



**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: 6-18-14  
Permit No.: B14002142

Building Address: 803 BENNETT BRANCH RD  
City: MT AIRY State: MD Zip Code: 21711  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: 0006 Parcel: 0198 Grid: 0003  
Zoning: RESIDENTIAL Map Coordinates: \_\_\_\_\_ Lot Size: 2.09 AC

Existing Use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
Estimated Construction Cost: \$ \_\_\_\_\_  
Description of Work: New Pole Building for Garage and Storage

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

Property Owner's Name: JOHN FIELD  
Address: 803 BENNETT BRANCH RD  
City: MT AIRY State: MD Zip Code: 21711  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: HOLLER CONTRACTING  
Address: 10617 POWELL RD  
City: THURMONT State: MD Zip Code: 21768  
Phone: 3018988780 Fax: 3018988781  
Email: fernyholder@aol.com

Contractor Company: same  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: 92418  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>20'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>2</u>	Depth _____ Width _____
Gross area, sq. ft./floor: <u>3360</u>	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): <u>3000</u>	2 <sup>nd</sup> floor: _____
Use group: <u>Garage and Storage</u>	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	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 type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input 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: Terry Holler Print Name: Terry Holler  
Email Address: Terry.Holler@AOL Date: 6-18-14  
Title/Company: OWNER Holler Contracting LLC.

**RECEIVED**  
**JUN 18 2014**  
**LICENSES & PERMITS DIVISION**

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/18/14</u>	<u>H. O'Connell</u>

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>10524</u>

John Fields  
803 Bennett Branch Rd  
Mt Airy NC 21771

WOODS

CORNER PIPE

Approved Septic System Plan  
Howard County Health Department

Mark Oswald  
Signature

8-12-14  
Date

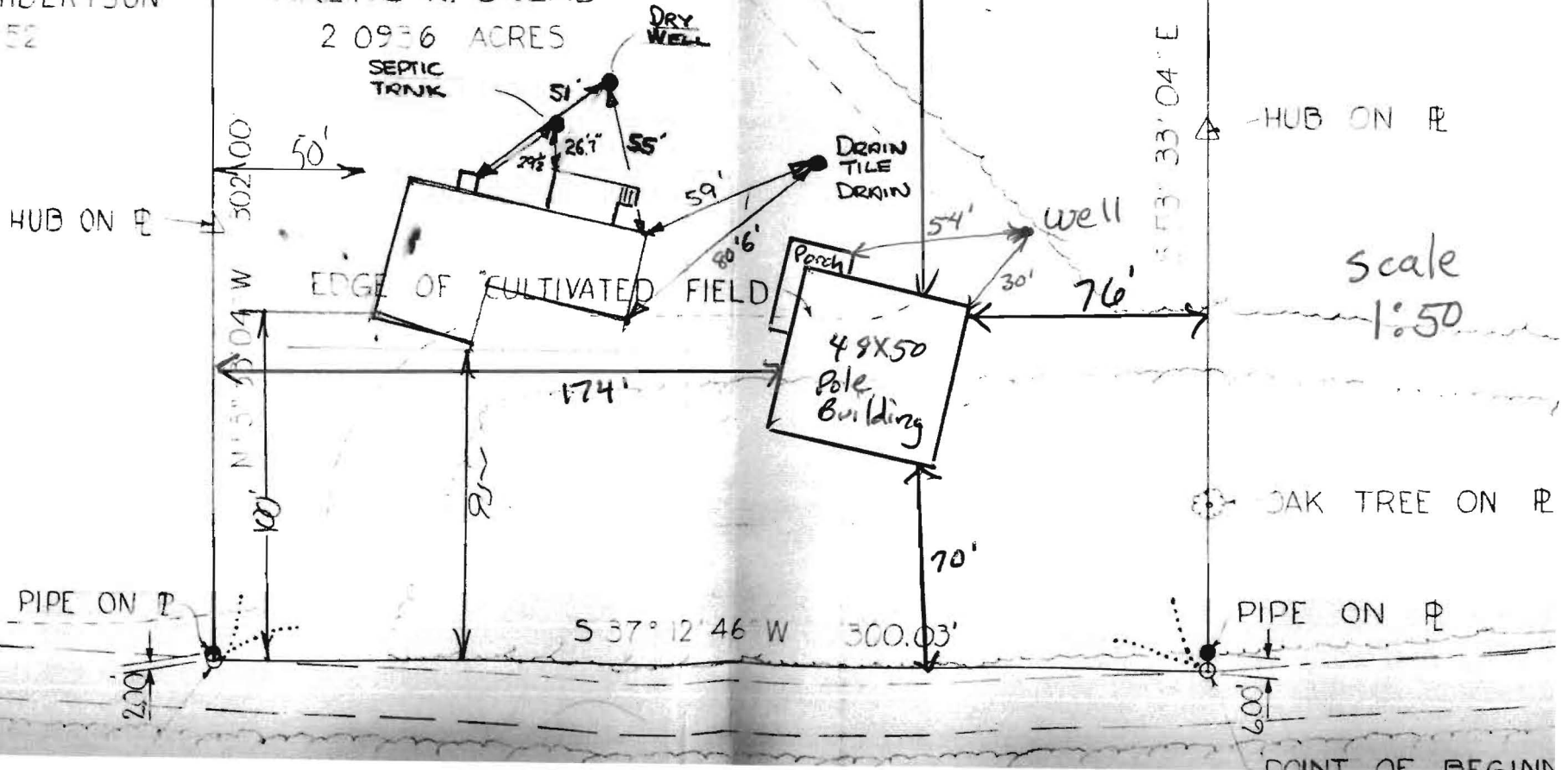
B14002142

CORNER PIPE

WOODS

PROPERTY OF  
OTIE B CUTHBERTSON  
295/52

PROPERTY OF  
ARLINE W. SNEAD  
2.0936 ACRES



## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Tuesday, August 05, 2014 10:43 AM  
**To:** 'TERRYHOLLER@AOL.COM'  
**Subject:** FW: B14002142  
**Attachments:** B14002142.pdf

Terry Holler:

Did you receive the attached letter regarding B14002142 (803 Bennett Branch Road)? All I need is the revised site plan **to scale** showing the components in the letter. Please contact me with any questions.

Thanks,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
8930 Stanford BLVD  
Columbia, MD 21045  
410-313-1786  
410-313-2648 (Fax)

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**From:** Oswald, Hank  
**Sent:** Tuesday, July 08, 2014 2:58 PM  
**To:** 'TERRYHOLLER@AOL.COM'  
**Subject:** B14002142

Ms. Holler:

Please see attached letter for comments regarding B14002142. Please note, the site plan must be to scale. Please contact me with any questions or concerns.

Respectfully,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
8930 Stanford BLVD  
Columbia, MD 21045  
410-313-1786  
410-313-2648 (Fax)



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

**Maura J. Rossman, M.D., Health Officer**

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July 8, 2014

HOLLER CONTRACTING LLC  
10617 POWELL ROAD  
THURMONT, MD 21788  
TERRY HOLLER

*Sent via email: [TERRYHOLLER@AOL.COM](mailto:TERRYHOLLER@AOL.COM)*

**RE: Building Permit B14002142  
803 Bennett Branch Road  
Proposed Pole Building**

Dear Ms. Holler:

This office received the above referenced building permit application for construction of a pole building. Upon reviewing the application and drawing, a few key items were not included in the plan. In order to verify required setback distances to the proposed pole building and porch, a revised plan showing the distance of the well and drain tile to the pole barn and porch respectively will need to be re-submitted on a scaled plot plan.

At this time, the building permit application has been placed on hold until a revised plan has been received and reviewed for these requirements. Should any questions or concerns arise, please contact me directly at (410) 313 – 1786 or [hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov).

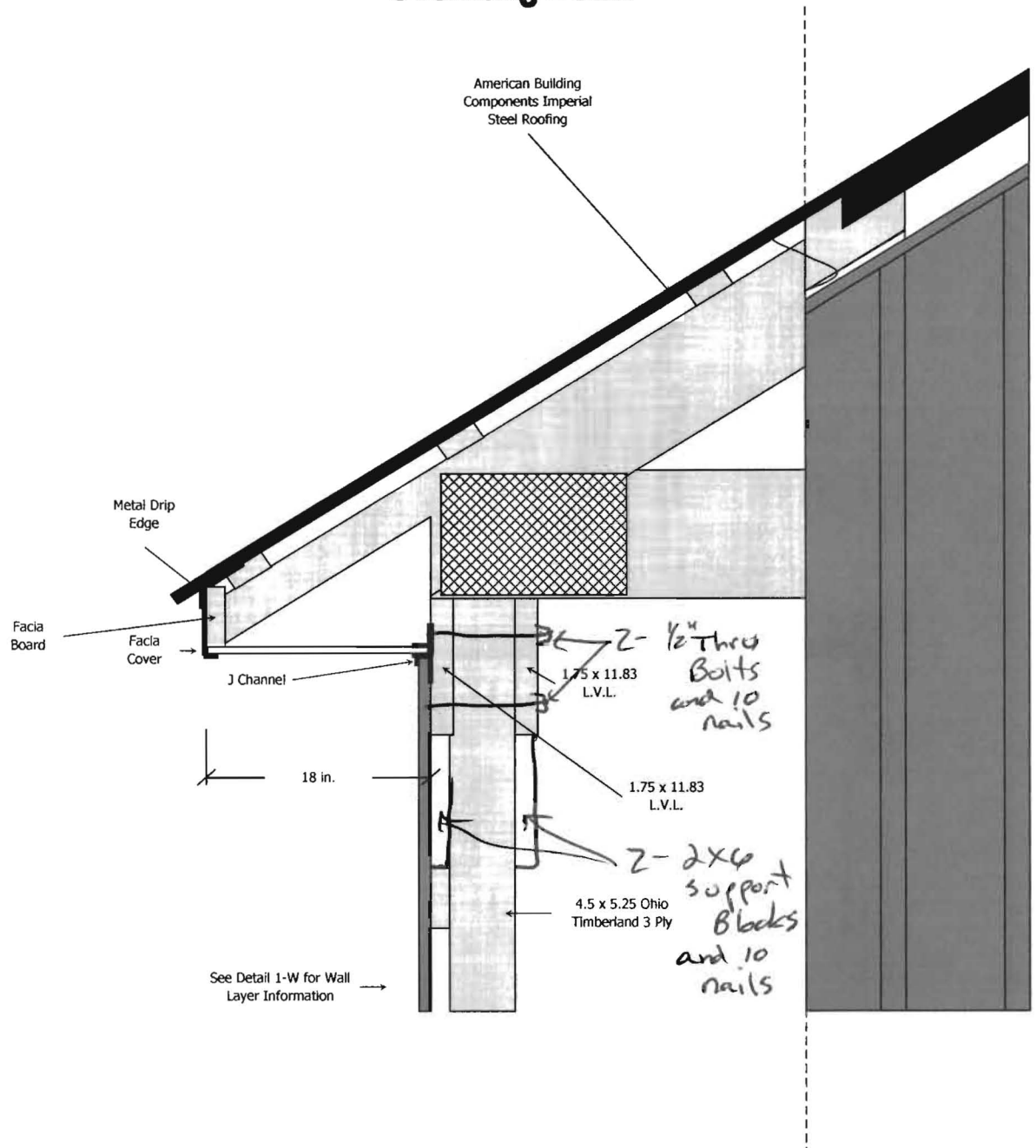
Sincerely,

*Hank Oswald*

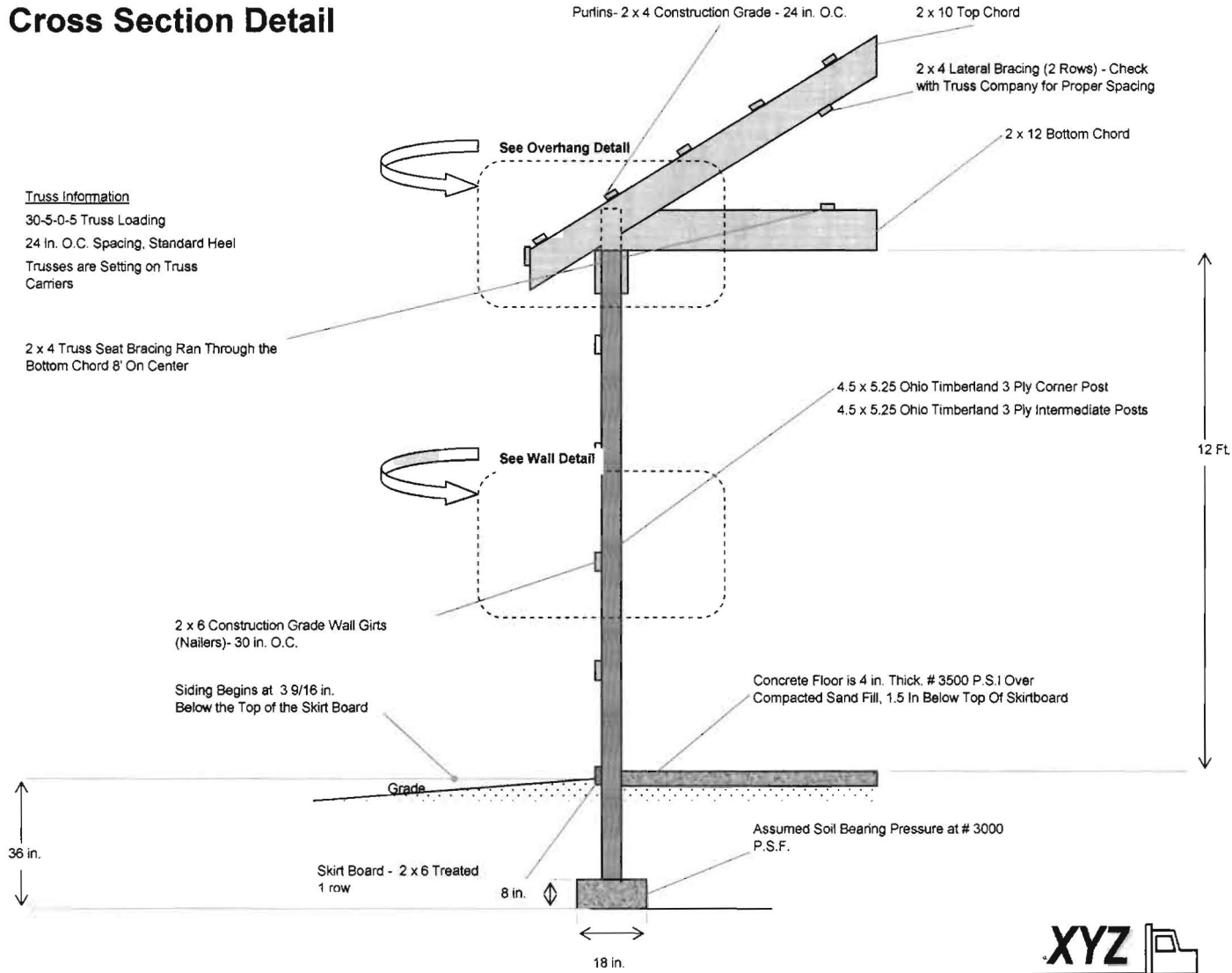
Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program



# Overhang Detail



# Cross Section Detail



Truss Information  
 30-5-0-5 Truss Loading  
 24 in. O.C. Spacing, Standard Heel  
 Trusses are Setting on Truss Carriers

2 x 4 Truss Seat Bracing Ran Through the Bottom Chord 8' On Center

2 x 6 Construction Grade Wall Girts (Nailers)- 30 in. O.C.

Siding Begins at 3 9/16 in. Below the Top of the Skirt Board

36 in.

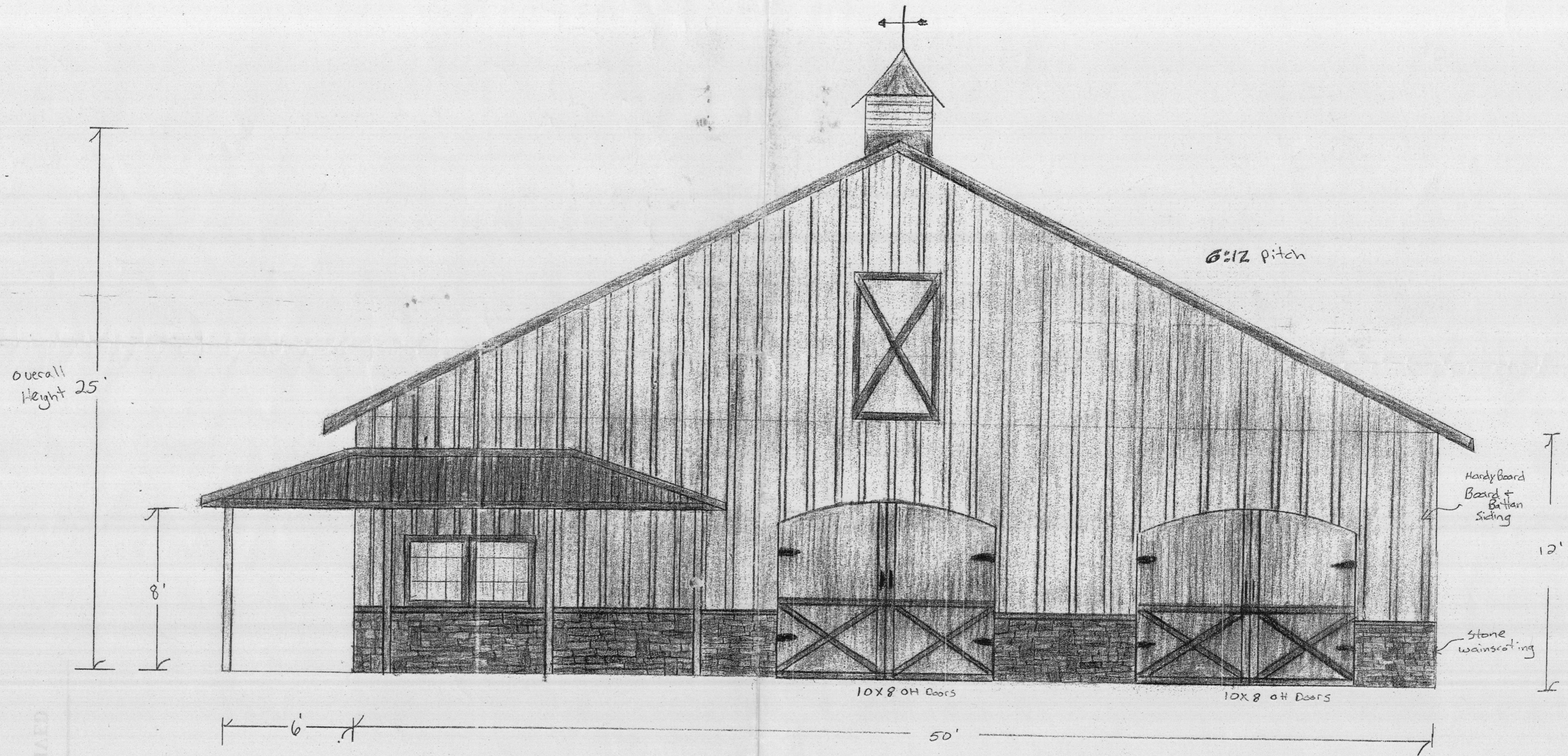
Skirt Board - 2 x 6 Treated 1 row

8 in.

18 in.

12 Ft.





Scale 1:40

RECEIVED  
MAY 4 1914  
OFFICE OF THE ARCHITECT  
FOR THE DISTRICT OF COLUMBIA