



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: 6/27/14

Permit No.: B14002285

Building Address: 14974 BUSHY PARK RD.
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: B.17A Lot: 13
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: JOHN AND RAUSSE TAUEY
 Address: 14974 BUSHY PARK RD
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 410 977 7177 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: _____
 Proposed Use: SHOP - STORAGE
 Estimated Construction Cost: \$ 35,000
 Description of Work: CONSTRUCT A 24' x 30' GAMBREL ROOF BARN
 Occupant or Tenant: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: SARGENT & ASSOC. INC.
 Contact Person: TOM SARGENT
 Address: 4388 STATE ROUTE 97
 City: BRIDGEMAN State: MD Zip Code: 20833
 License No.: 32167
 Phone: 301 252 5496 Fax: 410 889 4456
 Email: SARGINC919@GMAIL.COM

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

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>22'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth _____ Width _____
Gross area, sq. ft./floor: <u>720</u>	1 st floor: _____
Area of construction (sq. ft.): <u>720</u>	2 nd floor: _____
Use group: <u>BARN</u>	Basement: _____
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space
<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: _____
	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: <u>24 x 30</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>PIES</u>
<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 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: [Signature]
 Email Address: SARGINC919@GMAIL.COM
 Title/Company: SARGENT & ASSOC., INC.

Print Name: TOMAS W. SARGENT
 Date: 6-27-2014
 RECEIVED JUN 27 2014

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

LICENSES & PERMITS DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12-12-14</u>	<u>[Signature]</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	\$
#	<u>1897</u>

Distribution of Copies: White: Building Officials

14974 Bushy Park Road

Gold: SHA

Bernard, Dana

From: Bernard, Dana
Sent: Wednesday, December 10, 2014 12:30 PM
To: 'sarginc919@gmail.com'
Subject: 14974 Bushy Park Road

Mr. Sargent,

Your revision has been received in our office. However, you must show your well and septic system on your plan. If you have any questions you may give me a call to schedule an appointment to go over the requirements.

Thank you & Have a*
(. * Wonderful Day !

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

Name: TOM SARGENT
Street Address: 4388 STATE ROUTE 97
City, State, Zip: BROOKVILLE, MD 20833
Date: 11-13-14

Amendment, Permit # B1400 2285

RECEIVED

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

NOV 18 2014

LICENSES & PERMITS
DIVISION

*Plan
still
Needs
Revision
12-8-14
[Signature]*

Dear Ms. Whalen:

I am requesting to amend Permit # B1400 2285 at
14974 BUSHY PARK RD, WOODSME, MD 21797 to
A REDUCTION IN SIZE DUE TO CHANGED USE REQUIREMENTS.
(OF BARN)

Enclosed:

- Fee: \$50.00 INV # 382969
- Plot Plans
- Sets of Construction Drawings
- Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely, *[Signature]* *Heather*

Name: TOM SARGENT
Title: _____
Phone: 301 252 5496
Email: SARGINL919@GMAIL



Office of the Health Officer

8930 Stanford Drive, MD 21045

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., Health Officer

DATE: July 14, 2014

TO: Sargent and Assoc. Inc.
C/O Tom Sargent
Via E-mail: sarginc919@gmail.com

RE: **Building Permit # B14002285**
14974 Bushy Park Road
Woodbine, Maryland 21797

Mr. Sargent,

Further review is contingent upon submission of a revised building plan showing the following:

- Well location must be shown on plan.
- Septic system and all of its components must be shown on plan.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file
John Talley
14974 Bushy Park Road
Woodbine, Maryland 21797

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 7-24-2014
To: PLAN REVIEW - SWINDER
From: TOM SARGENT (301) 252 5496
Subject: Project name TALLEY BARN
Project site address 14974 BUSHY PARK RD, WOODBINE 21797
Permit Number B14002285 SDP #

RECEIVED
JUL 28 2014
PLAN REVIEW DIVISION

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
Revised plans and/or revised details: When submitting for a complete re-review duplicate sets shall be submitted.
Structural steel certification
Energy conservation calculations
Certification for (be specific).
Copies of PLOT PLANS (be specific). LANDING SHOWN FOR SHED
Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
Other

Received
P. Revision
Still needed letter sent.

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

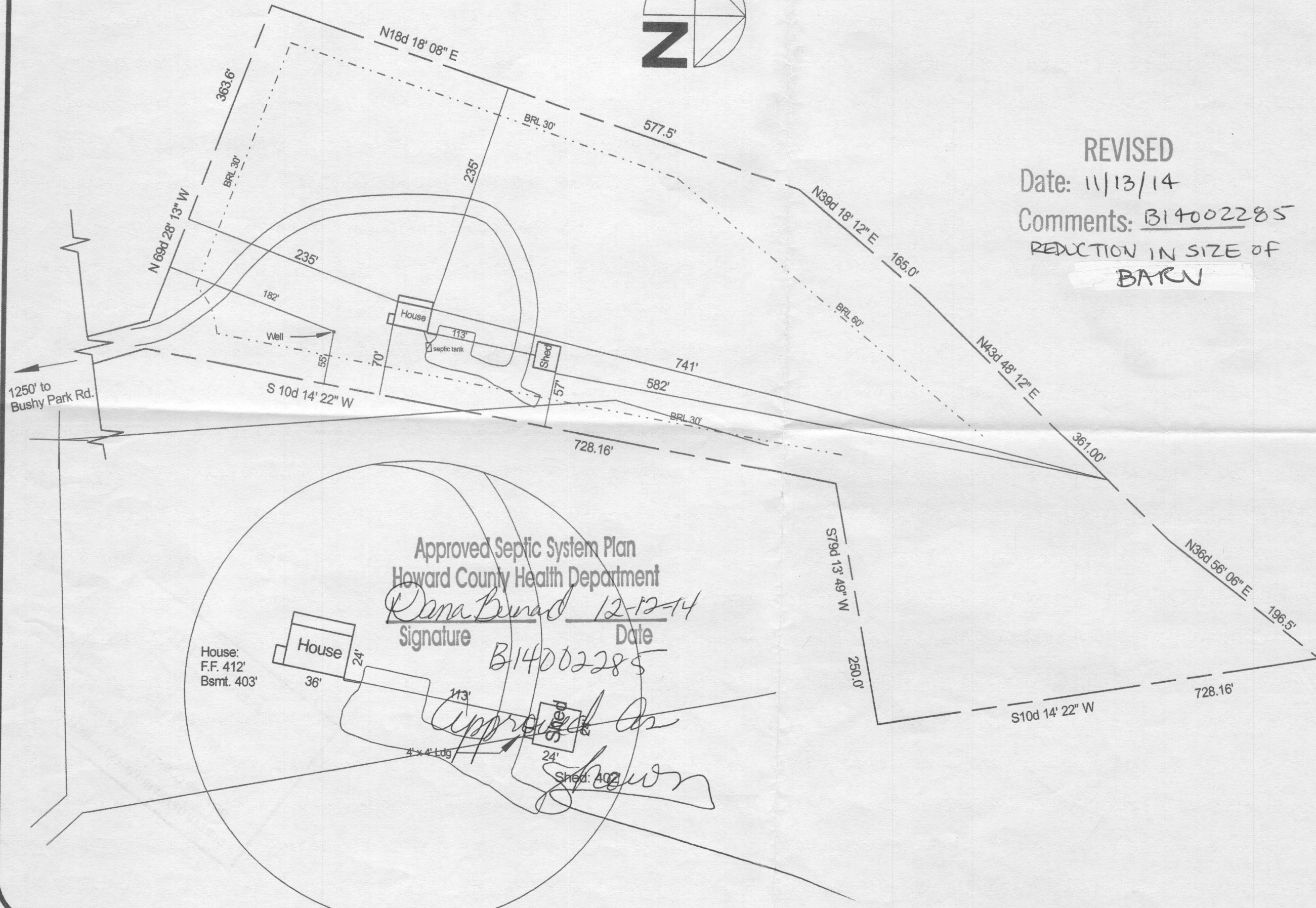
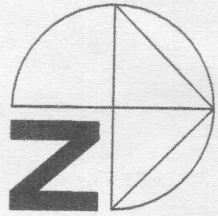
(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH

PER DAN
CC: DPZ
DED
HEATH

white: Plan Review Division
yellow: Applicant
pink: Permit Division



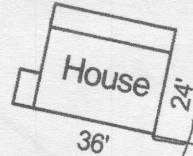
REVISED
 Date: 11/13/14
 Comments: B14002285
 REDUCTION IN SIZE OF
 BARN

Approved Septic System Plan
 Howard County Health Department
Dana Benad 12-12-14
 Signature Date

B14002285

Approved as shown

House:
 F.F. 412'
 Bsmt. 403'



Shed: 402'

PLOT PLAN

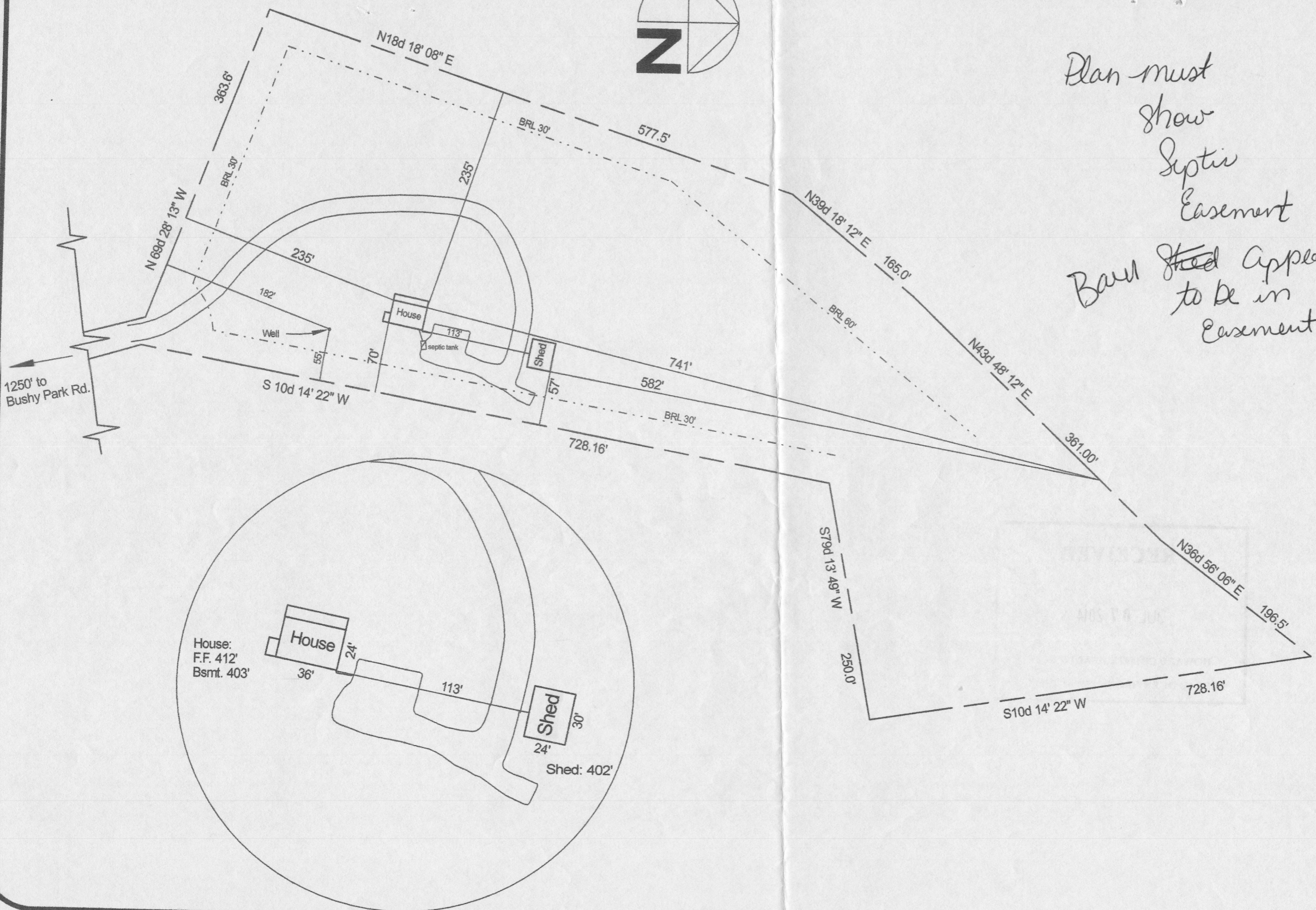
REVISED
 11/7/2014

No.	Revision/Issue	Date

From Name and Address
 sargent & associates, inc.
 4388 state route 97
 brookeville, md 20833
 301.252.5496

Project Name and Address
 Talley Barn
 14974 Bushy Park Rd.
 Woodbine, MD 21797

Project	Sheet
Date	S-1
Scale	
1" = 100'	



Plan must show
Septic
Easement
Bowl ~~Shed~~ Appears
to be in
Easement

PLOT PLAN

No.	Revision/Issue	Date

Firm Name and Address
 sargent & associates, inc.
 4388 state route 97
 brookeville, md 20833
 301.252.5496

Project Name and Address
 Talley Barn
 14974 Bushy Park Rd.
 Woodbine, MD 21797

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