

Suite/Apt. #: _____ SDP/WP/Petition #: 217011 City COOKSVILLE State MD Zip Code 21123
 Census Tract 60510 Subdivision _____ Home Phone 410 916-9947 Work Phone _____
 Section _____ Area _____ Lot _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Tax Map 40 Parcel 513 Grid 6
 Zoning RRPE2 Map Coordinates _____ Lot size _____ Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 100,000
 Description of Work 4 ON, 3 FULL B, 1 1/2 BR
on 1/2 acre lot with 100' front porch
on 1/2 acre lot with 100' front porch

Contractor Company B SQUARE CONSTRUCTION
 Contact Person Emily Boone
 Address 2420 Alice's Dr.
 City North W. MD State MD Zip Code 21176
 License No. 3364
 Phone 410 443-8644 Fax 8550 410-635-6411

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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
No. of Bedrooms <u>4 BR</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: _____	
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 THEREON, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIALLY DECLARED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Emily Boone
 Applicant's Signature
 Title/Company _____

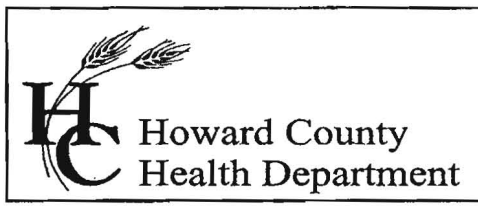
Nancy M. Boone
 Print Name
3/17/04
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/22/04</u>	<u>Mark Keffner</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>

PROPERTY ID#:
Filing fee \$ <u>100.00</u>
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # <u>1065</u>



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

April 13, 2005

Mr. Dan Espenshade
12390 Hall Shop Rd.
Fulton Maryland 21059

RE: Building Permits for shed, and deck.

Dear Mr. Espenshade:

In order to for an approved building permit for a shed located on the sewage disposal easement, a letter To my supervisor will be needed. Please state in the letter that the area you wish to construct your shed on has been declared unusable area for septic drainage fields.

Please also note in this letter that you are aware that when septic repairs are needed in the future that your proposed gravel driveway turnaround may be disrupted.

Finally, in order for an approvable building permit for the deck in the rear of the property you must also request a variance that will allow you to build within five feet of you septic tank.

Please accompany this letter with a scale drawling, with actual septic tank and well locations to The Howard County Health Department, attention: John Boris: 7178 Columbia Gateway drive, Columbia MD 21046.

Respectfully,

Peter A. Yencsik
Development Coordination Section
Well and Septic Program

Py
CC: File