

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07001742

Building Address 2945 DAISY Rd
Woodbine Md 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel 97 Grid _____

Zoning _____ Map Coordinates _____ Lot size 3 Ac.

Property Owner's Name William + Mandy Kalista

Address _____
2945 Daisy Rd

City Woodbine State Md Zip Code 21797

Home Phone 410-489-0018 Work Phone 301-370-1610

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

Phone _____ Fax _____

Existing Use _____

Proposed Use Storage / Garage

Estimated Construction Cost \$ 11,000

Description of Work 30' x 50' A/C BARN

Contractor Company Dutchman Pole Barns

Contact Person _____
CHAD BECKER + Mike Pever

Address _____
7161 East Main Street

City Lewes State PA Zip Code 17540

License No. BA759

Phone 717-756-0712 Fax 717-656-2973

Occupant or Tenant Bill Kalista

Contact Name Bill Kalista

Address 2945 DAISY Rd

City Woodbine State Md Zip Code 21797

Phone 410-489-0018 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <u>N/A</u>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>N/A</u> <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: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Pole Barn</u>	
Dimensions: <u>30 x 50</u>	
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.

Bill Kalista
 Applicant's Signature

(Bill) William R Kalista
 Print Name

 Title/Company

5/11/07
 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 type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input 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"/>		
Distribution of Copies- White: Building Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>CA-11</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by <u>th</u>

Building Address: 7745 Daisy Rd
Woodbine Md 21797

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Garage / Barn

Proposed Use: Garage / Barn

Estimated Construction Cost: \$ 7,500

Description of Work: Renovate existing Barn

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: William Kalista

Address: 8945 Daisy Rd

City: Woodbine State: MD Zip Code: 21797

Home Phone: N/A Work Phone: 435-770-3726

Applicant's Name & Mailing Address, (If other than stated herein):
1529 Chocobaw Ridge
Green UT 21403

Phone: N/A Fax: N/A

Email: BKAUSTAE@VERIZON.NET

Contractor Company: Home Owner

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: Home Owner

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Footings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof:	
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: [Signature]

Email Address: BKAUSTAE@VERIZON.NET

Title/Company: _____

Print Name: Bill Kalista

Date: 10/23/11

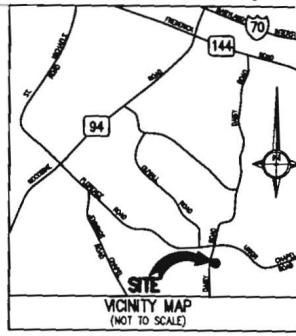
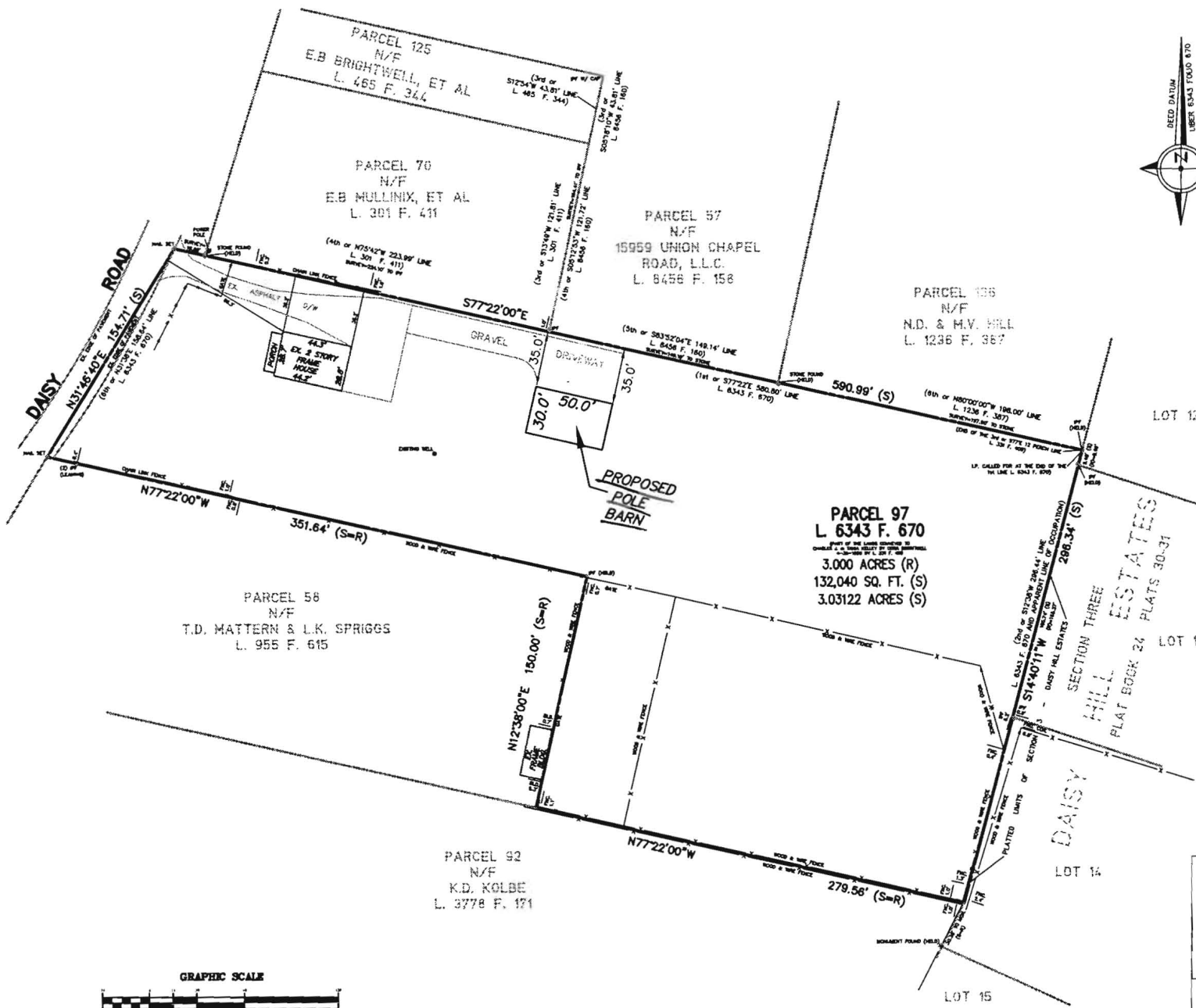
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6-13-11</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$



- GENERAL NOTES:**
1. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT WHICH MAY HAVE REVEALED THE EXISTENCE OF ANY EASEMENTS, RIGHTS-OF-WAY, BUILDING RESTRICTIONS, GRANTS AND CONVEYANCES NOT OTHERWISE SHOWN HEREON.
 2. THIS SURVEY WAS PREPARED IN THE DATUM OF THE DEED OF RECORD FOR THE SUBJECT PROPERTY AND THE MONUMENTATION RECORDED ON THE NORTHERLY PROPERTY LINE OF THE SUBJECT PROPERTY AS NOTED HEREON.
 3. I.P.F. = IRON PIPE FOUND
(R) - DIMENSION OF RECORD
(S) - DIMENSION PER SURVEY
(S=R) - SURVEY = RECORD
 4. PROPERTY ADDRESS: 2945 DAISY ROAD WOODBINE, MD. 21797

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO WILLIAM AND MANDY KALISTA THAT THE INFORMATION SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF; THAT THIS PLAT IS THE RESULT OF AN ACTUAL FIELD SURVEY AND THAT THE UNDERSIGNED BEING A LICENSED SURVEYOR PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OF THE PREPARATION AND THE SURVEY WORK REFLECTED IN THIS BOUNDARY SURVEY, IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN "COMAR" TITLE 09, SUBTITLE 13, CHAPTER 06, REGULATION .12

WAYNE FRANCIS AUBERTIN
PROFESSIONAL LAND SURVEYOR
REGISTRATION NO. 21330



BOUNDARY SURVEY
ON THE PROPERTY OF
WILLIAM & MANDY KALISTA
PARCEL 97 - TAX MAP 13 - GRID 18
LIBER 6343 @ FOLIO 670
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

WAYNE F. AUBERTIN HARTLAND PROFESSIONAL LAND SURVEYOR 13589 DEER BROOK COURT MT. AIRY, MARYLAND 21771 (301) 629-2472	Proj. No. 03/28/07 07101	Sheet 1 of 1
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REV. NO.	DATE	REVISION	BY:

SITE INSPECTION SHEET

OWNER: Mr. and Mrs. Shackelford PHONE #: (410) 486-5617

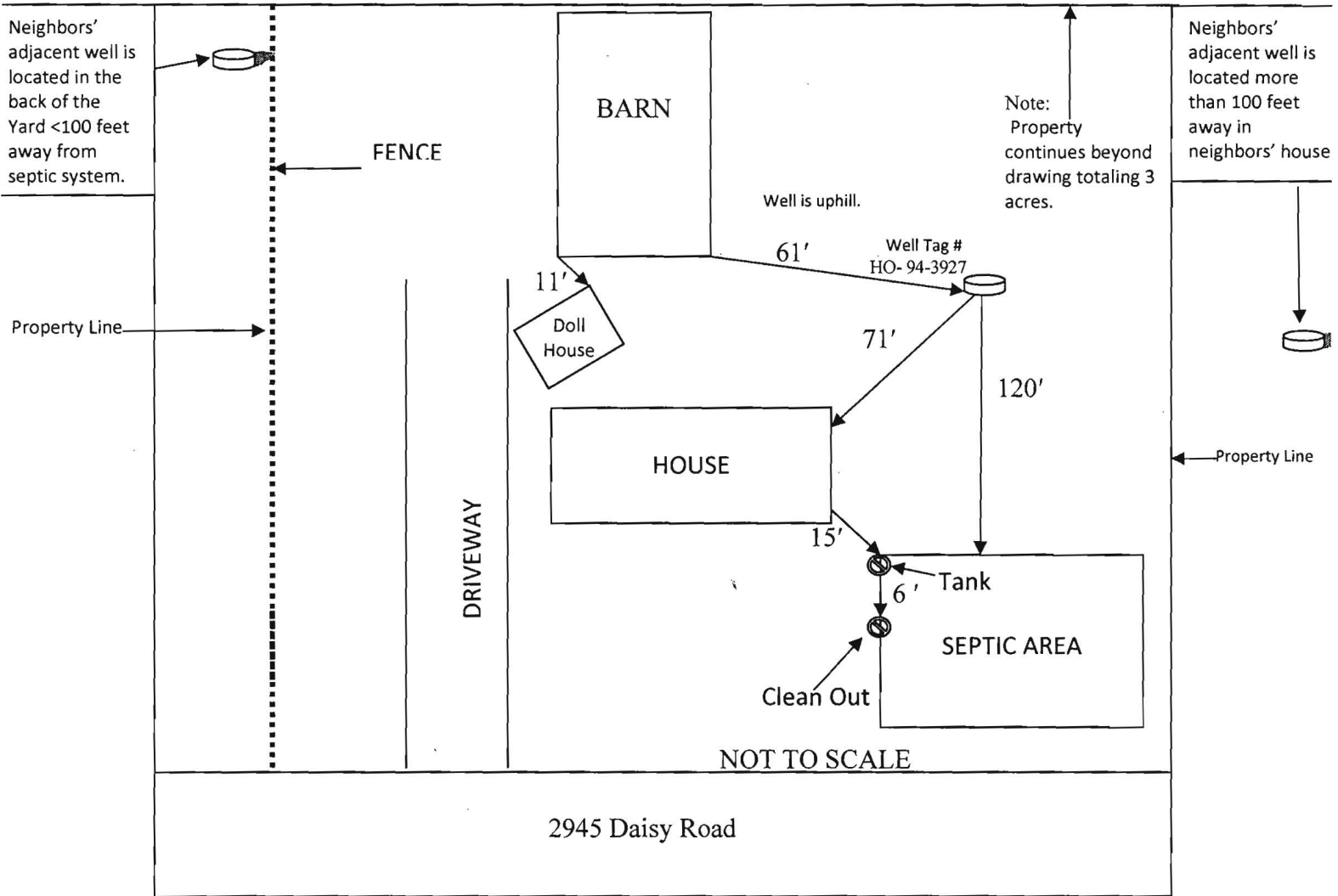
ADDRESS: 2945 Daisy Road CONTRACTOR: _____

Woodbine, Maryland 21797 WELL TAG #: HO-94-3927

SUBDIVISION: _____ LOT: _____ COUNTY #: Howard

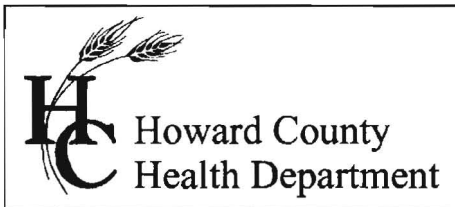
PROPOSAL: Renovate existing barn.

LOCATION DIAGRAM



COMMENTS: Inspection of 2945 Daisy Road occurred on 6-11-12. This inspection was for building permit # B11003240, a proposal for renovation for an existing garage. The septic system showed no signs of septic system failure. I could not locate a clean out or cover for the drywell. The septic tank looked as if it had just been replaced and our notes reflect an upgrade on 1-6-12. Neighboring wells were located on neighboring properties and noted on diagram.

DATE: 6/12/2012 INSPECTOR: D. Bernard



7178 Columbia Gateway Drive, Columbia MD 21046
Phone (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

November 10, 2011

RE: 2945 Daisy Road
Woodbine, Maryland 21797
Building Permit # B11003240
Building Site Plan

TO: William Kalista (Applicant and Homeowner)
Via e-mail at: BKALISTA@VERIZON.NET
Ellicott City, Maryland 21043

Unfortunately, our department cannot verify percolation testing has been completed on your property and a septic easement has been established. Percolation testing will be required by the Howard County Health Department. After percolation testing is completed, a percolation certification plan will be required to update your records and process your building permit.

The Howard County Code (sec.3.0808) requires a Percolation Certification Plan for an increase in living space of 250sq.ft. This plan delineates the existing septic reserve area and reflects any proposed changes to the property. Requirements for this plan can be found on our web site: <http://www.howardcountymd.gov/Health/docs/perstandplanreqs.pdf>. Prior to building permit approval, an approved Percolation Certification Plan is required. Once you have submitted your Percolation Certification Plan and it is approved, it can serve as your building plan.

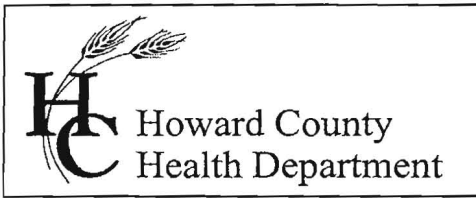
Your building permit will be placed "on hold" until all Howard County Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully

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

DLB

cc: Well & Septic program file



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 13, 2012

Mr. & Mrs. Willard Shackelford
2945 Daisy Road
Woodbine, MD 21797

RE: Waiver Approval
2945 Daisy Road
Woodbine, MD 21797

Mr. & Mrs. Shackelford:

This letter is being issued in response to your waiver request dated May 24, 2012. This agency will grant **approval** of the waiver to the required Percolation Certification Plan as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the detached garage constructed without a permit by the previous owner falls within the one hundred foot setback from the existing well and therefore, the area encumbered with the building is not useable for future on-site sewage disposal.

Please be advised that any future property improvements may require percolation testing and a Percolation Certification Plan will be required. Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in cursive script that reads 'Michael J. Davis'.

Michael J. Davis, R.S.
Assistant Director
Bureau of Environmental Health

Mrs. Starlynn M. Shackelford
Mr. Willard H. Shackelford, III

2945 Daisy Road
Woodbine, Maryland 21797
(410) 486-5617

May 24, 2012

Bureau of Environmental Health
Howard County Health Department
Attention: Mr. Mike Davis
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Re: Permit Application #: B11003240

Property Address: 2945 Daisy Road, Woodbine, MD 21797

Dear Mr. Davis:

Please accept this letter as a written request to waive the Percolation Testing and Percolation Certification Plan requirements regarding the above mentioned property. My husband and I acquired the above mentioned property on March 13, 2012.

We were not aware of the property's outstanding permit application for a detached garage until May 17, 2012, when we received a Notice of Violation from the Inspections and Enforcement Division. The previous owners, Mr. and Mrs. William Kalista applied for the building permit and had the detached garage built on the property without the permit.

We have been in contact with Ms. Dana Bernard and her supervisor regarding this situation. We respectfully request the waiver be granted due to the nature of the circumstances involved. We understand it is necessary to have the permit application approved, so we can move forward and have the other building inspections conducted on the previous built garage.

Thank you for your assistance to this matter. Please feel free to contact us with any questions.

Respectfully yours,



Mrs. Starlynn M. Shackelford
Mr. Willard H. Shackelford, III