



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3130 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 3/20/13

Permit No.: B13001014

Building Address: 13738 BARBERRY way
 City: Sykesville State: MD Zip Code: 21784
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: lastdiffe manor
 Section: _____ Area: _____ Lot: 13
 Tax Map: 9 Parcel: 304 Grid: 7
 Zoning: RC-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ _____
 Description of Work: Add 856 SF. second story
Addition, interior ALTERATION TO EX GARAGE,
Add 42 SF TO 1st Floor Family room - 60 SF FRONT
porch
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: SAME AS owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: David Beares
 Address: 13738 Barberry way
 City: Sykesville State: MD Zip Code: 21784
 Phone: 413-851-6881 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Sykesville State: MD Zip Code: 21784
 Phone: 413-340-1009 Fax: _____
 Email: _____

Contractor Company: Joseph Gregory Home
 Contact Person: Joe Gregory
 Address: 642 Tanglemood Dr
 City: Sykesville State: MD Zip Code: 21784
 License No.: MHC 85779
 Phone: 413-831-7563 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 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:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor:	
	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	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<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	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input 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: [Signature]
 Print Name: Jeremy Clancy
 Email Address: jeremy@AppliedAndApproved.com
 Title/Company: permits

Print Name: Jeremy Clancy
 Date: 3/19/2013
RECEIVED
 MAR 20 2013

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

LICENSES & PERMITS DIVISION

PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

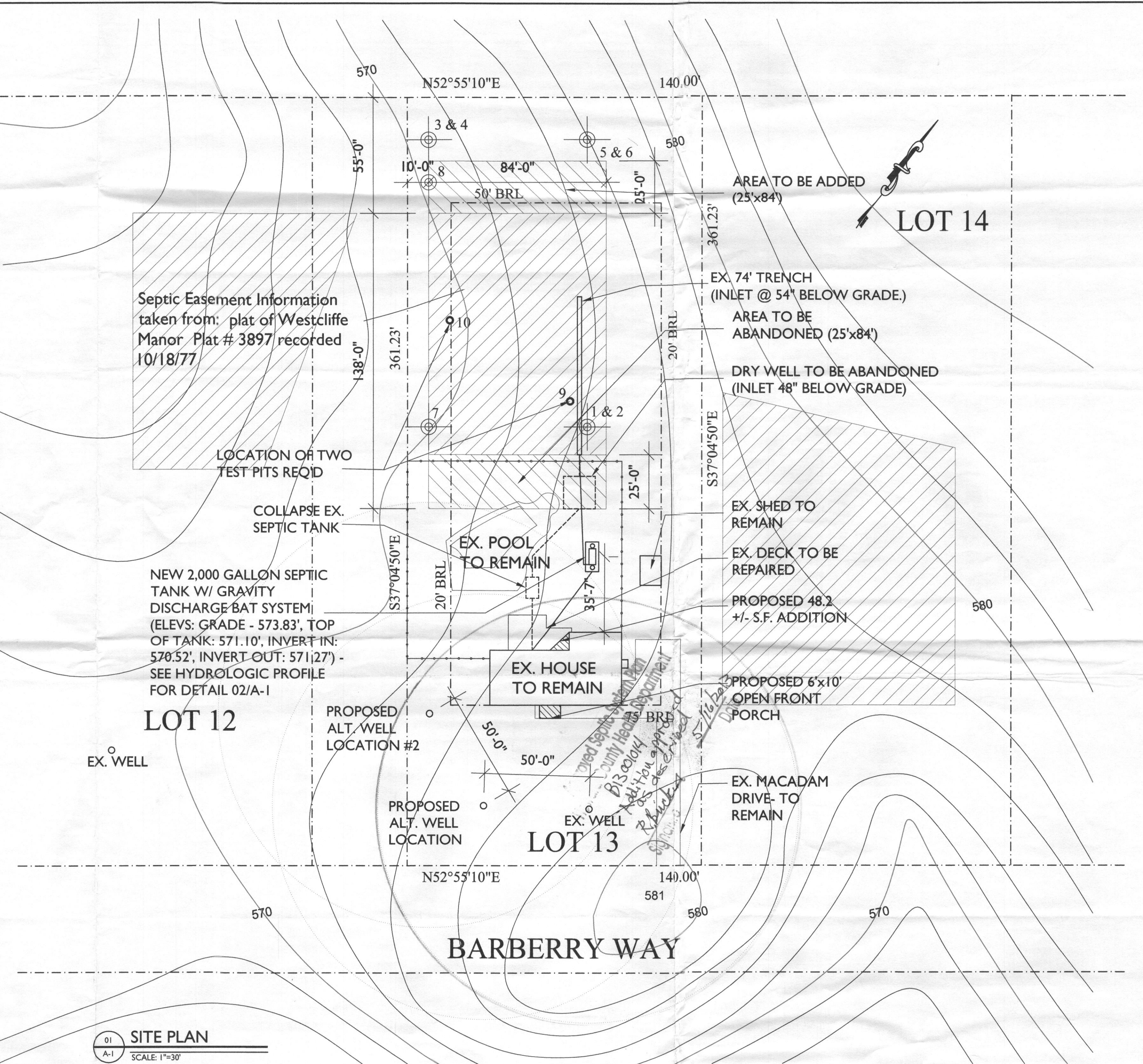
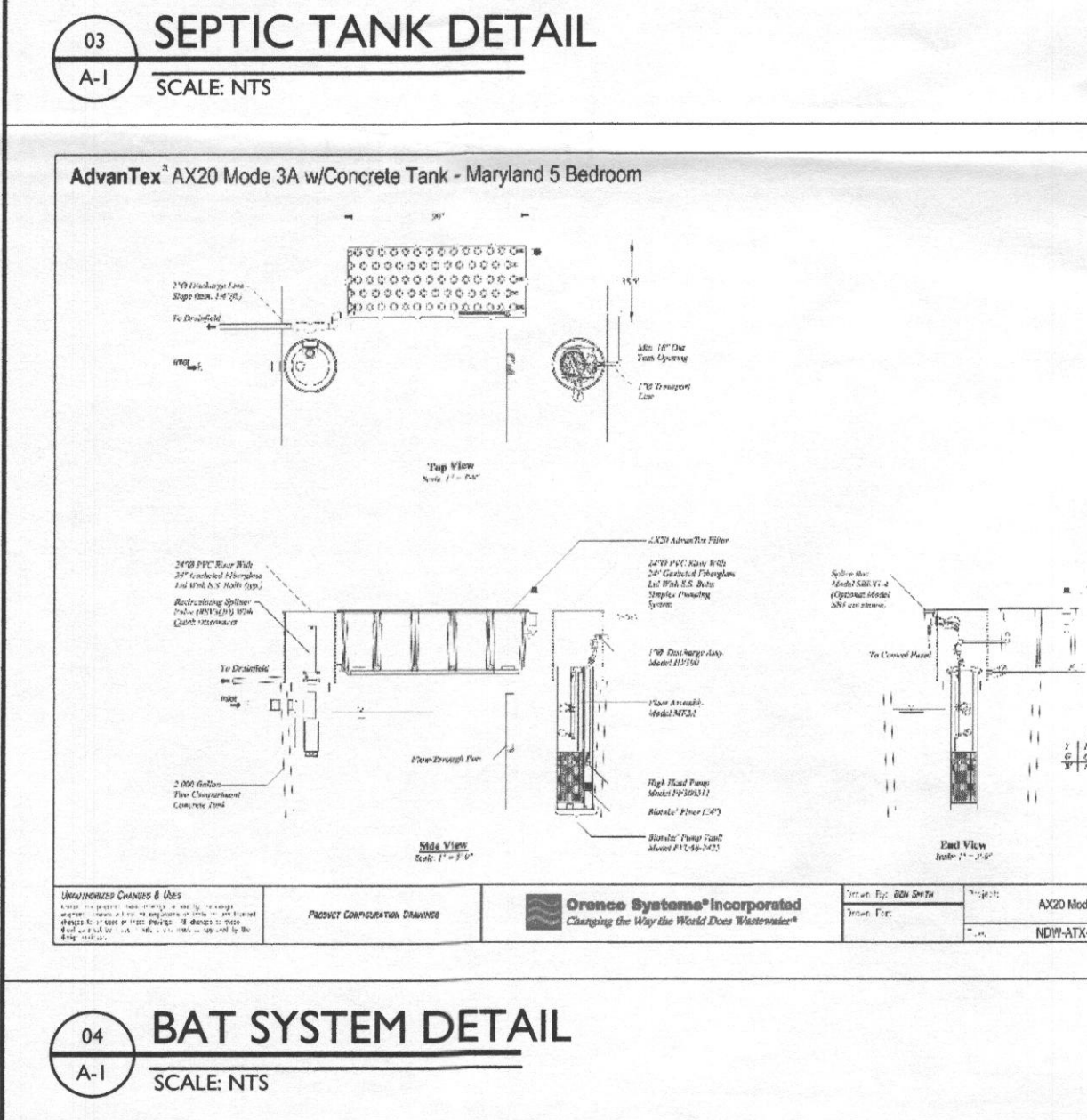
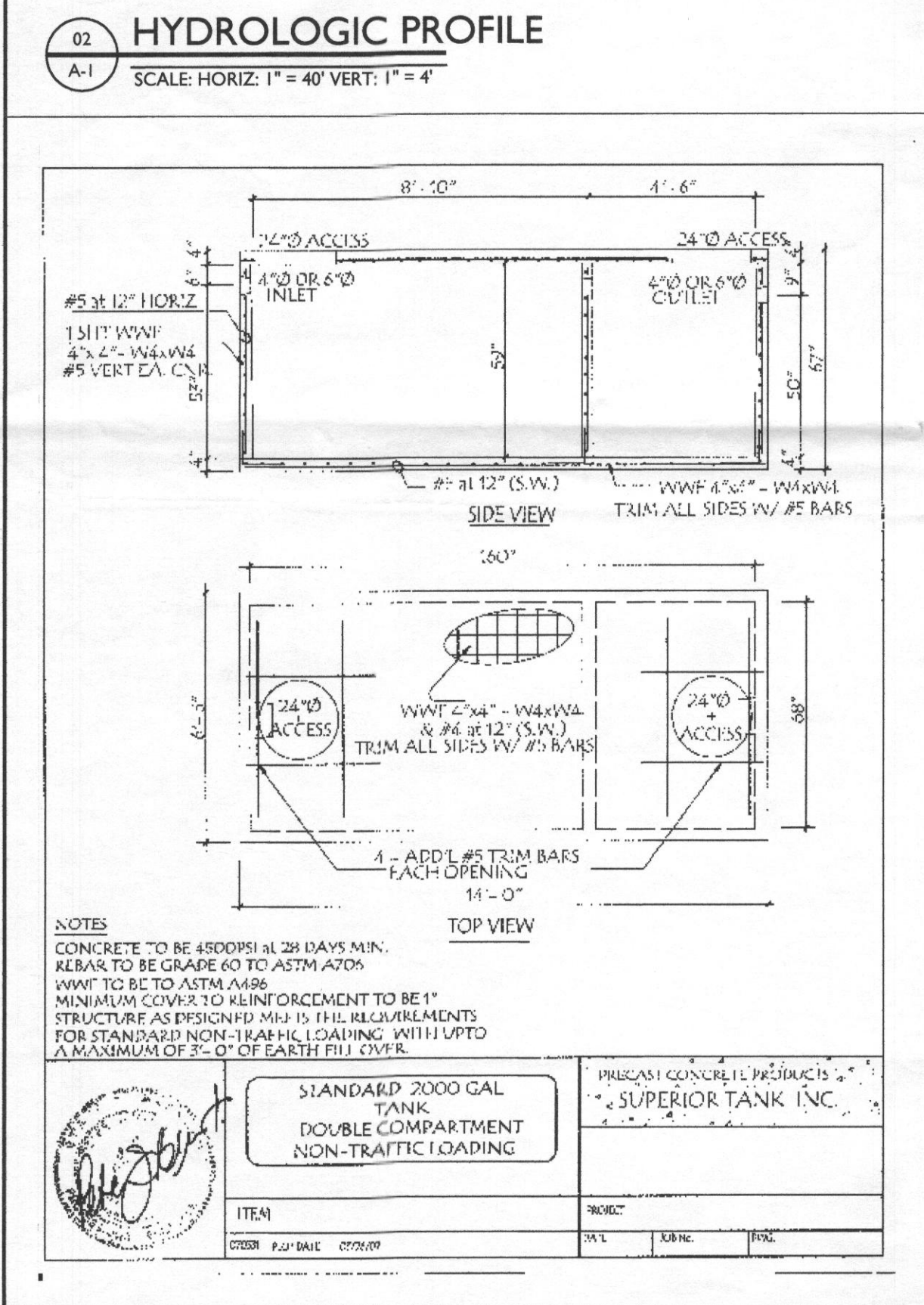
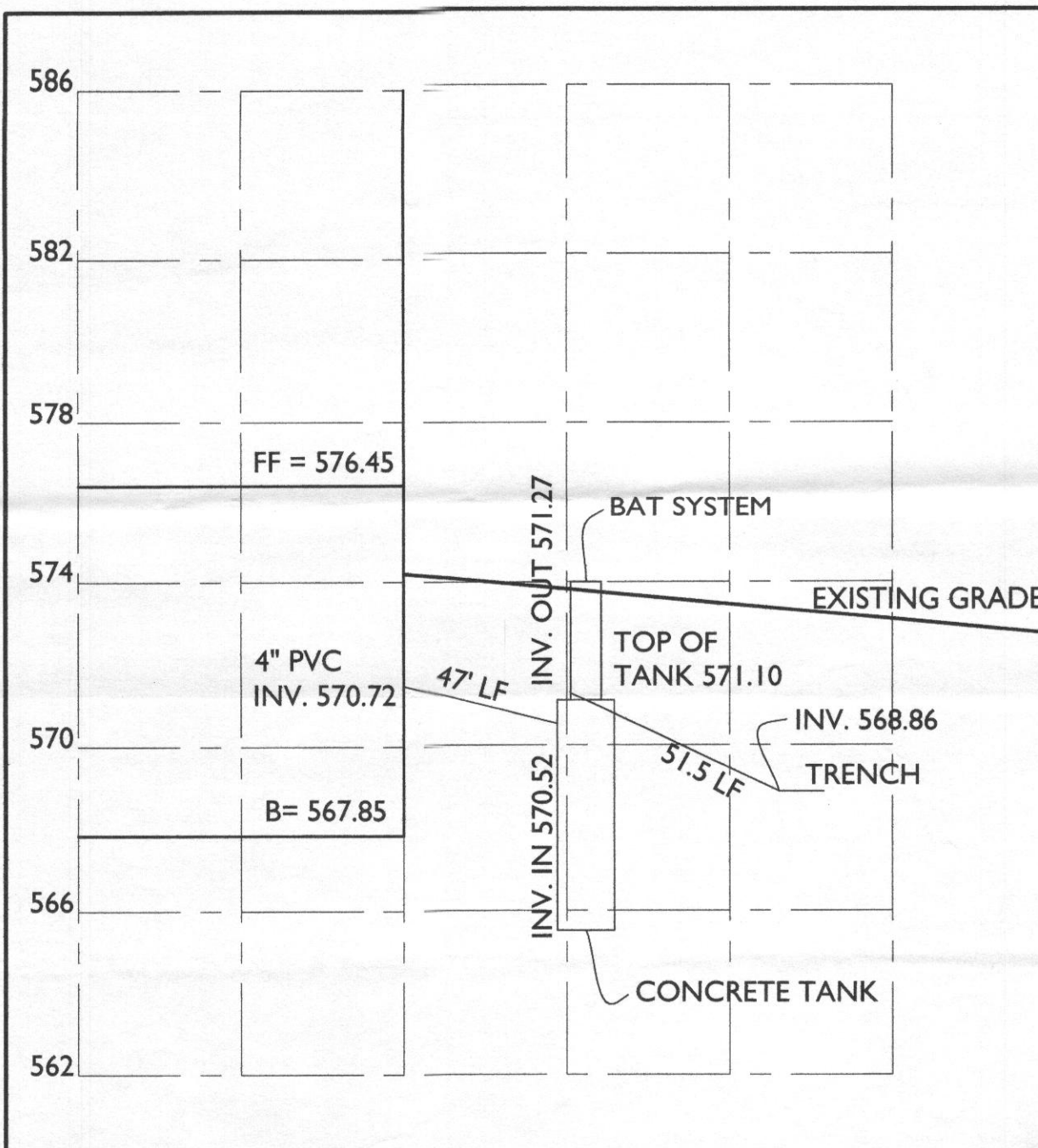
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
Health	<u>5/16/13</u>	<u>[Signature]</u>

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

DP2 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	\$ 25.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 3347

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



This area designates a private sewage disposal area of at least 10,000 sq. ft. as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This sewage disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement Recordation of a revised sewage easement shall not be necessary.

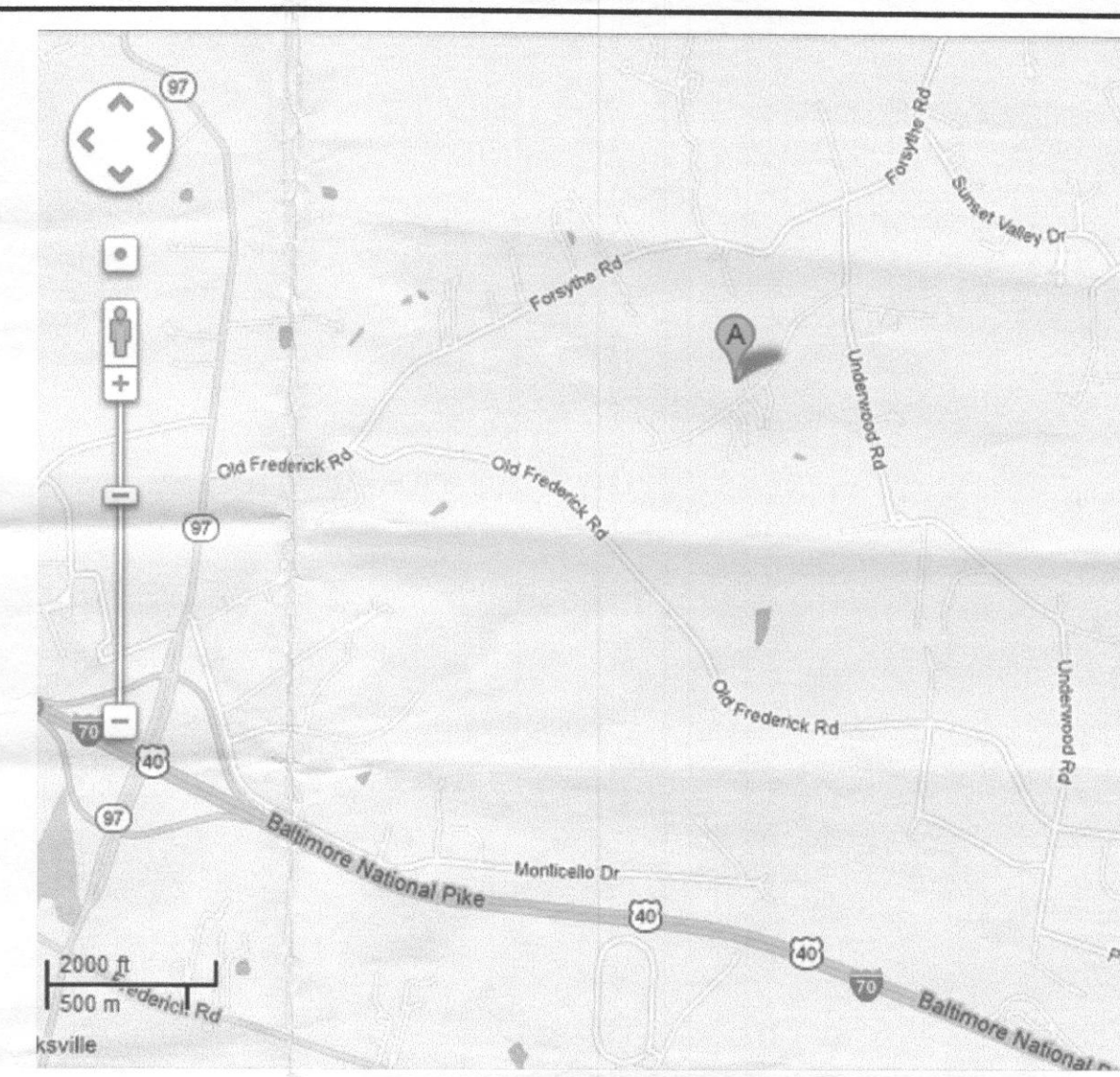
Any changes to a private sewage easement shall require a revised percolation certification plan.

The topography of this plat is taken from Howard County GIS and is verified accurately represent the relative changes on the subject property.

All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems and wells have been shown.

Required BAT Site Plan Notes

1. Any change to the locations or depths to any components must be approved by the engineer and the Howard County Health Department prior to installation. A revised site plan may be required.
2. The maximum depth of the BAT per the manufacturer's specification is 4 feet.
3. The blower may not be located more than _____ feet from the tank based on the manufacturer's specifications: **NO BLOWER.**
4. The BAT system shall be maintained and operated for the life of the system.
5. The BAT shall be operated by and maintained by a certified service provider.
6. Within one month of installation, a person installing the BAT system shall report to the Maryland Department of the Environment (MDE) in a manner acceptable to MDE, the address and date of completion of the BAT installation and the type of BAT installed.
7. Electrical work for the BAT installation must be performed by a licensed electrician.
8. An Agreement and Easement must be completed and signed by all applicable parties, and recorded in Land Records of Howard County.
9. The Health Department requires documentation for the start-up certification from the manufacturer prior to final approval of the installation.



OWNER: MR. & MRS. DAVID BEARES
13738 BARBERRY WAY
SYKESVILLE, MD 21784

PROPERTY KNOWN AS LOT 13
SUBDIVISION WESTCLIFFE MANOR
LIBER: 04739 FOLIO: 0633 PARCEL: 304
TAX Account ID: 1404338898
TAX MAP: 9 TAX MAP GRID: 7
ZONED: RC-DEO
ELECTION DISTRICT 04-04
HOWARD COUNTY, MD

PERC TEST PIT LOCATION - 8/30/77
PERC TEST PIT LOCATION - 02/14/13

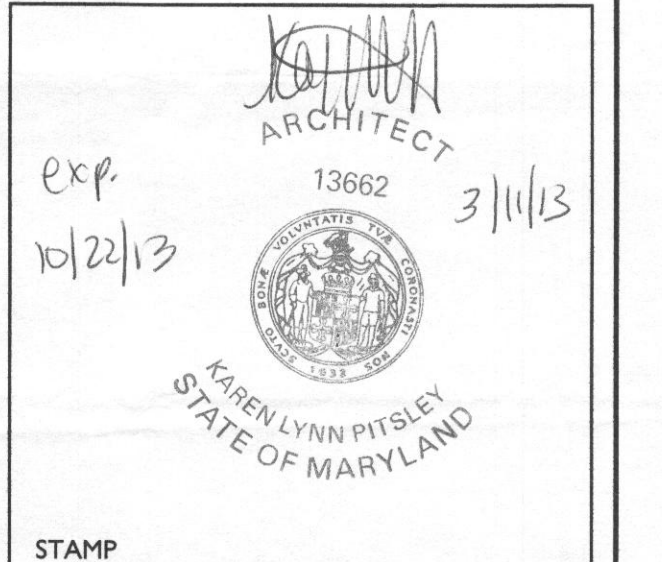
I certify that the information shown hereon is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief.

Approved for private water and private sewer systems.
Health Officer's Signature _____ Date _____
Paul Beares 3/11/13

Plan approved for installation of Advantex AX20 Mode 3A
P. Bickler 4/2/2013



7612 Browns Bridge Road
Highland, MD 20777
301-776-2666
301-776-2886 fax
1-877-828-7267
info@TransformingArchitecture.com
www.TransformingArchitecture.com



I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NUMBER 13662, EXPIRATION 10-22-2011.

NOTE: THESE DRAWINGS ARE THE PROPERTY OF TRANSFORMING ARCHITECTURE AND, AS SUCH, MAY NOT BE RE-USED OR REPRODUCED, EITHER WHOLLY OR IN PART, WITHOUT PRIOR WRITTEN CONSENT OF TRANSFORMING ARCHITECTURE.

PROJECT PHASE
PERMIT

PROJECT TITLE
THE BEARES RESIDENCE
13738 BARBERRY WAY
SYKESVILLE, MD 21784

REVISIONS

SYMBOL	DATE	ISSUED FOR

PROJECT NUMBER 12-088
DATE 1/16/2013
SCALE AS NOTED

DRAWING TITLE
SITE PLAN FOR BAT INSTALLATION

SHEET NUMBER
A-1