



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 03/24/14

Permit No.: B14000837

A 32072
P 50008

Building Address: 1612 Brittle Brand Way
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Lisben Estates
 Section: 1 Area: _____ Lot: 11
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.2 Acres

Property Owner's Name: Bill Tracy Allman
 Address: 1612 Brittle Brand Way
 City: Lisben State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Residential Two story Home
 Proposed Use: Same
 Estimated Construction Cost: \$ 280,000.00
 Description of Work: Add a two-story addition to rear of home

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Swecker Builders
 Address: 4714 Lanthiran Road
 City: Dorhan State: MD Zip Code: 21036
 Phone: 410-531-0575 Fax: _____
 Email: Ron Swecker 3411 @ comcast.net

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Swecker Builders
 Contact Person: Ron Swecker
 Address: Same as Above
 City: _____ State: _____ Zip Code: _____
 License No.: MHTC 126682
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: JRA
 Responsible Design Prof.: Sondra Rivers
 Address: _____
 City: _____ State: MD Zip Code: _____
 Phone: 443-226-5745 Fax: _____
 Email: Rivers@JRA-design.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>32.7</u> <u>60.7</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>32.7</u> <u>60.7</u>
Use group: _____	Basement: <u>32.7</u> <u>60.7</u>
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement <u>Partial</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Craw Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: Ron Swecker
 Print Name: Ron Swecker
 Email Address: Ron Swecker 3411 @ comcast.net
 Title/Company: President Swecker Builders

Date: 3-24-14
 RECEIVED
 MAR 24 2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-
 LICENSES & PERMITS DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

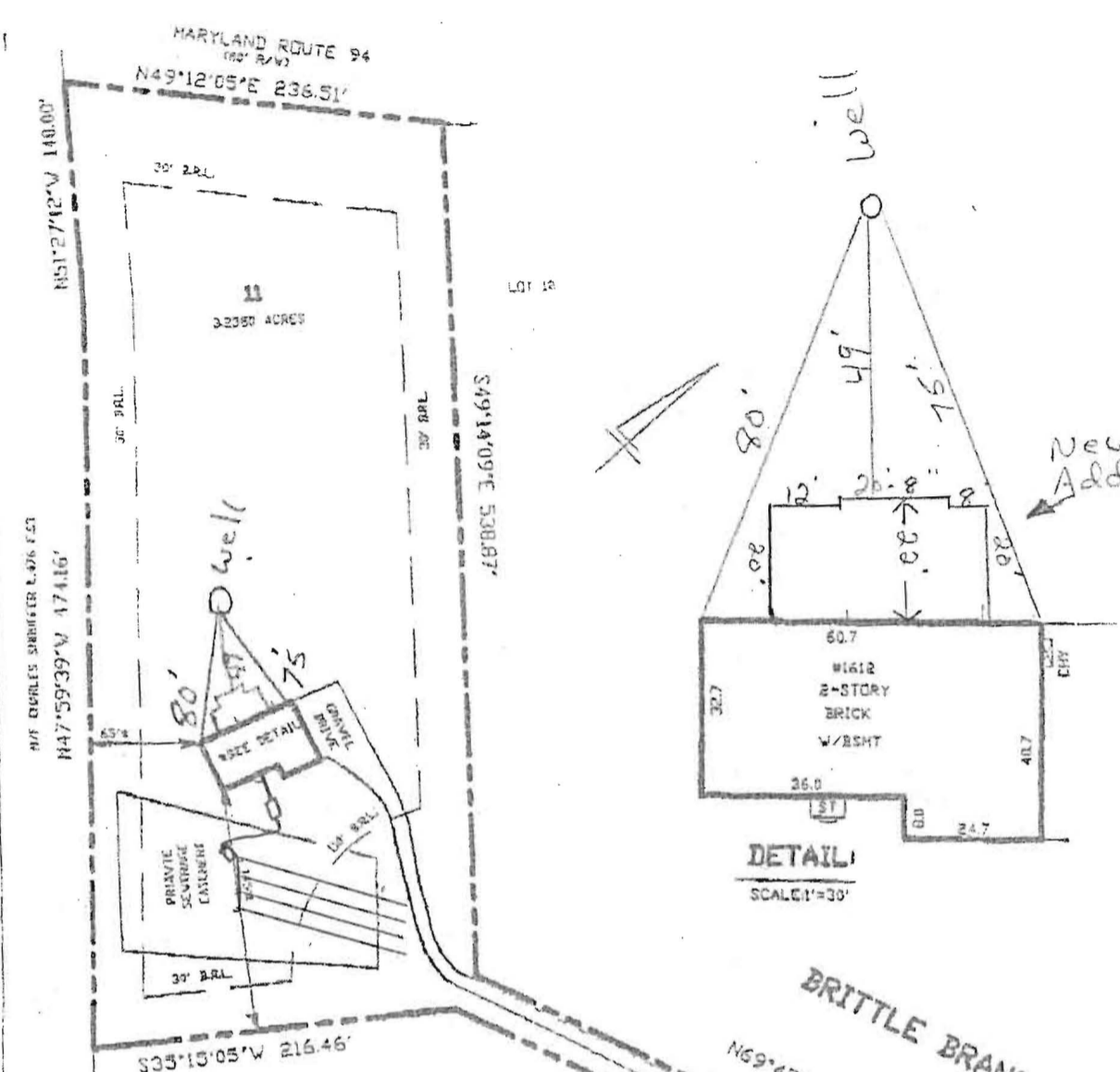
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>1105</u>

MILLENNIUM ENGINEERING, LLC

6805 COOLRIDGE DRIVE SUITE 205 CAMP SPRINGS, MARYLAND 20748
301-455-4488 301-433-0897 FAX
Email: millennengin@netscape.net



* See 5/4/94
Inspection drawing for
Specs on well and septic
shown here.

Scale
1"=100'

Approved Septic System Plan
Howard County Health Department

B14000837

Andru Heit 4/10/14
Signature Date

SURVEYOR'S CERTIFICATE
I hereby certify that this drawing is based on a field survey made on 5/24/06 by me or directly under my supervision and to the best of my knowledge information & belief correctly represents the facts found at the time of survey.

- NOTES:**
1. This drawing is not intended for the use in the establishment of property lines, but for the exclusive use of the property owners, of record and/or those who purchase, mortgage, or guarantee the title thereto within six months from the date hereof, and as to them I warrant this location drawing.
 2. For title purposes only.
 3. No title report furnished at this time, subject to all easements and right of way of record.
 4. Property corners have not been set with this survey. Property information was taken from best available records.
 5. This location drawing is not to be used for construction of fences or other improvements. A boundary survey and lot stakeout would have to be performed to determine the location of all property lines shown.
 6. Flood certificate available upon request.
 7. Boundary survey needed for accurate location of house.
 8. Accuracy of this survey is ± 3 feet.

LOCATION DRAWING
1612 BRITTLE BRANCH WAY
LOT 11
SECTION 1 SHEET 1 OF 3
LISBON ESTATES
PLAT BOOK 9447
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
DATE: 5/24/06 SCALE: 1"=100' FILE: LATG-LA-06-04RM DWG: 32039

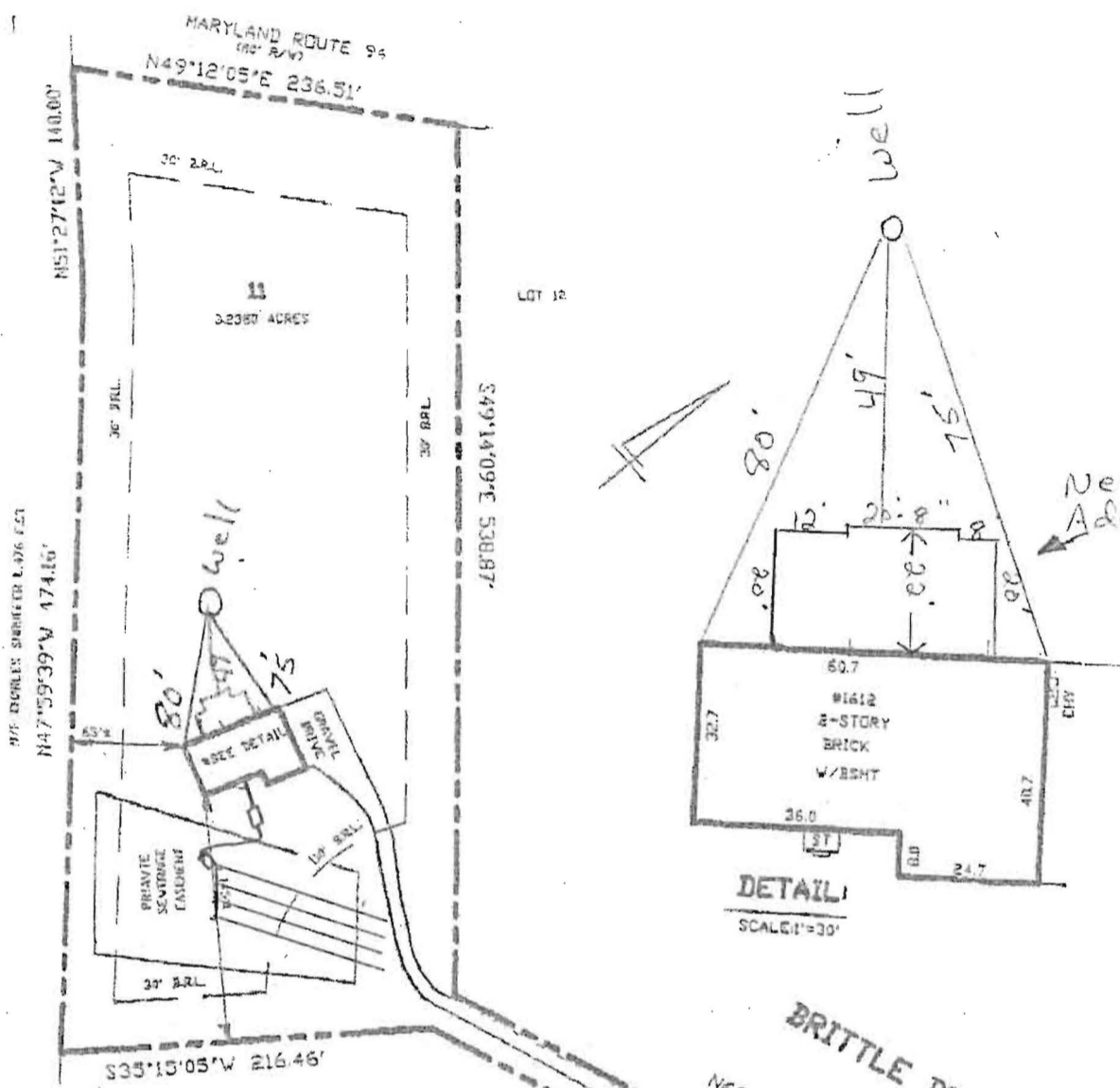
* Addition add another 1470 ft² to the house design *

MILLENNIUM ENGINEERING, LLC

6805 COOLRIDGE DRIVE SUITE 205 CAMP SPRINGS, MARYLAND 20748

301-455-4488 301-433-0897 FAX

Email: millennengin@netscape.net



* See 5/4/94 *
 Inspector drawing for
 Specs on well and septic
 shown here.

Scale
 1"=100'

Approved Seal System Plan
 Howard County Health Department
 #B14000837

Anda Leint 4/10/14
 Signature Date

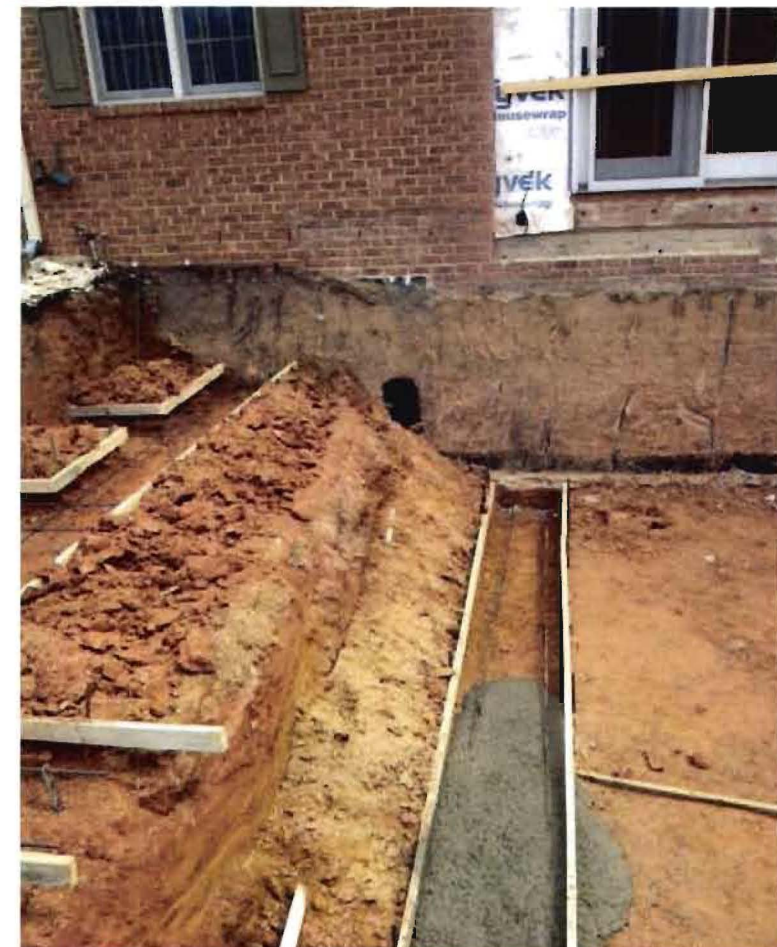
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Well Line Tie In Inspection 1612 Brittle Branch Way – 4/23/2014



HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Freezers Telephone #: 410-781-4655
 Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Bill & Tracy Allmen Telephone #: 410-531-0575
 Subdivision: Liston Estates Lot #: 11 Well Tag #: HO-88-0904
 Site Address: 1612 Brittle Branch Way
Wood Pine, MD. 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 4/23/14 Date Insp. Approved: 4/23/14 Inspector: PK
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade N/A
 Two piece cap installed and attached to casing securely N/A
 Elec. conduit extends at least 18" below grade/attached to cap properly N/A
 Safety rope not outside of well cap/casing N/A
 Correct well tag attached properly and casing 8" above finished grade N/A
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter N/A

Well line tie in inspection to support new addition see pics 4/23/14 (PK)