

**HOWARD COUNTY,
 PERMIT APPLICATION**

PERMIT NUMBER
 B0900030

Building Address 10806 Hunting Lane
Columbia MD 21044

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name DAE YUNG LEE
 Address 10806 Hunting Lane
 City Columbia State MD Zip Code 21044
 Home Phone 410-531-6380 Work Phone N/A
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use S/C
 Proposed Use ASSISTING LIVING
 Estimated Construction Cost \$ 100,000.00

Description of Work 990 Sq Ft 1 Floor Addition
1480 Sq Ft 2nd Floor

Contractor Company TBG Home Improvement Inc
 Contact Person John Daniello
 Address 1235 TEN OAKS RD
 City COLUMBIA State MD Zip Code 21217
 License No. 122754
 Phone 410-536-0240 Fax 410-207-6937

Occupant or Tenant _____

Contact Name DAE YUNG LEE
 Address 10806 Hunting Lane
 City Columbia State MD Zip Code 21044
 Phone 410-531-6380 Fax _____

Engineer or Architect Company MARY WILSON ARCHITECT
 Contact Person MARY WILSON
 Address 5 SWEETGUM COURT
 City COLUMBIA State MD Zip Code 21228
 Phone 410-747-1240 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: <u>33</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input checked="" type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

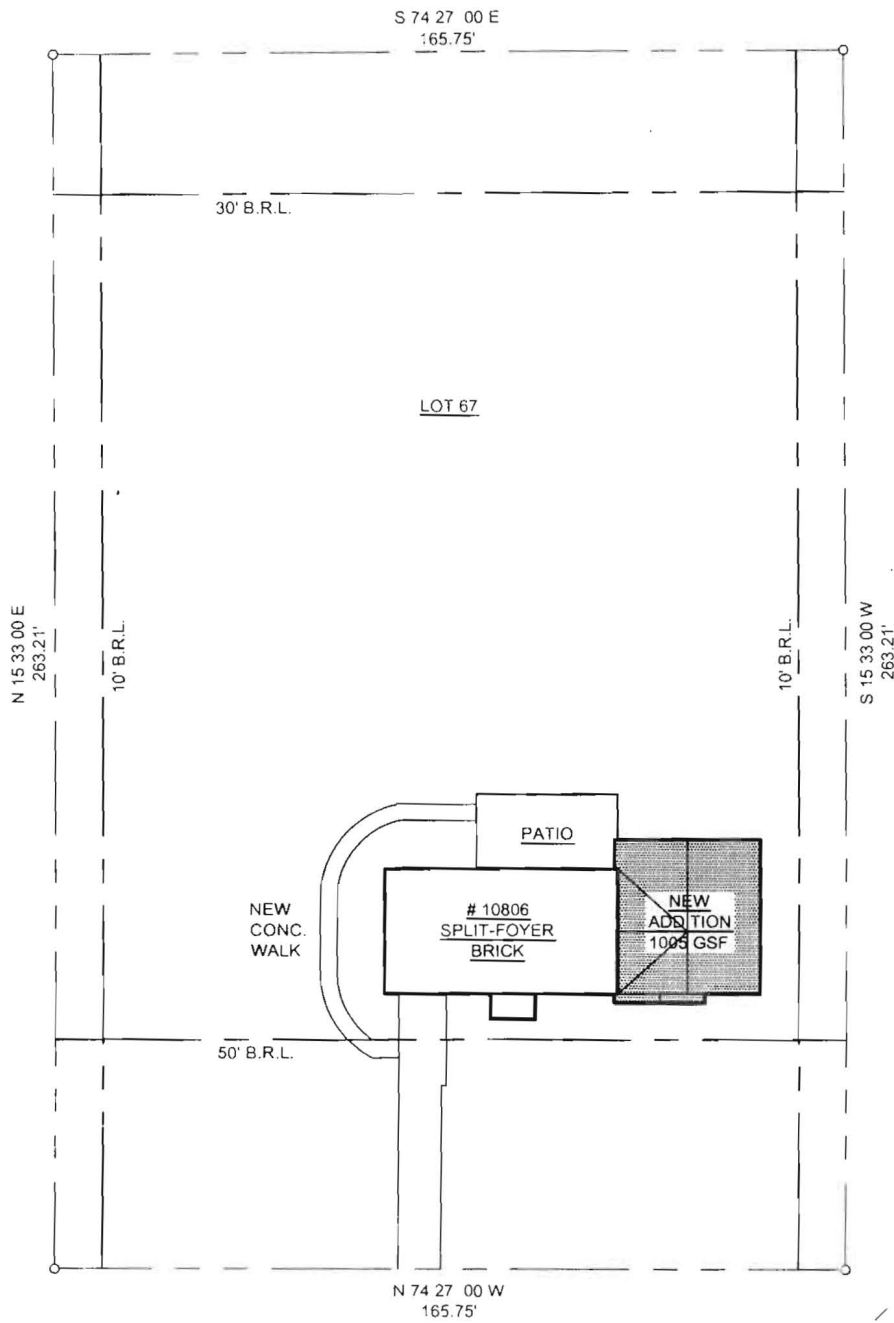
Applicant's Signature John Daniello
 Title/Company Vice President TBG

Print Name John Daniello
 Date MAY 29 2009

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ <u>2500</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Lot Coverage for New Town Zone _____	Validation # <u>1133</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>				

#17363k



10806 Hunting Lane
 Columbia, MD. 21044
PLOT PLAN
 SCALE: 1"=40'

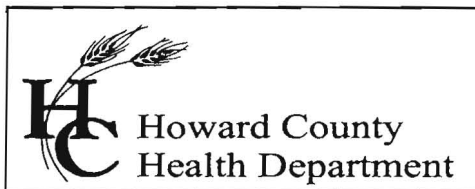
- Need septic upgrade

*Need water
 septic mfb
 down*

*(Need perc test)
 need perc test
 plan*

*Add 4 bedrooms
 8-9 BR total
 + 2
 isolation
 area
 car bit*

*demolish
 septic system
 to allow
 complete
 house
 floor plan*



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

June 5, 2009

Dae Yung Lee
10806 Hunting Lane
Columbia, Maryland 21044

RE: Building permit application #B09001230
Assisted living

Dear Mr. Lee,

The Health Department has completed the review of the referenced building permit application. The following information is needed prior to plan approval. Floor plans illustrating the layout of the existing house are requested by our office in order to confirm the current number of bedrooms.

Health Department records indicate the septic system serving the property, which was repaired on April 16, 1984, was sized for a three bedroom home. This system is not adequate for the proposed use. Although satisfactory percolation testing was completed on October 27, 2004 in order to establish a septic area, a percolation certification plan was never submitted certifying the tested area. A percolation certification plan must be submitted demonstrating that the property has adequate on-site sewage disposal for the proposed use. The plan must also provide a description of the project including the number of residents and staff. If the original test holes cannot be confirmed or additional septic area is needed, further percolation testing may be required. The current septic system must also be upgraded in order to accommodate the proposal.

The percolation certification plan and septic system upgrade must be completed and approved prior to building permit approval. Please forward a copy of the well abandonment paperwork to the Health Department. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261.

Sincerely,

Sara Sappington, R.S.
Well and Septic Program

Enclosures

Sent engineers but not code req 7.805

MARY WEISS
ARCHITECT

5 Sweetgum Court
Catonsville, MD.
21228

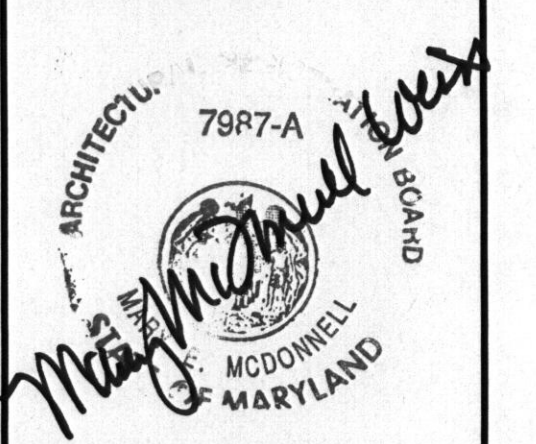
p: (410) 747-1240
c: (443) 677-5926
mary.weiss@yahoo.com

DATE	REVISION
5.27.09	PERMIT SET

ADDITION to the DAE-LEE
Assisted Living Facility
10806 Hunting Lane
Columbia, Maryland 21044

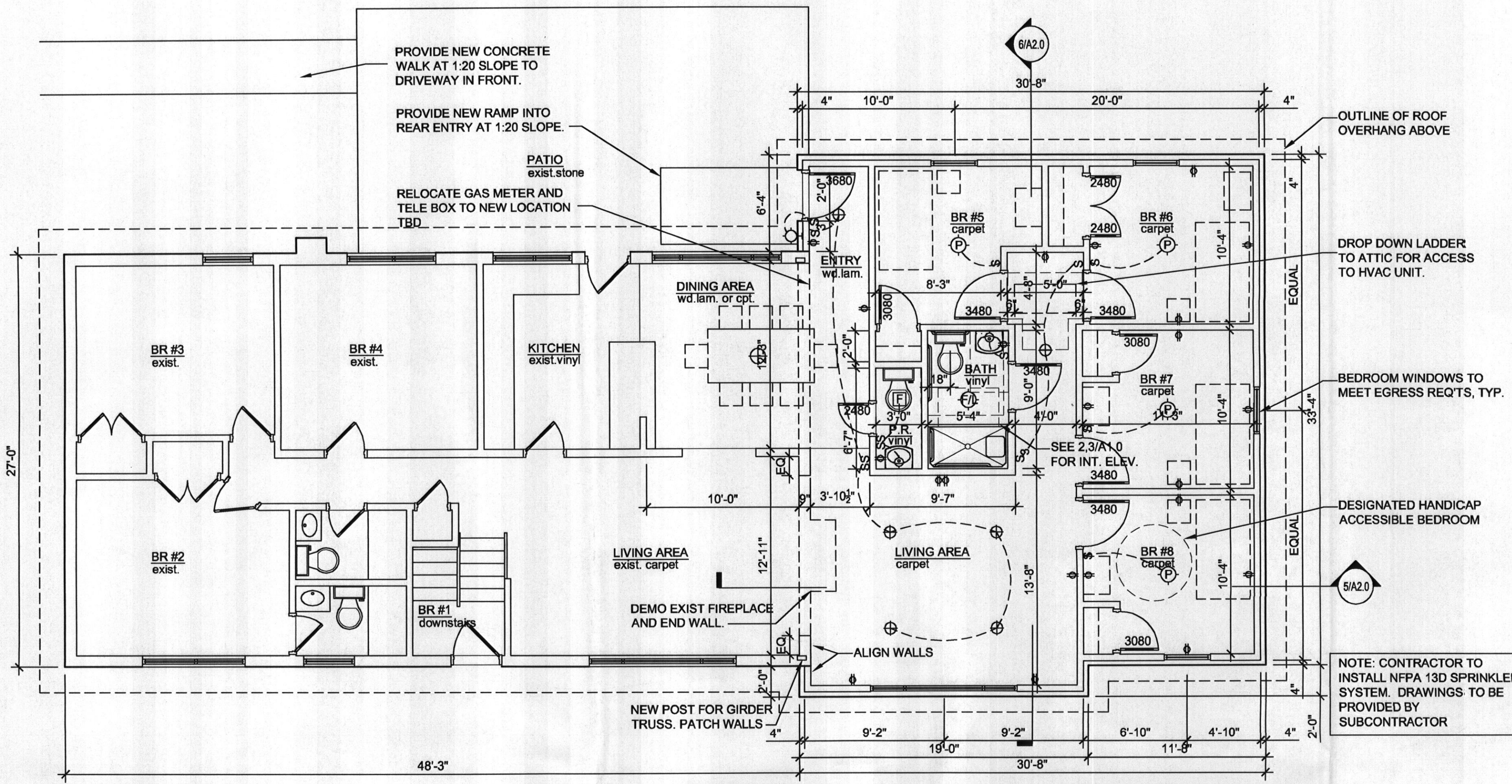
FLOOR PLANS AND
FRAMING PLANS

JOB NUMBER:
DATE: 27 May 2009
DRAWN BY: MMW
SCALE: 3/16"=1'-0"

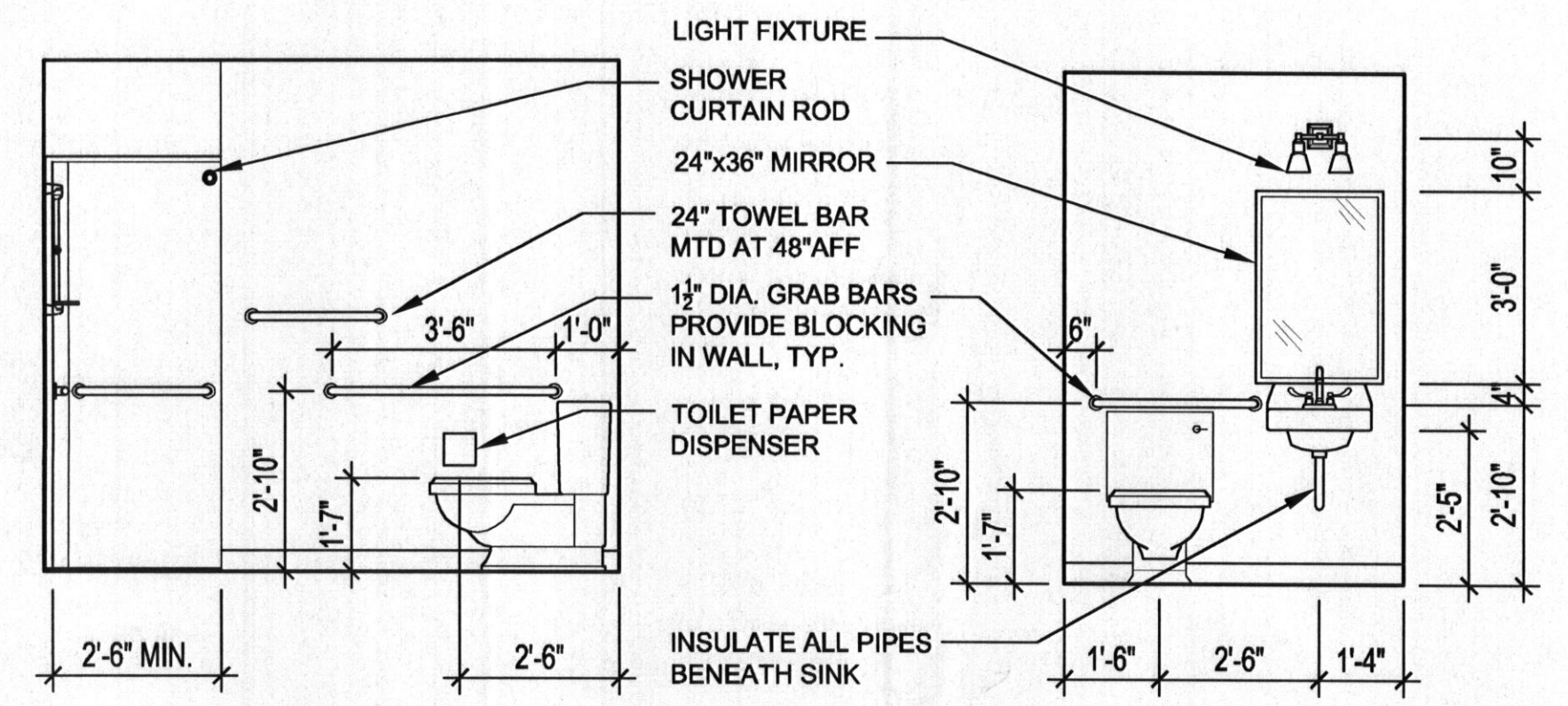


A1.0

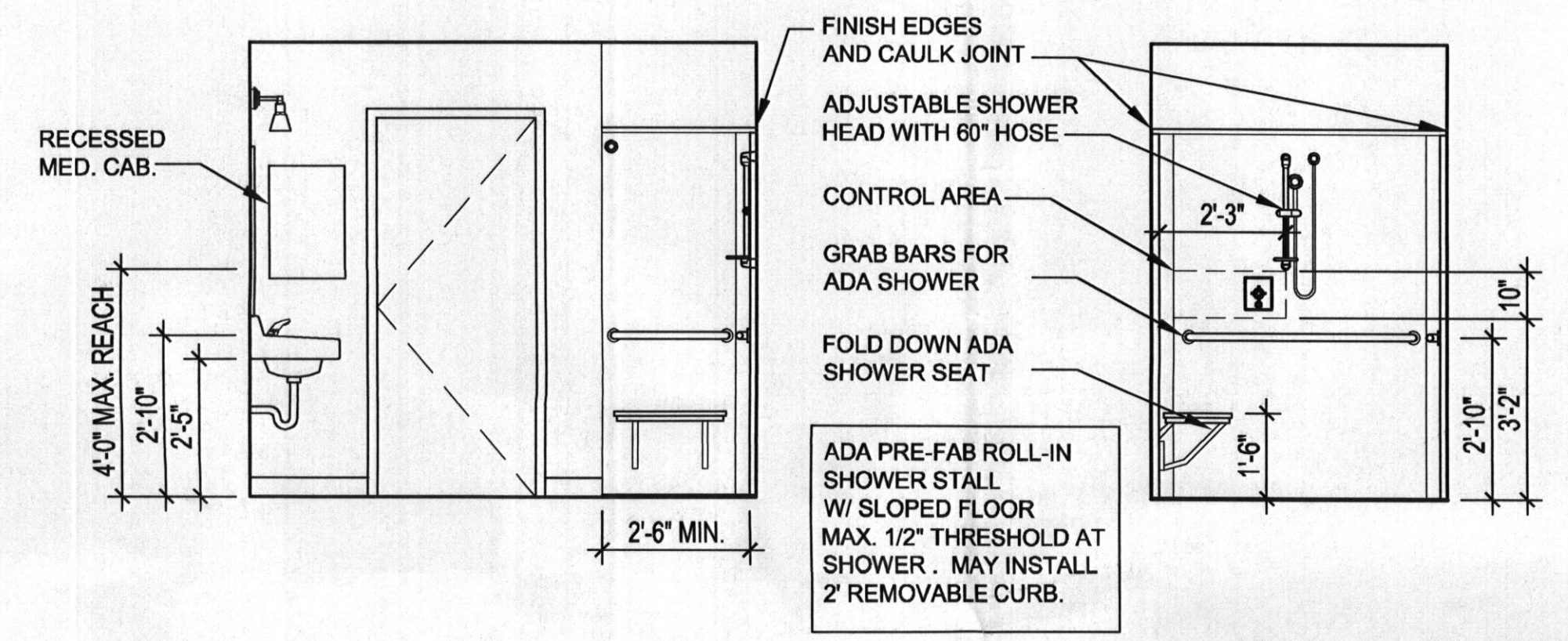
DRAWING 1 OF 3



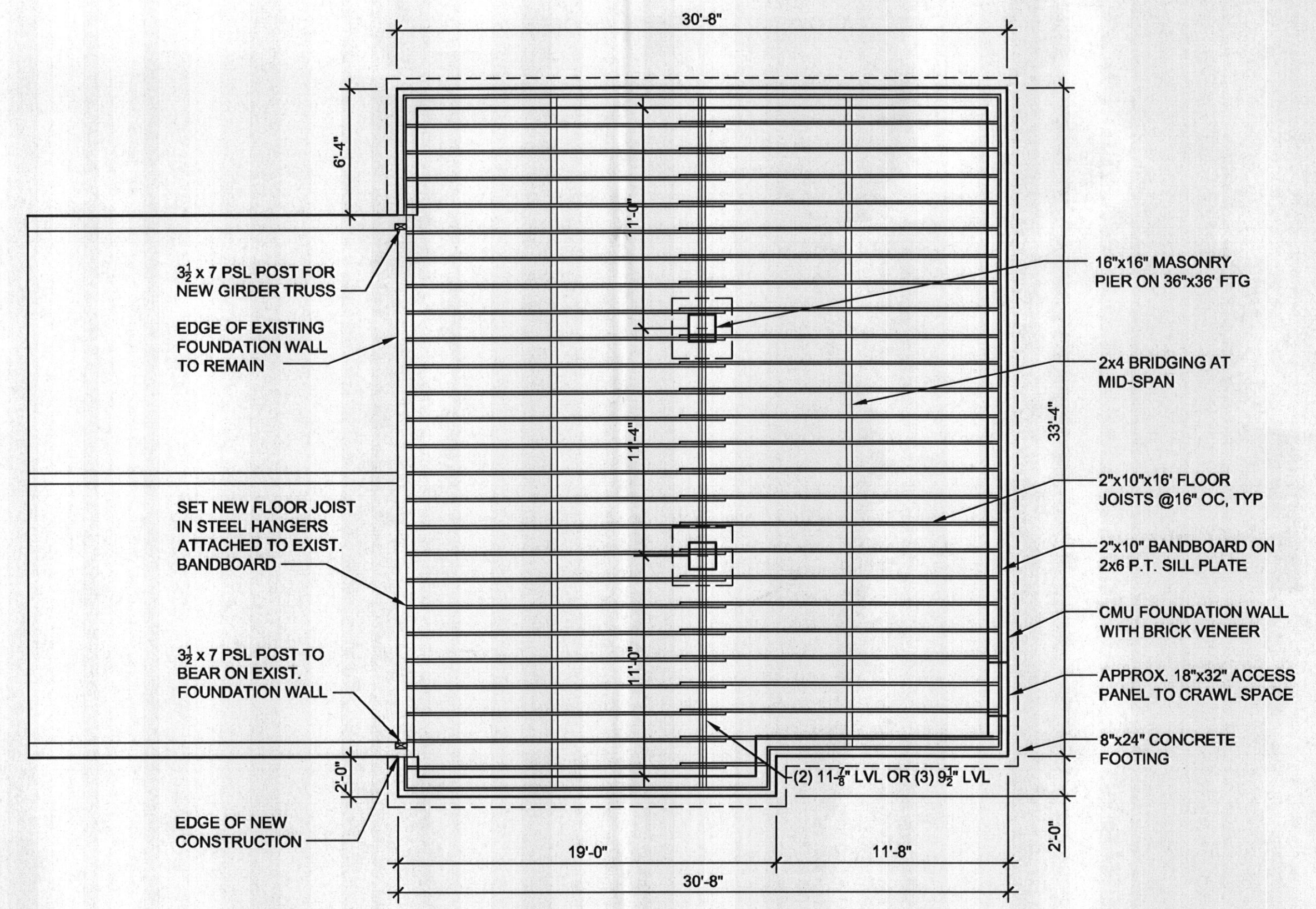
1 FIRST FLOOR PLAN
3/16"=1'-0"



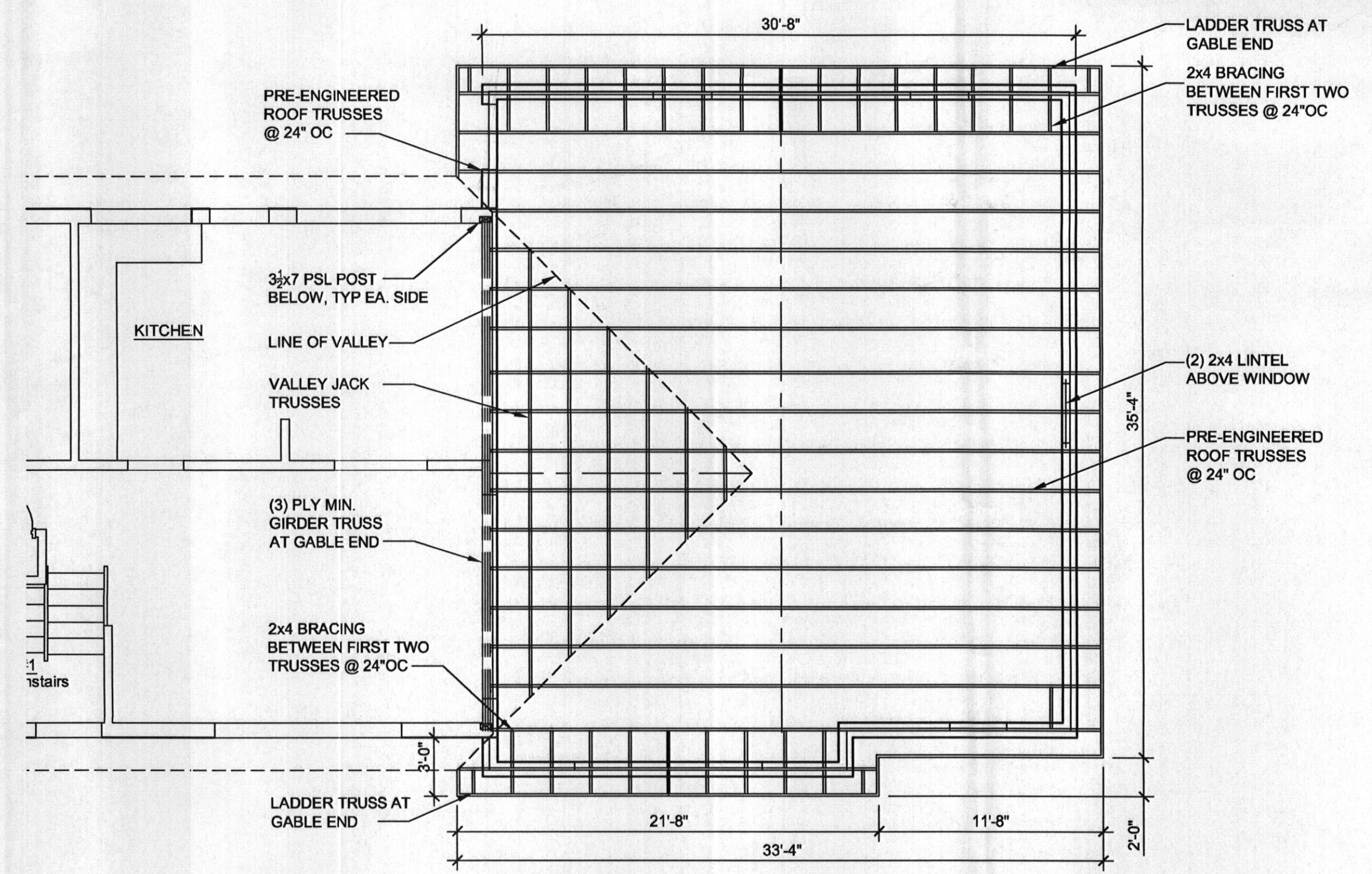
2 INTERIOR ELEVATION @ ADA BATHROOM
3/8"=1'-0"



3 INTERIOR ELEVATION @ ADA BATHROOM
3/8"=1'-0"



4 FLOOR FRAMING PLAN
3/16"=1'-0"



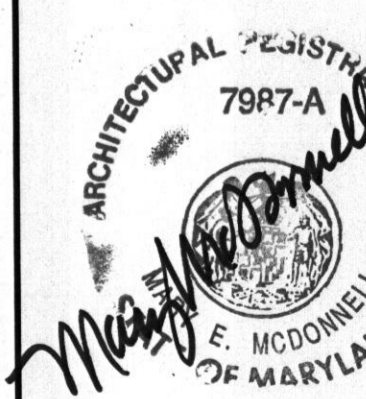
5 ROOF FRAMING PLAN
3/16"=1'-0"

DATE	REVISION
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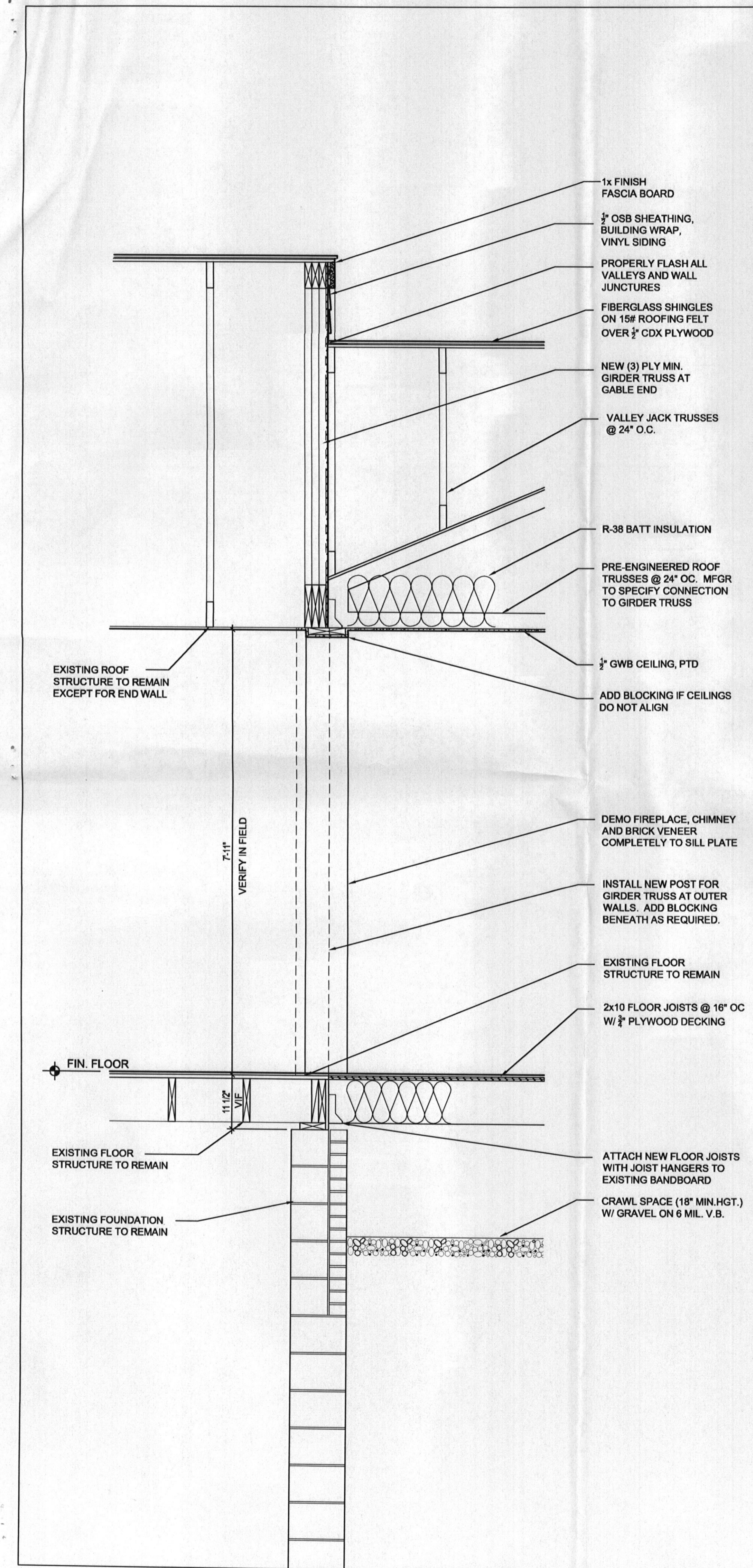
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DETAIL WALL
SECTIONS

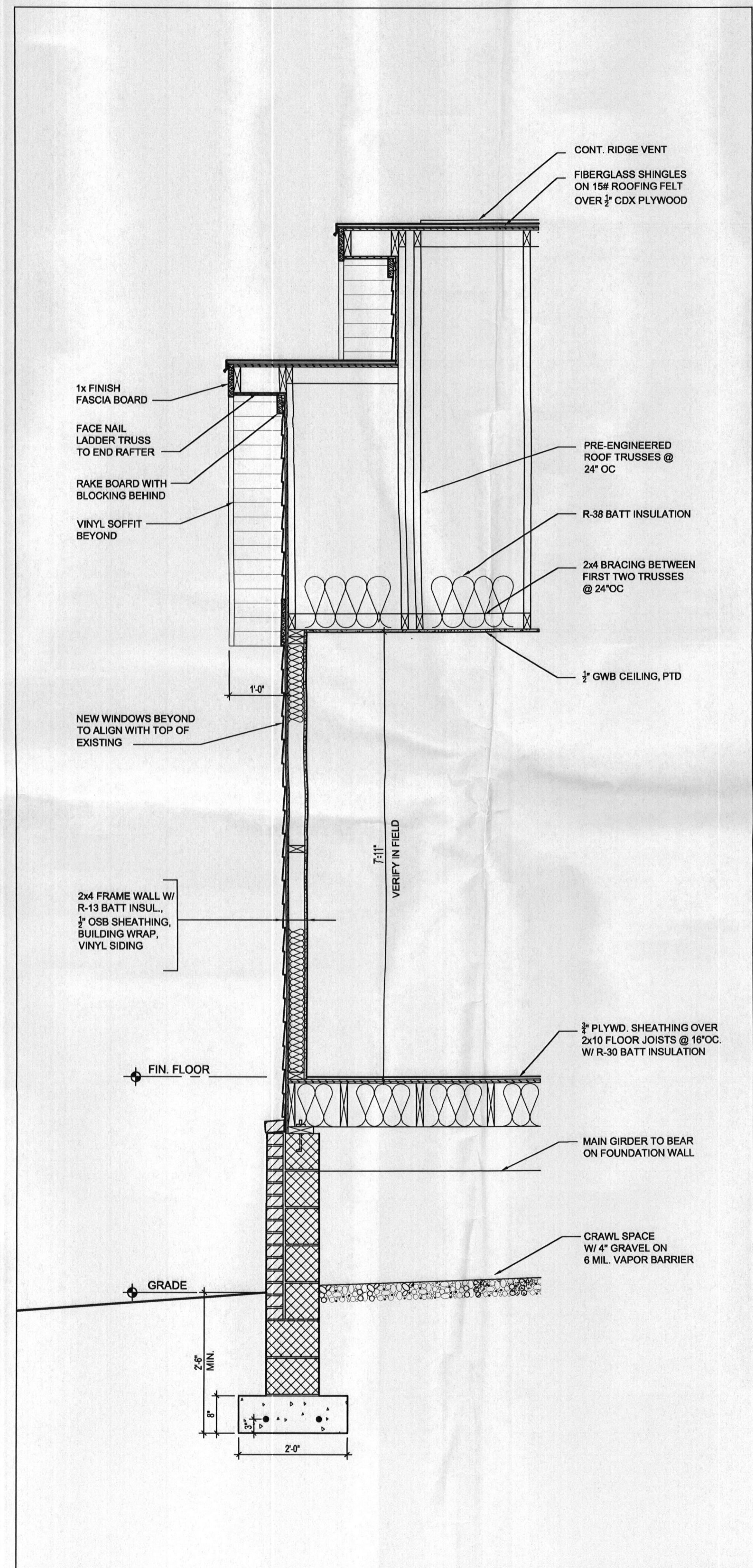
JOB NUMBER:
DATE: 27 May 2009
DRAWN BY: MMW
SCALE: VARIES



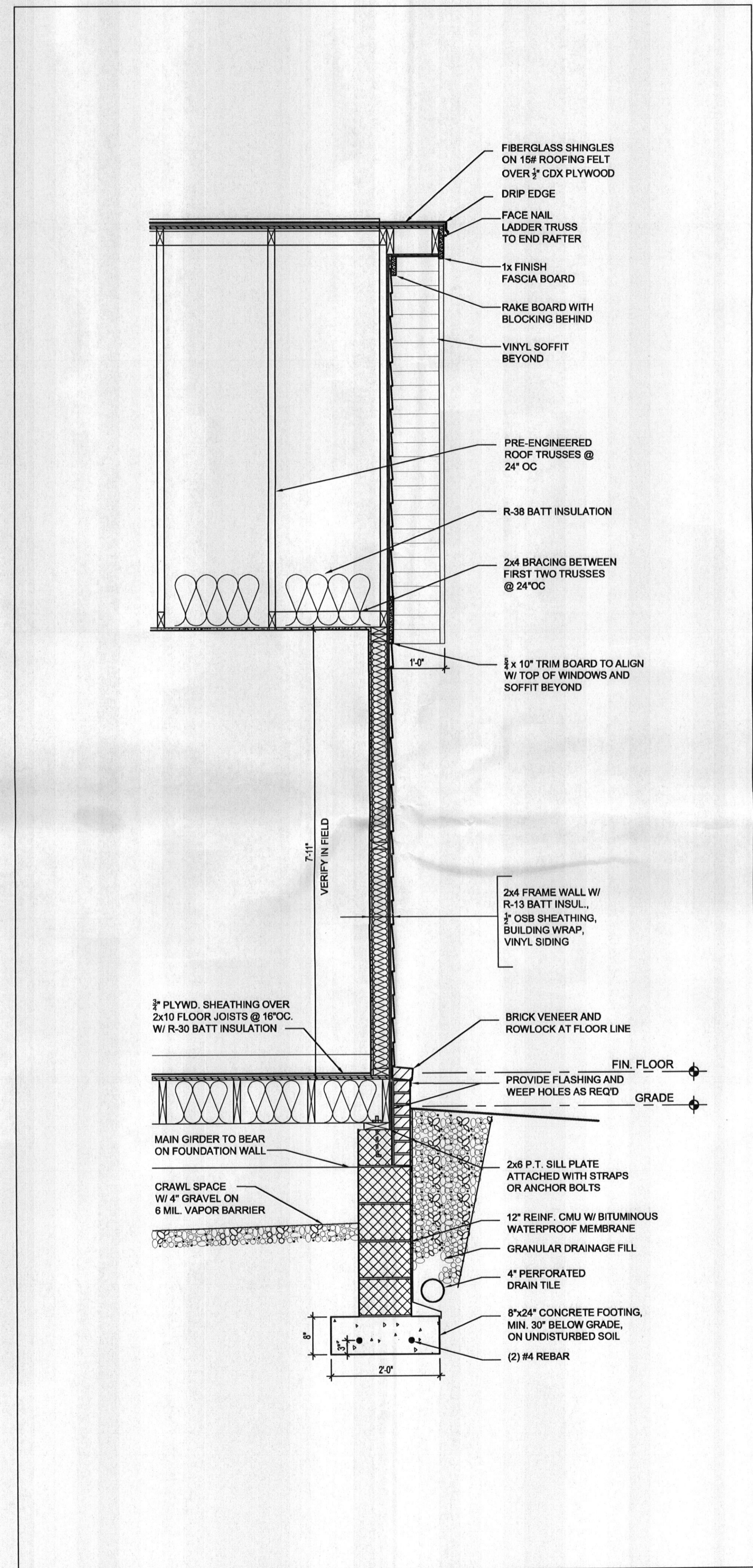
A3.0



1 WALL SECTION
A3.0 3/4"=1'-0"



2 WALL SECTION
A3.0 3/4"=1'-0"



3 WALL SECTION
A3.0 3/4"=1'-0"

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21228

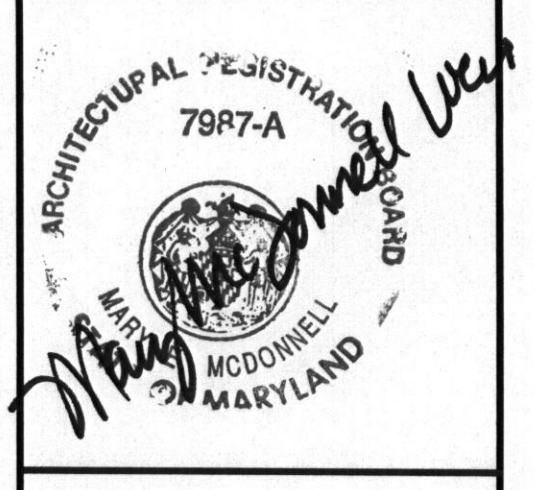
p: (410) 747-1240
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5.27.09	PERMIT SET

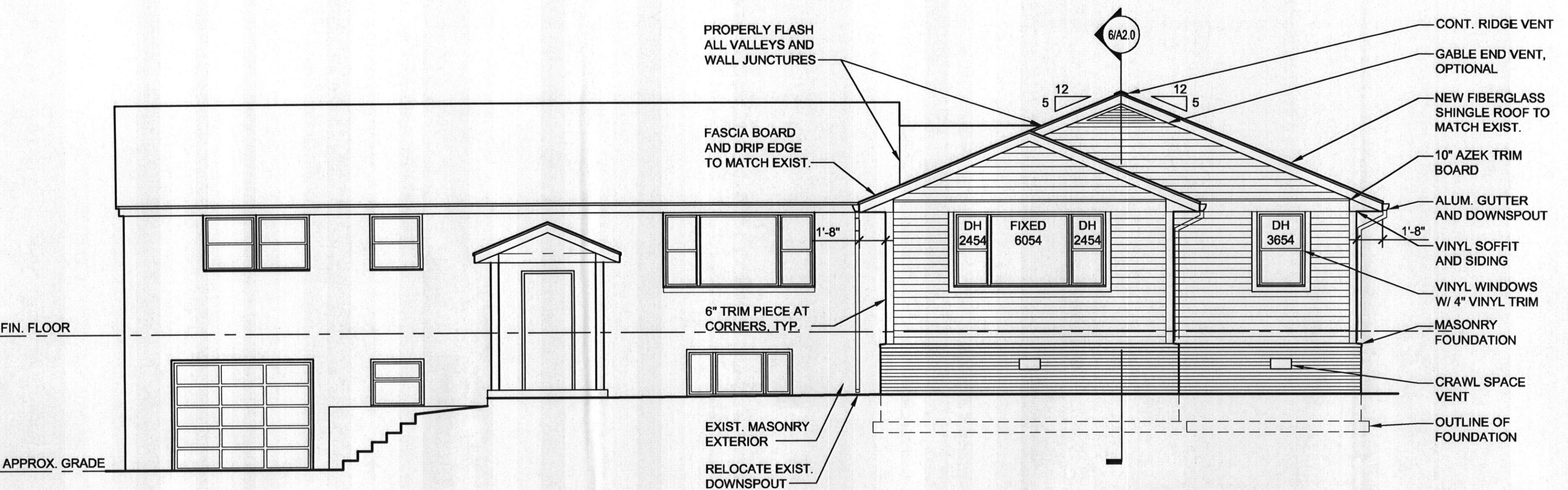
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Columbia, Maryland 21044

ELEVATIONS and
SECTIONS

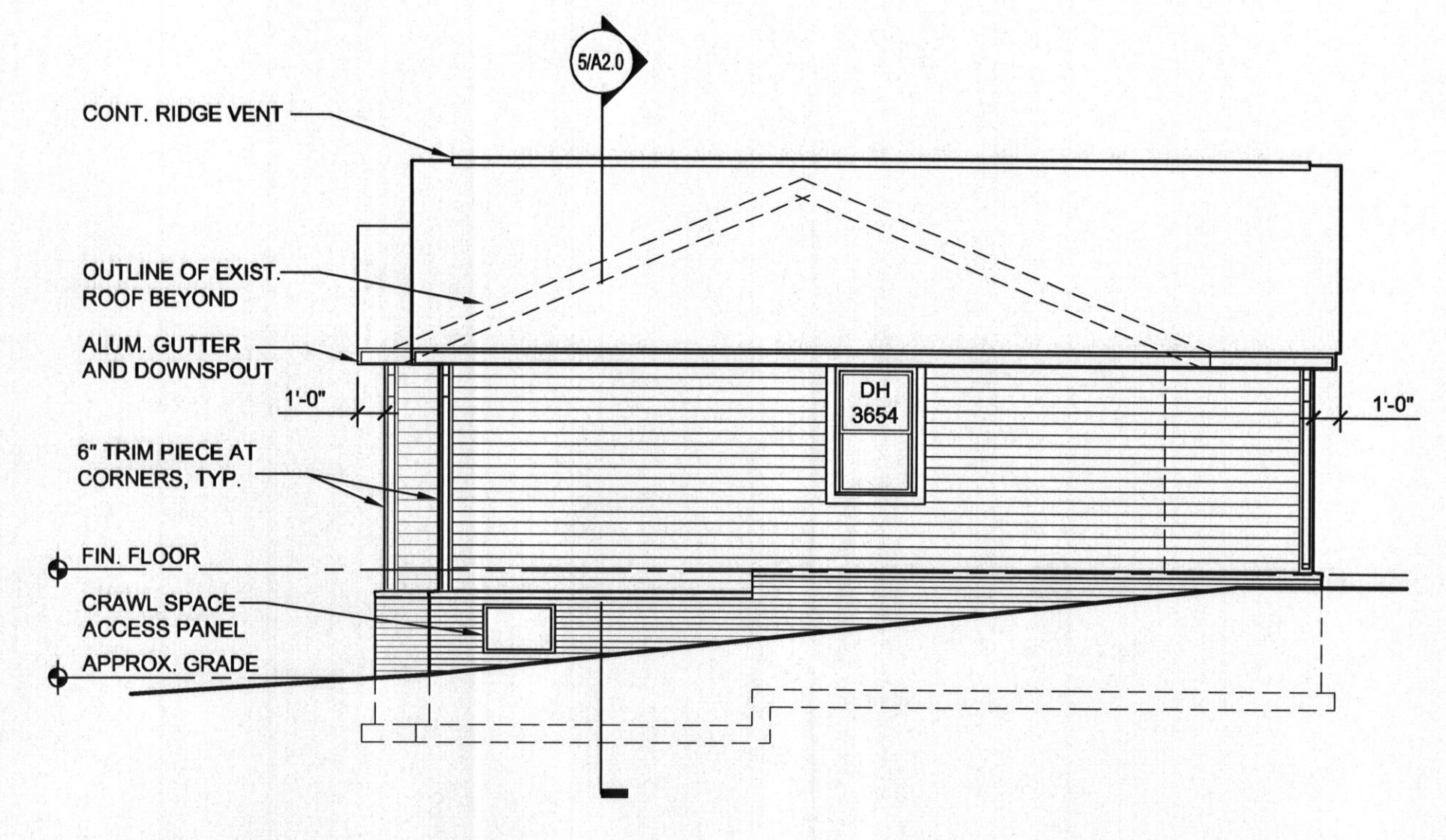
JOB NUMBER:
DATE: 27 May 2009
DRAWN BY: MMW
SCALE: 3/16"=1'-0"



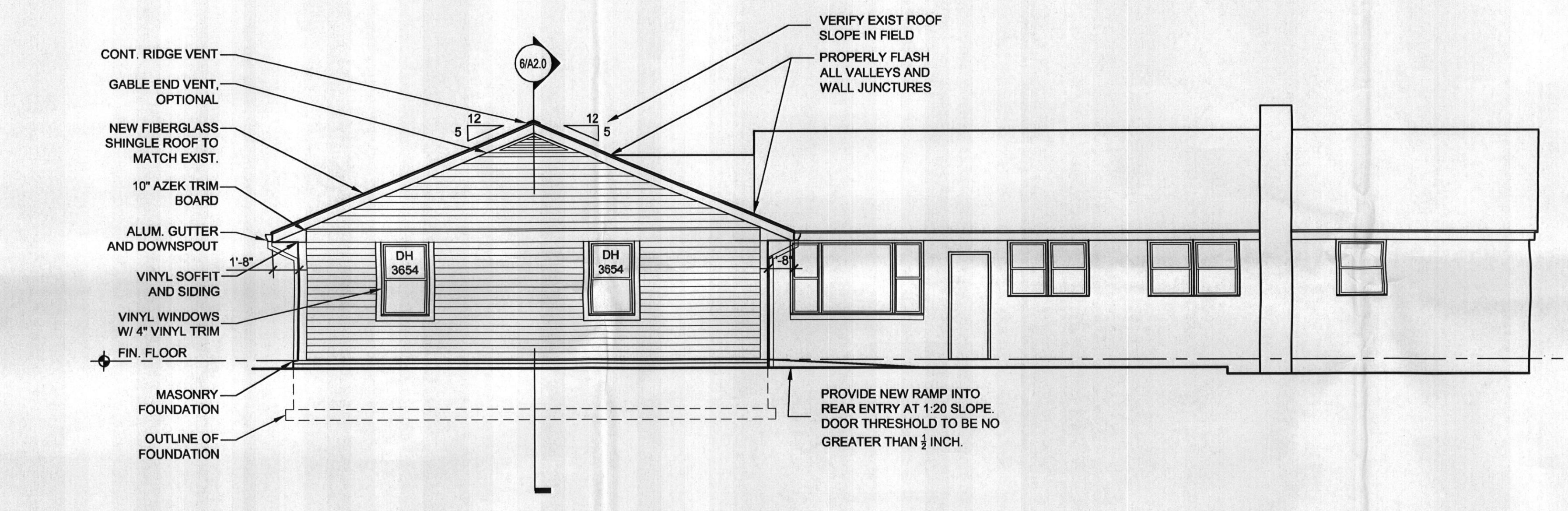
A2.0
DRAWING 2 OF 3



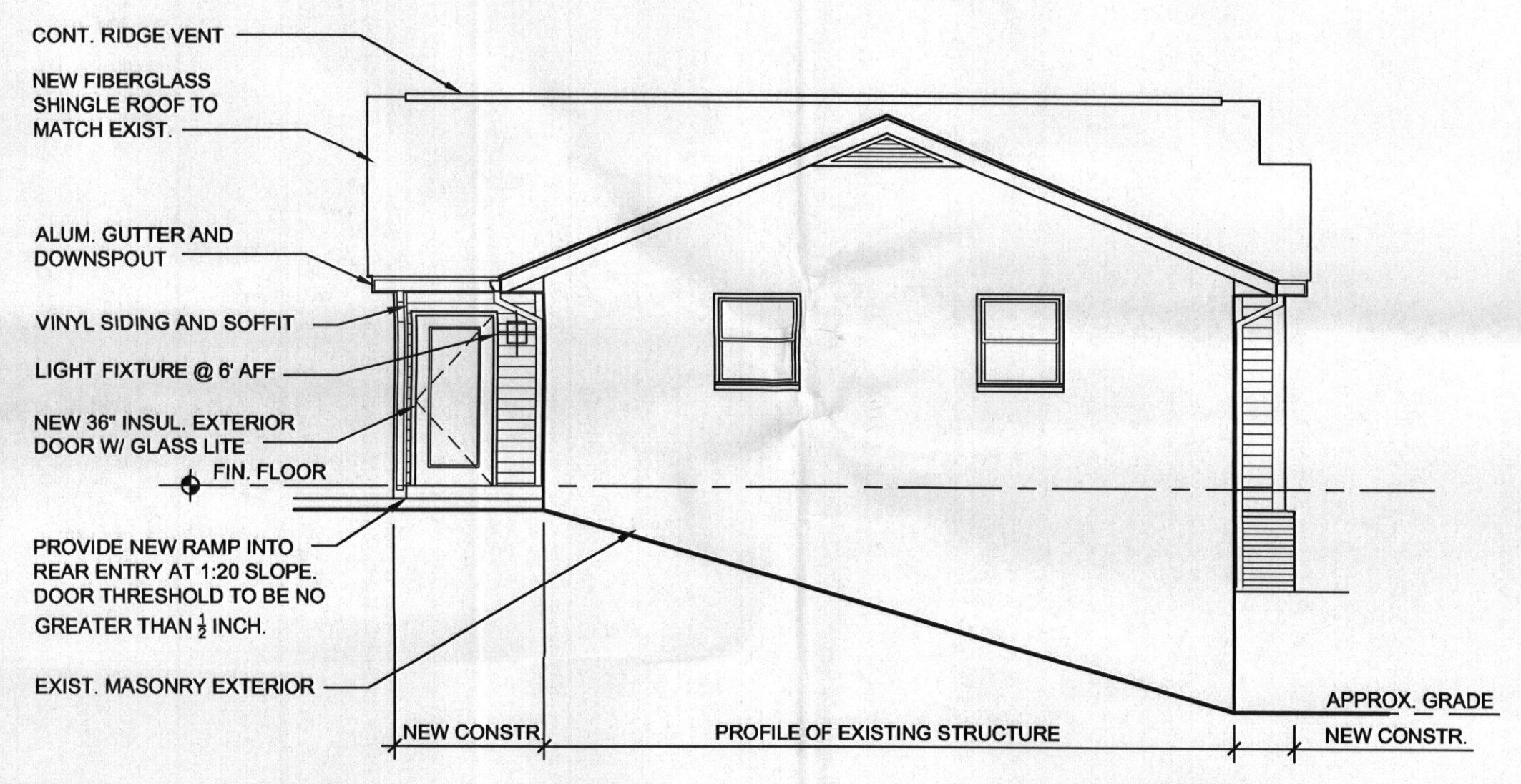
1 FRONT ELEVATION
A2.0 3/16"=1'-0"



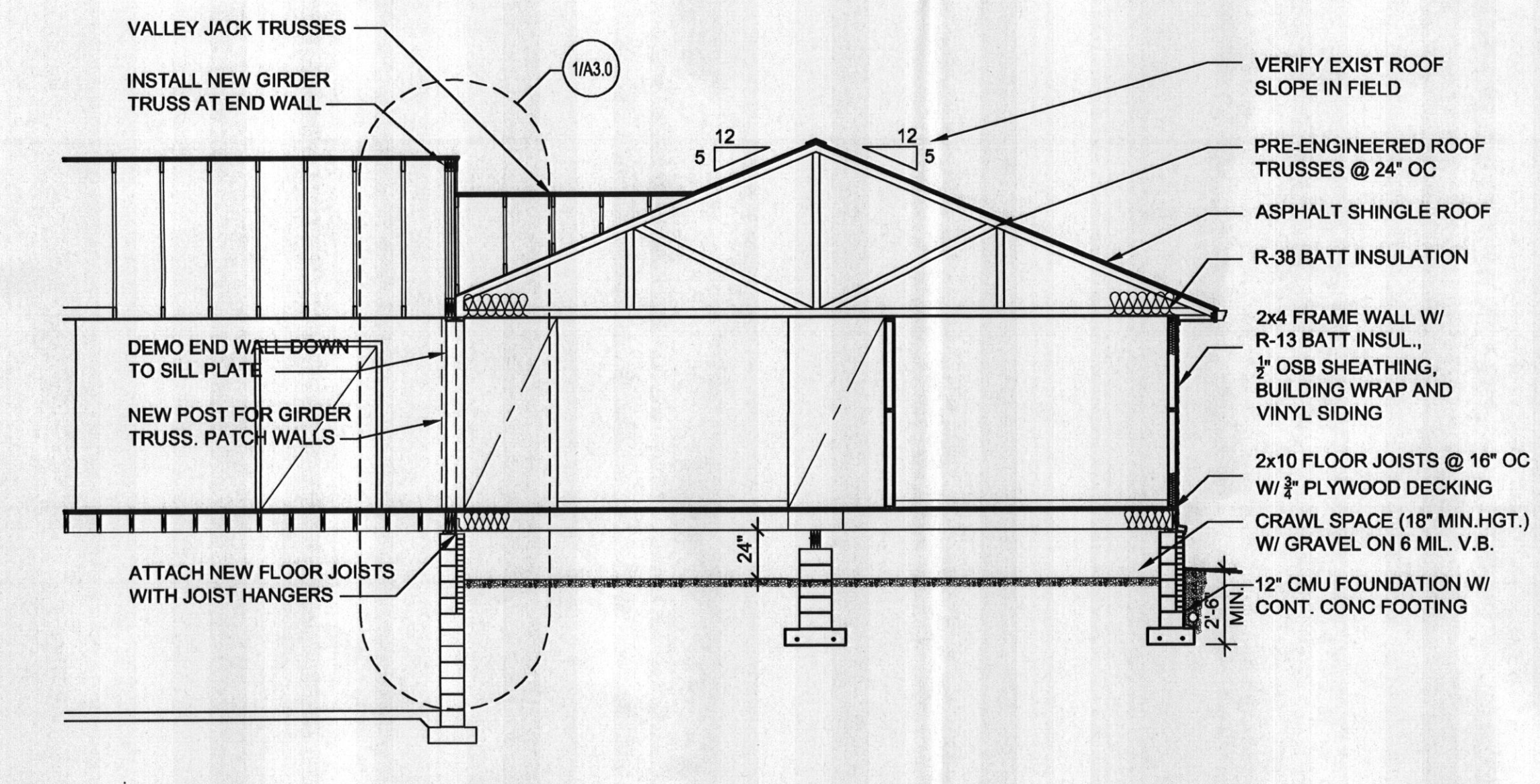
2 SIDE ELEVATION
A2.0 3/16"=1'-0"



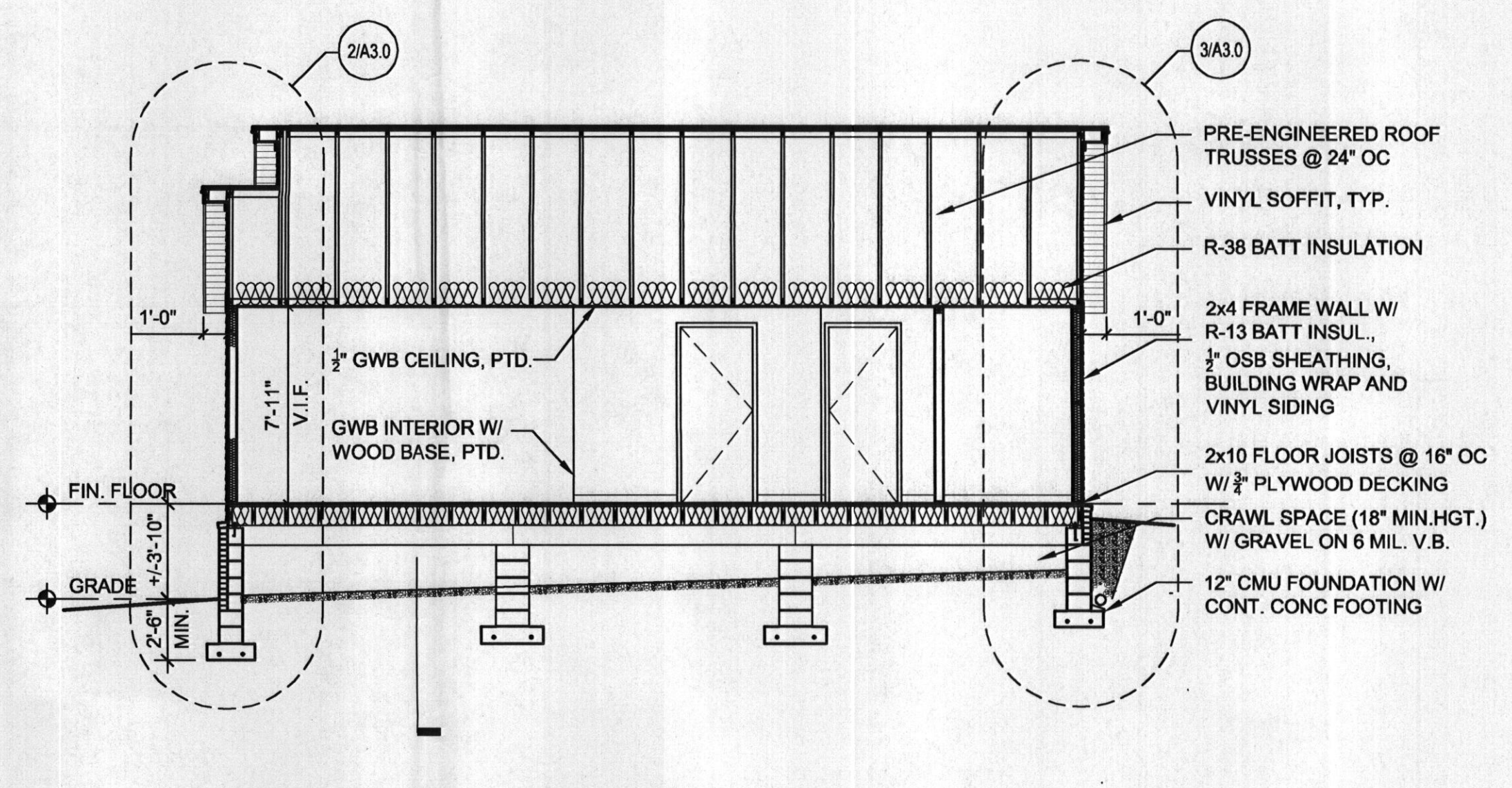
3 REAR ELEVATION
A2.0 3/16"=1'-0"



4 SIDE ELEVATION
A2.0 3/16"=1'-0"



5 CROSS SECTION
A2.0 3/16"=1'-0"



6 BUILDING SECTION
A2.0 3/16"=1'-0"