

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B29000482

Building Address 3630 Church Road  
Ellicott City, MD 21043

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Gary and Elaine Smith

Address 3630 Church Rd.

City Ellicott City State MD Zip Code 21043

Phone 410-461-5131 Phone \_\_\_\_\_

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

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

Existing Use SFD

Proposed Use same as existing

Estimated Construction Cost \$ 910,000

Description of Work Expand kitchen 4x14'  
and add shower pan 3x7'  
of bathroom 4x14'

Contractor Company D. M. Delp Co.

Contact Person Dale M. Delp

Address 5617 Wilkens Ave.

City Catonsville State MD Zip Code 21228

License No. 65153

Phone 410-747-2149 Fax 410-744-3482

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: <u>20'</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>1st 19658ft</u> <u>2nd 3632ft</u>	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 checked="" type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # 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
1st floor: <u>13'14" x 14'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>4' x 9'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>13'6" x 14'14"</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Height: <u>20'</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 Height: _____	
<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.

Dale M. Delp  
Applicant's Signature

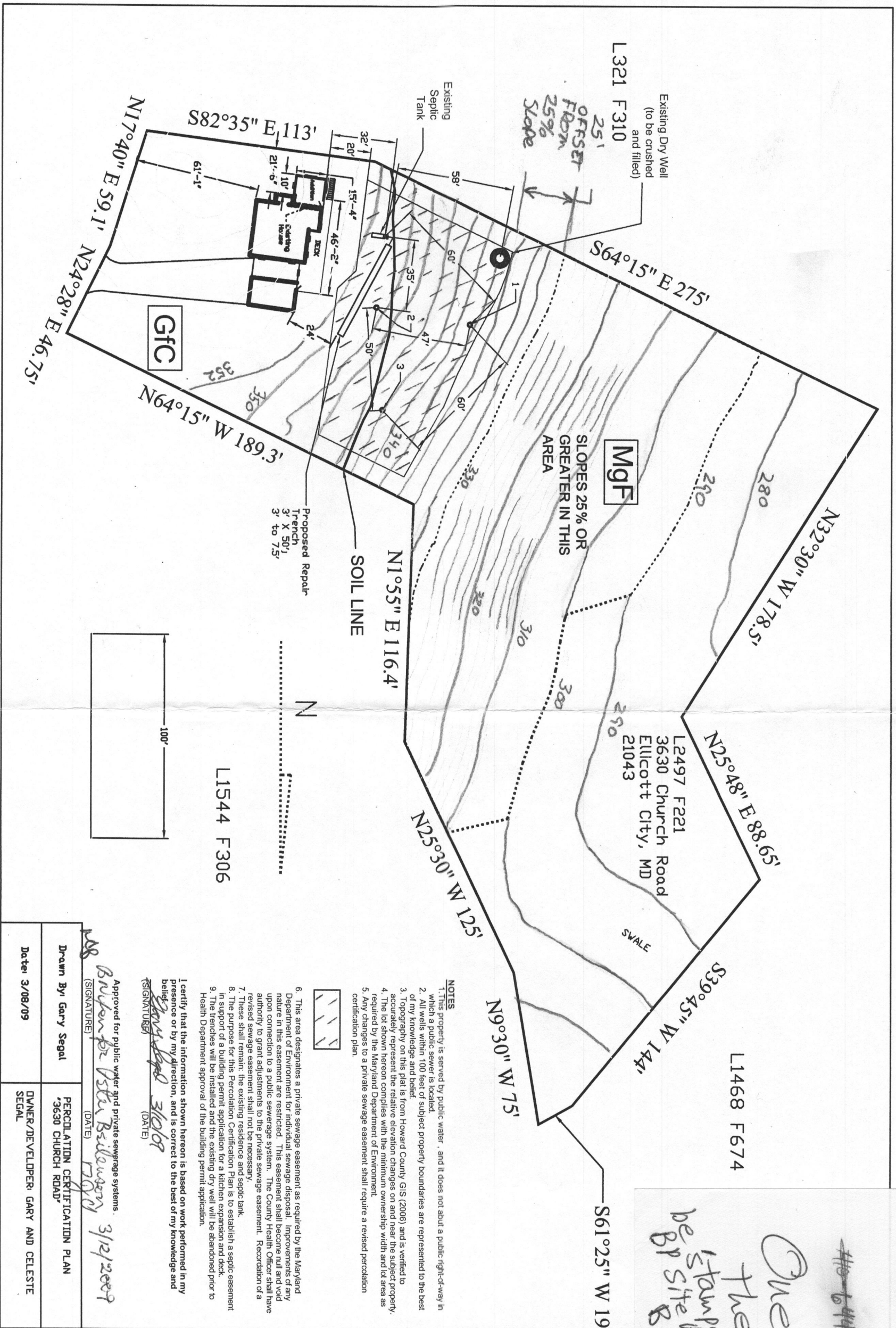
\_\_\_\_\_  
Title/Company

Dale M. Delp  
Print Name

3/19/09  
Date

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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health <u>3/24/2009</u>		<u>R. Bricker</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	Accepted by _____
Green: LDD, DPZ			SDP/Red-line approval date _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



~~#1644 8500~~  
 One of these may be stamped as and be BP site plan copy for file but keep in DB.

- NOTES**
1. This property is served by public water, and it does not about a public right-of-way in which a public sewer is located.
  2. All wells within 100 feet of subject property boundaries are represented to the best of my knowledge and belief.
  3. Topography on this plat is from Howard County GIS (2006) and is verified to accurately represent the relative elevation changes on and near the subject property.
  4. The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland Department of Environment.
  5. Any changes to a private sewage easement shall require a revised percolation certification plan.
  6. This area designates a private sewage easement as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this easement are restricted. This easement shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary.
  7. These shall remain, the existing residence and septic tank.
  8. The purpose for this Percolation Certification Plan is to establish a septic easement in support of a building permit application for a kitchen expansion and deck.
  9. The trenches will be installed and the existing dry well will be abandoned prior to Health Department approval of the building permit application.

I certify that the information shown hereon is based on work performed in my presence or by my direction, and is correct to the best of my knowledge and belief.

*Gary Segal* 3/10/09  
 (SIGNATURE) (DATE)

Approved for public water and private sewerage systems.

*Aster Baidarov* 3/12/2009  
 (SIGNATURE) (DATE)

Drawn By: Gary Segal	PERCOLATION CERTIFICATION PLAN "3630 CHURCH ROAD"
Date: 3/08/09	OWNER/DEVELOPER: GARY AND CELESTE SEGAL

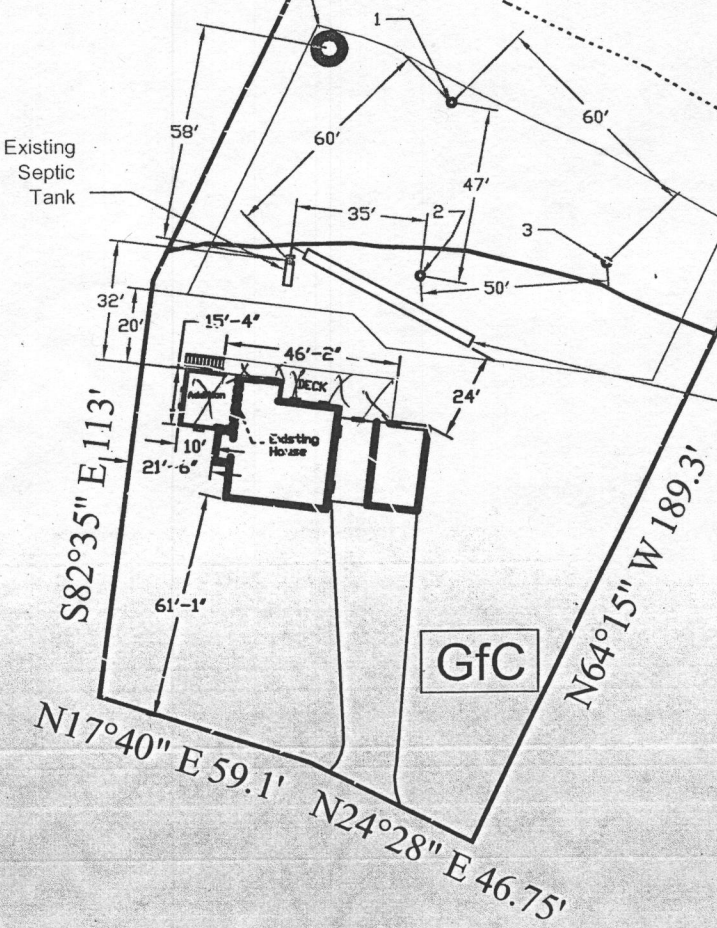
PC530323

OK  
felt  
3/24/2009

**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# \_\_\_\_\_ A:# \_\_\_\_\_  
 APP. SAN *Buch* DATE: *3/10/09*  
 DESC. OF WORK: *extend Kitchen*  
*and add 512 sq. ft. Deck*  
*extend Bedroom*

Existing Dry Well  
 (to be crushed  
 and filled)  
 L321 F310

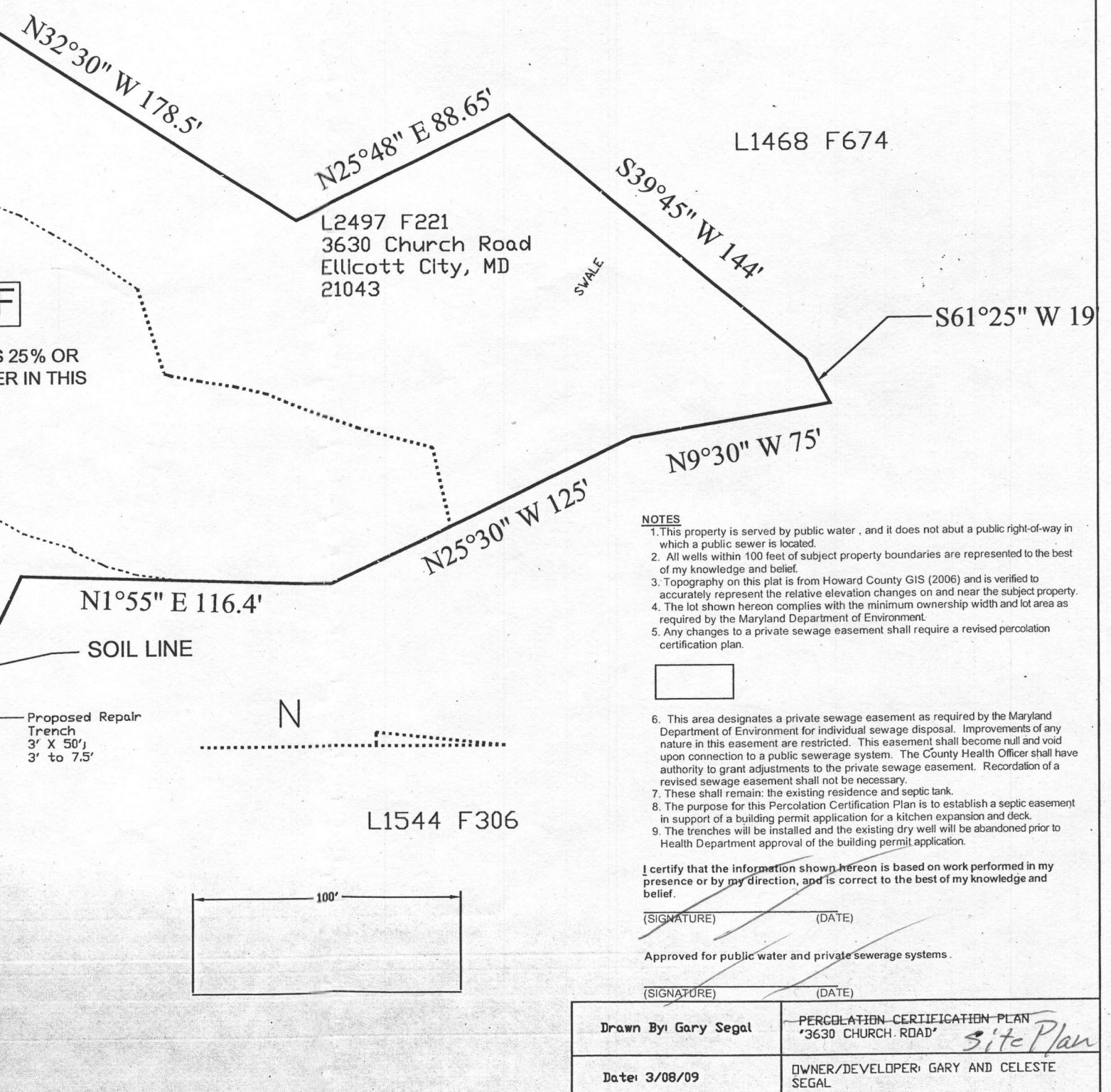
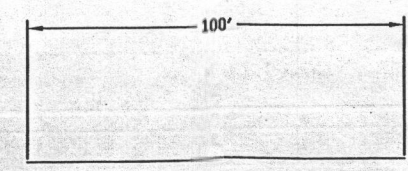
Existing  
 Septic  
 Tank



**MgF**  
 SLOPES 25% OR  
 GREATER IN THIS  
 AREA

SOIL LINE

N



L1468 F674

L2497 F221  
 3630 Church Road  
 Ellicott City, MD  
 21043

SWALE

**NOTES**

1. This property is served by public water, and it does not abut a public right-of-way in which a public sewer is located.
2. All wells within 100 feet of subject property boundaries are represented to the best of my knowledge and belief.
3. Topography on this plat is from Howard County GIS (2006) and is verified to accurately represent the relative elevation changes on and near the subject property.
4. The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland Department of Environment.
5. Any changes to a private sewage easement shall require a revised percolation certification plan.
6. This area designates a private sewage easement as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this easement are restricted. This easement shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary.
7. These shall remain: the existing residence and septic tank.
8. The purpose for this Percolation Certification Plan is to establish a septic easement in support of a building permit application for a kitchen expansion and deck.
9. The trenches will be installed and the existing dry well will be abandoned prior to Health Department approval of the building permit application.

I certify that the information shown hereon is based on work performed in my presence or by my direction, and is correct to the best of my knowledge and belief.

(SIGNATURE) (DATE)

Approved for public water and private sewerage systems.

(SIGNATURE) (DATE)

Drawn By: Gary Segal	PERCOLATION CERTIFICATION PLAN "3630 CHURCH ROAD" <i>Site Plan</i>
Date: 3/08/09	OWNER/DEVELOPER: GARY AND CELESTE SEGAL