

Building Address 3120 ARGENT PATH
ELLICOTT CITY, MD 21042

Suite/Apt. #: N/A SDP/WP/Petition #: SP01-06

Census Tract 6030 Subdivision PLANTWOOD

Section 2 Area 2 Lot 13

Tax Map 23 Parcel 118 Grid 4

Zoning SEO Map Coordinates 11A7 Lot size 40,411

Property Owner's Name WILLIAMS BK GROUP
 Address P.O. Box 1012
5475 HAWKERS FAC RD, # 500
 City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410-777-8600 EXT. 13

Applicant's Name & Mailing Address, (if other than stated hereon): 13

Phone _____ Fax _____

MAY
 Birch
 Buyer
 410-480
 2408

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 100,000

Description of Work MODEL: CUSTOM PLAN
2 SETS SUBMITTED
W/30' X 60' SPORTS COURT-SEE SITE PLAN

Contractor Company SAME AS OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 155 Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company PLYMOUTH ROAD ARCHITECTS
 Contact Person LISA SUNDELL WIRTH
 Address 1410 PLYMOUTH RD.
 City STANVILLE State MD Zip Code 21229
 Phone 410-1711-0221 Fax 210-1711-0221

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ Depth _____ Width _____	Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Sewage Disposal: _____ Public _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Private <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Suzanne P. Davis
 Applicant's Signature
 Title/Company AGENT/10/11/07

SUZANNE P. DAVIS
 Print Name
 Date 5/10/07

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>5/31/07</u>	<u>Mark R. [Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>2739</u>
SDP/Red-line approval date _____	Validation # <u>35495</u>
Accepted by <u>[Signature]</u>	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



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: 9/24/13

Permit No.: _____

Building Address: 3120 Argent Path
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. # N/A SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Brantwood
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Robert & Kristen Birch
Address: 3120 Argent Path
City: Ellicott City State: MD Zip Code: 21042
Phone: 410-631-7434 Fax: _____
Email: KNEBIRCH@AOL.COM

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Bob & Kristi Birch
Address: 3120 Argent Path
City: E.C. State: MD Zip Code: 21042
Phone: 206-7295 Fax: _____
Email: KNEBIRCH@AOL.COM

Existing Use: grass area
Proposed Use: pergola
Estimated Construction Cost: \$ 6,000
Description of Work: 14x18 wood pergola with pillars

Contractor Company: Gardenspot Structures
Contact Person: Markon Stoltzfus
Address: 599 Lyons Road
City: Millerstown State: PA Zip Code: 17062
License No.: _____
Phone: 717-490-4588 Fax: _____
Email: gardenspotstructures.com

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

Engineer/Architect Company: Annapolis Landscaping
Responsible Design Prof.: Kurt Mueller
Address: _____
City: Annapolis State: MD Zip Code: _____
Phone: 410-268-2988 Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	Depth	Width
Gross area, sq. ft./floor: <u>14x18</u>	1 st floor:	
Area of construction (sq. ft.): <u>14x18</u>	2 nd floor:	
Use group: _____	Basement:	
	<input type="checkbox"/> Finished Basement	
	<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:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" 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:	
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	

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 type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input 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: [Signature]
Print Name: KRISTEN BIRCH
Email Address: KNEBIRCH@AOL.COM
Title/Company: HOME-OWNER

Print Name: KRISTEN BIRCH
Date: 9/24/13

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>9/25/13</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

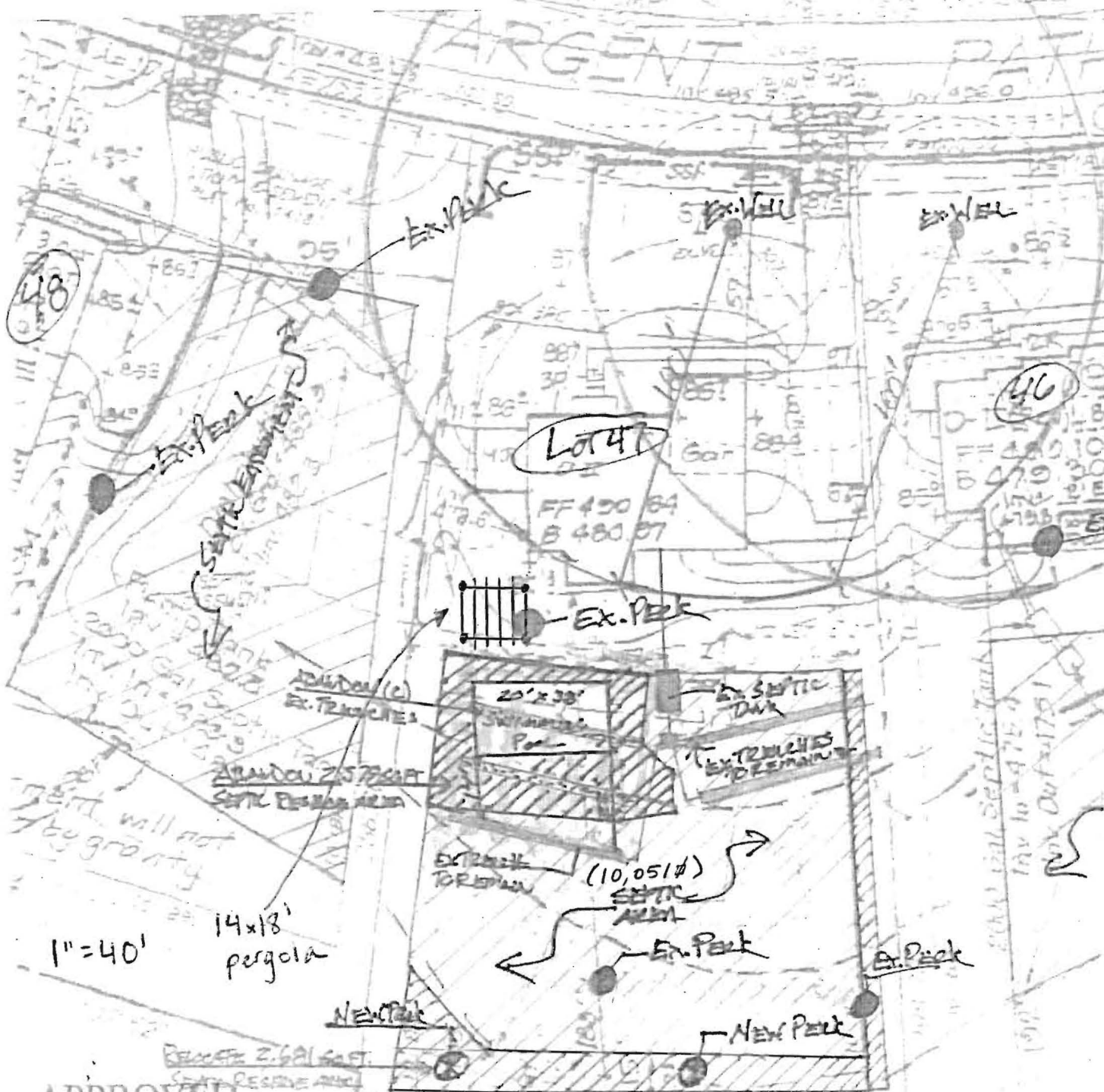
Johnson Pools

Zachary S. Casto

P.O. Box 667 • Columbia, MD 21045
 Office (410) 956-3630 • Cell (443) 813-1288
 www.JPools.com • Zach@JPools.com

3120 ARGE
 ELLICOTT CITY

Johnson Pool Copy



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# N/A
 APP. SAN HB DATE: 9/25/13
 DESC. OF WORK: 14x18' pergola

EXISTING SPOTS
 COURT

Johnson Pools

August 21, 2013

Bureau of Environmental Health
Attn: Michael Davis
7178 Columbia Gateway Drive
Columbia, MD 21046

Robert and Kristen Birch
3120 Argent Path
Ellicott City, MD 21042

Dear Mr. Davis,

We are in the process of obtaining a building permit for a swimming pool at our property located above. Based on our current septic system we have completed a perk certification and gained approval to abandon a portion of our existing septic field and add that same square footage to rear of our property. Within the area we are installing the pool there are two septic trenches that will be abandoned as well. It was determined on our perk certification test that we would not need to replace these lines because of the three existing trenches meeting current codes.

As you will see on the attached percolation certification plans, the majority of the existing septic trench on the pool side of the system meets the 20 foot setback requirement from our new swimming pool location. Roughly 21 linear feet of this trench is angling toward our pool with the closest portion of the coming within 14' of the water's edge. Our entire back yard slopes away from the house and new pool location and we were able to meet the criteria with the setbacks from our existing septic tank.

Based on our current conditions and successful perk certification test, we would like to request a 10 foot setback variance for this trench. Also, we would like to request a 5' variance extension for the septic reserve area on the Southwest side of the property (driveway side) to allow enough space for the septic reserve area allotment. This would save us the expense of moving this line and give us the ability to start our swimming pool and landscape project this fall. We appreciate your consideration on this variance request.

Sincerely,



Robert and Kristin Birch



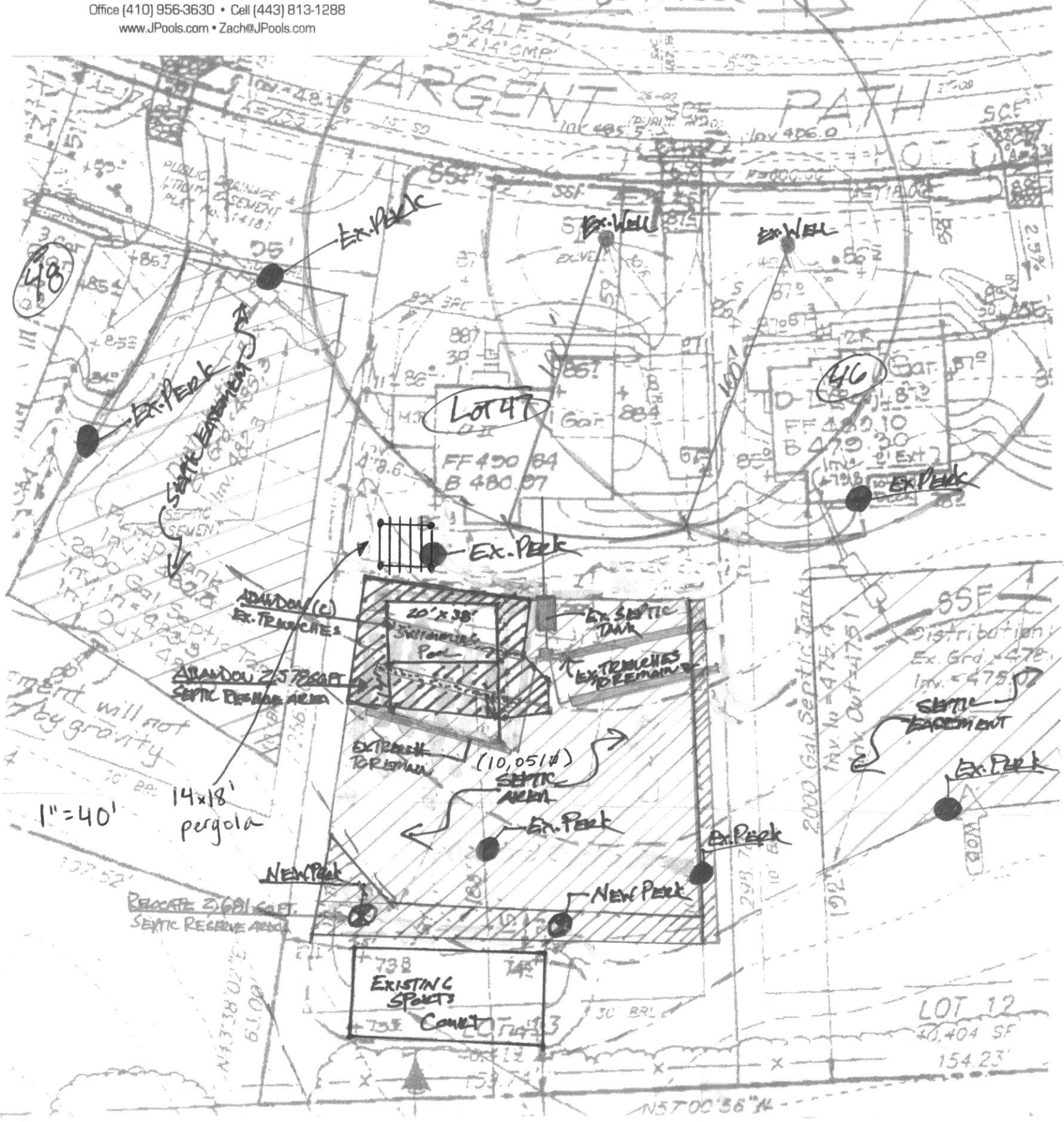
Date

Zachary S. Casto

P.O. Box 667 • Columbia, MD 21045
 Office (410) 956-3630 • Cell (443) 813-1288
 www.JPools.com • Zach@JPools.com

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 ELLICOTT CITY, MD 21042

Johnson Pool Copy



"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."

Zachary S. Casto 8/21/13
 Zachary S. Casto, MHIC Sales #106007 Date:

"Approved for Private Water and Private Sewerage Systems"
Debra Maura Roseman 8/22/13
 Health Officer, Howard County Health Dept. Date:

LEGEND:

- ABANDONED SPA
- ABANDONED TRENCHES
- NEW SPA
- EXISTING PECK TEST FROM 11/13/97
- NEW PECK TEST FROM AUGUST 2013

Notes:

- *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 to accurately represent the relative changes on the subjective property
- *All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown.
- *Purpose: Revise the ex. S.D.A. to accommodate a pool. Certification of compliance with MDE ownership width and lot area requirements for lots created after 1985:
- *The lot(s) shown hereon complies/comply with the minimum ownership width and lot area as required by the Maryland Department of Environment

"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 or a revised sewage easement shall not be necessary."

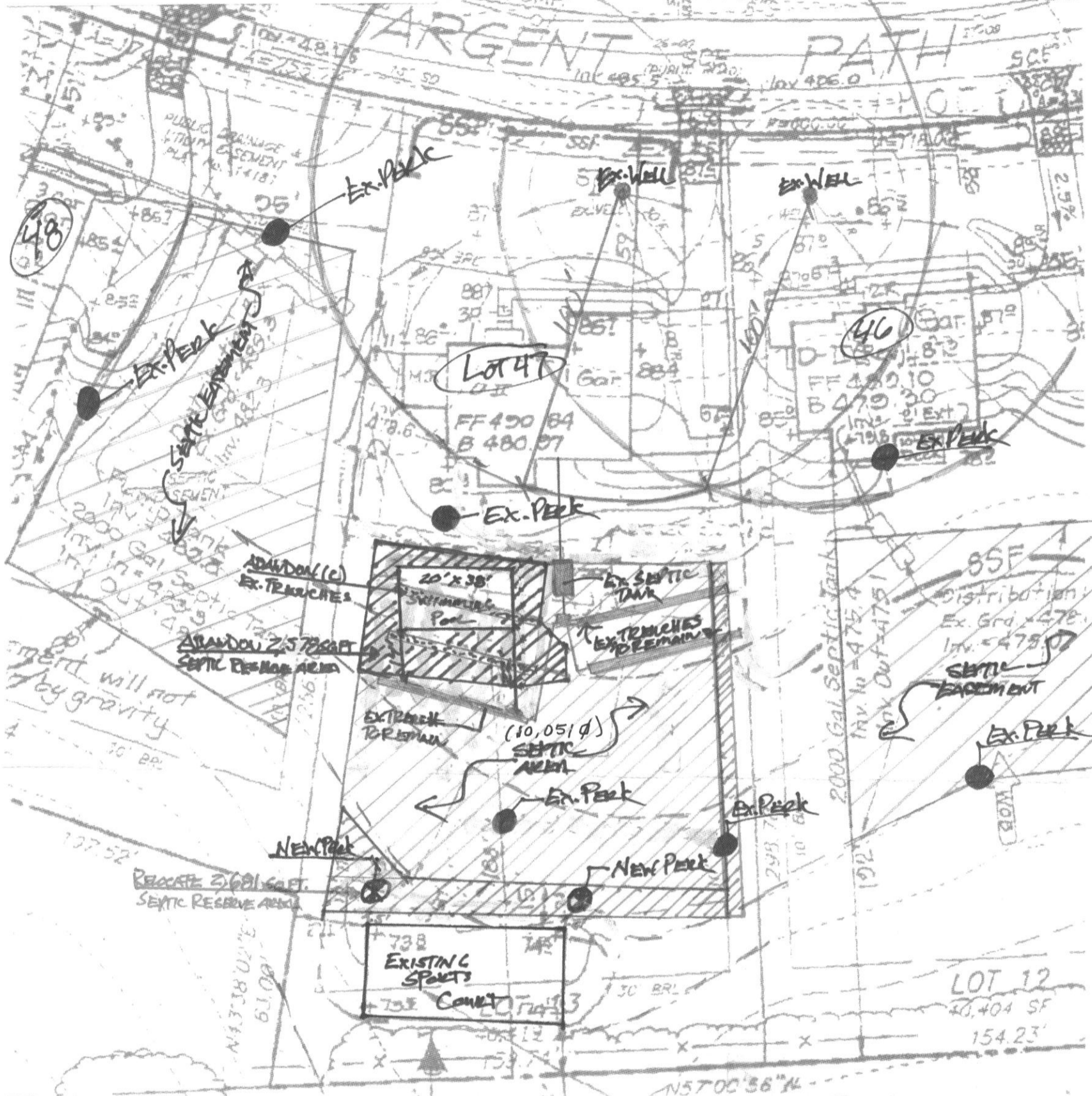
SCALE: 1" = 40'-0"

Zachary S. Casto

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Johnson Pool Copy



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Zachary S. Casto 8/21/13
Zachary S. Casto, MHIC Sales #106007 Date:

"Approved for Private Water and Private Sewerage Systems"
B. Wilson for Maria Rossman 8/22/13
Health Officer, Howard County Health Dept. Date:

- LEGEND:**
- ABANDONED SPA
 - ABANDONED TRENCHES
 - NEW SPA
 - EXISTING PERK TEST FROM 11/13/97
 - NEW PERK TEST FROM AUGUST 2013

"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 or a revised sewage easement shall not be necessary."

SCALE: 1" = 40'-0"

- Notes:**
- *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 to accurately represent the relative changes on the subjective property
 - *All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown.
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