

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

000/51213 KN

Building Address 3451 BLACKBERRY LANE
ELICOTT CITY, MD 21042

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

Census Tract 6030 Subdivision BRIAR HILL

Section _____ Area _____ Lot 2

Tax Map 22 Parcel 516 Grid 5

Zoning RRDEO Map Coordinates 1008 Lot size 2.60

Existing Use RESIDENTIAL SFD
Proposed Use Small Work Shop Bldg
Estimated Construction Cost \$ 40,000

Description of Work Build Accessory Building
31X30 For work shop &
CRAFT Room 2 STORY

Occupant or Tenant N/A

Contact Name RONALD Seibert

Address 3451 BLACKBERRY LANE

City ELICOTT CITY State MD Zip Code 21042

Phone 410-531-5719 Fax N/A

Property Owner's Name RONALD F. Seibert

Address 3451 BLACKBERRY LANE

City ELICOTT CITY State MD Zip Code 21042

Home Phone 410-531-5719 Work Phone N/A

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

Phone _____ Fax _____

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company SYMMETRY FIRST ARCHITECTS

Contact Person KAREN PITSLEY

Address P.O. Box 1522

City COLUMBIA State MD Zip Code 21044

Phone 240-568-0700 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <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 <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	_____
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.

Ronald F. Seibert
Applicant's Signature
OWNER
Title/Company

RONALD F. Seibert
Print Name
11.18.04
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health <u>CANCELLED BY DHP 12/13/04</u>		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 64005

Filing fee \$	<u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>4095</u>
Validation #	<u>81044</u>

Accepted by DJ

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Symmetry First Architects, LLC

RECORD OF FACSIMILE TRANSMISSION

DATE:

1/7/05

PROJECT:

FROM:

KAREN PITSLEY

PROJECT #:

SIEBERT

PLEASE DELIVER TO:

KACIE NOONAN

RECIPIENT FAX #:

410-313-2648

COMPANY:

HO. CO. HEALTH DEPT.

REPLY NEEDED? YES NO

DESCRIPTION OF DOCUMENT:

Proposed New configuration of Siebert Workshop. Permit B00151213

NUMBER OF PAGES (INCLUDING COVER):

2

OUR FAX #: (240) 568-0354

COMMENTS:

Kacie-

I've revised the site plan with a new configuration of a workshop as Mr. Siebert does not want to incur the costs to move the lines down the hill. I revised the Dry Well cleanout location based upon your field dimensions, and have shown several other dimensions including a Radius from the center of the cleanout. Please

ORIGINALS TO FOLLOW BY MAIL?

YES

NO

call to discuss this and other options. Thanks -Karen

(240) 568-0700

E-MAIL: inbox@symmetryfirst.com

FAX (240) 568-0354

8600 Foundry Street, Box 2069, Savage, MD 20763

FAX COVER SHEET

To: John Boris
Company: Health Dept. Howard County

Fax Number: 410-313-2648
Voice Number:

From: Ronald F. Seibert
Company:

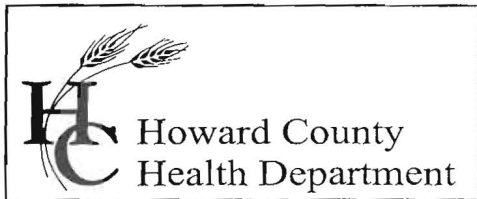
Fax Number: 410-740-8258
Voice Number: 410-531-5719

RE: Variance for 3451 Blackberry Lane

Message: I understand from Stephanie a variance is required for a building we are trying to build at our home. The problem is the building is too close to the dry well. The drawings indicate it is 10 feet from the dry well and 20 feet is required. We are requesting a variance in order to hold the 10 feet as per the drawing since we cannot move or modify the building to make the 20 feet possible. Our permit number is 00151213. If this is possible please notify us at the voice mail number above.

Date sent: 12/05/2004
Time sent: 09:13am

Page 1 of 1



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 20, 2004

Mr. Ronald Siebert
3451 Blackberry Lane
Ellicott City, MD 21042

Re: Site Inspection/ B00151213
3451 Blackberry Lane

Dear Mr. Siebert,

Our office conducted a site inspection to determine the exact locations of the septic tank and dry well. Our inspection verified a 10' separation distance from the dry well cleanout to the proposed box footprint of 31' by 30' for you proposed structure. Reviewing our notes of the existing dry well construction shows a perimeter of 15' by 15' of the existing dry well. This concludes that there is 2 ½' distance of virgin soil under your slab to the edge of the drywell. As shown on your proposed building plan, there is an additional 5' distance due to the 'jog' in the proposed addition footprint. For a total of 7 ½' feet of distance, our concern that not having at least 10' to the perimeter of the dry well may create a safety hazard of the dry well's integrity being compromised.

In order to allow the building of the proposed structure, the dry well must be abandoned and replaced with trenches further downhill. We require the replacement of the dry well to be done and final prior to the signing of the permit for your proposed structure.

If you would like to further continue with this process, have a contractor contact our office to schedule a replacement of septic area and abandonment of the existing dry well. A check for the permit is \$165.00 written to the Director of Finance. If you have any other questions, contact me at 410-313-1775. Thank you for your time in this important matter.

Sincerely,

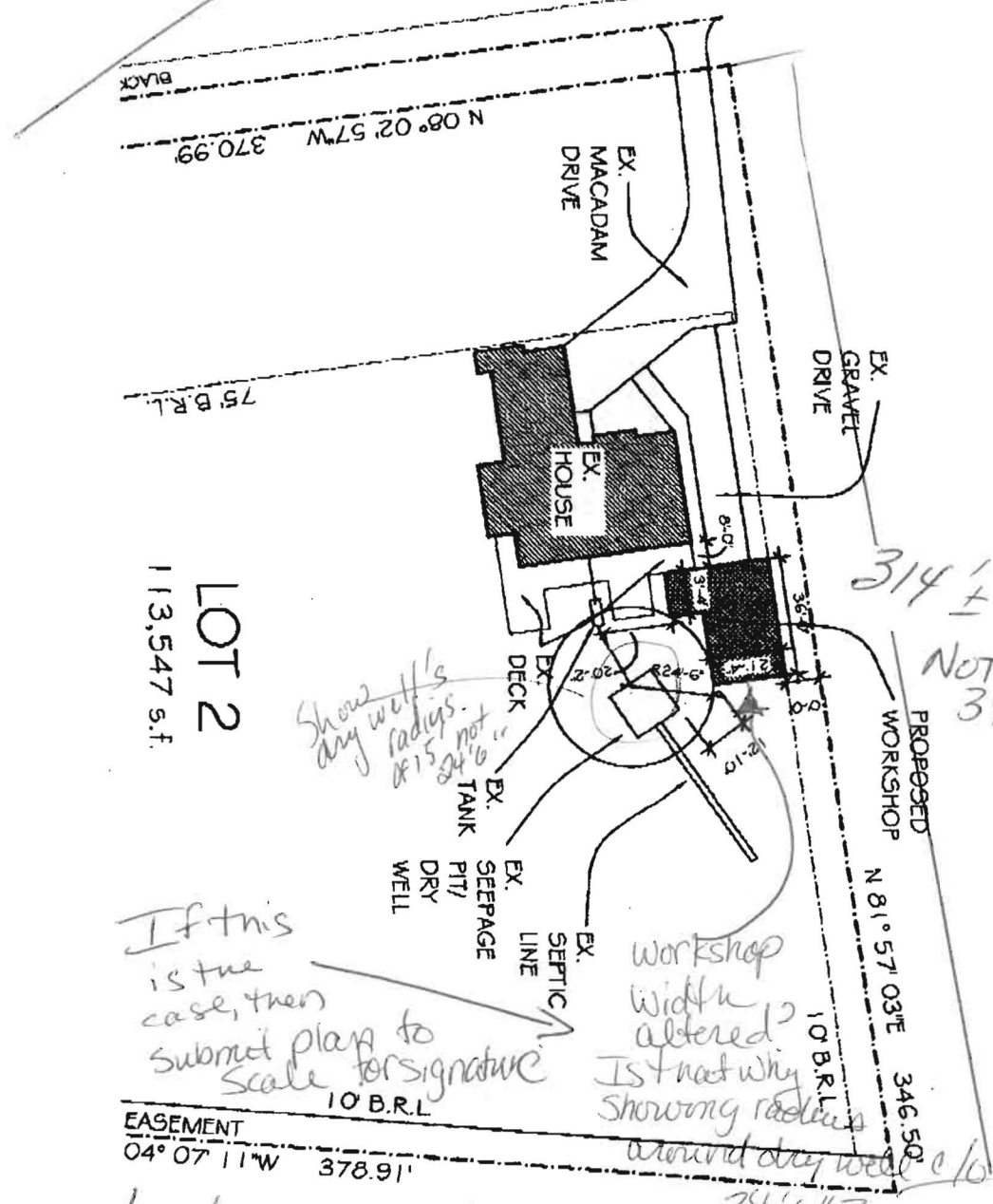
Kacie Noonan, R. S.
Well and Septic Program

KN

Cc: file

1/10/05
 For contractor
 to pick up KN

SEE DEC
 20th
 letter



Subert - B00151213
 LOT 1
 scale: 1:50

NOT TO SCALE


If this is the case, then submit plan to scale for signature

Workshop width altered? Is that why showing radius around dry well?

1/10/05 Addition must be 10' from edge of drywell (its perimeter)
 Either alter footprint of workshop to meet the requirement or replace drywell for permit approval

Blown up to ⁵ 1:20 scale by KN on 12-20-04

12-20-04 SINCE PROPOSED STRUCTURE'S STAKES NOT THERE, I measured to "X" below. Actual footprint in another 5'

EX DRYWELL DIMENSIONS 15x15, From "X" to 

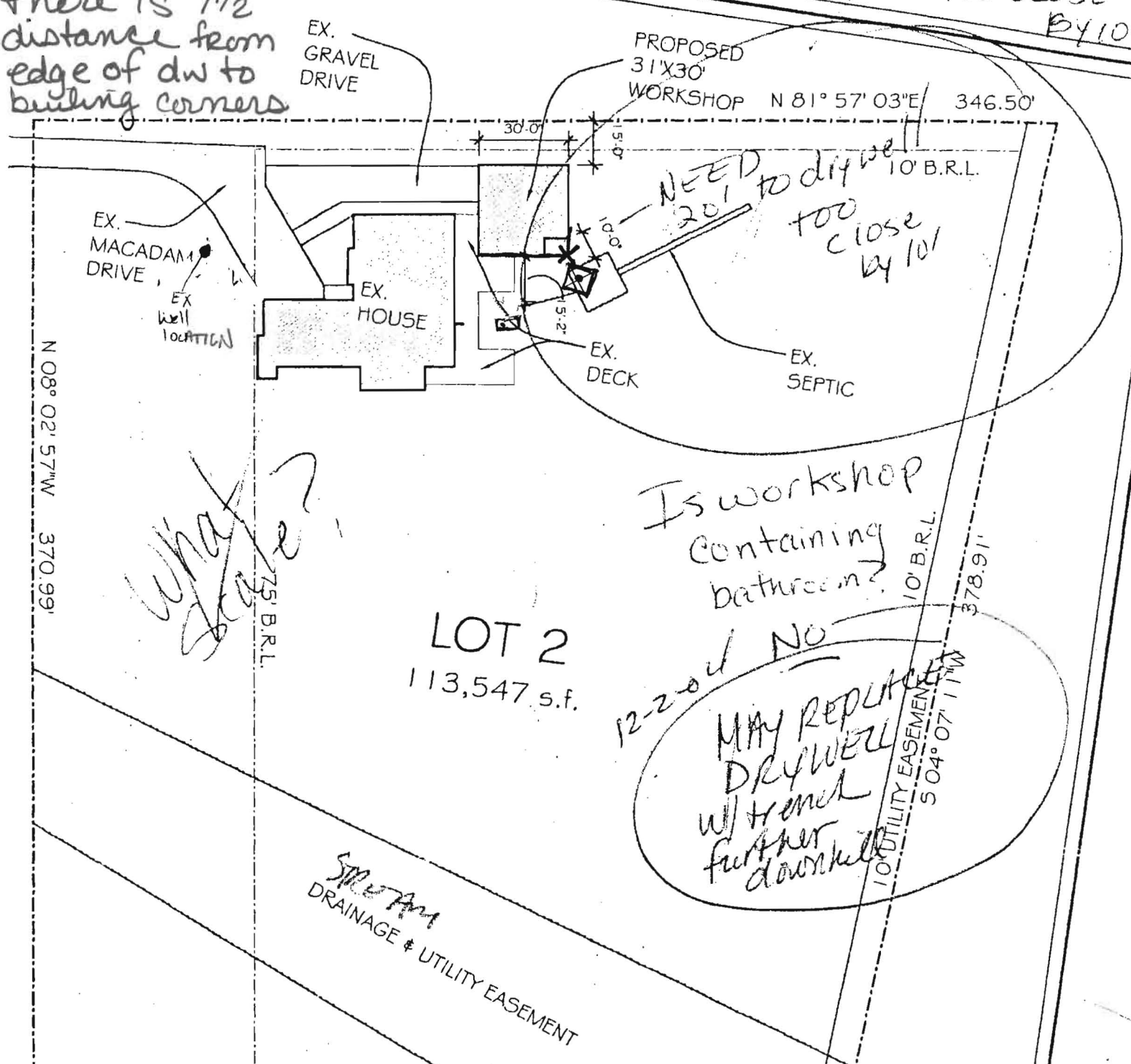
C/D IS 10' EXACTLY

12/2/04

SITE PLAN

STILL TOO CLOSE BY 10'

ESSENTIALLY there IS 7 1/2' distance from edge of dw to building corners



what stake?

Is workshop containing bathroom?

12-20-04 NO MAY REPLACE DRYWELL w/ trench further downhill

LOT 2
113,547 s.f.

STREAM DRAINAGE & UTILITY EASEMENT

10' prop. build. of
to dwcbs

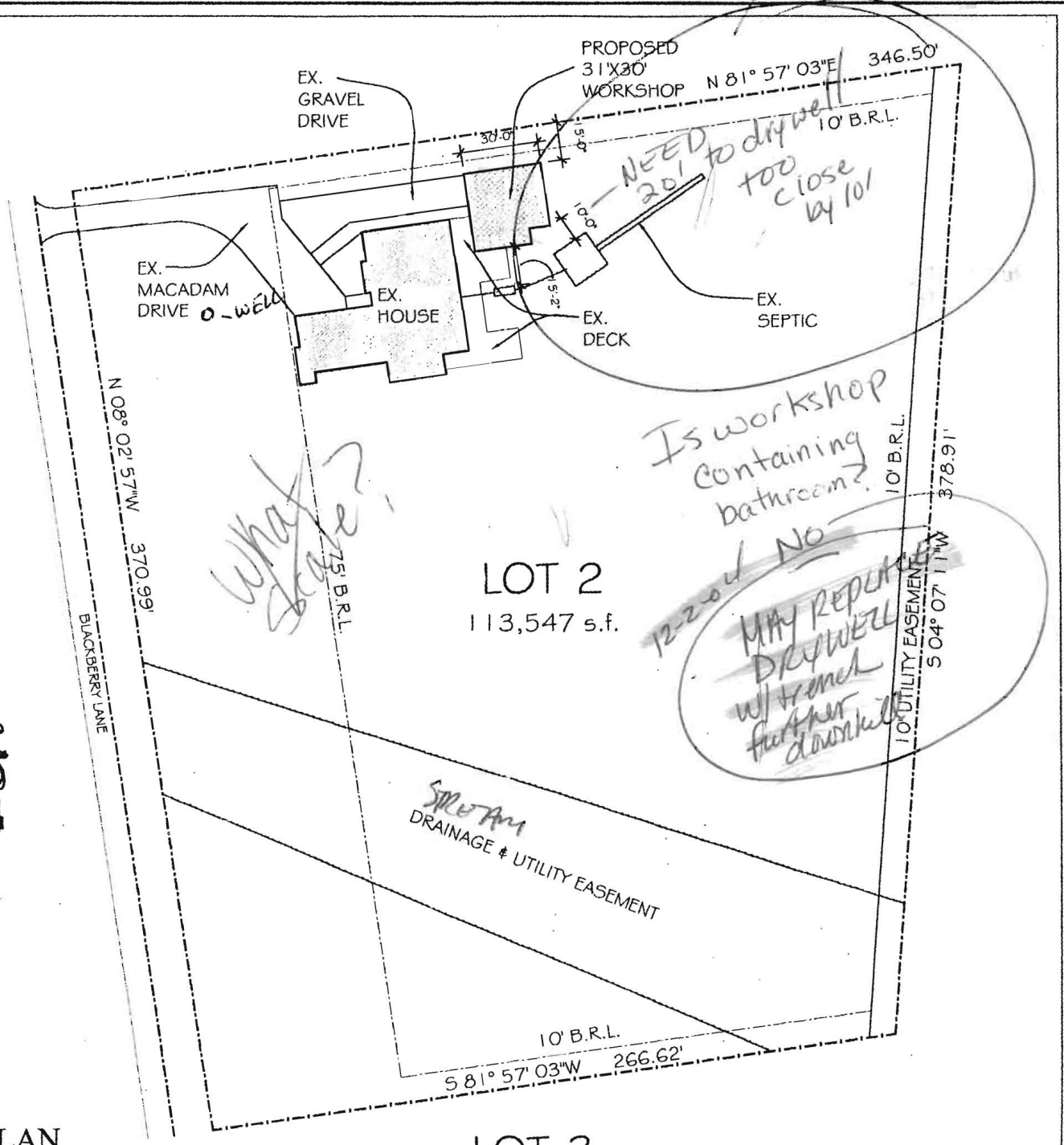
S.T. to jacuzzi deck
edge 23'
• C/O to
S.T. 22' 1/4" = 1 foot

THE SEA ELLIC

SITE PLAN

12/2/04

STILL
TOO CLOSE
BY 10'



LAN
10'-0"