

Building Address 13225 Highland Rd
Highland, Md 20777
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6051.01 Subdivision N/A
 Section N/A Area N/A Lot N/A
 Tax Map 34 Parcel 343 Grid 21
 Zoning RR-20 Map Coordinates 13K11 Lot size

Property Owner's Name Gerald C. Rose
 Address 13225 Highland Rd
 City Highland State Md Zip Code 20777
 Home Phone 301 854-3558 Work Phone N/A
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use single-family house
 Proposed Use SFD Addition & Alteration
 Estimated Construction Cost \$ 50,000
 Description of Work Add screened porch &
2-car garage, remodel existing 2-car
garage to bedroom & bath

Contractor Company Zimmerman's
 Contact Person Craig Zimmerman
 Address Burtonsville 3901 Sandy Spring R
 City Burtonsville State Md Zip Code 20866-1120
 License No. 1406
 Phone 421-9100 x250 Fax _____

Occupant or Tenant Gerald C. Rose
 Contact Name same
 Address 13225 Highland Rd
 City Highland State Md Zip Code 20777
 Phone 301 854-3558 Fax _____

Engineer or Architect Company _____
 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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.

Gerald C. Rose
 Applicant's Signature
 Title/Company _____

Gerald C. Rose
 Print Name
3/21/00
 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>3/15/00</u>	<u>Mark Roffen</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is 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"/>		

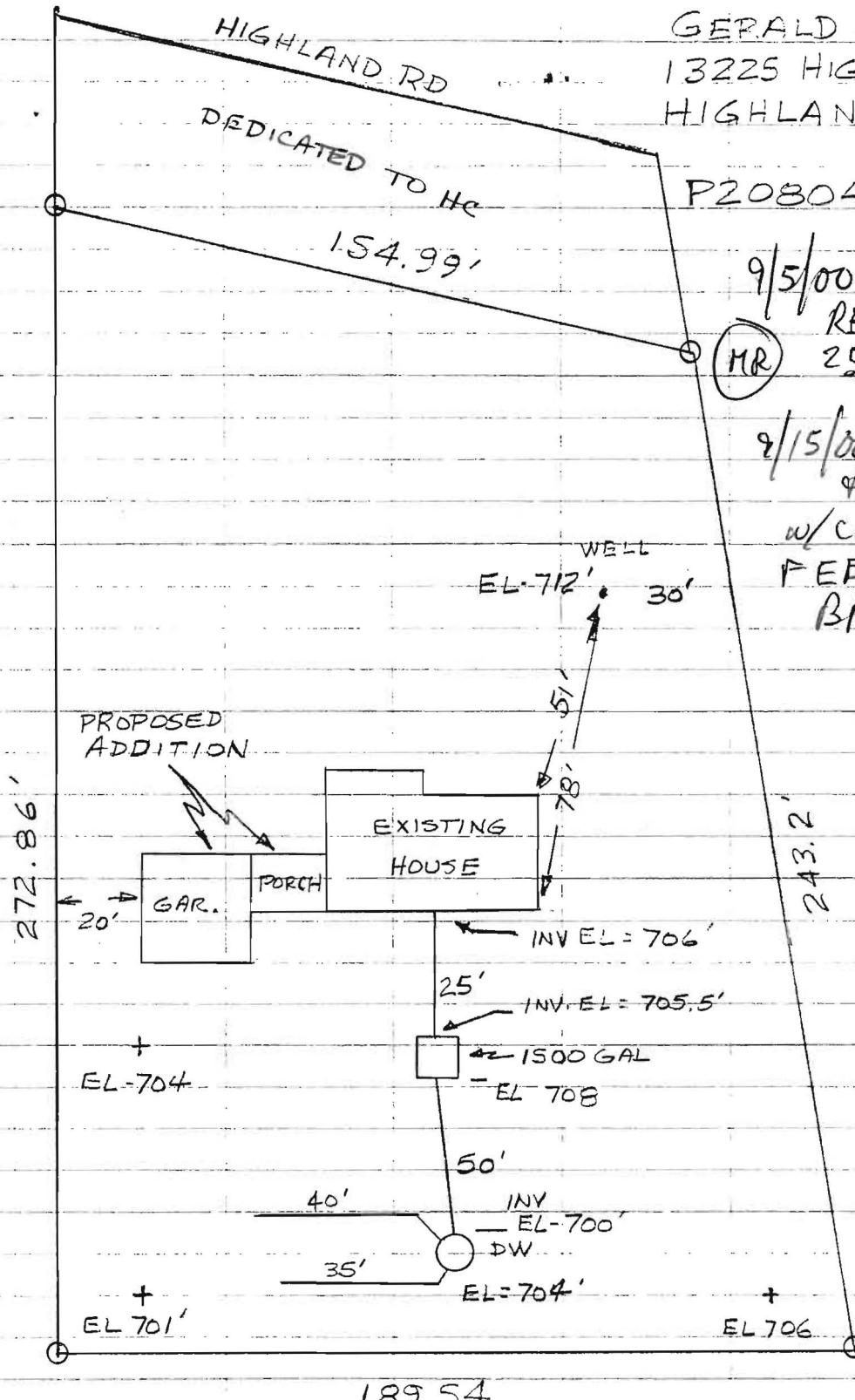
DEPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>47667</u>
Rear: _____	Filing fee \$ <u>25.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>Cash</u>
Accepted by <u>[Signature]</u>	Validation # <u>34280</u>

GERALD C. ROSE
13225 HIGHLAND RD.
HIGHLAND, MD 20777

P20804 A20677

9/5/00 1BR ADD'N
REPAIR NEEDED TO
25-YR OLD SYSTEM

9/15/00 REPAIR DESIGN
& LAYOUT ESTABLISHED
W/ CONTRACTOR, PERMIT
FEE & PAID; OK TO SIGN
BP (MR)



+ PERC. TEST
HOLES

SCALE 1/4" = 10'



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 5, 2000

Gerald C. Rose
13225 Highland Road
Highland, MD 20777

RE: Building Permit Application B00126064
13225 Highland Road
Proposed Addition w/Bedroom

Dear Mr. & Mrs. Rose:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the capacity of the existing septic system to handle the potential increase in flow associated with this proposal.

The file for your property indicates that the septic system was installed in 1975. Since the anticipated life expectancy of a septic system is approximately twenty years, the system on your property would be expected to be at or near the end of its useful life. Therefore, the septic system may not be expected to accommodate the potential increase in sewage flow from the increase in house capacity (represented by the proposed construction of an additional bedroom).

A Health Department recommendation for approval is contingent upon issuance of a septic system repair permit (\$25 fee), and installation of additional septic system drainfield capacity. The process is best completed through a professional septic contractor prior to building permit issuance.

Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Very Truly Yours,

Mark E. Rifkin, R.S.
Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits
File