

ACARR 11/13/10 9A

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B10025017

Building Address 10308 CASTLEFIELD ST  
ELICOTT CITY, MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 711  
Tax Map 24 Parcel 766 Grid 13  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name BARESH CUPEA  
Address 10308 CASTLEFIELD ST  
City ELICOTT CITY State MD Zip Code 21042  
Home Phone 443 794 1750 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SPD  
Proposed Use CONSTRUCT 2 STORY ADDITION  
Estimated Construction Cost \$ 50,000  
Description of Work CONSTRUCT 2 - FINISHED  
ROOMS

Contractor Company GREGORY HOME & GARDEN  
Contact Person JOSEPH GREGORY  
Address 576 WHISTLING WINDS WALK  
City CLARKSVILLE State MD Zip Code 21029  
License No. 85779  
Phone 443 831 7563 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics  | Utilities   |
|---|---|
| Height: _____   | Water Supply: _____<br>Public _____ Private _____   |
| No. of stories: _____   | Sewage Disposal: _____<br>Public _____ Private _____  |
| Gross area, sq. ft. per floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Use group: _____  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____<br>State Certified Modular _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
|   | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____  |

| Building Characteristics  | Utilities  |
|---|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____ | Water Supply: _____<br>Public _____ Private <input checked="" type="checkbox"/>                      |
| 1st floor: _____  | Sewage Disposal: _____<br>Public _____ Private <input checked="" type="checkbox"/>                   |
| 2nd floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |
| Basement: _____   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>               | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/>              |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                           | Natural Gas <input type="checkbox"/>   |
| No. of Bedrooms _____   | Propane Gas <input type="checkbox"/>   |
| Height: _____   | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____ |
| Multi-family dwellings: _____   |  |
| No. of efficiency units: _____  |  |
| No. of 1 BR units: _____  |  |
| No. of 2 BR units: _____  |  |
| No. of 3 BR units: _____  |  |
| Other Structure: _____  |  |
| Dimensions: _____   |  |
| Footings: _____   |  |
| Roof Height: _____  |  |
| 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

| AGENCY                | DATE | SIGNATURE APPROVAL |
|-----------------------|------|--------------------|
| Land Development, DPZ |      |                    |
| State Highways        |      |                    |
| Building Official     |      |                    |
| Dev. Engineering, DPZ |      |                    |
| Health                |      |                    |
| Fire Protection       |      |                    |

| DPZ SETBACK INFORMATION   | PROPERTY ID#            |
|---|-------------------------|
| Front: _____  | Filing fee \$ _____     |
| Rear: _____   | Permit fee \$ _____     |
| Side: _____   | Excise tax \$ _____     |
| Side St.: _____   | Add'l per. fee \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES \$ _____     |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____    |
| Lot Coverage for NewTown Zone _____   | Check # <u>10808</u>    |
| SDP/Red-line approval date _____  | Validation # _____      |

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies-  
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by \_\_\_\_\_

215490





Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

**Peter L. Beilenson, M.D., M.P.H., Health Officer**

August 23, 2010

Joseph Gregory  
Gregory Home & Garden  
5716 Whistling Winds Walk  
Clarksville, MD 21029

RE: B10002527  
10308 Castlefield St  
Burleigh Manor, Lot 32  
**448ft<sup>2</sup> addition w/ extended deck and patio**

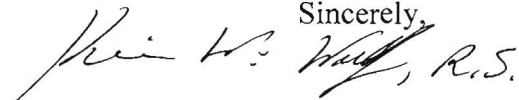
Dear Sir,

Building permit application B10002527 for the above referenced property has been reviewed by our office and has been placed on hold. Our records show an insufficient proposed sewage disposal area for your property and no percolation certification plan. The percolation tests that we have on file for this property, is not enough to determine an accurate sewage disposal area. According to *Howard County Code Subtitle 8, Section 3.805*, requires a Percolation Certification Plan (Perc Cert for short) for an increase in living space over 250ft<sup>2</sup> and the establishment of a sewage disposal area. Please review this for further explanation. Also, refer to our website under Well and Septic [www.hchealth.org](http://www.hchealth.org).

Moreover, the percolation testing that needs to be performed is to demonstrate adequate area available for future on-site sewage disposal. A sewage disposal area is the area set aside on the property for the purpose of on-site sewage disposal systems and repairs. This area must be set 25' from swales (the septic area on this lot is not), 100' from all adjacent wells (including neighboring wells), 20' from foundations (10' if it is a slab foundation), and 10' from property lines. A test application, a plan indicating the septic reserve area and a fee of \$506.00 would need to be submitted to the Health Department prior to testing. This fee covers the perc testing and perc cert plan review. The homeowner/contractor will be responsible for having a backhoe onsite capable of excavating a minimum of 14' deep and an operator on-site at the time of the testing. Tools needed in the testing are a shovel, water, and a perc stick (which Sanitarians do provide perc sticks). Once testing has been completed, a Percolation Certification Plan must be submitted illustrating the sewage disposal area created. You are strongly encouraged to pursue an engineer to help develop this plan and move this process along.

Lastly, at the time of the percolation testing, the existing system will need to be delineated in order to show that it is still able to be used for an initial subsurface disposal system. Observation pipes will be added at the ends of the trenches so the system can be further observed in the future.

If you have any questions regarding this matter, please contact me at the above address or by calling 410-313-2645.

Sincerely,  
  
Kevin M. Wolf, R.S., R.E.H.S.  
Environmental Sanitarian  
Well and Septic Program  
Ground Water Management

Cc: file