

*Health*

*Scanned 8/25/09 dkt*

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3330 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>B09002206</b> <b>PERMIT NUMBER</b>
Building Address <u>14165 HOWARD RD DAYTON, MD 21026</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>N/A</u> Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Property Owner's Name <u>JENNIFER KAPLAN</u> Address <u>SAME</u> City <u>SAME</u> State _____ Zip Code _____ Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>410-531-3562</u> Phone _____ Fax _____	
Existing Use <u>SFD</u> Proposed Use <u>SAME / ADDITION</u> Estimated Construction Cost \$ <u>150K</u> Description of Work <u>Master bedroom &amp; BATH Additions 20' x 26'</u> Occupant or Tenant <u>OWNER</u> Contact Name <u>SAME</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Contractor Company <u>DORMAN</u> Contact Person <u>CS DORMAN</u> Address <u>104 E CIOGEMILLA BLVD</u> City _____ State _____ Zip Code _____ License No. <u>44942</u> Phone <u>301-831-5114</u> Fax <u>301-831-5250</u> Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement _____ Unfinished Basement _____ <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

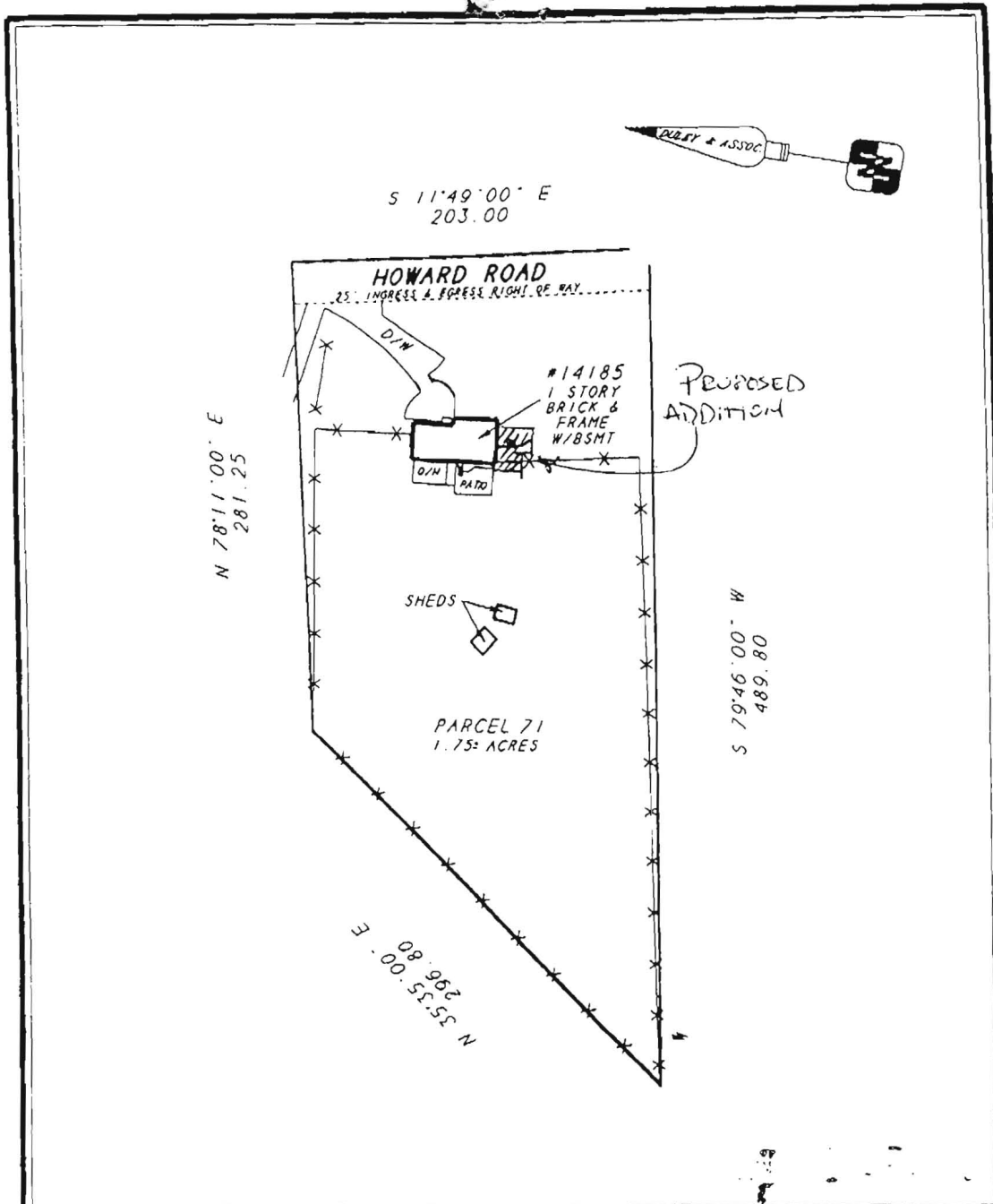
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Hutch Wace Applicant's Signature  
DORMAN BUILDERS Title/Company  
Hutch Wace Print Name  
8-25-09 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
Land Development, DPZ				Front: _____	Filing fee \$ <u>25.00</u>
State Highway				Rear: _____	Permit fee \$ _____
Planning Officials				Side: _____	Excise tax \$ _____
Development, 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?				Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>cash</u>
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 Officials				Lot Coverage for New Town Zone	
Green: LDD, DPZ				SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ					
Pink: Health					
Gold: SHA					
T:forms/buildingpermitapplication					REV 10/28/04

*181560*



LOCATION DRAWING OF:  
 #14185 HOWARD ROAD  
 PARCEL 71  
 N/W THE PROPERTY OF  
**NORMAN B. & VIRGINIA B. HARTER**  
 LIBER: 635 FOLIO: J38  
 HOWARD COUNTY, MD

A LAND SURVEYING COMPANY

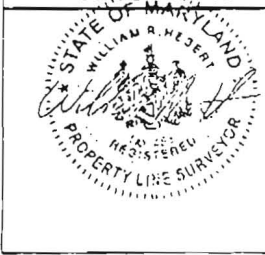
**DULEY**  
 AND  
**ASSOCIATES, INC.**  
 SERVING D.C. & MD.

14604 ELM STREET  
 UPPER MARLBORO, MD. 20772

SCALE: 1" = 80' DATE: 8-1-05

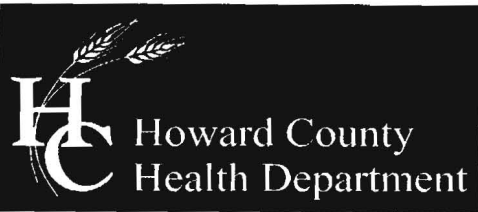
CASE # 05-07-04937
HARTER
FILE # 036379-018
DRAWN BY: ZB

PHONE: 301-888-1111	FAX: 301-888-1114
PHONE: 1-888-88-DULEY	FAX: 1-888-55-DULEY



**SURVEYOR'S CERTIFICATE**

I HEREBY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO LIE WITHIN FLOOD ZONE C. A FLOOD CERTIFICATION IS RECOMMENDED TO DETERMINE THE EXACT FLOOD ELEVATION AND FLOOD ZONE. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING, OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OF REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING THE LEVEL OF ACCURACY FOR THIS DRAWING IS 10'. NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYORS OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BE CONSIDERED TEMPORARY MAY NOT BE SHOWN.



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(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

09/09/09

TO: Jennifer Kaplan, owner/applicant  
14185 Howard Road

FROM: Robert Bricker, R.S., Environmental Sanitarian  
Well and Septic Program

RB

RE: Building Permit Application B09002206, Percolation Certification Plan required

Dear Ms. Kaplan,

The referenced building permit application cannot be approved by the Health Department at this time. The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a septic easement (re: septic reserve area) having "adequate area for an initial septic system and two 2 repairs".

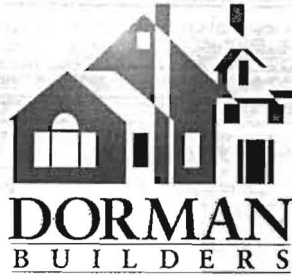
The Howard County Health Department requires that you have an approved Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application (B09002206) and any subsequent building permit applications.

Percolation tests must be conducted in order to establish a septic easement. Certification of an existing on-site sewage disposal system is accomplished by exposing, and documenting the condition of, the components of the septic system. If an existing distribution trench or dry well appears suitable for continued use, a soil profile observation is dug nearby to describe and prove that an adequate soil buffer extends 4 feet deeper [COMAR 26.04.02.04.C(1)] than the bottom of the trench or dry well. An Environmental Sanitarian records data of these evaluations.

Usually the data are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. The Health Department maintains lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

RB  
Copy: Hutch, Dorman Builders  
file



Laura 11/9/09  
Full paper work  
and easement -  
See letter  
ac

RECEIVED

NOV 09 2009

LICENSES & PERMITS  
DIVISION

DILP  
3430 Courthouse Dr.  
Ellicott City, MD. 21043

Attn: Avis Corbin

Ref: Permit # B09002206  
Property Owners  
Shawn Rosenberry  
Jennifer Kaplan  
14185 Howard Road  
Dayton, MD. 21026

Re: Project Cancelation

Avis Corbin,

Please cancel the project and permit # listed above. The property owners have decided to cancel the project. Please call with any questions. Please forward cancel documentation to me for my records.

Thank You

C.J. Dorman  
Dorman Builders Inc.

See Health  
Dept

CC: Shawn Rosenberry  
Jennifer Kaplan

DESIGN ♦ BUILD ♦ REMODEL

104 East Ridgeville Boulevard Mount Airy, MD 21771

301.831.5114 (phone) 301.831.5250 (fax)

www.DormanBuilders.com

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award  
Winner

