



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: 10-22-13

Permit No.: B13003921

Building Address: 12178 mt Albert Rd
 City: Ellicott City State: MD Zip Code: 21043
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: Storage
 Estimated Construction Cost: \$ 5000.00
 Description of Work: Shed 31'x36'
Detached on
monotonic pour
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Tom Rauner
 Address: 12178 mt Albert Rd
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 240 7500 7040 Fax: _____
 Email: _____

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

Contractor Company: Jacks handyman home imp
 Contact Person: JACK AZAT
 Address: 3219 Hooper Rd
 City: New Windsor State: MD Zip Code: 21776
 License No.: 88211
 Phone: 443-744-1998 Fax: _____
 Email: Jacks handyman@comcast.net

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.): <u>1145</u>	2 nd floor:
Use group:	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 type="checkbox"/> Slab on Grade
<input 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	
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 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: Jacks handyman @ Comcast.net
 Email Address: _____
 Owner - Jacks handyman home imp
 Title/Company: _____

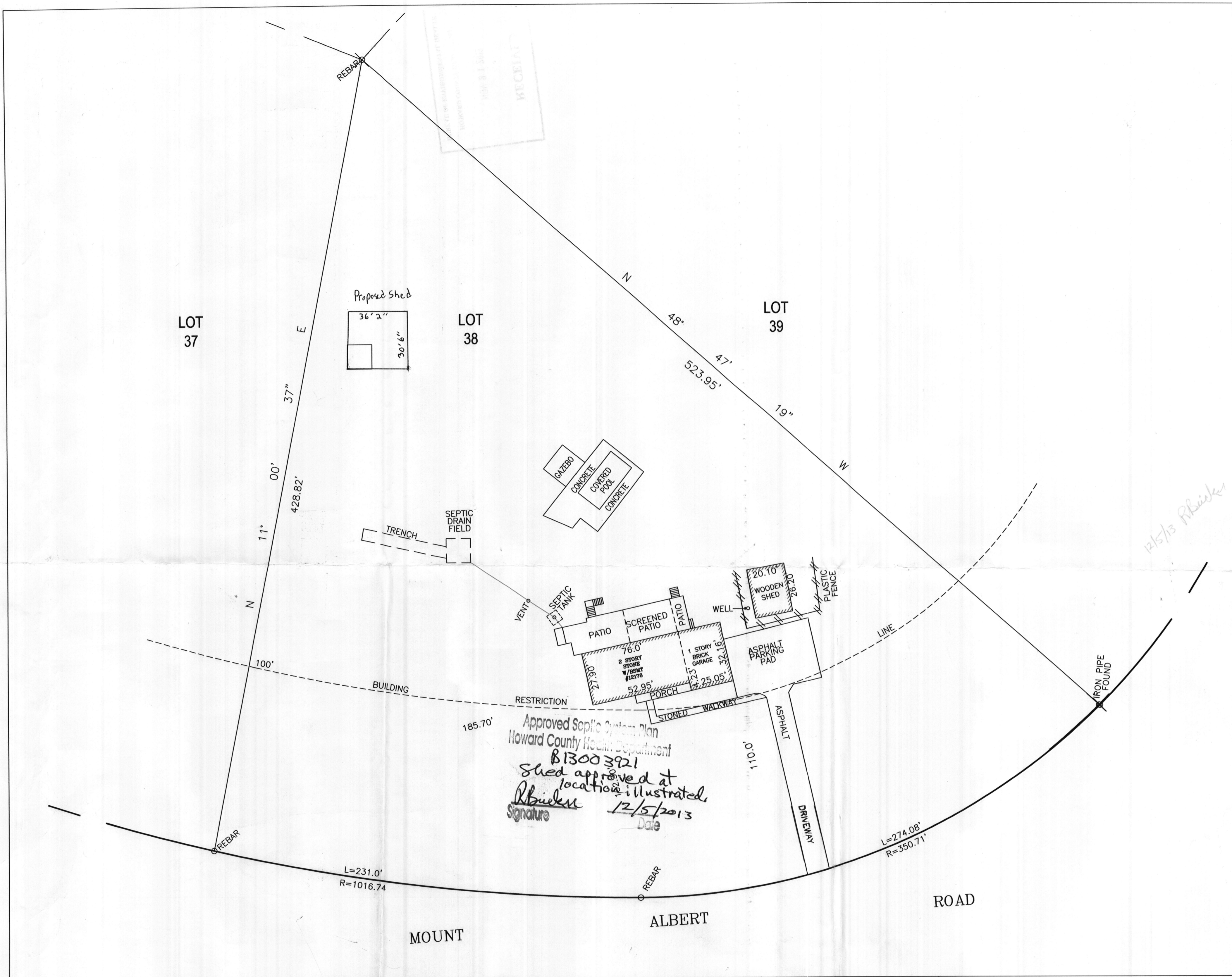
Print Name: JACK AZAT
 Date: 10/22/13

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		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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:

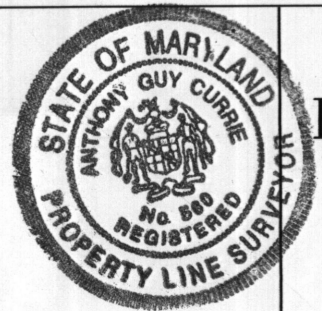
Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



CURRIE AND ASSOCIATES
 CONSULTING
 ENGINEERS, SURVEYORS AND PLANNERS
 3331 TOLEDO TERRACE, SUITE 105
 HYATTSVILLE, MD 20782
 TEL: (301) 559-0100 FAX: (301) 559-1700
 EMAIL: TGCURRIE@AOL.COM

Surveyor's Certificate
 I HEREBY CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING OR ESTABLISHING PROPERTY BOUNDARIES AS SHOWN. EXACT PROPERTY CORNERS HAVE BEEN ESTABLISHED OR SET, UNLESS OTHERWISE NOTED. NO TITLE REPORT FURNISHED.

Anthony G. Currie
 ANTHONY G. CURRIE, LS DATE *11/18/13*



BOUNDARY & BUILDING LOCATION SURVEY
 LOT 38 BLOCK C
 12178 MOUNT ALBERT ROAD
 ELLICOTT CITY, MARYLAND 21042

DATE:	NOV. 18, 2013
SCALE HZ:	1"=30'
SCALE VT:	N/A
DRAWN BY	M.C.
COMPUTED BY	A.G.C.
CHECKED BY	A.G.C.

Thomas M Rauner
12178 Mt Albert Rd
Ellicott City, Md. 21042

Bureau of Environmental Health
8930 Stanford Blvd
Columbia, Md. 21046-6303

Attn: Mike Davis, Assistant director

12/5/15
Approved
M. Davis

Dear Mr. Davis,

I am writing you regarding Building Permit application B13003921 Percolation Certificate plan requirement.

The application for the building permit was not approved based on Health Department records indicating that there is no sewage disposal area established on my property.

I am requesting consideration of a waiver of the percolation test requirement as it relates to this permit for construction of a shed on my property. Please consider the following:

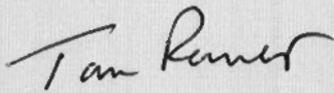
- 1) My property does have an established sewage disposal area and properly operating well and septic systems . I met with Robert Bricker and he was very helpful. He further researched the health department data base and was able to find documentation regarding the permit and approval of both the well and septic systems when the home was originally built in 1979. (documentation attached).
- 2) I have had a current survey of the property completed by a licensed surveyor. (Anthony Currie). The well and septic systems components have been illustrated on the revised plot plan. (attached)
- 3) The proposed shed will be located far enough from the septic components to allow for adequate area of the initial septic as well as at least 2 repairs. (proposed location of the shed is indicated on the revised plat plan). The proposed location is over 90 feet from the septic field and components and well exceeds the 20 foot setback requirement
- 4) The septic system is cleaned and inspected regularly and is in proper operating condition. I have attached copies of the last to service invoices to confirm regular maintenance.
- 5) In 2010 the county approved a building permit for a large deck addition on my home. At that time the health department approved the permit. Mr Bricker also found documentation of this approval in health department records.

NOV 18 2015
BUREAU OF ENVIRONMENTAL HEALTH
COLUMBIA, MARYLAND

I appreciate your consideration regarding waiving the percolation test requirements for this permit . My contractor (Jack Azat) and crew are ready to begin construction and are depending on this project . It would be difficult for him to replace this job at this point in the season.

I appreciate your time and consideration in this matter. I look forward to your response and please feel free to call me if any further information is needed.

Sincerely,

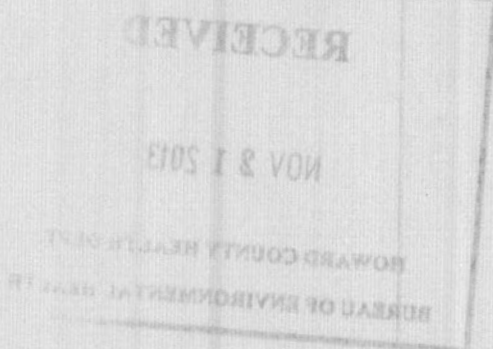


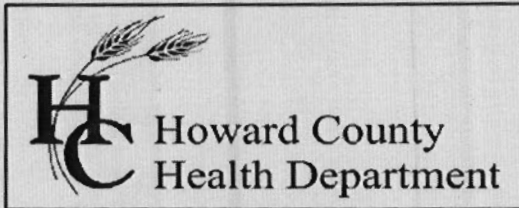
Tom Rauner

240-750-7040

tom.rauner.hays@statefarm.com

Thomas M. Rauner





Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

11/4/2013

TO: Jack Azat, Contractor/Applicant
JacksHandyman@comcast.net

FROM: Robert Bricker, REHS/R.S., Environmental Sanitarian II
Well and Septic Program

RE: Building Permit Application B13003921; Percolation Certification Plan required

Dear Mr. Azat,

The referenced building permit application cannot be approved by the Health Department at this time. The Howard County Health Department requires that there is an approved Percolation Certification Plan for the subject property. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the building permit applications including the current one (B13003749). Health Department records for '12178 Mount Albert Road' do not indicate that a sewage disposal area has been established for the subject property.

The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a sewage easement (re: septic reserve area) having "adequate area for an initial septic system and two 2 repairs". Percolation tests may be required to establish a sewage disposal area.

In addition to the requirements stated above, the Plot Plan will need to be revised. The location of the well, and the locations of the septic system components, must be illustrated on the Plot Plan.

You may contact me at the Bureau of Environmental Health, 410-313-2691 if you have questions about these contents.

RB
Copy: Tom Ravner, owner
file