



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: 12-16-12

Permit No.: B13000005

Building Address: 2020 Millers Mill Rd
 City: Beltsville State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: vacant home
 Proposed Use: livable home
 Estimated Construction Cost: \$ 105,000.00
 Description of Work: add a 2nd floor
1,559 sq. ft. addition

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

Property Owner's Name: BLSC ASSET Mgmt
 Address: 721 E. Baltimore St
 City: Beltsville State: MD Zip Code: _____
 Phone: 410-416-4335 Fax: _____
 Email: Kathy.com2012@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: OWNER
 Contact Person: Kathy Keller
 Address: 7421 E. Beltsville St
 City: Beltsville State: MD Zip Code: _____
 License No.: 129882 MHIC
 Phone: _____ Fax: _____
 Email: _____

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

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:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	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 type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<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
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input checked="" type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input 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: Kathy Keller Print Name: Kathy Keller
 Email Address: Kathy.com2012@yahoo.com Date: 12/16/12
 Title/Company: _____

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>5/13/13</u>	<u>R. Buckner</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>1076</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

DAN LOOKED @ PLANS



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 City: Baltimore State: MD Zip Code: _____
 Phone: 410-916-4535 Fax: _____
 Email: Kathy.ccm2004@yahoo.com

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<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>	
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<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input checked="" type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 Email Address: Kathy.ccm2004@yahoo.com Date: 12/16/12
 Title/Company: _____ RECEIVED
 DEC 17 2012
 LICENSES & PERMITS DIVISION

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DAN LOOKED @ PLANS

N. 06° 45'00" E. 220.60'

10,059 SQ. FT.

EX. SEPTIC SYSTEM

DESIGNATES SUCCESSFUL PERC. TEST (4 on Property)

PROPOSED GARAGE (2-STORY)

EX. HOUSE # 2020

PROPOSED NEW 2nd FLOOR w/ OVERHANG (3'-0")

2020 MILLERS MILL RD.

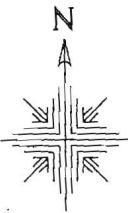
EX. WELL TO BE SEALED

EX. O.H. ELECTRIC LINE

BG&E POLES

PROPERTY WELLS

DRAINAGE DITCH



EX. STONE DRIVE

Approved Septic System Plan
Howard County Health Department

B13000005
Addition approved as shown
See BAT site Plan (signed 4/23/13)
Rudis
Signature
Date: 5/13/13

07/15/13
Date

30'00" E. 226.88'

REVISED

Date: 1/16/13

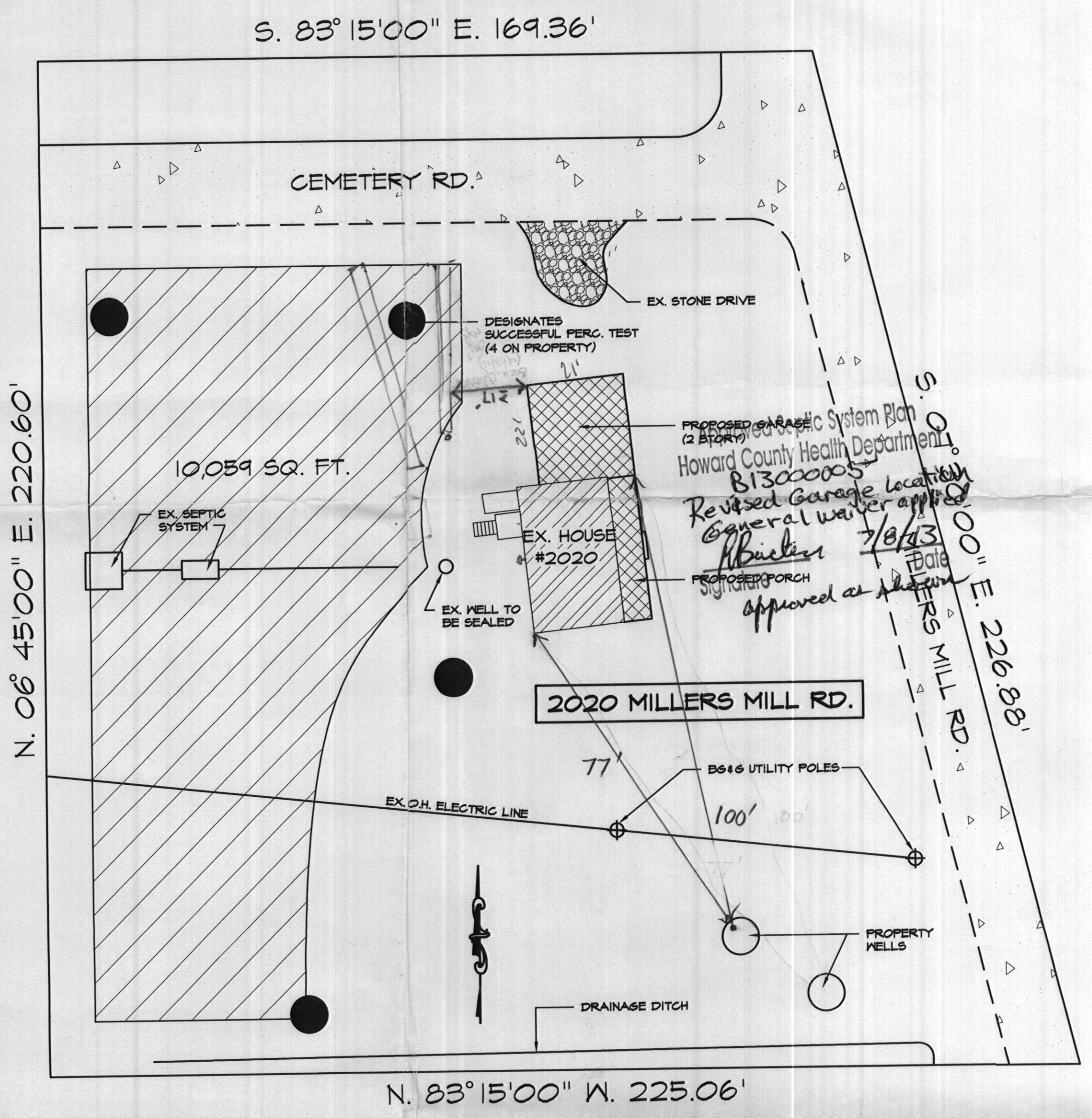
Comments: B13000005

RECEIVED
 JUN 03 2013
 HOWARD COUNTY HEALTH DEPARTMENT
 81302005

LEGEND
 □ DESIGNATES PROPOSED PRIVATE SEWAGE EASEMENT

LOT INFORMATION:
 TAX ACCOUNT NUMBER- 04827187
 TAX MAP- 014, PARCEL- 018
 FLAT BLOCK X, PLAT # X
 ZONING CLASS- R3020
 BUILDING CLASSIFICATION- RESIDENTIAL
 USE TYPE- SINGLE FAMILY DWELLING
 EXISTING PROPERTY BUILT- 1955
 LOT SIZE- 1 AC
 EXISTING BUILDING FOOTPRINT- 650 SQ.FT.
 PROPOSED BUILDING FOOTPRINT- 1295 SQ.FT.
 EXISTING ENCLOSED AREA- 1008 SQ.FT.
 PROPOSED ENCLOSED AREA- 2182 SQ.FT.
 PROPERTY LAND AREA- 1 AC
 IMPERVIOUS LAND AREA- 1400 SQ.FT.

OWNER INFORMATION:
 SANDS CALVIN ALPHONSO
 SANDS FREEMAN LOUIS SR ETAL T/C
 2020 MILLERS MILL RD.
 COOKSVILLE, MD 21723-4410



SITE PLAN
 SCALE: 1" = 20'

REVISED: 06/27/2013
 REVISED: 06/19/2013

SCALE: 1" = 20'	GBL CUSTOM HOME DESIGN INC. PO BOX 237 FINNSBURG, MD 21048
DATE: 06/2013	
SHEET NO.: COVER	

2020 MILLERS MILL ROAD

NOTES:

1. TOPOGRAPHY SHOWN WITHIN THE PROPERTY WAS FIELD RUN BY SHANABERGER & LANE IN AUGUST, 2012. THE SURROUNDING TOPOGRAPHY IS FROM HOWARD COUNTY AERIAL PHOTOGRAMMETRY.

2. THE LOCATIONS OF ALL KNOWN WELLS AND SEPTIC SYSTEMS WITHIN 200' OF THE PROPERTY ARE SHOWN HEREON. THE EXISTING WELL TAG # HO- has BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

3. DESIGNATES PROPOSED PRIVATE SEWAGE EASEMENT.

4. DESIGNATES SOIL TYPE BOUNDARY

5. DESIGNATES SUCCESSFUL PERC TEST

6. DESIGNATES WOODS LINE

7. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.

8. SOIL TYPES:
 GgA—Glenelg loam, 0 to 3 percent slopes
 GgB—Glenelg loam, 3 to 8 percent slopes
 GgC—Glenelg loam, 8 to 15 percent slopes
 GmB—Glenville silt loam, 3 to 8 percent slopes

9. ANY CHANGE TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.

10. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL (COMAR 26.04.03). IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

11. THE EXISTING WELL WILL BE SEALED PRIOR TO BUILDING PERMIT APPROVAL.

12. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.

13. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 12 FEET.

14. THE BLOWER MAY NOT BE LOCATED MORE THAN (N/A) FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.

15. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.

16. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.

17. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.

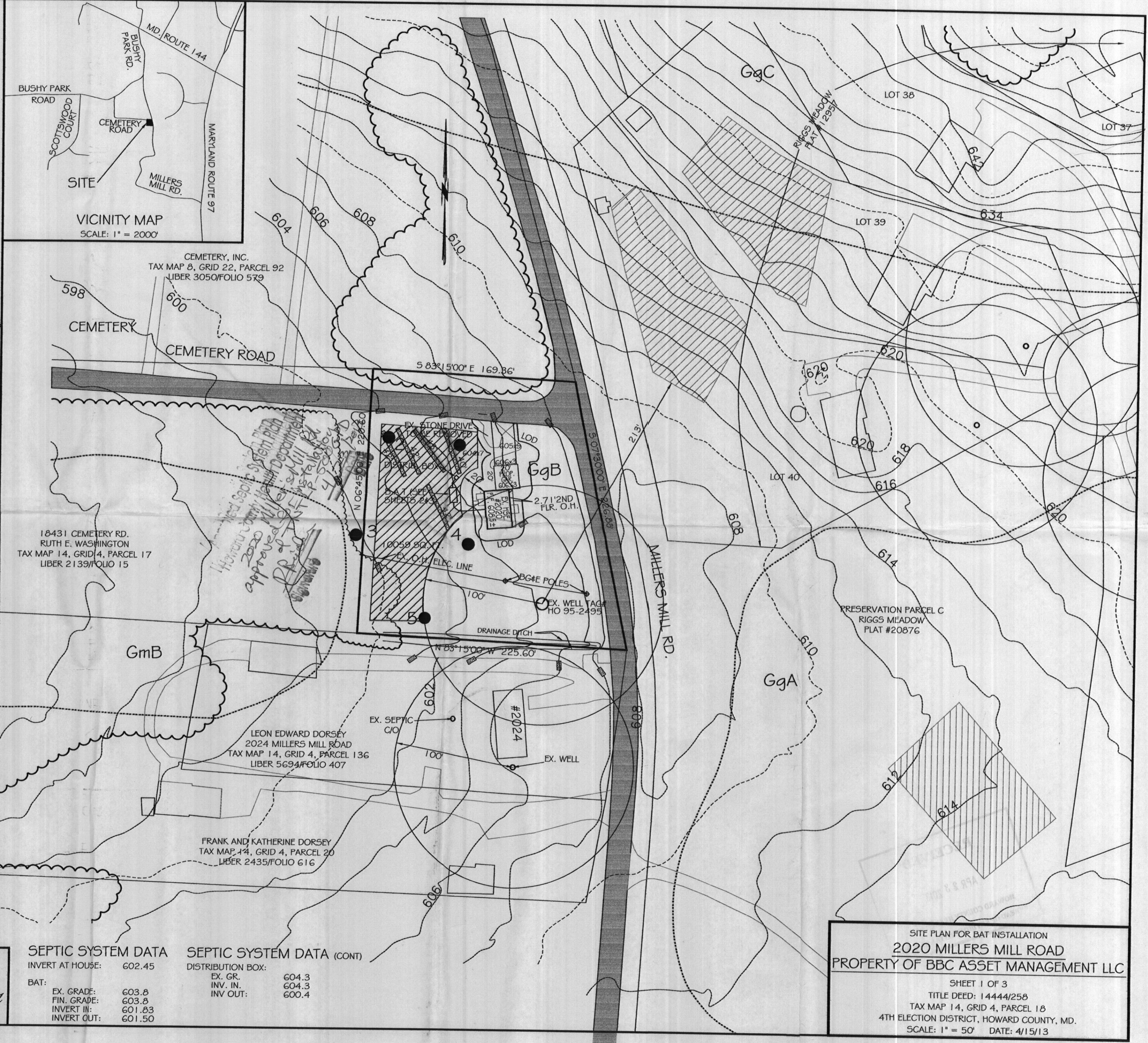
18. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.

19. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.

20. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.

21. PROPERTY MAY BE SUBJECT TO THE FOLLOWING BG#E RIGHTS-OF-WAY FOR LINES RUNNING OVER THE PROPERTY:
 RW RECORDED IN LIBER 289, FOLIO 402
 RW RECORDED IN LIBER 362, FOLIO 667.
 NO WIDTH IS SPECIFIED IN EITHER RIGHT-OF-WAY.

22. EJECTOR PUMP IS NEEDED TO PROVIDE BASEMENT SERVICE.



SHANABERGER & LANE

8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD 21043
 (410) 461-9563
 (410) 461-9693 fax
 home@shanlane.com



SEPTIC SYSTEM DATA

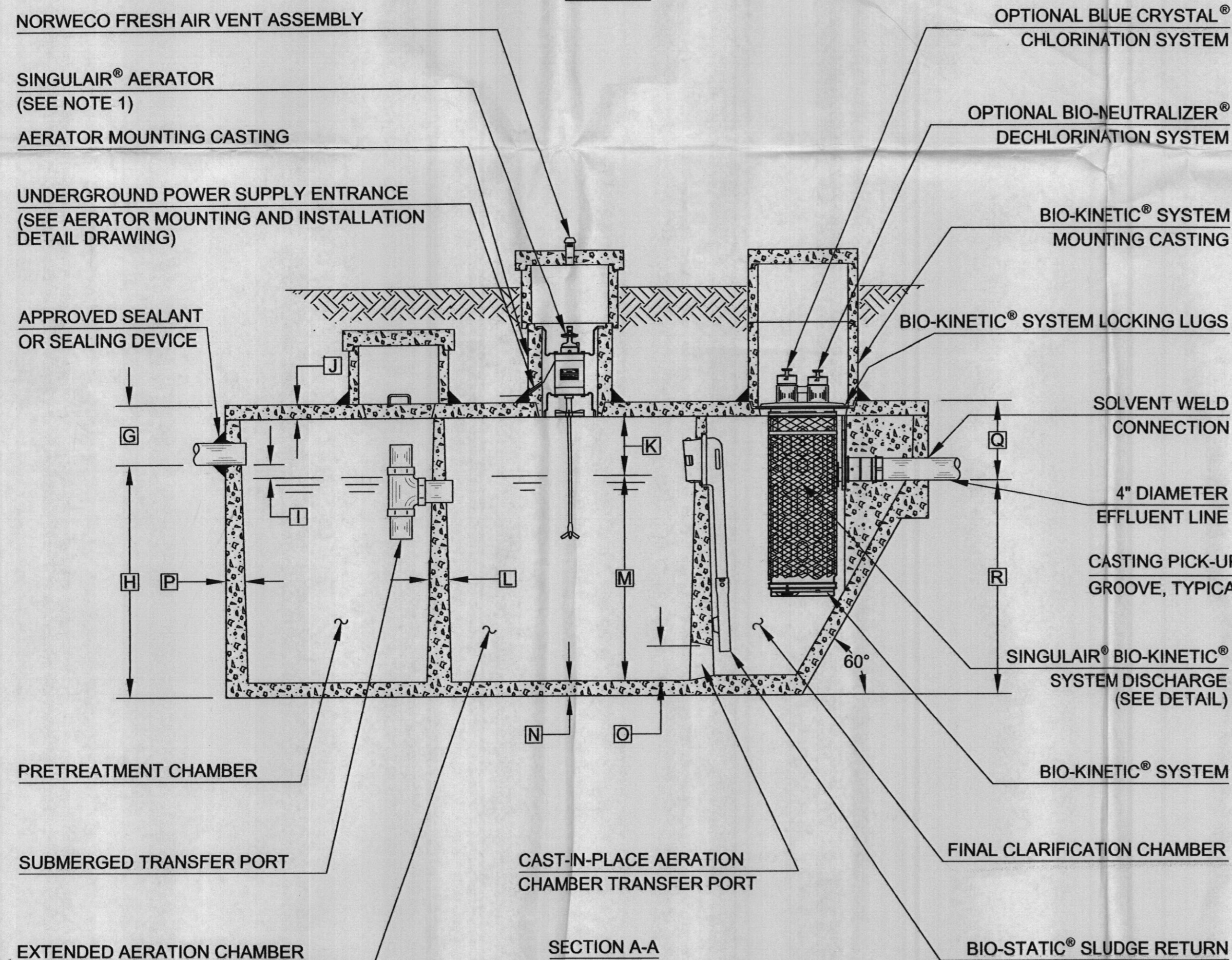
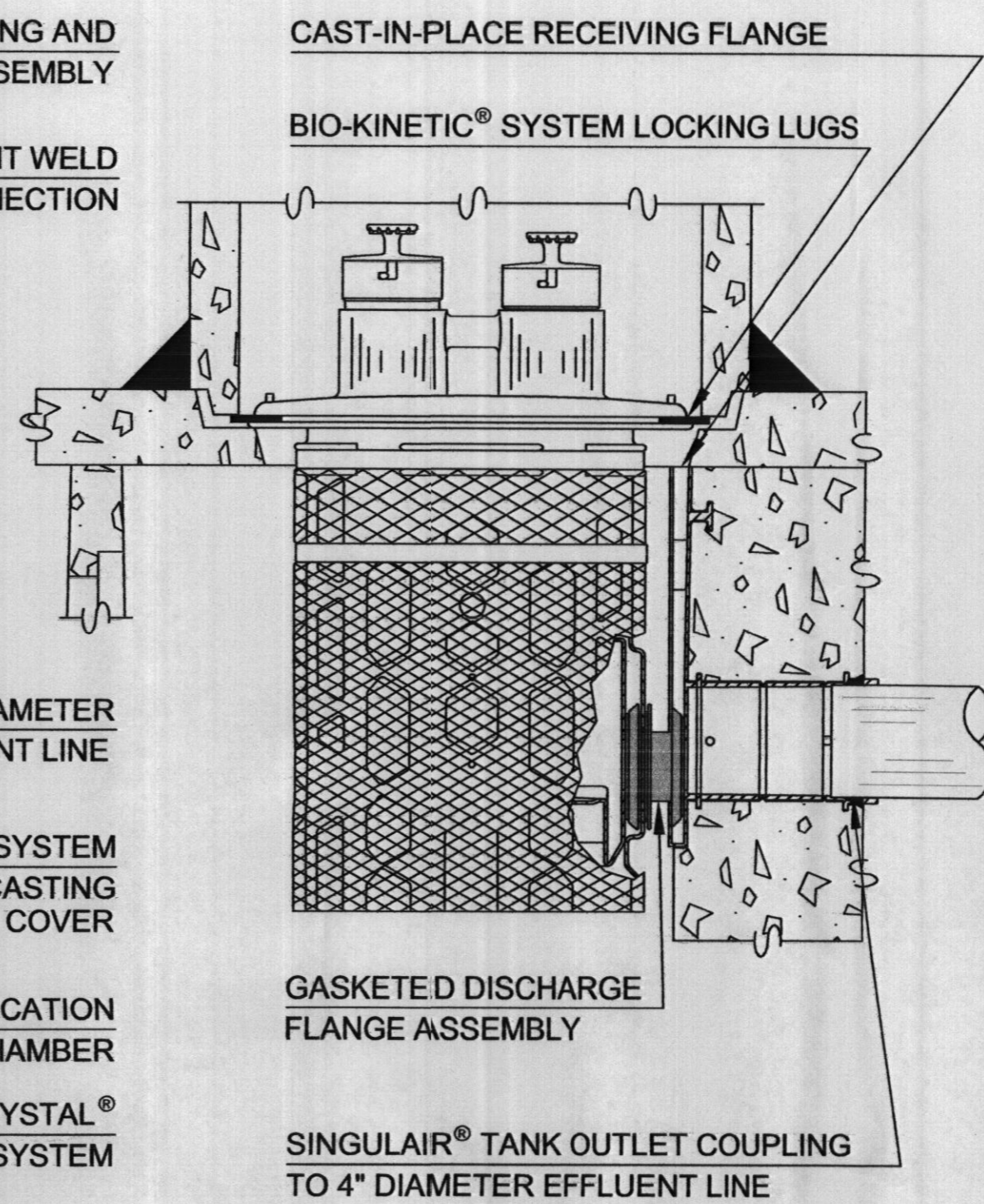
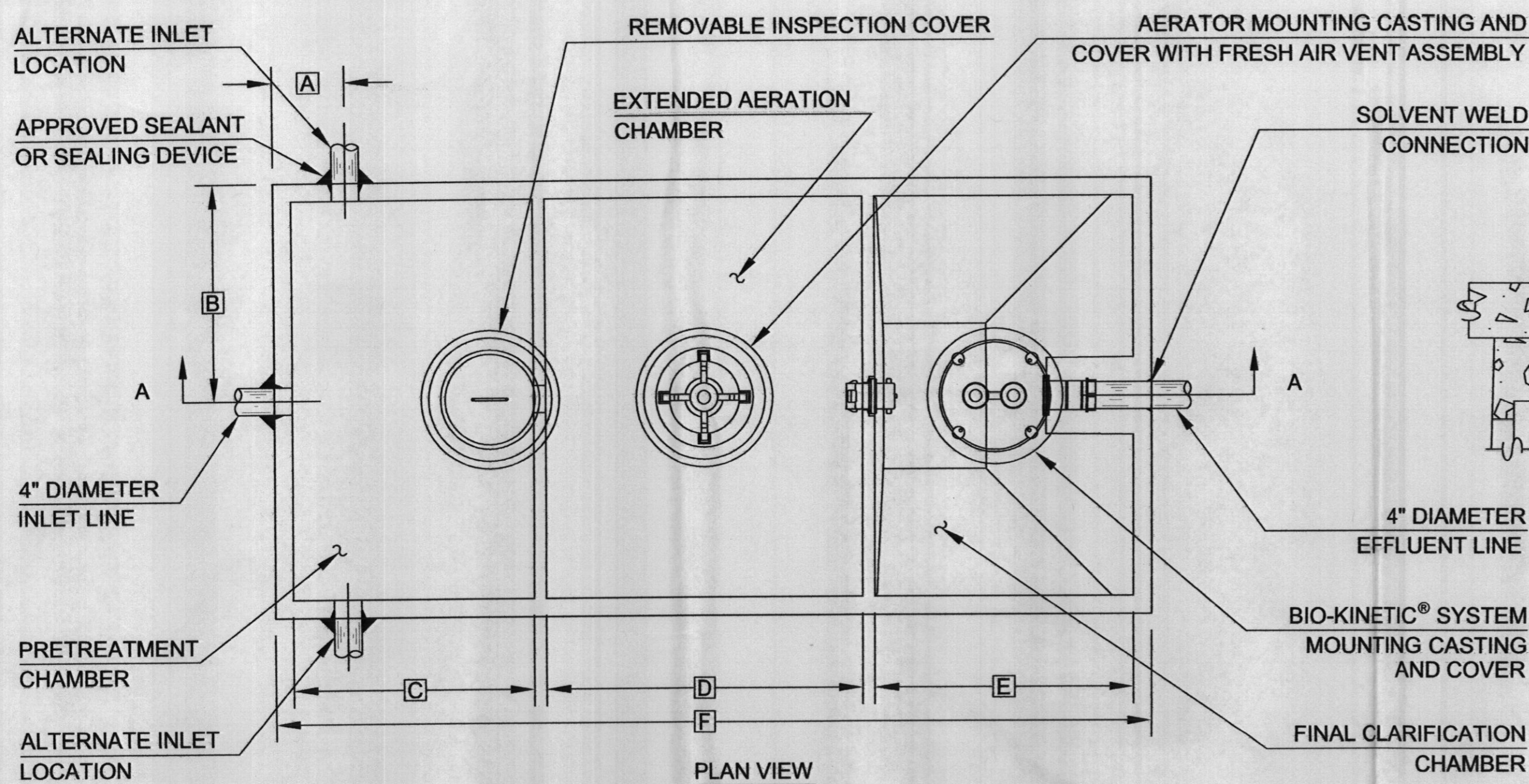
INVERT AT HOUSE: 602.45
 BAT:
 EX. GRADE: 603.8
 FIN. GRADE: 603.8
 INVERT IN: 601.83
 INVERT OUT: 601.50

SEPTIC SYSTEM DATA (CONT)

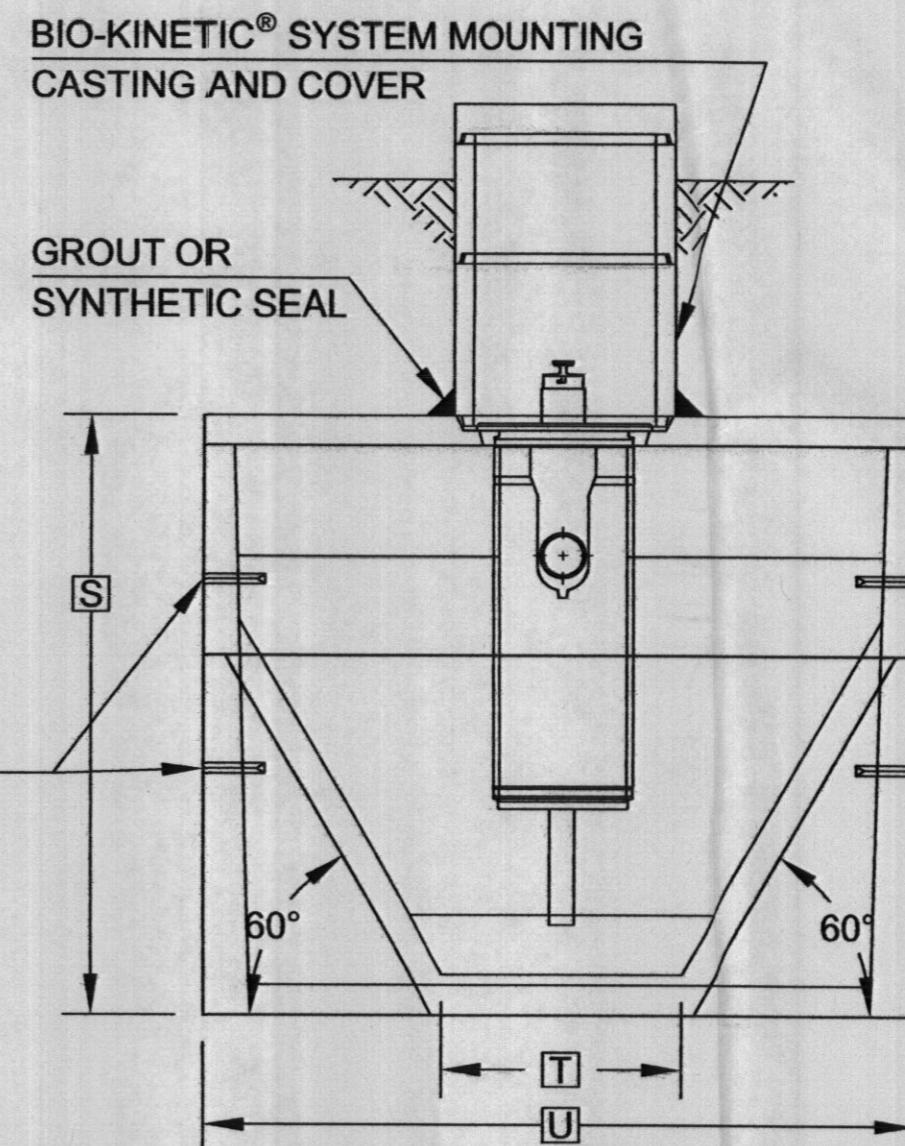
DISTRIBUTION BOX:
 EX. GR. 604.3
 INV. IN. 604.3
 INV. OUT. 600.4

SITE PLAN FOR BAT INSTALLATION
 2020 MILLERS MILL ROAD
 PROPERTY OF BBC ASSET MANAGEMENT LLC

SHEET 1 OF 3
 TITLE DEED: 14444/258
 TAX MAP 14, GRID 4, PARCEL 18
 4TH ELECTION DISTRICT, HOWARD COUNTY, MD.
 SCALE: 1" = 50' DATE: 4/15/13



BIO-KINETIC® SYSTEM DISCHARGE DETAIL



OUTLET END VIEW

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS
 RATED CAPACITY: 500 GALLONS PER DAY

GENERAL NOTES:

- ① SINGULAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 60 MINUTES ON / 60 MINUTES OFF.
- ② FALL THROUGH SINGULAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- ③ ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE.
- ④ TANK REINFORCED PER ACI STD. 318-05.
- ⑤ REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- ⑥ CONTACT THE LOCAL, LICENSED SINGULAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CONTRACTOR'S CERTIFICATION:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CRITICAL DIMENSIONS

A	1'-0"	N	0'-3"
B	3'-0"	O	0'-6"
C	3'-4"	P	0'-3"
D	4'-5"	Q	1'-4"
E	3'-7"	R	3'-8"
F	12'-2"	S	5'-0"
G	1'-0"	T	2'-0"
H	4'-0"	U	6'-0"
I	0'-3"	V	
J	0'-3"	W	
K	1'-0"	X	
L	0'-2"	Y	
M	3'-6"	Z	

U.S. AND FOREIGN PATENTS PENDING	norweco	REVISION DATE	3-26-07	REVISION	B
		DRAWN BY	BDS	APPROVED BY	JMM
© MMVII	LOW-PROFILE SINGULAIR® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM MODEL TNTLP-500 GPD	DATE	10-16-06	SCALE	NTS
		DRAWING NO.		PC-5-7091	
		THIS DRAWING IS THE PROPERTY OF NORWECO WASTEWATER EQUIPMENT COMPANY AND MAY NOT BE COPIED OR REPRODUCED IN WHOLE OR IN PART WITHOUT WRITTEN PERMISSION FROM NORWECO.			

