

Building Address 13911 HALLOWELL CT
DAYTON, MD, 21036 *Well*

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

Census Tract 11-11 Subdivision 111

Section 1 Area 2 Lot 2

Tax Map 28 Parcel 131 Grid 17

Zoning RM1 Map Coordinates 1265 Lot size _____

Property Owner's Name STEVE CLARK

Address 13911 HALLOWELL CT.

City DAYTON State MD Zip Code 21036

Home Phone 410 988 9411 Work Phone 740 778 1302

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

Phone _____ Fax _____

Existing Use RESIDENTIAL HOME

Proposed Use MASTER BEDROOM ADDITION

Estimated Construction Cost \$ 30,000

Description of Work 13x15 MASTER BEDROOM
ADDITION on second floor

Contractor Company SPROUT CONSTRUCTION INC

Contact Person SPRINGER GOYNE

Address 12155 HIGHBRIDGE RD

City LAUREL State MD Zip Code 20723

License No. 50932 Phone 301 498 5889

Occupant or Tenant STEVE CLARK

Contact Name STEVE CLARK

Address 13911 HALLOWELL CT.

City DAYTON State MD Zip Code 21036

Phone 410 988 9411 Fax _____

Engineer or Architect Company MARK BANDY

Contact Person MARK BANDY

Address 8312 TUMPLING FIELD CT

City ELLICOTT CITY State MD Zip Code 21043

Phone 410 750 2262 Fax SAME

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>18</u> Width <u>15</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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 _____	Other Structure: <u>MASTER BEDROOM</u> Dimensions: <u>13x15</u> Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		<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 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.

SPROUT CONSTRUCTION
 Applicant's Signature
PRES.
 Title/Company

SPRINGER GOYNE 9-25-02
 Print Name
9-
 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 \$ <u>25</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>119</u>
<input checked="" type="checkbox"/> Building Official	<u>9/25/02</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ <u>12216</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>9/25/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>251</u>
<input checked="" type="checkbox"/> 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"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>2895</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>11786</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SIA				Accepted by <u>[Signature]</u>



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B14000986

Building Address: 13911 HALLOWELL CT
 City: DAYTON State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: TRIOLEPHIAMILL FARM
 Section: 1 Area: 2 Lot: 2
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: RESIDENTIAL
 Proposed Use: RESIDENTIAL
 Estimated Construction Cost: \$ 150,000.00
 Description of Work: ADDITION FAMILY ROOM, WET BAR, EXERCISE ROOM, STUDY
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>31</u>	<u>33</u>
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>0</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	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:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: STEVE CLARK
 Address: 13911 HALLOWELL CT
 City: DAYTON State: MD Zip Code: 21036
 Phone: 410 938 9411 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: SPROUT CONSTRUCTION INC
 Contact Person: SPRINGER GOYNE
 Address: 9114 BETHEL LAVE
 City: JESSUP State: MD Zip Code: 20794
 License No.: 50902
 Phone: 301 440 5931 Fax: _____
 Email: SPROUT.CONSTRUCTION@YAHOO.COM

Engineer/Architect Company: BOY SCHEIDT
 Responsible Design Prof.: MAR WAINW
 Address: 100 N ROLLING RD
 City: ARLINGTON State: MD Zip Code: 21228
 Phone: 301 744 1945 Fax: _____
 Email: 410 744 1945

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: _____ Print Name: SPRINGER GOYNE
 Email Address: SPROUT.CONSTRUCTION@YAHOO.COM Date: 4/3/14
 Title/Company: PRES. SPROUT CONSTRUCTION

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>6/3/14</u>	<u>[Signature]</u>

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

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>25.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>5091</u>

COURT

Halkwell Ct

50' R/W

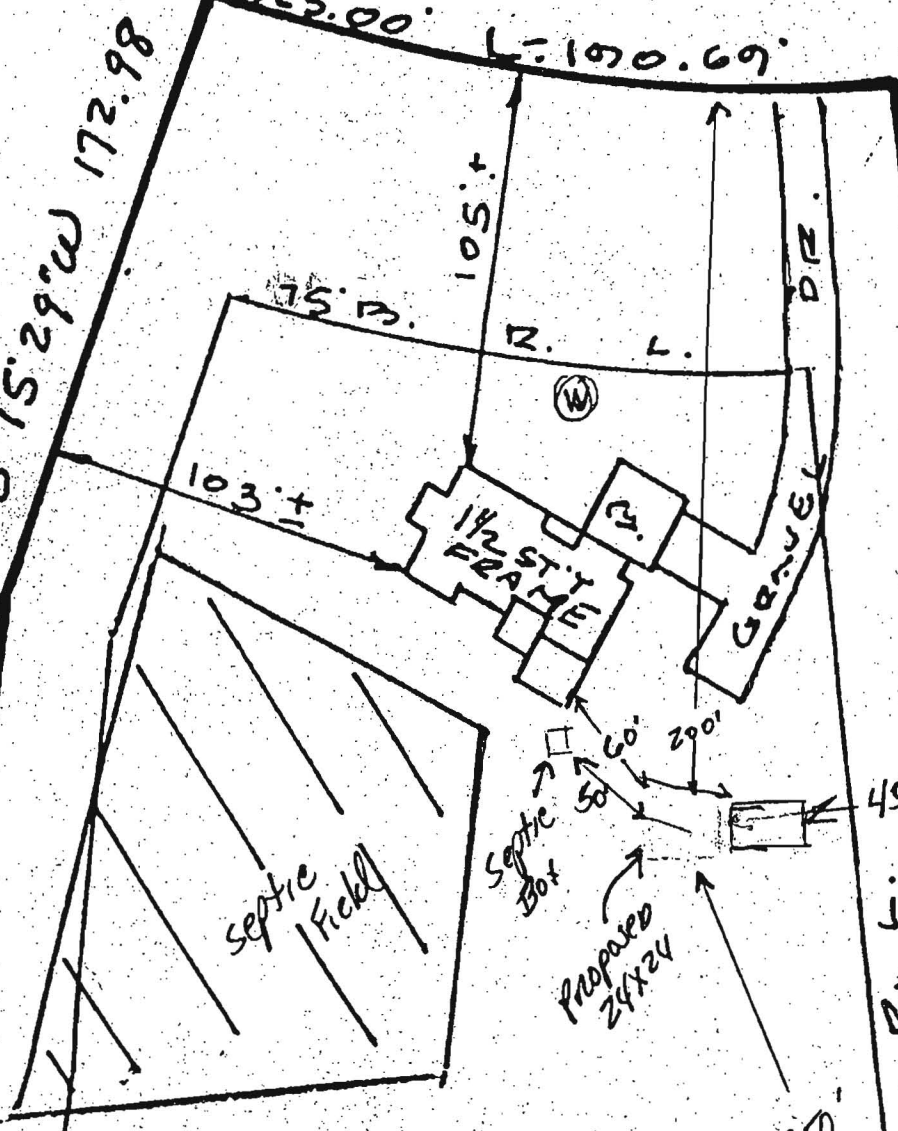
R = 425.00' L = 100.69'

N 08° 15' 29" W 172.98'

539.00'

7.00' W

30' R/W



429.04'

S 33° 57' 56" E

30' R/W

APPROVED

WALK-THRU BUILDING PERMIT

BP# 00147026

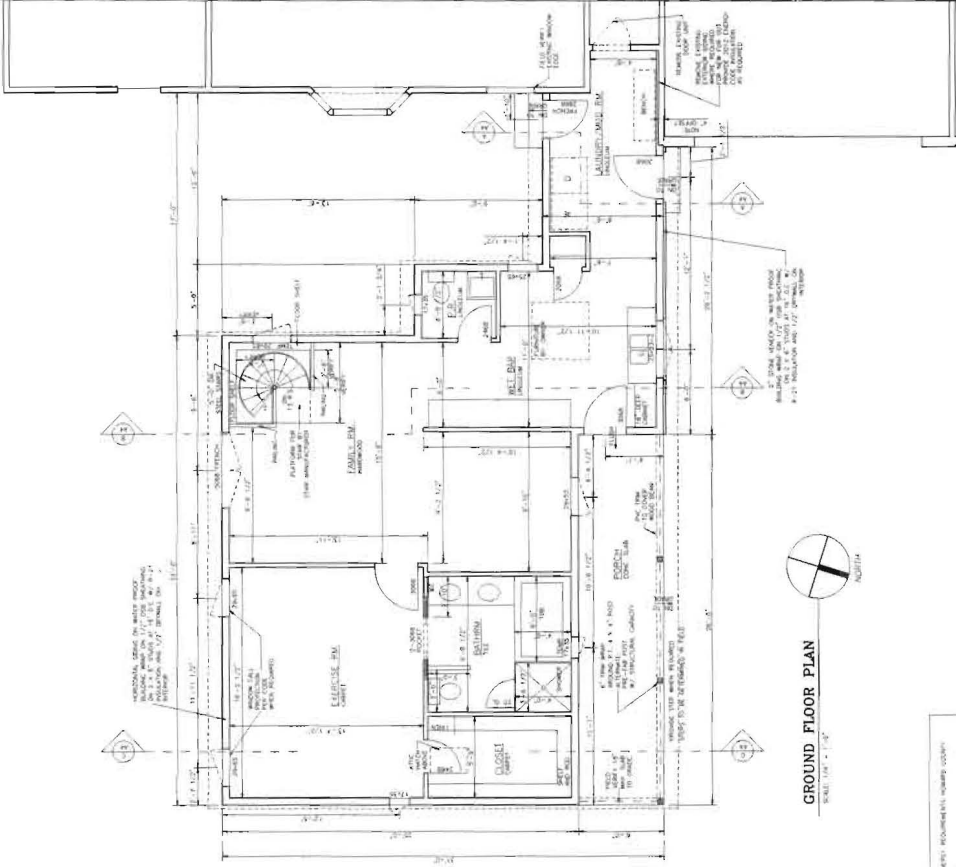
A# 29047

APP. SAN KJB

DATE 6/27/12

DESC. OF WORK: Deck

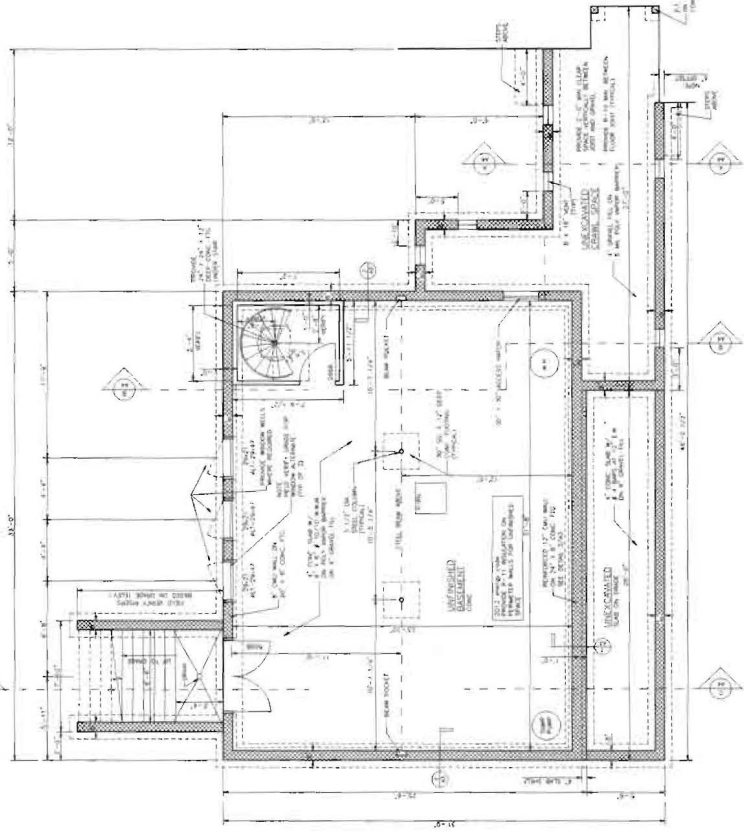
3.582



GROUND FLOOR PLAN
 SCALE: 1/8" = 1'-0"

Code Information

All construction shall comply with applicable Building Codes. The following codes shall apply unless otherwise noted:
 International Building Code (IBC) 2012 Edition
 International Residential Code (IRC) 2012 Edition
 International Energy Conservation Code (IECC) 2012 Edition
 International Mechanical Code (IMC) 2012 Edition
 International Plumbing Code (IPC) 2012 Edition
 International Fire Code (IFC) 2012 Edition
 All other codes shall apply as noted.
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 International Mechanical Code (IMC) 2012 Edition
 International Plumbing Code (IPC) 2012 Edition
 International Fire Code (IFC) 2012 Edition
 All other codes shall apply as noted.



BASEMENT/FOUNDATION PLAN
 SCALE: 1/8" = 1'-0"

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 International Building Code (IBC) 2012 Edition
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 International Mechanical Code (IMC) 2012 Edition
 International Plumbing Code (IPC) 2012 Edition
 International Fire Code (IFC) 2012 Edition
 All other codes shall apply as noted.

Code Information

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 International Mechanical Code (IMC) 2012 Edition
 International Plumbing Code (IPC) 2012 Edition
 International Fire Code (IFC) 2012 Edition
 All other codes shall apply as noted.

Geisert, Andrew

From: Geisert, Andrew
Sent: Friday, May 16, 2014 10:48 AM
To: 'Springer Goyne'
Cc: Williams, Jeffrey; Bernard, Dana; Bricker, Robert
Subject: 13911 Hallowell Court Addition

Springer,

Thank you for the revised floor plans. With this the home owner will not need to increase the size of the septic system, but a BAT unit will be required to replace the undersized septic tank. This BAT unit will need to be installed prior to a building permit being approved.

Beyond today you will need to contact Jeff Williams, Dana Bernard, or Robert Bricker with this project.

Andrew Geisert
Environmental Sanitarian Supervisor
Howard County Health Department
Bureau of Environmental Health
Office: 410-313-6287
Fax: 410-313-2648
ageisert@howardcountymd.gov

CONFIDENTIALITY NOTICE

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From: Springer Goyne [mailto:sprout_construction@yahoo.com]
Sent: Wednesday, May 14, 2014 3:21 PM
To: Geisert, Andrew; jefwilliam@howardcountymd.gov
Subject: Hallowell Court Addition

Andrew or Jeff

Please find the attached revised drawing removing the wall to the study and the closet in the study.
Per our phone call Andrew

Springer Goyne

Sprout Construction Inc.
Home Inspections
Buying, Prelisting, Construction Loan Draw, Pre-Drywall

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 5/1/14
 To: HEALTH DEPT
 (Person's Name and Division)
 From: SPROUT CONSTRUCTION, (301) 440 593
 (Your Name, Company Name and Telephone Number)
 Subject: Project name CLARK ADDITION
 Project site address 13911 HOLLOWELL CT DAYTON
 Permit Number B14000986 SDP # _____
 Other information pertinent to this project HEALTH DEPT REQUIRE DRAWING TO SHOW BEDROOM DEPT

RECEIVED
MAY 01 2014
PLAN REVIEW DIVISION

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

HEALTH DEPT REQUIRING PLANS TO
SHOW DELETING EXISTING BEDROOM
IN MAIN HOUSE.

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH

PER HEALTH DEPT
DIB

white: Plan Review Division
yellow: Applicant
pink: Permit Division

Geisert, Andrew

From: Geisert, Andrew
Sent: Thursday, May 08, 2014 9:20 AM
To: 'sprout_construction@yahoo.com'
Subject: 13911 Hallowell Court Building Permit
Attachments: Perc test and plan requirements for dev lots.pdf

Sprout Construction,

Thank you for dropping off the floor plans for the existing structure. After reviewing both floor plans, the health department would consider two rooms in the proposed addition to meet the qualifications of a bedroom. This would put the overall bedroom number at four instead of three. The addition is approximately 1,200 SF, which would require an upgrade to the existing septic tank. With both of these facts considered a percolation certification must be submitted to the office for review of septic and well designs.

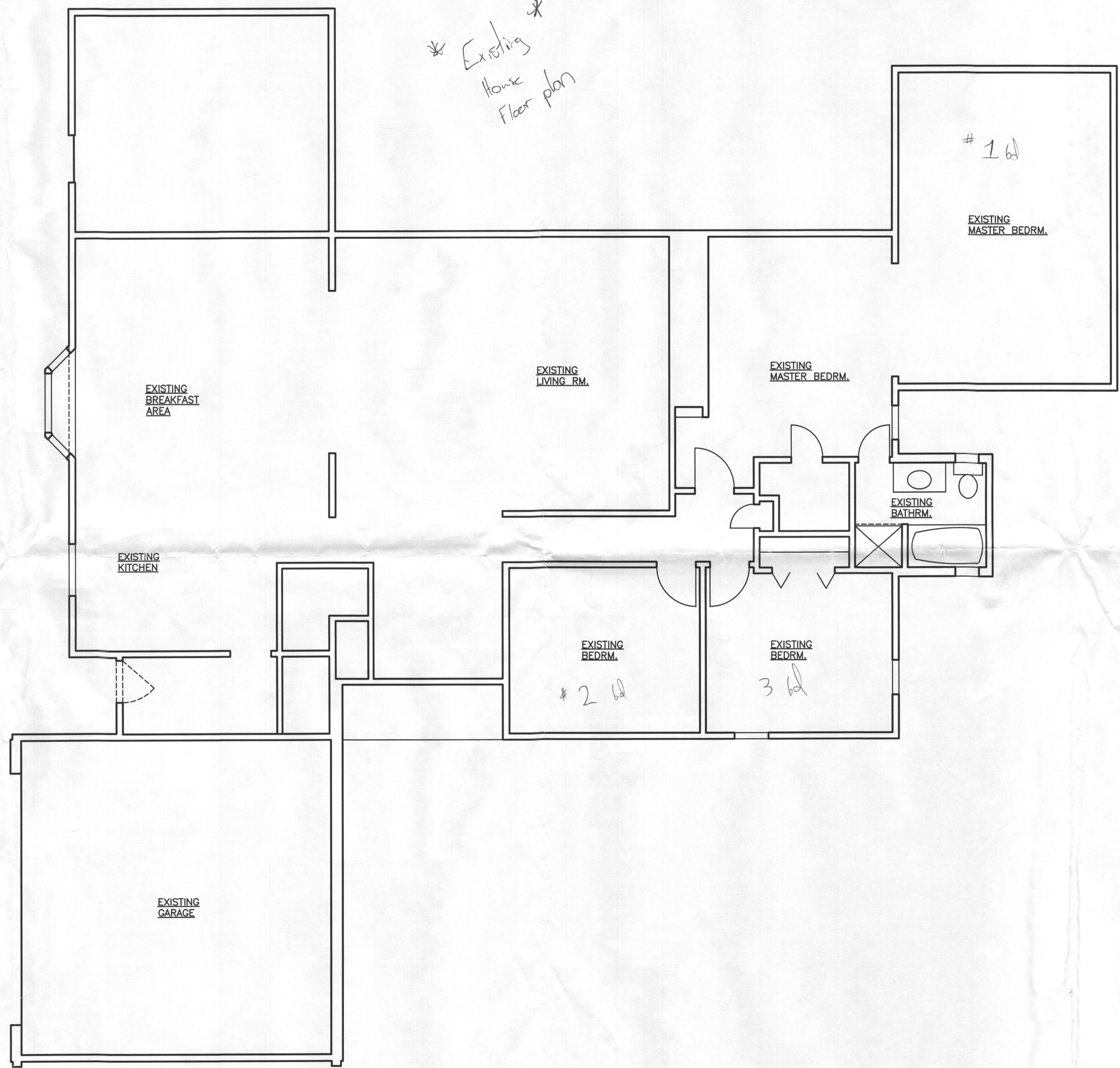
I have attached a document that explains what is required for a Perc Cert submittal. Please contact me if you have any questions.

Andrew Geisert
Environmental Sanitarian Supervisor
Howard County Health Department
Bureau of Environmental Health
Office: 410-313-6287
Fax: 410-313-2648
ageisert@howardcountymd.gov

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* Existing *
House
Floor plan



RECEIVED
JUN 20 2008
COURTESY OF THE
CITY OF CHICAGO