



# 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: 10-29-13

Permit No.: B13004038

Building Address: 11337 OLD HOPKINS RD  
 City: CHALKSVILLE State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: FLAMWOOD  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 8  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: MIKE & CINDY BARR  
 Address: 11337 OLD HOPKINS  
 City: CHALKSVILLE State: \_\_\_\_\_ Zip Code: 21029  
 Phone: 301-725-9052  
 Email: \_\_\_\_\_

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

Existing Use: SINGLE FAMILY  
 Proposed Use: SAME  
 Estimated Construction Cost: \$ 31600  
 Description of Work: ADD BEDROOM SUITE TO EXISTING HOME  
940 sq ft 1 STORY  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: LAFLEUR ASSOC.  
 Contact Person: LAURENT LAFLEUR  
 Address: 7386 HOPKINS WAY  
 City: CHALKSVILLE State: MD Zip Code: 21029  
 License No.: 99355  
 Phone: 240-548-0888 Fax: \_\_\_\_\_  
 Email: lflaur@associates@verizon.net

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>26</u>	<u>34</u>
	2 <sup>nd</sup> floor: <u>28</u>	<u>34</u>
Area of construction (sq. ft.):	Basement:	
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input checked="" type="checkbox"/> Other: <u>HEAT PUMP</u>	
<b>Sprinkler System:</b>	
<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: Laurent Lafleur  
 Email Address: lflaur@associates@verizon.net  
 Title/Company: OWNER LAFLEUR ASSOCIATES

Print Name: LAURENT LAFLEUR  
 Date: 10-28-13

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>11/7/13</u>	<u>R. Bialer</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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

**MICHAEL V. BORK**  
11337 Old Hopkins Road  
Clarksville, MD 21029  
301-725-9057  
[mcbork91@verizon.net](mailto:mcbork91@verizon.net)

(w) 202-502-2013

November 29, 2012

Mr. Mike Davis  
Assistant Director  
Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046

12/19/12  
M. Davis  
Approved

Dear Mr. Davis:

Recently, my wife and I began contemplating putting an addition onto our residence at 11337 Old Hopkins Road Clarksville, MD 21029. This property sits in the Flamewood subdivision, Section 1, Lot #8. On November 26, 2012, I visited the Department of Environmental Health Services (DEH) to learn where on the property the septic trench and septic reserve fields are located. At this visit, I met with Robert Bricker and he shared with me maps that detailed the well, septic fields, and other specifics about our property. He also advised that a waiver from the DEH would need to be requested if the addition would infringe on the septic easement to the house.

The addition we are considering is an L-shaped in-law suite seen in Figure 1. The suite would contain one bedroom, one full bath, a small kitchenette, dining area, and storage and utility closets. The total square footage of the new space would be approximately 620 square feet. The existing square footage of our home is 3,350 square feet. After the proposed addition is completed, the square footage of our home would be approximately 3,970 feet.

As seen on Figure 2, the shell of this proposed addition may enter slightly into the septic easement to the house. I respectfully request a waiver to allow the footprint of the addition to come within no more than 10 feet of the septic reserve field.

I understand that prior to building the proposed addition it will be necessary to relocate and increase the size the property's septic tank to a 2,000 gallon tank. The proposed relocation spot for the septic tank is shown on Figure 2 and adheres to the regulation that it be a minimum of 20 feet from the house. If the waiver is approved, I will proceed with obtaining the appropriate building permit necessary to relocate and increase the size of the septic tank.

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I appreciate your prompt consideration of my request. If further information or details are required, please contact me at either the email address or phone number listed in the header of this letter.

Sincerely,

A handwritten signature in black ink that reads "Michael V. Bork". The signature is written in a cursive style with a large, stylized "B" and "k".

Michael V. Bork

Enclosures

... CERTIFICATION I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED IN MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR OF MARYLAND, LICENSE NO. 339, EXPIRATION DATE 10/04/2014.

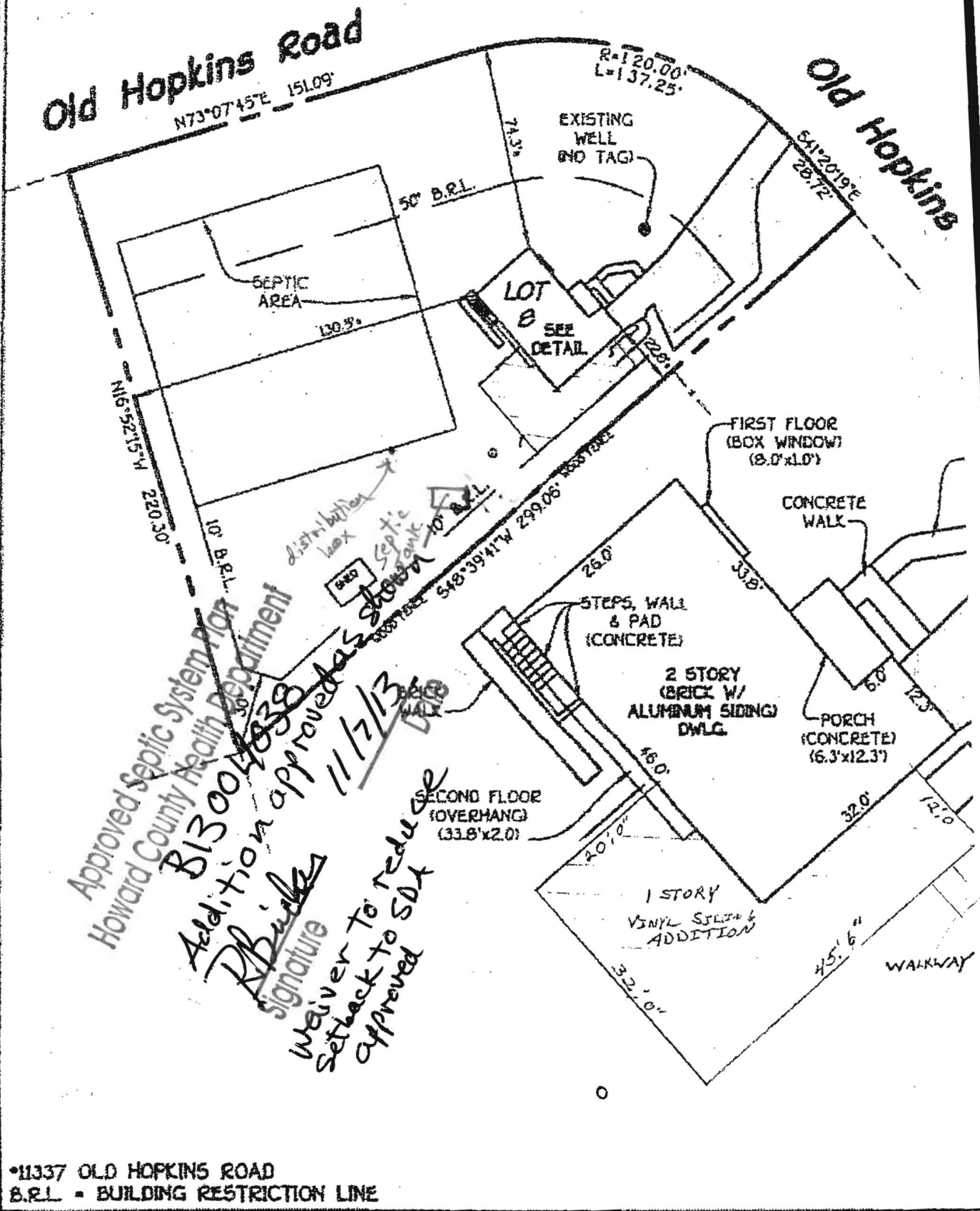
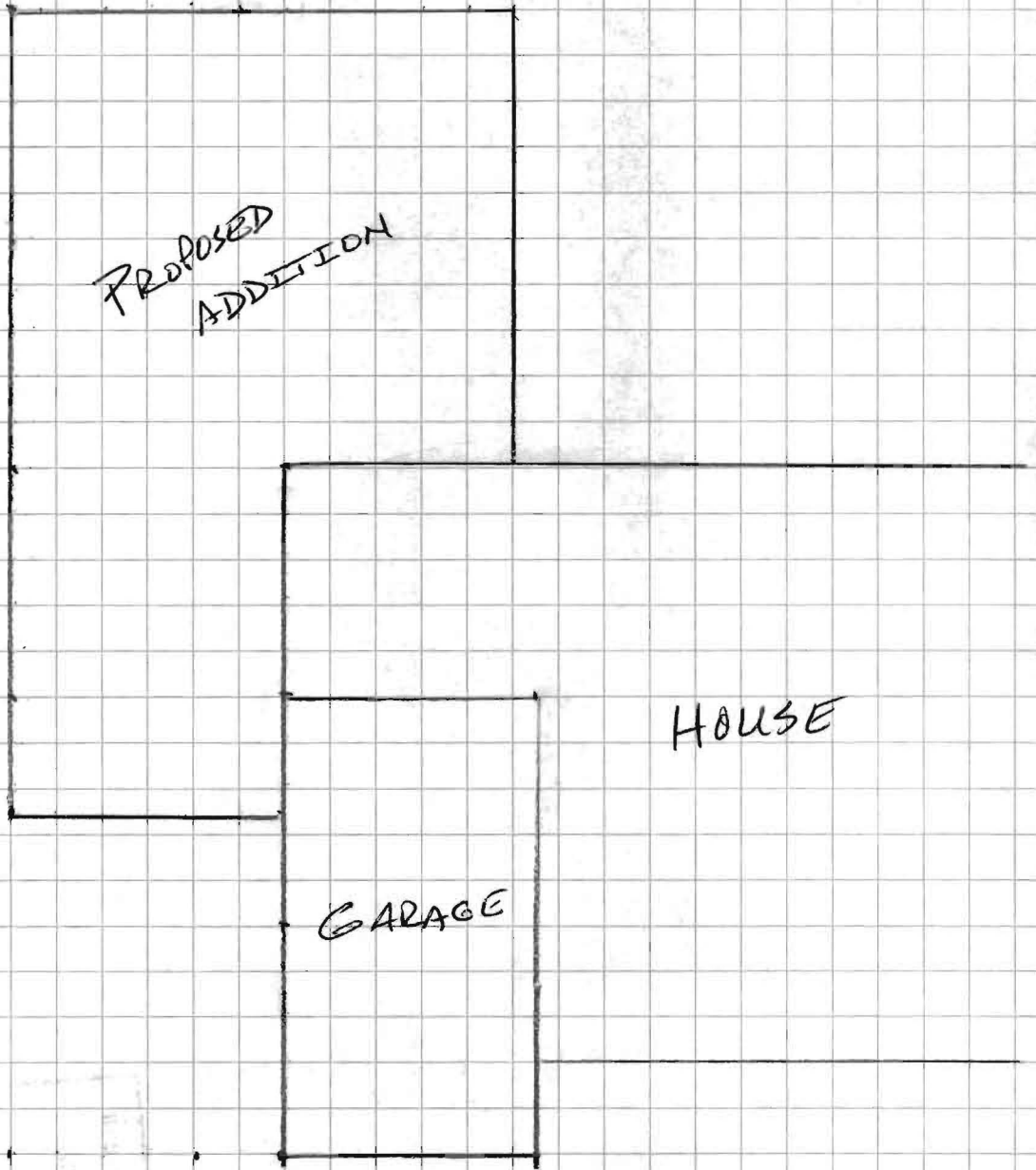


FIGURE 1



HOUSE

GARAGE

FRONT OF  
HOUSE