

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B10001122

Building Address 6605 PULMIND CT
PULMIND, MD 21057

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision LA 151A

Section _____ Area _____ Lot 3

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 3.15 AC

Property Owner's Name Wayne & Cindy Jackson

Address 6605 PULMIND CT

City PULMINDIA State MD Zip Code 21057

Home Phone 443 621-6198 Work Phone _____

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

Phone _____ Fax _____

Existing Use Small Farming

Proposed Use Small Farming

Estimated Construction Cost \$ 200,000

Description of Work turning out ~~small~~ ~~farm~~ ~~property~~
including space 200 sq. ft. - (overlaid) ~~and~~
work farming within to look like 1130000

Contractor Company A. Williams Construction Co.

Contact Person Andy Williams

Address 124 Pleasant Hill Rd

City Livingston Mills State MD Zip Code 21111

License No. 45964

Phone 410-356-7300 Fax _____

Occupant or Tenant Agent

Contact Name Ben Trone

Address 3030 Linden Bury Rd

City Beltsville State MD Zip Code 21741

Phone 443-343-0485 Fax 410-795-4540

Engineer or Architect Company Thomas H. Scott Inc.

Contact Person _____

Address 6888 Mink Hollow Rd

City Harford State MD Zip Code 21111

Phone 301-354-1119 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ 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: _____ 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"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
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: _____	
Flooring: _____	
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.

Ben Trone
Applicant's Signature
Private Bookkeeping
Title/Company

Ben Trone
Print Name
5-11-10
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>5-24-10</u>		<u>DBernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1459</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____



LEHMAN ASSOCIATES, PC
a r c h i t e c t s

May 20, 2010

Dana Bernard, Environmental Sanitarian
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

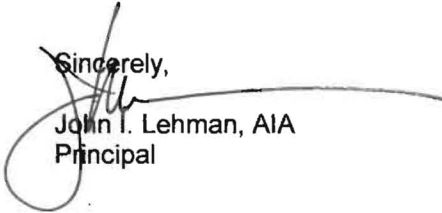
RE: **Building Permit #B0001155**
Renovations to existing residence
Wayne and Cindy Jackson
6608 Corina Court
Columbia, MD 21044

Dear Ms. Bernard;

Attached, you will find (7) copies of our revised site plan. This plan now shows the locations of the existing well and septic drain field as requested by you in your letter dated May 12, 2010. Please note that the additional 260 square feet of enclosed/conditioned space is a second floor which will replace a rooftop patio and does not fall outside of the present building footprint. This new space is to be used as the homeowner's home office and studio which is why it has large sliding pocket doors opening to the central two-story foyer. The current home office is located on the first floor and will be removed to gain family gathering space adjacent to the kitchen.

Please contact me if you have any further questions.

Sincerely,



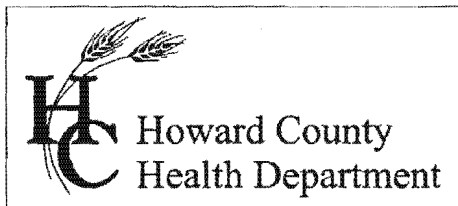
John I. Lehman, AIA
Principal

6888 Mink Hollow Road
Highland, MD 20777-9766

301.854.1109 t

301.854.1072 f

www.lapc.us



7178 Columbia Gateway Drive, Columbia MD 21046
Phone (410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

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

May 12, 2010

RE: **Building Permit # B10001155**
6608 Corina Court, Lot #2
Building Site Plan

Mr. and Mrs. Wayne and Cynthia Jackson:

Prior to building permit approval, an approved Revised Building Plan is required. Further review is contingent upon submission of a Revised Building Plan for Lot #2 showing the following:

- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.

The following notes must be included in the General Notes:

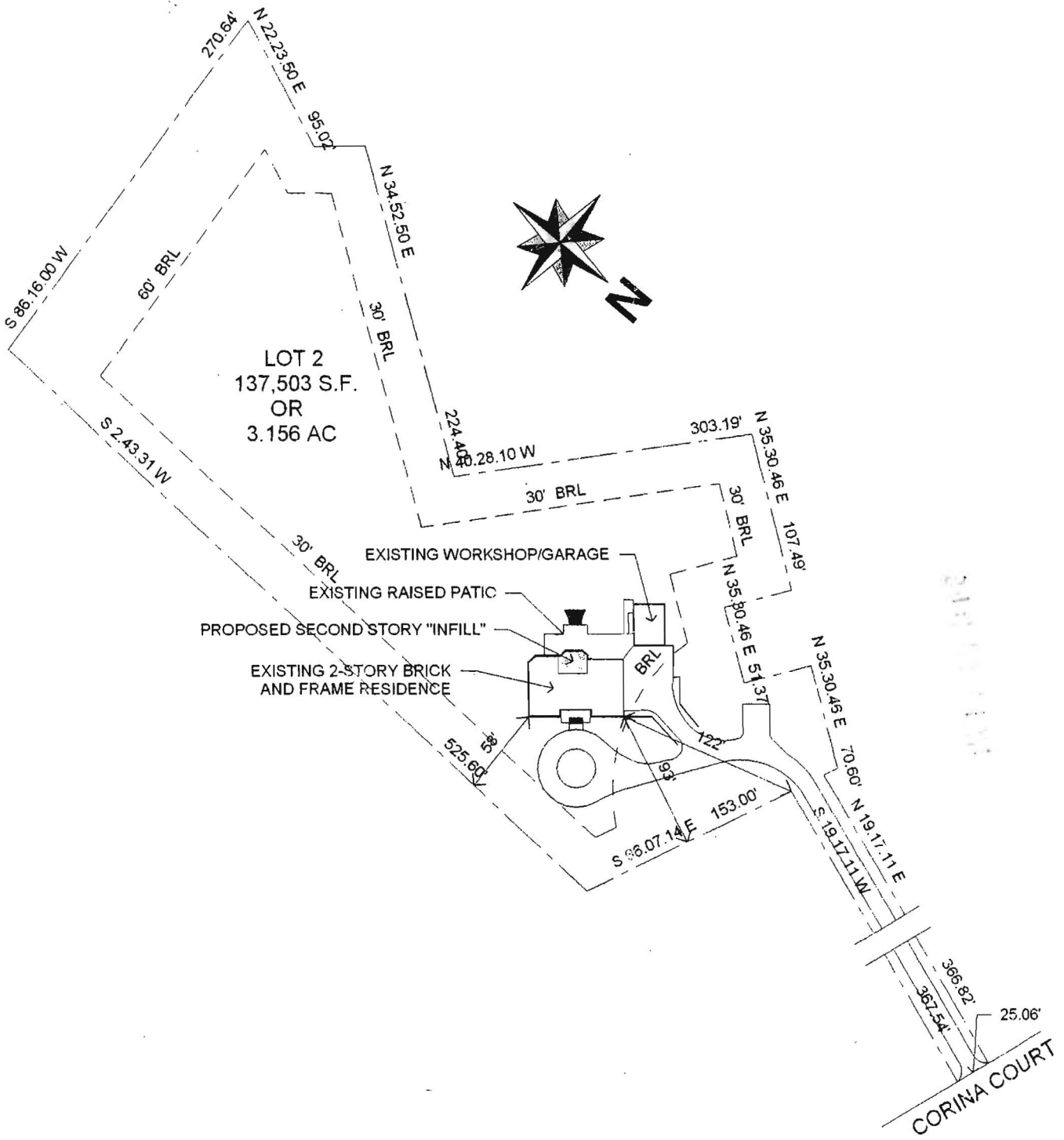
- General notes on Building Site Plan must include the following statement, "**The existing well(s) shown on this plan** (identified with the attached well tag number example: (HO-00-0000) **has been located by** _____ (individual or company name) **professional land surveyor(s) and is accurately shown.**"
- Square footage of house and the number of bedrooms.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,


Dana L. Bernard, Environmental Sanitarian
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775

cc: Well & Septic program file
Lehman Associates, Inc.




SITE PLAN

SCALE 1" = 100'

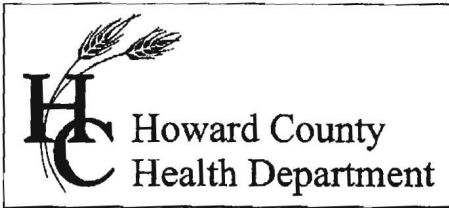
PROJ. NO. 1309-242
 DRAWN BY: JIL
 DATE: 04.12.10

PROPOSED ADDITIONS & RENOVATIONS FOR
WAYNE AND CYNTHIA JACKSON
 6608 CORINA COURT, COLUMBIA, MARYLAND 21044

8


LEHMAN ASSOCIATES, PC
 architects

6888 Milk Hollow Rd.
 Highland, MD 20777
 801.854.300
 301.854.3072
 www.lepac.com



7178 Columbia Gateway Drive, Columbia MD 21046

Phone (410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

Website: www.hchealth.org

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

May 12, 2010

RE: **Building Permit # B10001155**
6608 Corina Court, Lot #2
Building Site Plan

Mr. and Mrs. Wayne and Cynthia Jackson:

Prior to building permit approval, an approved Revised Building Plan is required. Further review is contingent upon submission of a Revised Building Plan for Lot #2 showing the following:

- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.

The following notes must be included in the General Notes:

- General notes on Building Site Plan must include the following statement, "**The existing well(s) shown on this plan** (identified with the attached well tag number example: (HO-00-0000) **has been located by** _____ (individual or company name) **professional land surveyor(s) and is accurately shown.**"
- Square footage of house and the number of bedrooms.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana L. Bernard
Dana L. Bernard, Environmental Sanitarian
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775

cc: Well & Septic program file
Lehman Associates, Inc.