

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

309000716

Building Address 15313 Pine Hill Ct  
Woodbine MD 21797

Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area 2 Lot 23

Tax Map 14 Parcel 68 Grid 14

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 1.13 AC.

Property Owner's Name David & Angie Straub

Address 15313 Pine Hill Ct

City Woodbine State MD Zip Code 21777

Home Phone 410 493-7538 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use apartment building

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 250,000

Description of Work already approved by J Robert  
Lalush Planning Super-vision - ACCESSORY  
apartment with kitchen, bath and two bedrooms  
with walk-in laundry room in same 1499 sq feet

Contractor Company Chickadee Builders

Contact Person John P. Riley

Address 1158 3rd Road

City Sykesville State MD Zip Code 21784

License No. 70247

Phone 410 442 2678 Fax 410 442 4088

Occupant or Tenant David & Angie Straub

Contact Name David Straub

Address 15313 Pine Hill Ct

City Woodbine State MD Zip Code 21777

Phone 410 984 9618 Fax 410 442 4088

Engineer or Architect Company Ron Johnston

Contact Person Ron Johnston

Address 9162 Tal's Mill Lane

City Ed State MD Zip Code 21015

Phone 410 443 3667 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <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 _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of efficiency units: _____	NFPA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
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.

Applicant's Signature [Signature]

Title/Company Chickadee Builders

Print Name John P. Riley

Date 4/15/09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**- FOR OFFICE USE ONLY -**

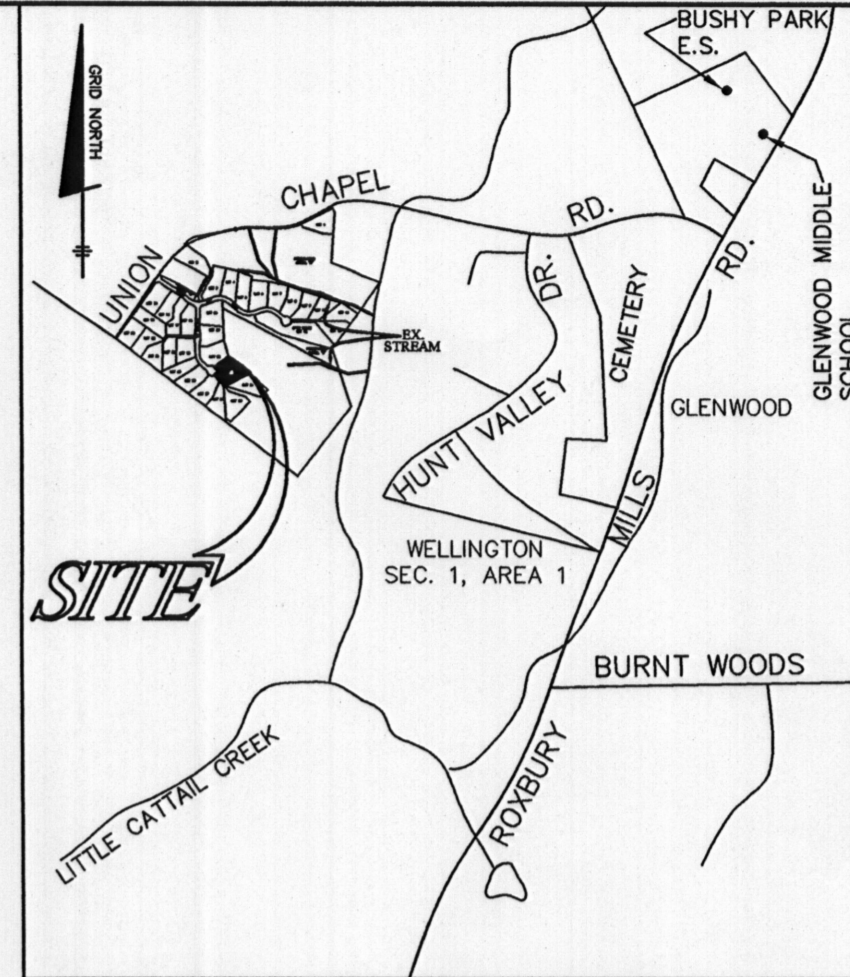
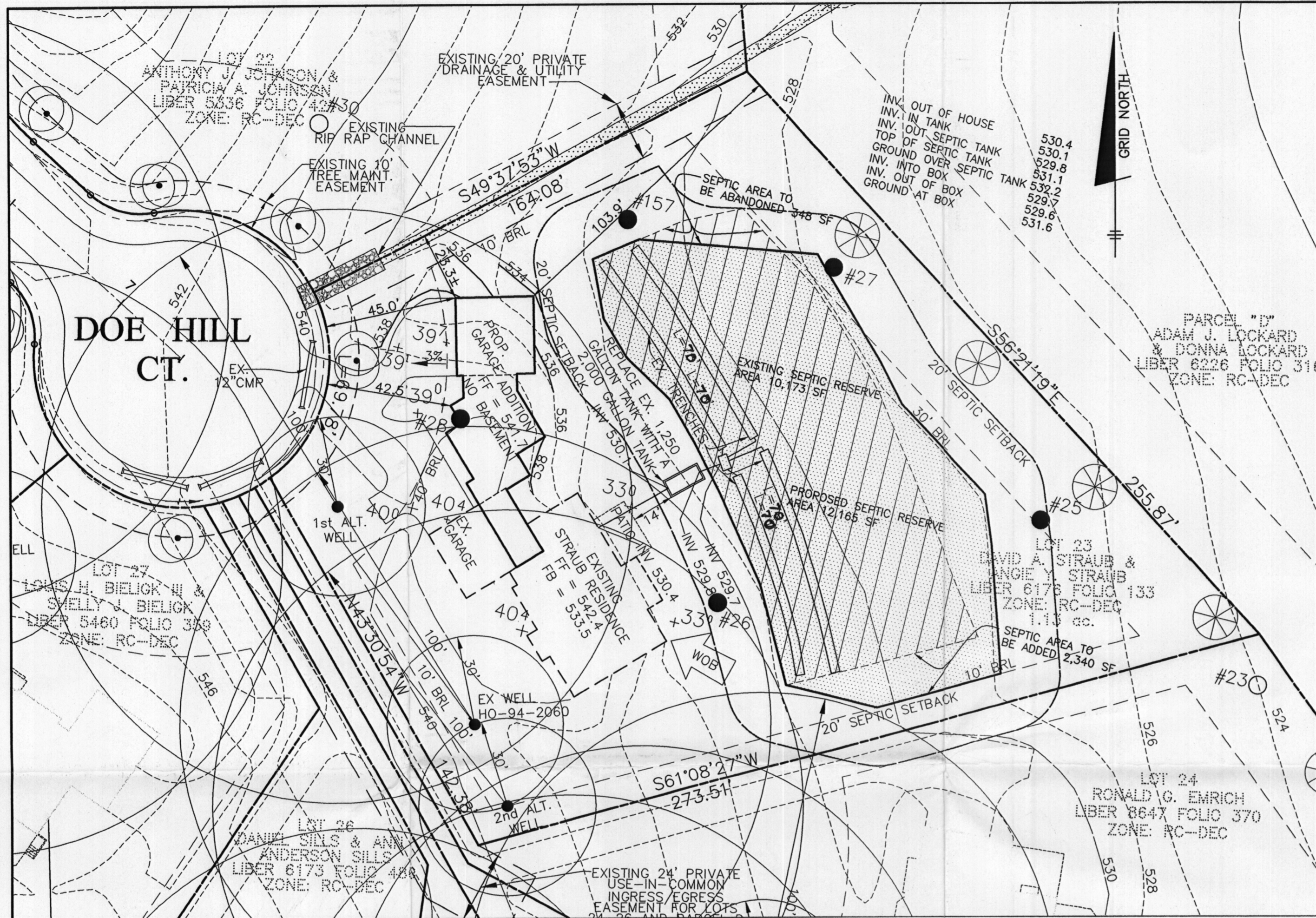
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>7/8/09</u>	<u>Brian Baker</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1774</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone <u>1200%</u>	
SDP/Red-line approval date _____	Accepted by _____



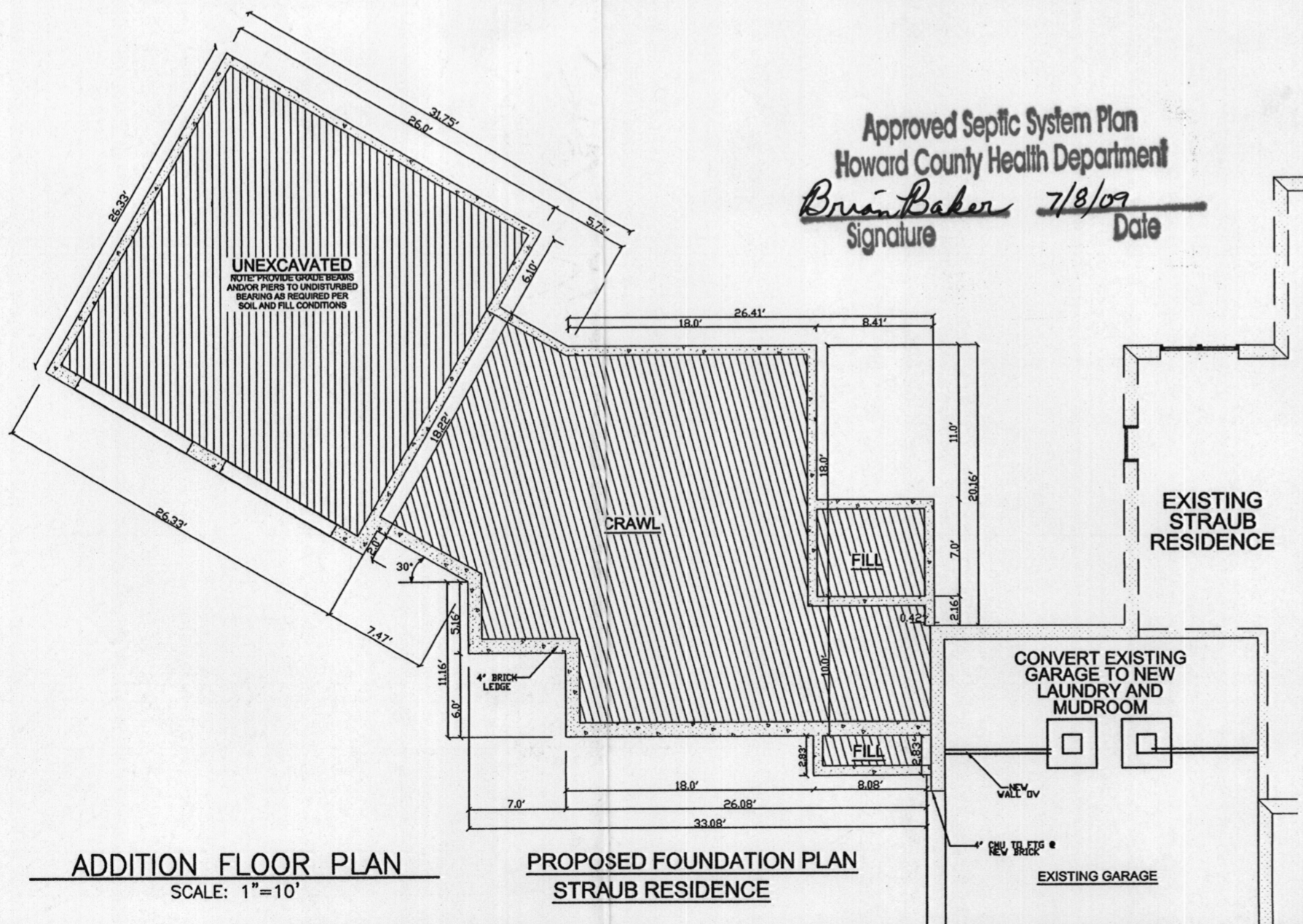
VICINITY MAP  
SCALE: 1" = 2000'

- NOTES:**
- THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR WELLINGTON WEST, SECTION 2. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
  - THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
  - ADMINISTRATIVE ADJUSTMENT CASE NUMBER 08-026 INTENDED TO ADJUST THE FRONT SETBACK FROM 50' TO 40'. THIS DECISION AND ORDER IS DATED JANUARY 30, 2009.
  - TOPOGRAPHY SHOWN HEREON HAS BEEN TAKEN FROM THE CONTOURS SHOWN ON F-98-180, WELLINGTON WEST SECTION 2 AND FIELD VERIFIED BY BENCHMARK ENGINEERING, INC.
  - EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
  - SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
  - ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
  - ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
  - SEPTIC TANK FOR THIS LOT IS EXISTING BUT WILL NEED TO BE REPLACED WITH A 2,000 GALLON TANK. PRIOR TO BUILDING PERMIT APPROVAL THE EXISTING SEPTIC TANK WILL BE ABANDONED PER HEALTH DEPARTMENT REQUIREMENTS AND REPLACED WITH A SUITABLE 2,000 GALLON TANK. A SEPTIC PERMIT IS REQUIRED FOR TANK REPLACEMENTS.
  - THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-2060, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
  - THE LOT IS LIMITED TO A 5 BEDROOM HOUSE BECAUSE OF THE PERCOLATION TEST RESULTS.
  - FUTURE REPAIR SYSTEMS FOR THIS LOT MAY NEED TO BE A LOW PRESSURE DOSE SYSTEM IF TRENCH LENGTHS ARE UNEVEN.
  - ALL EXISTING WELLS OR WELL RADII AND SEPTIC SYSTEMS WITHIN 100' OF THIS PROPERTY HAVE BEEN SHOWN.

PLAN  
SCALE: 1" = 30'

- LEGEND**
- EXISTING CONTOURS
  - FIELD SURVEYED WELL LOCATION
  - PASSED PERCOLATION TEST PER TEST RESULTS
  - FAILED PERCOLATION TEST PER TEST RESULTS
  - EXISTING APPROVED SEPTIC FIELD
  - PROPOSED SEPTIC FIELD

Approved Septic System Plan  
Howard County Health Department  
*Brian Baker* 7/8/09  
Signature Date



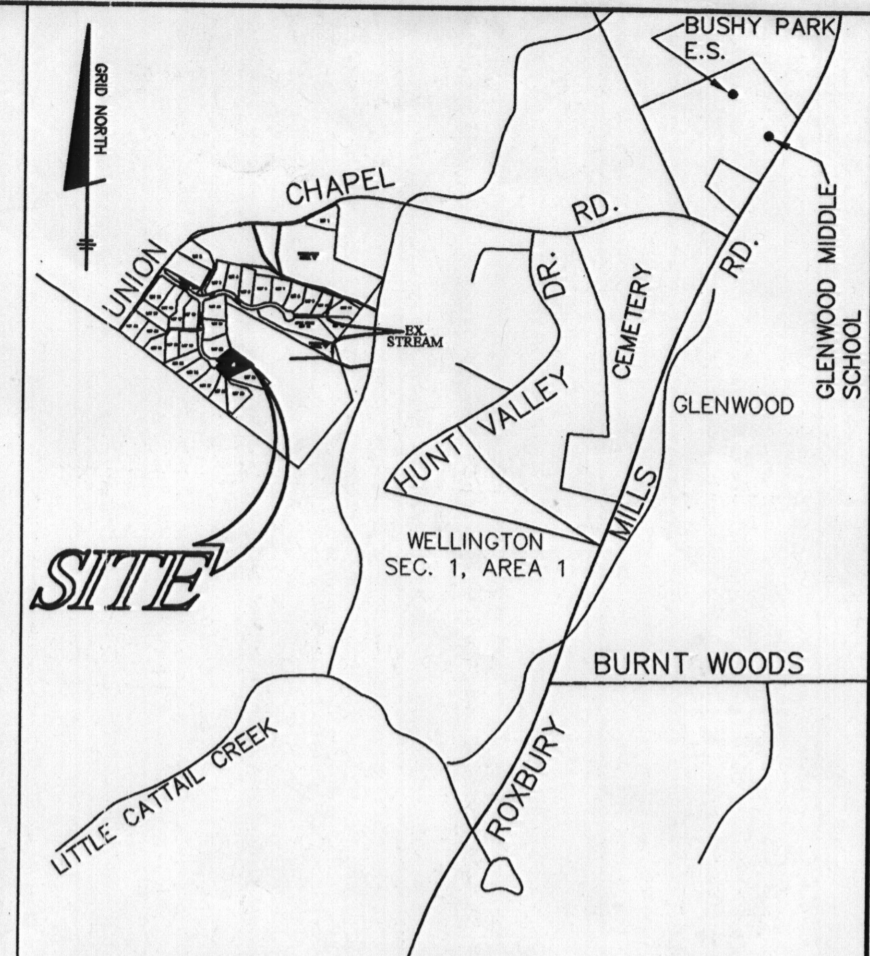
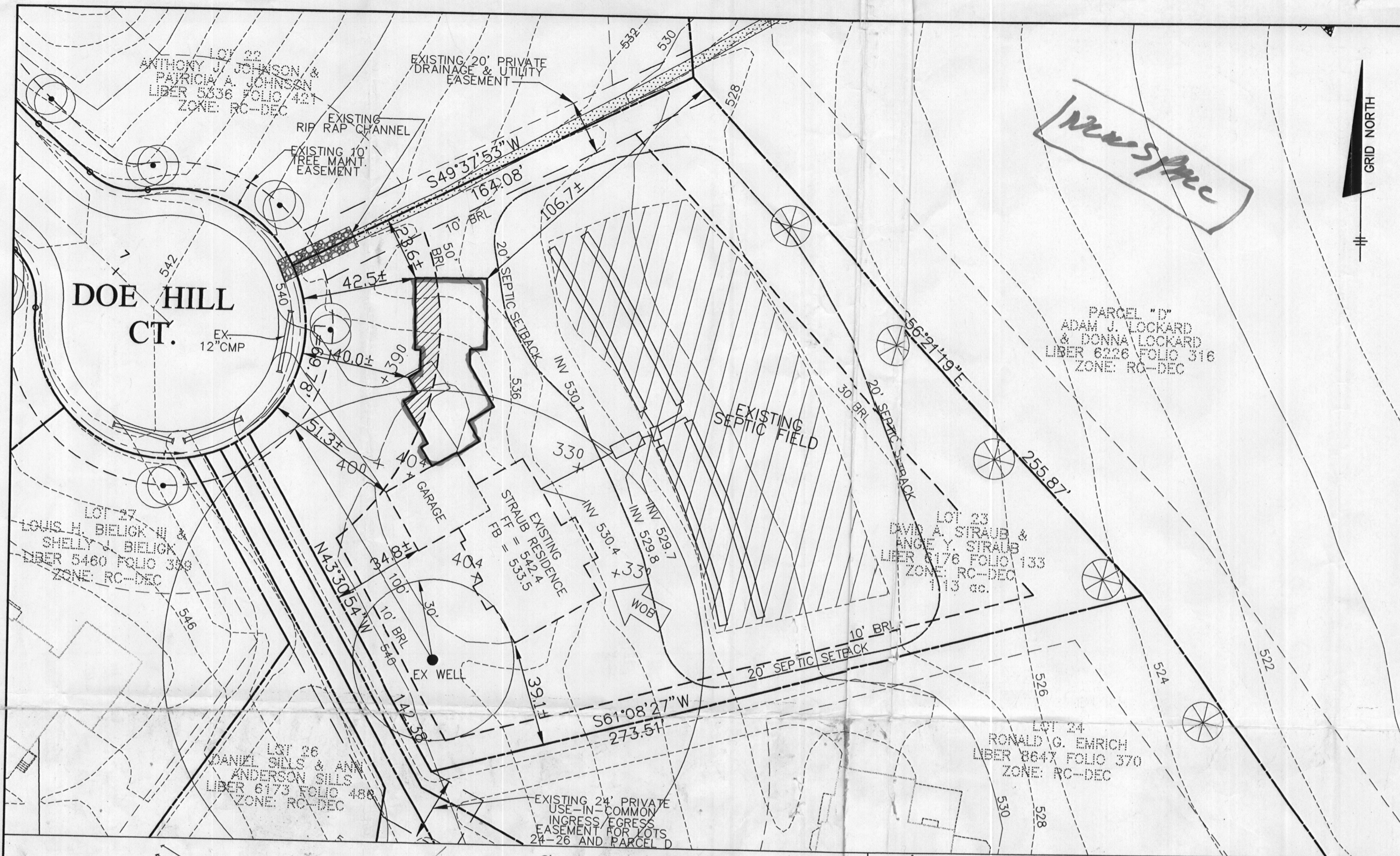
I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.  
*John M. Carney* 6/5/09  
PLAN PREPARER  
JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:  
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT  
*Peter Beilenson* 6/28/09  
COUNTY HEALTH OFFICER

OWNER/ BUILDER:  
Mr. DAVID STRAUB  
15313 DOE HILL COURT  
WOODBINE, MARYLAND 21797  
410-489-9406

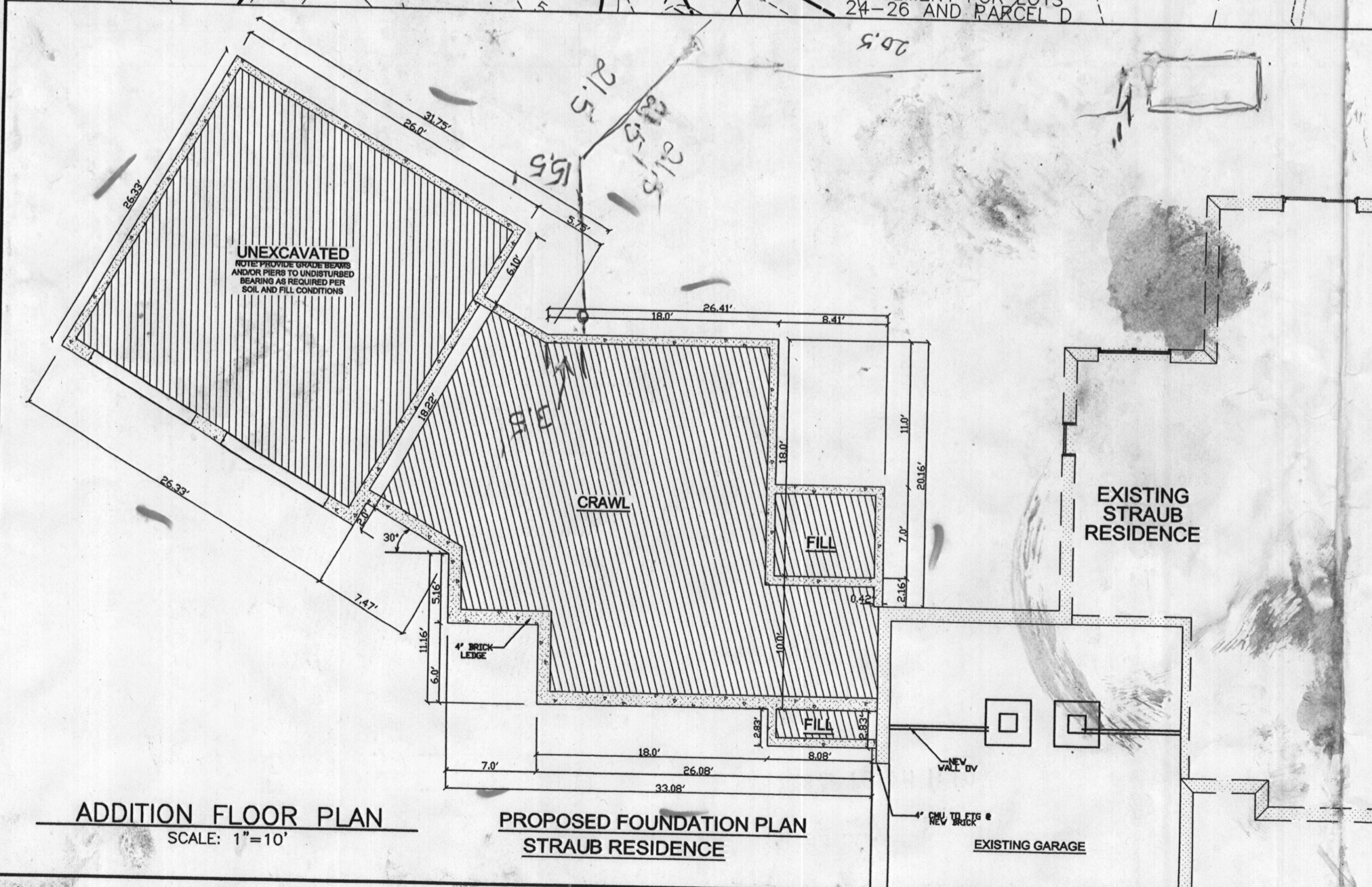
**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**  
8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

PROJECT: <b>WELLINGTON WEST</b>	
SECTION 2	
LOT 23	
LOCATION:	TAX MAP: 14 PARCEL: 68 GRID No. 14 4th ELECTION DISTRICT - HOWARD COUNTY, MARYLAND 15313 DOE HILL COURT WOODBINE, MARYLAND 21797
TITLE:	<b>REVISED PERCOLATION CERTIFICATION PLAN</b>
DATE:	JUNE 5, 2009
SCALE:	AS SHOWN
PROJECT NO.	2182
DRAWING	1 OF 1



VICINITY MAP  
SCALE: 1" = 2000'

NOTES:  
1) TOPOGRAPHY SHOWN HEREON HAS BEEN TAKEN FROM THE CONTOURS SHOWN ON F-98-180, WELLINGTON WEST SECTION 2.



PLAN  
SCALE: 1" = 30'

**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

PROJECT:	<b>WELLINGTON WEST SECTION 2</b>	
	<b>LOT 23</b>	
LOCATION:	TAX MAP: 14 PARCEL: 68 GRID No. 14 4th ELECTION DISTRICT - HOWARD COUNTY, MARYLAND 15313 DOE HILL COURT WOODBINE, MARYLAND 21797	
TITLE:	<b>PLAN TO ACCOMPANY PETITION</b>	
DATE:	OCTOBER, 2008	PROJECT NO. 2182
SCALE:	AS SHOWN	DRAWING 1 OF 1

OWNER/ BUILDER:  
**Mr. DAVID STRAUB**  
15313 DOE HILL COURT  
WOODBINE, MARYLAND 21797  
410-489-9406

