



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: 4/18/14
Approved
R. D. Dora
 Permit No.: B14000755

Building Address: 2906 Ordway Dr.
 City: Ellicott City State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: 3 Area: B1KA Lot: 18
 Tax Map: 16 Parcel: 242 Grid: 19
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 49,467

Property Owner's Name: Christian Hayden
 Address: 2906 Ordway Dr
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 443-618-7297 Fax: _____
 Email: CLMRHayden@Netzero.com

Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$ 26,500
 Description of Work: Add 32'x26'
Detached Garage

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

Occupant or Tenant: Occupant
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Home owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 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>32.8</u>	<u>45.8</u>
Area of construction (sq. ft.):	2 nd floor: <u>22.8</u>	<u>31.2</u>
Use group:	Basement: <u>27.8</u>	<u>31.2</u>
	<input checked="" type="checkbox"/> Finished Basement	
Construction type:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade	No. of Bedrooms: <u>4</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 checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit # _____	<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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: Christian Hayden Print Name: Christian Hayden
 Email Address: CLMRHayden@Netzero.com Date: 3/17/14
 Title/Company: Owner

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		

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>731</u>

Davis, Michael J

From: The Hayden's Verizon [clmrhayden@verizon.com]
Sent: Thursday, April 17, 2014 12:28 PM
To: Davis, Michael J
Subject: Hayden garage building permit

Hello Mr. Davis I am writing to in reference to two voice mails that I have left. I am in the process of applying for a building permit and the last step is approval from the health department, all other departments have signed off on it.

The permit number is B14000755 for a detached pole-barn/garage. I was told by Andrew Geisert that if my plans did not have any plumbing or second floor that there would be no issues. After submitting the plans showing no liveable area, no plumbing and only being one floor he informed me that I would need a Percolation Certification or apply for a waiver with you.

If you could grant me a waiver for the pole-barn/garage we would appreciate it greatly.

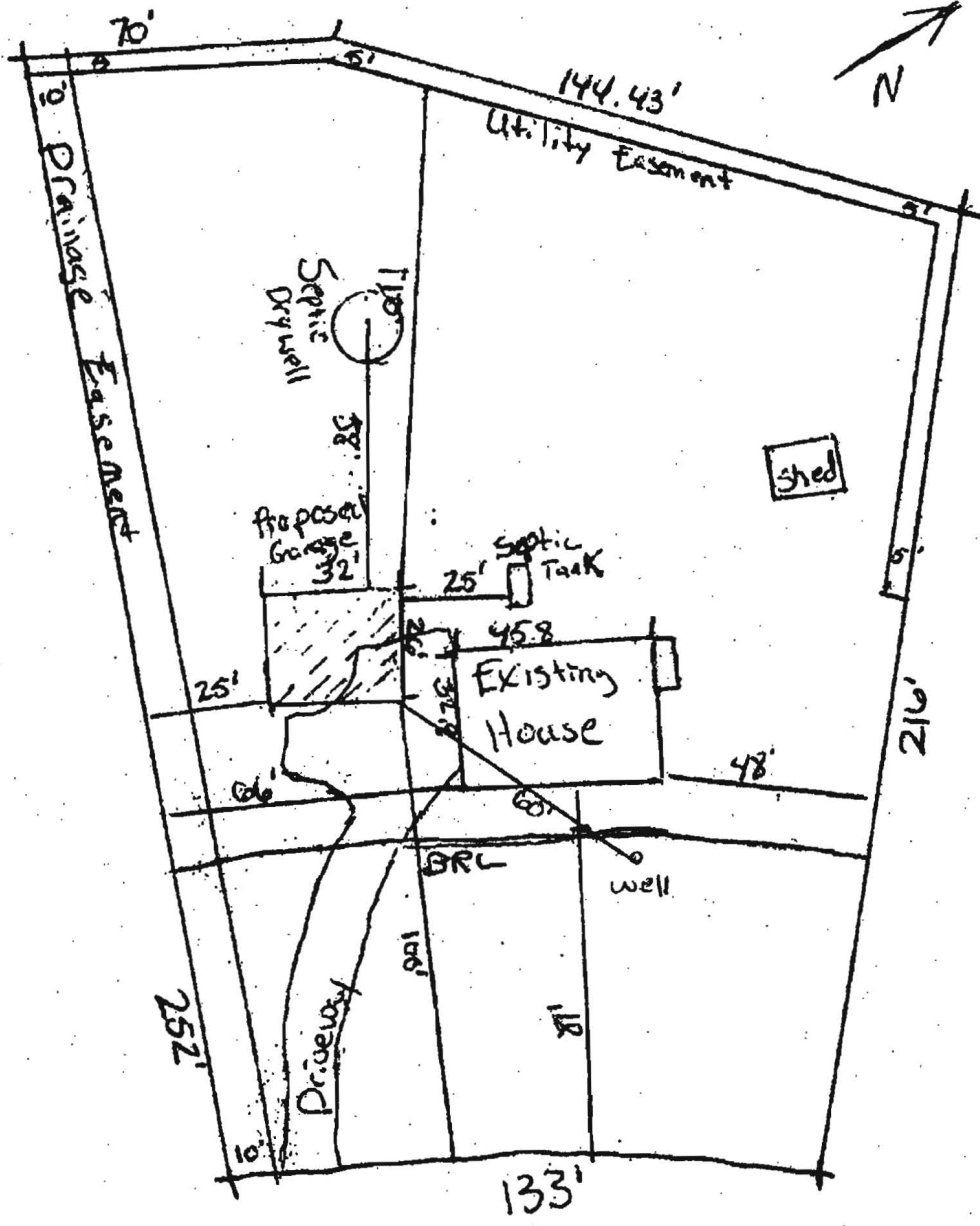
The location of the structure will be situated on the west side of the house in a location that is currently 58' from the septic dry well and 60' from the well. The proposed location is currently part of the driveway and only 12' from the house. So I cannot see this area being used for any future well or septic needs.

We have run into a number of setbacks trying to get the permit that has set us back months, including the cost of \$2000 to move the power to the house and \$800 to have a engineer stamp the plans for the building department.

Thank you for taking the time to read this e-mail if you need to contact me my home number is 410-266-1509 and my cell phone number is 443-618-7297

Thank You
Chris Hayden
2906 Ordway Dr.
Ellicott City, MD 21042

5/6/14
M. Davis
Approved



2906 Ordway Drive
 Ellicott City, MD 21042

Site Plan

1" = 40'

Section 3 Green Henge, Lot 18,
 Tax Map 16, Grid 19, Parcel 242

Setbacks Zoned RR-DEO

Front = 50'
 Sides = 10'
 Rear = 10'
 Height = 25'

Owner Christian Hayden
 443-618-7297
 clmrhayden@netzero.com



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

May 6, 2014

Chris Hayden
2906 Ordway Drive
Ellicott City, MD 21042

RE: Variance Approval
2906 Ordway Drive
Ellicott City, MD 21042

Mr. Ramsay:

The Health Department received your waiver request dated April 17, 2014 for the above referenced property. 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 proposed detached garage without plumbing a minimal, if any, impact on-site sewage disposal system repair area because the majority of the improvements are within the one hundred (100) foot setback to the existing well and the detach garage will not have any plumbing or conditioned space.

Be advised that any future addition may require percolation testing and a Percolation Certification Plan will be required. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

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
Assistant Director
Bureau of Environmental Health