax _____	Phone <u>717-767-1104</u> Fax <u>717-767-4064</u>

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>44</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input 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"/> No. of Bedrooms <u>3</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		<input checked="" 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.

Applicant's Signature [Signature] Print Name COLLETT HEWITT
Title/Company _____ Date September 30, 2004

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

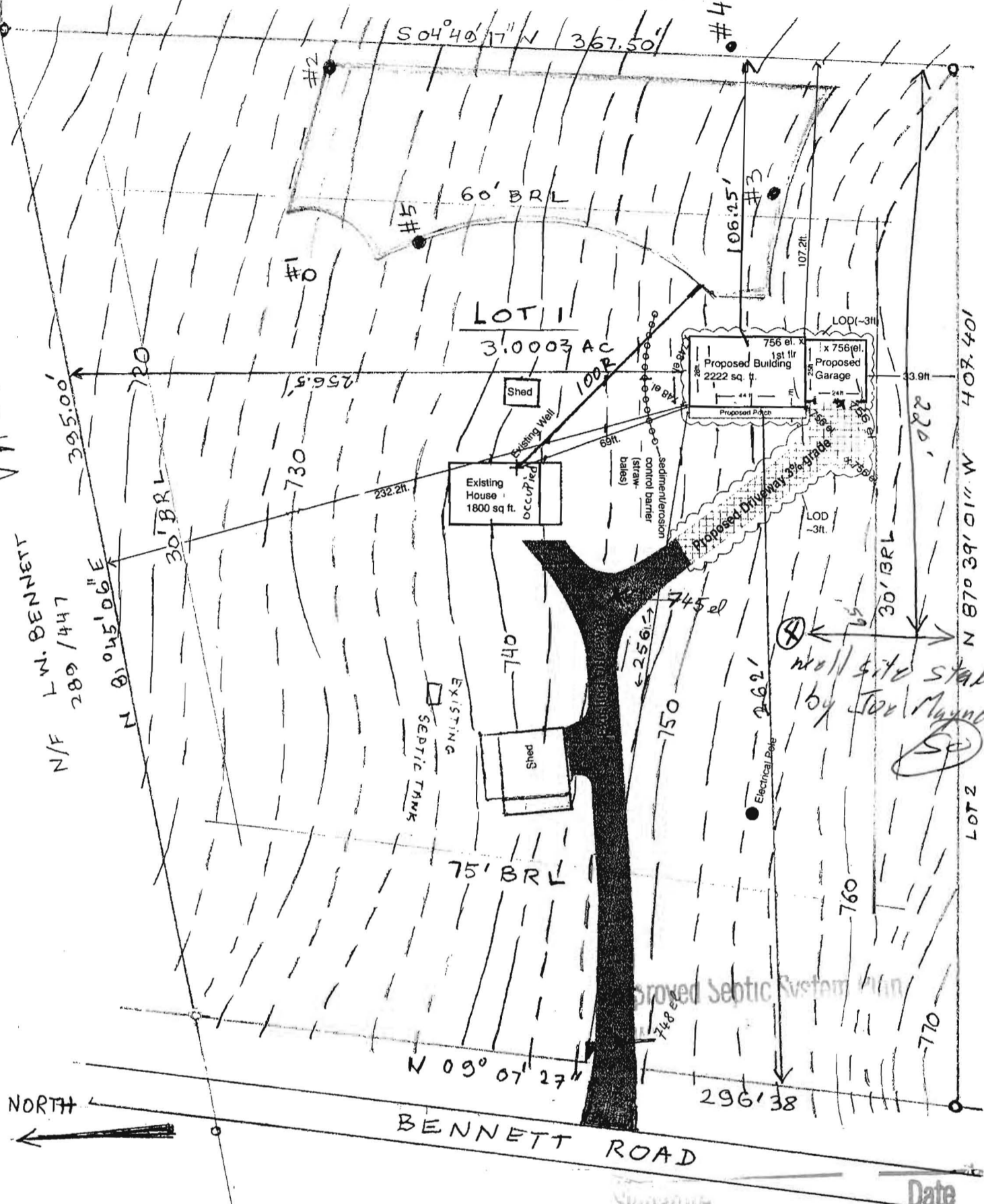
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	603623
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>10-14-04</u>	<u>Kacie Norman</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 \$ _____
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>2916</u>
				Validation # <u>77777</u>
				Accepted by <u>[Signature]</u>

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

VACANT

N/F FAIRWAY INDUSTRIES, INC
891/004

VACANT



N/F L.W. BENNETT
289/447
N 81°04'51"06" E

LOT 2
MAHATA
N 87°39'01" W 407.40'

well site staked
by Tom Payne
SP

NORTH

BENNETT ROAD

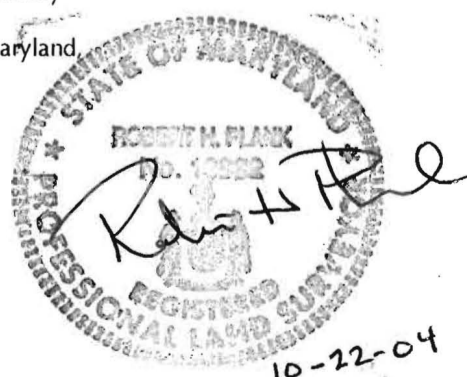
SITE PLAN LOT 1 (3.0003 AC.)
 FARMINGTON - PLAT No 4728
 Plan identification # in the title block: PC520107
 FOURTH ELECTION DIST. - HOWARD CO., MARYLAND
 Scale: 1" = 50' AUGUST, 2004
 Address of property: 804 Bennett Road - Mount Airy, MD 21771

- PASSED PERC TEST
- FAILED PERC TEST

Original plat drawn on an actual field survey based on data found among the land records of Howard County, Maryland by:

Nassaux-Hemsley, Inc.
 204 S. Main Street
 Mt. Airy, MD 21771
 (301) 829-2296
 Job#04SY - August, 2004

Additional information required by the County was included by homeowner, based on actual field measurements

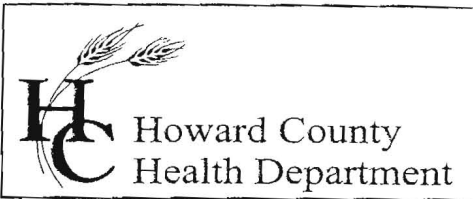


10-14-04
 BP 00150653

ok'd
 (KN) Modular Home

10-22-04
 1:50 scale

Date



Bureau of Environmental Health
7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 3, 2005

Colette Henriette
804 Bennett Rd
Mt. Airy, MD 21771

RE: **Well Line/Cap Issues**
804 Bennett Rd
Mt. Airy, MD 21771
Well Permit # HO-94-4120
BP# B00150653


Dear Ms. Henriette:

The purpose of this letter is to formally notify the homeowner of existing conditions at the above referenced address which are causing Howard County Health Department to withhold the Interim Certificate of Potability for the water supply; resulting in the non-issuance of a Use and Occupancy Permit by Howard County Department of Inspections, Licensing and Permits.

On 7/5/05 a well line installation inspection was conducted on the new house being constructed at the above referenced address. During said inspection, the plumber was on-site and in the process of installing the well line from the house to the well and also installing the cap on the well. At that time, there was no evidence that the well line would need sleeved because there was no evidence of a driveway crossing the line. This resulted in the decision that it would be acceptable to backfill the well line trench. At this point the plumber was not yet done with the installation of the well cap and the inspecting sanitarian left the site with plans to re-inspect at a later date.

The inspecting sanitarian returned to the site on 7/7/05 to see that the well cap was not completely installed and was missing several bolts, resulting in the cap being removable which could create an unsafe condition for the well. Additionally it was noted that a gravel driveway had been constructed on the area where the well line had been backfilled. The proper procedure for a well line which crosses underneath a driveway is to sleeve the line with schedule 40 or better PVC pipe for the length of the crossing. **These conditions result in the well line inspection being unapprovable until the necessary corrections are made. No Interim Certificate of Potability shall be issued until the well line inspection is approved.**

If you have any questions or would like to discuss these issues you may call me directly at (410) 313-2651.

Respectfully,

Michael J. Davis, R.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program

GAC
Cc: File
Willard Construction, Inc.
Art's Plumbing, Inc.
D.I.L.P.

MRS C HENRIETTE
804 BENNETT RD
MOUNT AIRY MD 21771-3916
301-829-9327

Monday Oct. 31, 2005

Dear Sir or Madam

Please find enclosed The
documents you requested
in order to issue the
Use and Occupancy permit
for B00150653.

My understanding is that
Mr. Tom HUSKINS is expecting
your favorable approval
before his final inspection -

Sincerely,

C. Henriette

Homeowner

RECEIVED

NOV 01 2005

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH