

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B00146759 PA

Building Address 7000 BROOKS RD  
HIGHLAND MD 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605101 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4  
Tax Map 40 Parcel 298 Grid 9  
Zoning R-20 Map Coordinates 14A.3 Lot size \_\_\_\_\_

Property Owner's Name Same as Occupant  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
Proposed Use Single Family Dwelling  
Estimated Construction Cost \$ 150K  
Description of Work Attaining existing house  
changing bedrooms to other rooms  
adding addition total 3 bedrooms

Contractor Company Self  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Johnson / Carter  
Contact Name KIRK JOHNSON  
Address 7000 BROOKS RD  
City HIGHLAND State MD Zip Code 20777  
Phone 301 254 9191 Fax 301 854 9199

Engineer or Architect Company Ronald Johnson  
Contact Person Ronald Johnson  
Address 11407 Bushy Field Way  
City Marysville State MD Zip Code 21104  
Phone 410 442 3667 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	_____

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.

Kirk A. Johnson  
Applicant's Signature

KIRK A. Johnson  
Print Name

\_\_\_\_\_  
Title/Company

3/12/04  
Date

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

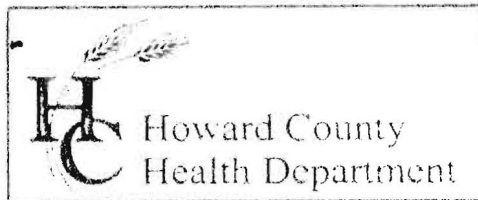
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>3/23/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

**DPZ SETBACK INFORMATION**  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met? YES  NO   
Is Entrance Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 50306  
Filing fee \$ 25  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 243  
Validation # 4297

Is Sediment Control approval required prior to issuance?  
YES  NO   
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Accepted by [Signature]



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

March 17, 2004

Mr. Kirk Johnson  
7000 Brooks Rd  
Highland, MD 20777

**REF: BP 00146759**  
**Alteration to existing house**  
**with changes to bedrooms in**  
**to other rooms totaling 3 bedrooms**  
**at the above address.**

Dear Mr. Johnson:

We are in receipt of the above building permit and cannot release it for the following reason:

1. The plan submitted with this permit application is not to scale, and does not **show the distances of the addition to the well, septic tank, and drywell** indicating that it meets the minimum required setback distances of 30, 10 and 20 feet respectively. Please have your contractor provide the above information **on a 1": 50' or 1": 60 scale drawing.**
2. The building permit is not clear about the total number of bedrooms in your home after this addition. Please have the building permit application amended to indicate no additional bedrooms and provide our office with a letter stating so. **Please include the above referenced building permit in any correspondence to our office.**

**Because your septic system is 32 years old we recommend that you maintain a regular maintenance schedule of cleaning the tank and drywell every 3 to 5 years by a septic contractor of your choice.**

Also, **any proposals to add any bedrooms (beyond the current three you have) would require percolation testing of a surveyed area (to scale) for one septic system and one repair.** Upon submittal of an acceptable percolation plan with the corresponding fee (\$225) we would then schedule a test.

**Johnson, Kirk BP 00146759**

Please call me if you have any questions at (410)-313-2669.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Alfonso". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Frank Alfonso, RS

FA/fa

Cc

File  
Howard County DILP  
Mr. Ronald Johnston, Engineer/Architect

March 23, 2004

Ms Aris Corbin  
3430 Courthouse Drive  
Ellicott City, MD 21043

Ref: BP 00146759

Dear Ms. Corbin:

In order to have the Howard County Health Dept. release my building permit, I need to have the building permit application amended to clearly indicate that there will be no additional bedrooms in my home after this addition.

Please indicate in my application that there will be a total of three (3) bedrooms in my home after this addition.

Please call me if you have any questions (301) 854-9191

Sincerely



Kirk A Johnson  
7000 Brooks Rd.  
Highland MD 20777  
(301) 854 9191

Howard Co. Em. Health  
Approved by (FA)

on 3/23/04 w no  
additional bedrooms

Cc Mr Frank Alfonso, RS  
Howard County Health Dept.

Enclosure: Check # 252

March 23, 2004

Mr. Frank Atkinson RS  
3525 N Elliott Mills Drive  
Killicott City, MD 21043

Re: BP 00146759

Dear Mr. Atkinson:

In response to the two issues you raised in your letter dated 3/17/04, the following information is provided:

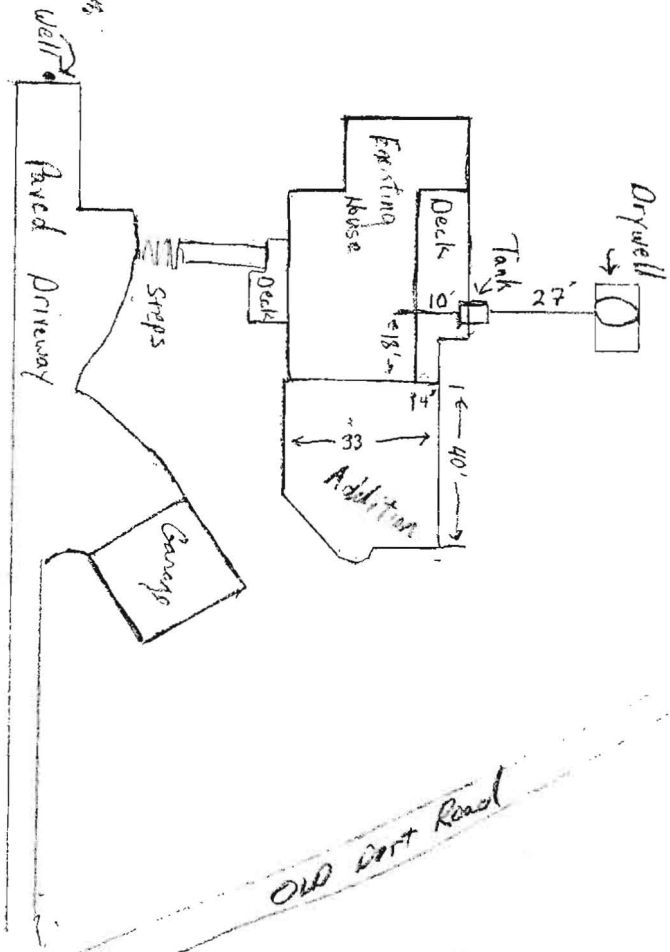
- Drawing 1
- County location Drawing
- Copy of letter submitted to Aurs Corbin requesting the building permit application be amended to indicate no additional bedrooms will be added to my home after this addition.

I also understand that I will need to upgrade my system in the future if and when I decide to add additional bedrooms.

Sincerely,  
*[Signature]*

Mark A. Johnson  
7000 Brooks Rd  
Highland MD 20779  
(301) 854-9191

Drawing 1



Well to nearest corner of addition 96'  
 Septic tank to nearest corner of addition 18'  
 Septic tank clear out to nearest corner of addition 20'  
 Drywell to nearest corner of addition 44'

1" = 50'

Approved by *[Signature]* on 3/23/04

no additional bedrooms.