

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2450 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>PJ1004685</u>	
Building Address <u>11225 MEADOWWOOD WAY</u> <u>CLARKSVILLE MD 21029</u>			Property Owner's Name <u>ARNOLD MARJORIE PRADA</u> Address <u>11225 MEADOWWOOD WAY</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>SIMPSON WOODS</u> Section _____ Area <u>2</u> Lot <u>110</u> Tax Map <u>41</u> Parcel <u>423</u> Grid <u>8</u> Zoning _____ Map Coordinates _____ Lot size <u>1.91 AC</u>			City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): Phone <u>410-977-5756</u> Fax _____		
Existing Use <u>SINGLE FAMILY DWELLING</u> Proposed Use <u>SECTION 4 SUBDIVISION</u> Estimated Construction Cost \$ <u>30,000</u> Description of Work <u>1 SUITE, 1000 SQ FT</u> <u>ADDITION OVER CONCRETE FOUNDATION</u> <u>AREA SPACE, NEW PIT COVER TO PERMITS</u> <u>INSTALL TO PERMIT AREA WITH PERMITS</u>			Contractor Company <u>JULIAN HOMES UNLIMITED</u> Contact Person <u>JIM BRUMSTED</u> Address <u>10260 OLD COLUMBIA RD</u> City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21016</u> License No. _____ Phone <u>410-381-1414</u> Fax <u>410-381-1811</u>		
Occupant or Tenant <u>ARNOLD MARJORIE PRADA</u> Contact Name <u>ARNOLD PRADA</u> Address <u>11225 MEADOWWOOD WAY</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Phone _____ Fax _____			Engineer or Architect Company <u>ARCHITECTURAL CONCEPTS</u> <u>GROUP, INC</u> Contact Person <u>ROBERT O BILLY</u> Address <u>9607 DR. PERCY DR. SUITE 103</u> City <u>WINDSORVILLE</u> State <u>MD</u> Zip Code <u>21754</u> Phone <u>301-831-8900</u> Fax <u>301-831-8978</u>		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics 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 type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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: 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 HERETO; (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.

Jim Brumsted
 Applicant's Signature
REGULATIONS AHC
 Title/Company

JIM BRUMSTED
 Print Name
11/21/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ/RETRACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	_____
State Highway			Rear: _____	_____
Building Official			Side: _____	_____
Dev. Engineering, DPZ			Side St: _____	_____
Health	<u>12/12/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Coverage for New Town Zone? _____ SDP/DPZ approval date: _____	Check # <u>3211</u> Validator _____ Accepted by _____
Distribution of Copies	Write Building Official	Check LDD, DPZ	Value DED, DPZ	Print Name
Transmittal # _____				



ARCHITECTURAL CONCEPTS GROUP, INC.
Commercial - **ARCHITECTS** - Residential

January 27, 2005

John Boris R.S.
Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Dear Mr. Boris:

Attached please find a copy of site plan for Simpson Woods Lot 16. The owners would like a 24' addition on to the side of the existing house with a wrap around porch. (See attached drawing) The drawings received from the Health Department depict the septic field close to where we would like to put the addition. It appears the addition will cross the 20' min. set back requirement.

In addition, the 100' B.R.L. as shown on the original site plan was required when John Hopkins Road was proposed. Since that time the county has abandoned John Hopkins Road. Our client has purchased the right away (parcel 468, Liber 2317, Folio 339) from the county. After talking to Cindy Hamilton, she said we could use a B.R.L. of 10 or 20 feet. We would like to find out what process we need to take to change the location of the septic field or waive the set back requirements for this building addition.

With best regards,

William J. McReynolds Jr.

new & upgrade.

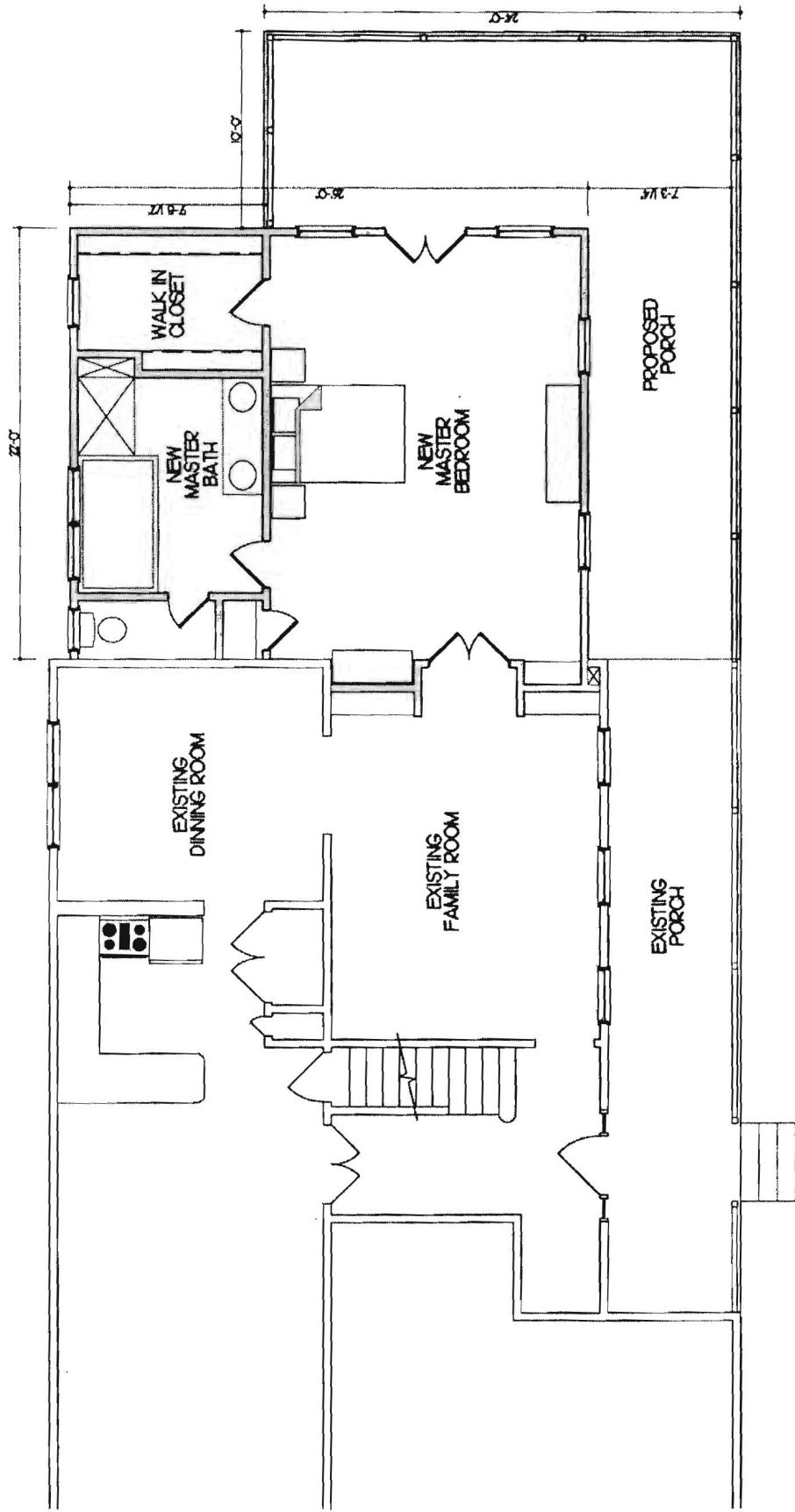
pump & collapse

or add

a

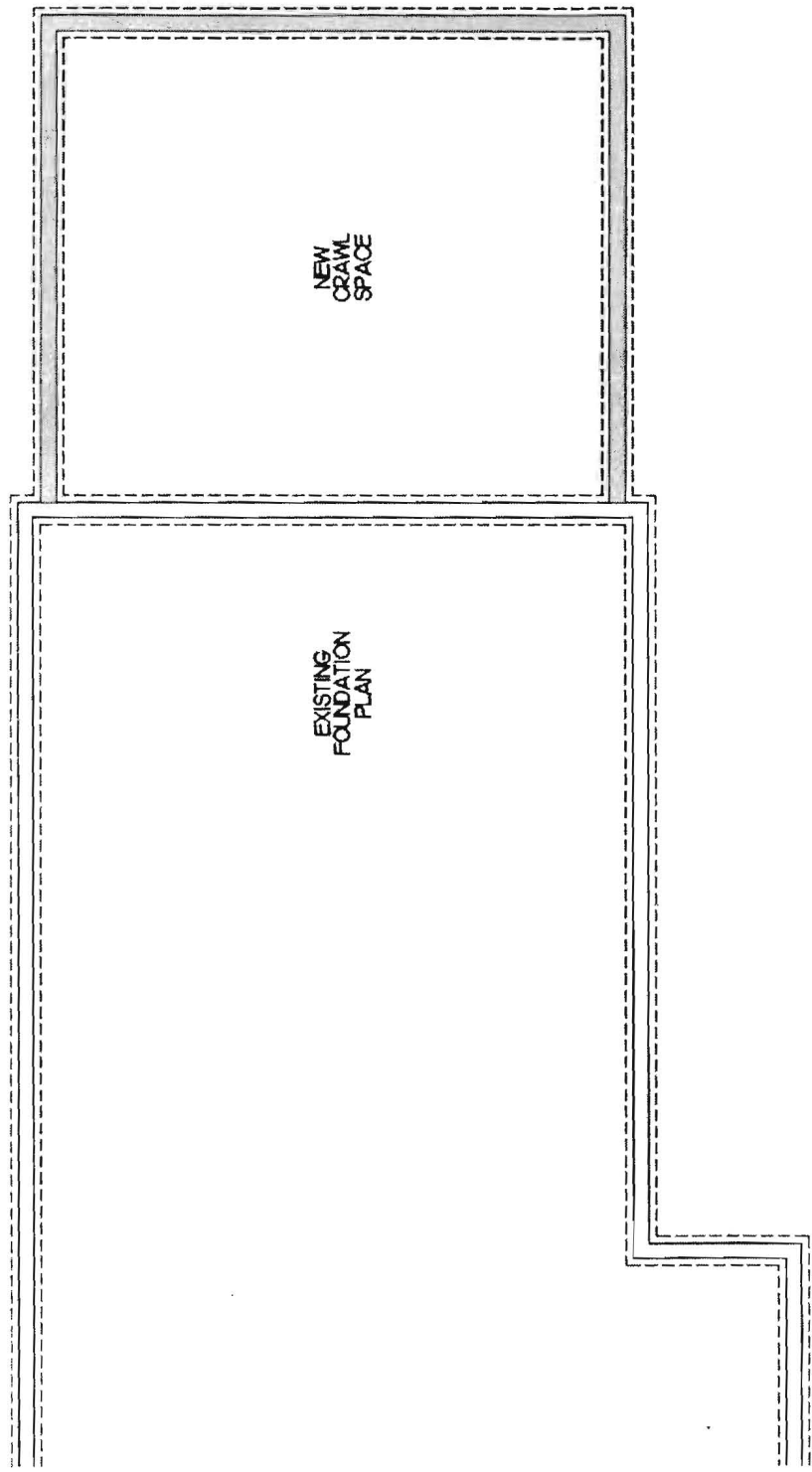
500 gallon.

check trench



SCALE: 1/4" = 1'-0"

FLOOR PLAN



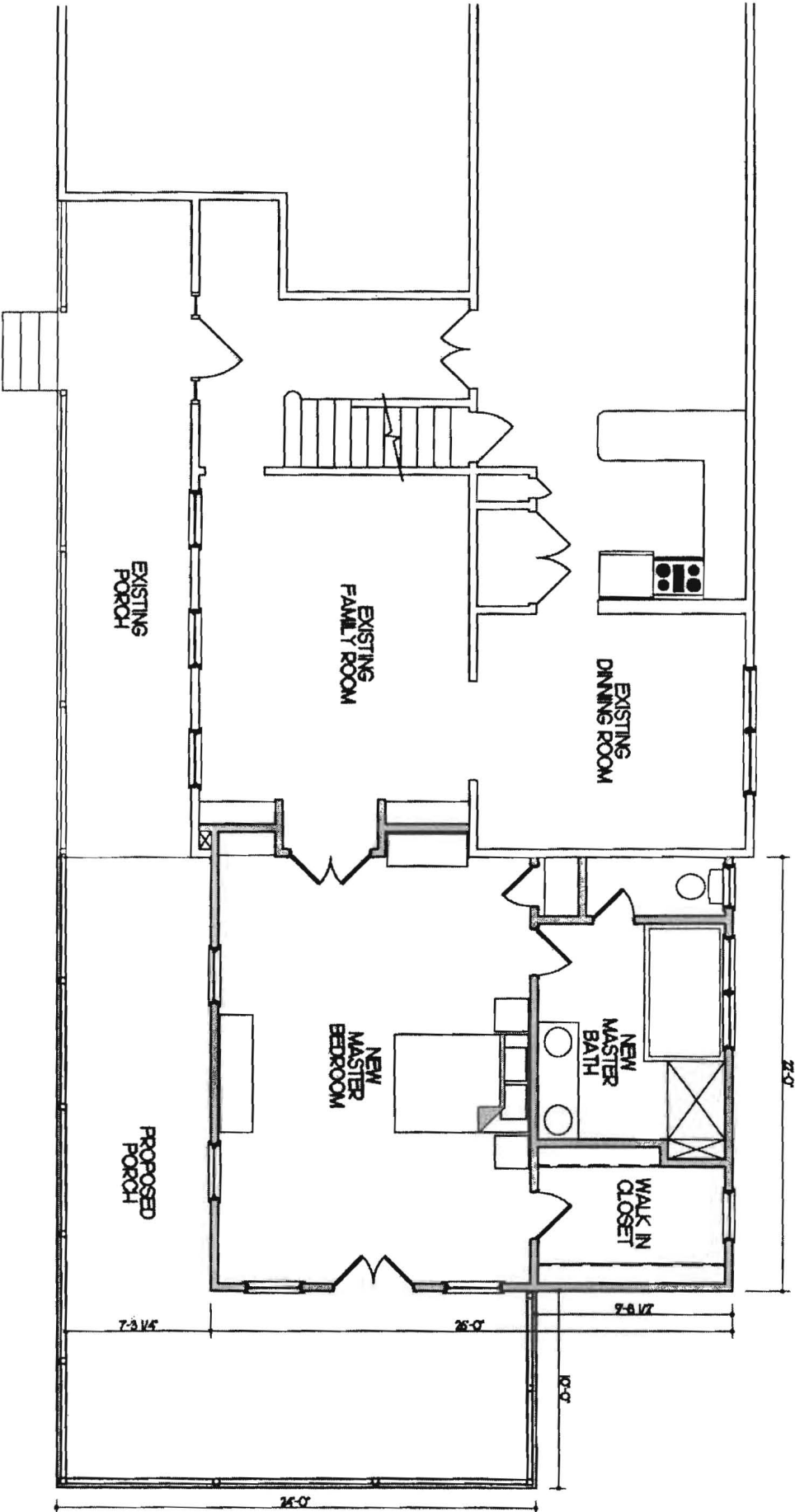
NEW
CRAWL
SPACE

EXISTING
FOUNDATION
PLAN

FOUNDATION PLAN

SCALE 1/4" = 1'-0"

FLOOR PLAN



SCALE 1/4" = 1'-0"

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B06002508

Building Address 7225 Neathwood Lane
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision Simpson Woods
 Section 2 Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning R200 Map Coordinates _____ Lot size _____

Property Owner's Name ARNOLD PRADA
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work New Addition
1 story 26x24 - NEW MASTER BEDROOM
+ FULL BATHROOM + PORCH

Contractor Company ARCHITECTURAL CONCEPTS
 Contact Person WILLIAM McREYNOLDS
 Address 91007 DR PERRY ROAD, STE #103
 City ELLSVILLE State MD Zip Code 21754
 License No. _____ Phone 301-831-8900 Fax _____

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: _____	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: N/A <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 _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 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.

[Signature]
Applicant's Signature

William J McReynolds Jr
Print Name

Title/Company

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 checked="" type="checkbox"/> Dev. Engineering, DPZ	_____	_____
<input checked="" type="checkbox"/> Health	_____	_____
<input type="checkbox"/> Fire Protection	_____	_____

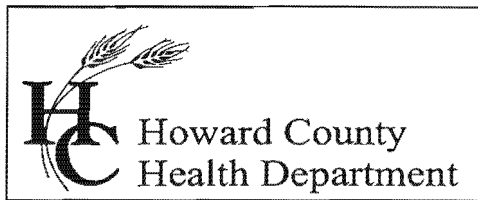
DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: _____
 Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 2352
 Validation # _____
 Accepted by [Signature]

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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



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

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

October 17, 2006

Arnold Prada
7225 Meadow Wood Lane
Clarksville, MD 21029

RE: B06004969

Dear Mr. Prada:

Our office recently completed the review of building permit #B06004969. The location of the proposed addition does not meet the 20' setback required by the Health Department between a dwelling and a septic easement. Due to the modification of the septic easement, the building permit is on-hold until percolation testing is completed and an approved percolation certification plan is on file with the Health Department. Enclosed is an application for percolation testing along with test plan requirements and percolation certification information.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Sincerely,

Sara Fegel
Well and Septic Program
Development Coordination Section

Enclosures

Cc. Joe Ailstock, S & K Roofing, Siding, and Windows

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-4055 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 306004969	
Building Address <u>7225 McADAMS LANE</u> <u>Clarksville Maryland 21029</u>			Property Owner's Name <u>Arnold P. ...</u> Address <u>7225 McADAMS WOOD LANE</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>SIMPSON WOODS</u> Section _____ Area _____ Lot <u>16</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>301-230-3137</u> Work Phone <u>301-419-2214</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Existing Use <u>Single Family</u> Proposed Use _____ Estimated Construction Cost \$ <u>123,500</u> Description of Work <u>Build 24' x 24' addition on 24' x 24' x 12' Porch</u>			Contractor Company <u>S&K Building Services</u> Contact Person <u>Joe A. ...</u> Address <u>5319 Eastwood Street</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> License No. <u>210032</u> Phone <u>410-795-4419</u> Fax <u>443-510-2019</u>		
Occupant or Tenant <u>Same as above</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company <u>Architectural ...</u> Contact Person <u>William J. McReynolds</u> Address <u>1607 DR. PEARSONS RD - SUITE 103</u> City <u>Towson</u> State <u>MD</u> Zip Code <u>21284</u> Phone <u>301-831-8700</u> Fax <u>301-831-5975</u>		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics 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 type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <input checked="" type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> 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: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 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: Joseph G. Arnold
 Title/Company: Permitting Services Inc.
 Print Name: Joseph G. Arnold
 Date: 7-21-00

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

AGENCY	DATE	SIGNATURE/ APPROVAL	DEPT. RETRACK INFORMATION	PROPERTY ID#
Land Development DEPT.			From: _____	File No: _____
State Department			To: _____	Parcel No: _____
Building Dept.			Work: _____	Circle No: _____
Dev. Engineering DEPT.			Dist. No: _____	Adj. Per. No: _____
Health			All interagency interlocks met?	TOTAL FEES: _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Submittal paid: _____
Is Department 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?	Violation: _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for New/Lean Zone	
White Building Official			Approved and approved fees	Approved by: _____
Check: LDD, DPT			YES <input type="checkbox"/> NO <input type="checkbox"/>	Perk. Fee: _____
Yellow: DED, DPT				Gold: SHH
Green: PERMIT, PMA				

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

306004969

Building Address 7225 MEADOWOOD LANE
Clarksville Maryland 21029

Property Owner's Name Arnold Paula

Address 7225 MEADOWOOD LANE

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

City Clarkville State MD Zip Code 21029

Census Tract _____ Subdivision SIMPSON WOODS

Home Phone 301-230-3137 Work Phone 301-419-3574

Section _____ Area _____ Lot 16

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

Tax Map _____ Parcel _____ Grid _____

Phone _____ Fax _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use SINGLE FAMILY

Contractor Company S&K Pooling, Spacing, Windows

Proposed Use SAME

Contact Person JOE AILSTOCK

Estimated Construction Cost \$ 128,500

Address 5399 Enterprise Street

Description of Work Build 24' x 26' addition with
1 34' x 24' x 10' Porch

City Eldersburg State MD Zip Code 21734

License No. 21030

Phone 410-775-4430 Fax 443-516-2127

Occupant or Tenant SAME AS ABOVE

Engineer or Architect Company Architectural Concepts Group Inc

Contact Name _____

Contact Person William J. McReynolds Jr

Address _____

Address 9607 DR. PERRY RD - Suite #103

City _____ State _____ Zip Code _____

City ISAMVILLE State MD Zip Code 21754

Phone _____ Fax _____

Phone 301-831-8900 Fax 301-831-8978

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Water Supply:
____ Public
 Private
Sewage Disposal:
____ Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ Full
____ Partial
____ Other Suppression
____ # of Heads

SF Dwelling SF Townhouse
____ Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 3
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: _____
Dimensions: _____
Footings: _____
Roof Height: _____
____ State Certified Modular
____ Manufactured Home

Water Supply:
____ Public
 Private
Sewage Disposal:
____ Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ NFPA #13D
____ NFPA #13R
____ Other:

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Applicant's Signature
[Signature]
Title/Company S&K Pooling Spacing

Print Name Joseph G Ailstock
Date 9-21-06

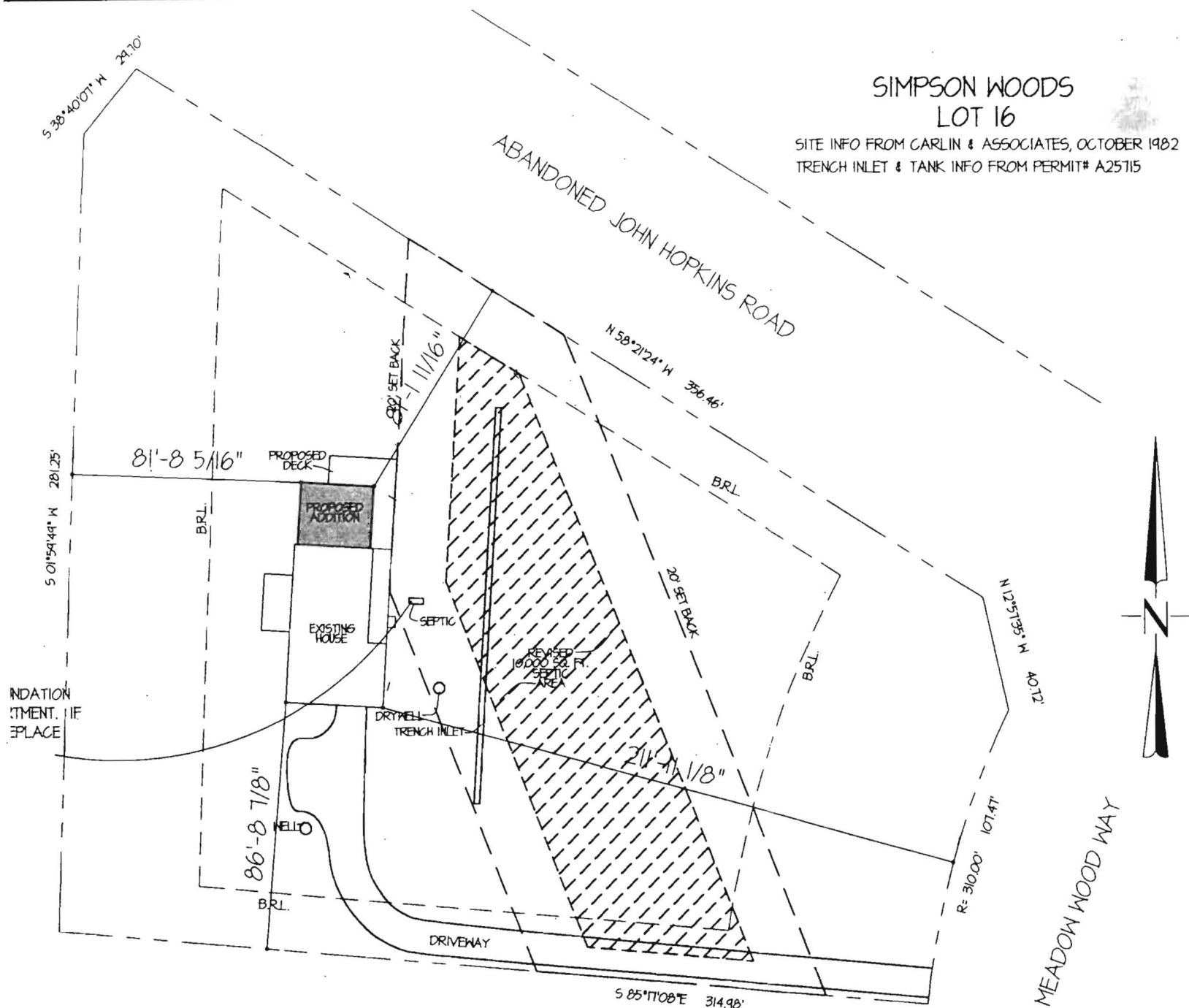
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

SIMPSON WOODS
LOT 16

SITE INFO FROM CARLIN & ASSOCIATES, OCTOBER 1982
TRENCH INLET & TANK INFO FROM PERMIT# A25715



PLAN

SCALE: 1"=50'-0"



FILE INQUIRY FORM

Property Address: _____

FOR VARIANCE

- Was told septic tank must
be pumped to determine the
size of it, before any other
decisions can be made. PAY 2-2-05

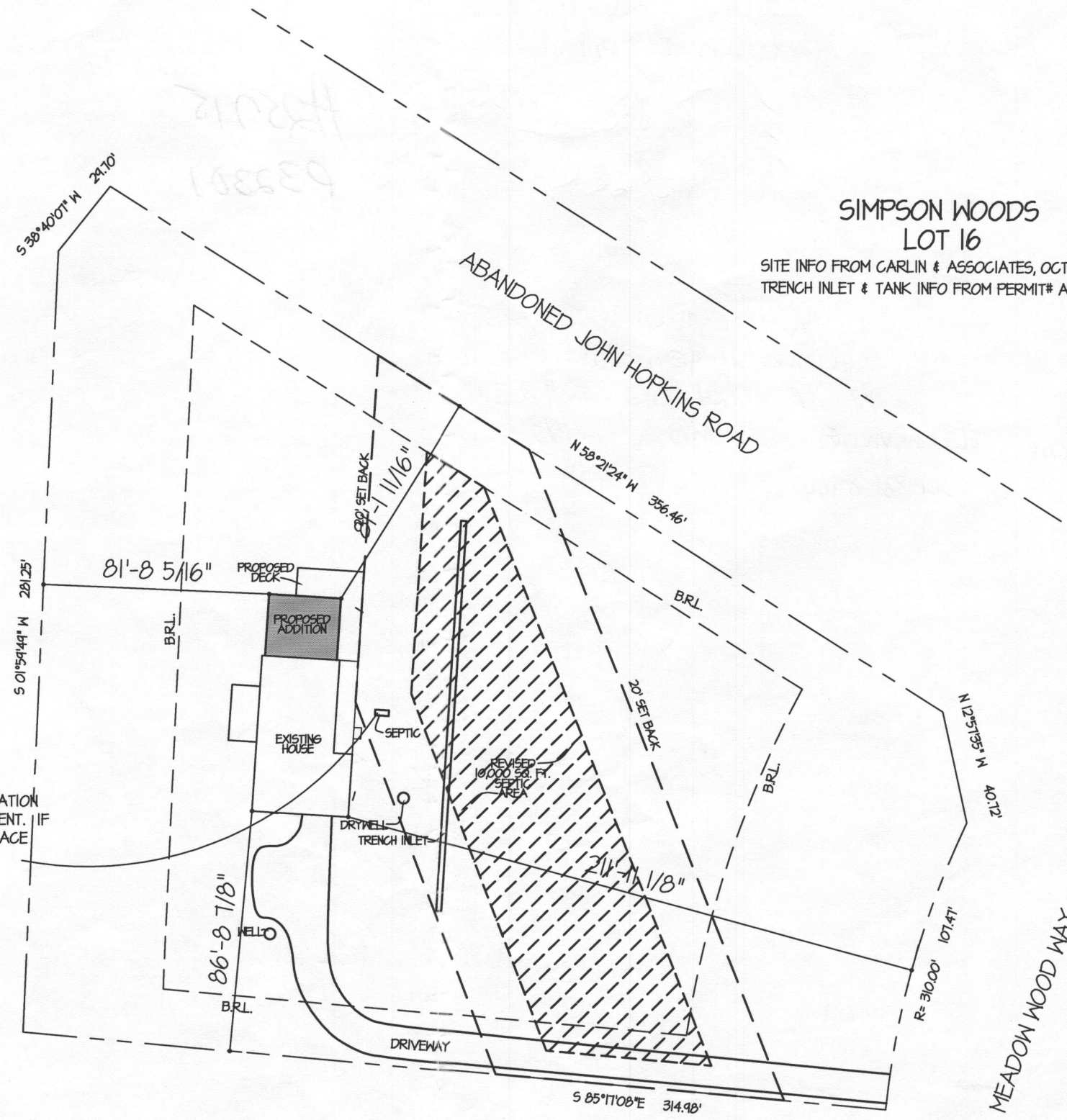
3/11/05 - told to report area,
to meet current standards,
No soil descriptions.

635301
H3801K

SIMPSON WOODS LOT 16

SITE INFO FROM CARLIN & ASSOCIATES, OCTOBER 1982
TRENCH INLET & TANK INFO FROM PERMIT# A25715

VERIFY EXISTING 1250 GAL. SEPTIC TANK WHEN FOUNDATION IS EXCAVATED. SUBMIT FINDINGS TO HEALTH DEPARTMENT. IF TANK IS FOUND TO BE SMALLER THAN 1250 GAL., REPLACE EXISTING TANK W/ 1250 GAL. TANK.



SITE PLAN

SCALE: 1"=50'-0"

3000 W-1 64 5-08