

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

307002903

Building Address 11772 CLARKSVILLE PIKE
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605701 Subdivision _____
 Section _____ Area _____ Lot 2
 Tax Map 29 Parcel 82 Grid 14
 Zoning R2053 Map Coordinates _____ Lot size _____

Property Owner's Name CARROLL J. BAKER
 Address 11772 CYNTHIA GRANT RT. 108
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 410-531-2491 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use _____
 Estimated Construction Cost \$ 30 000
 Description of Work Detached Garage
1200 sq FT 30x40

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> 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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

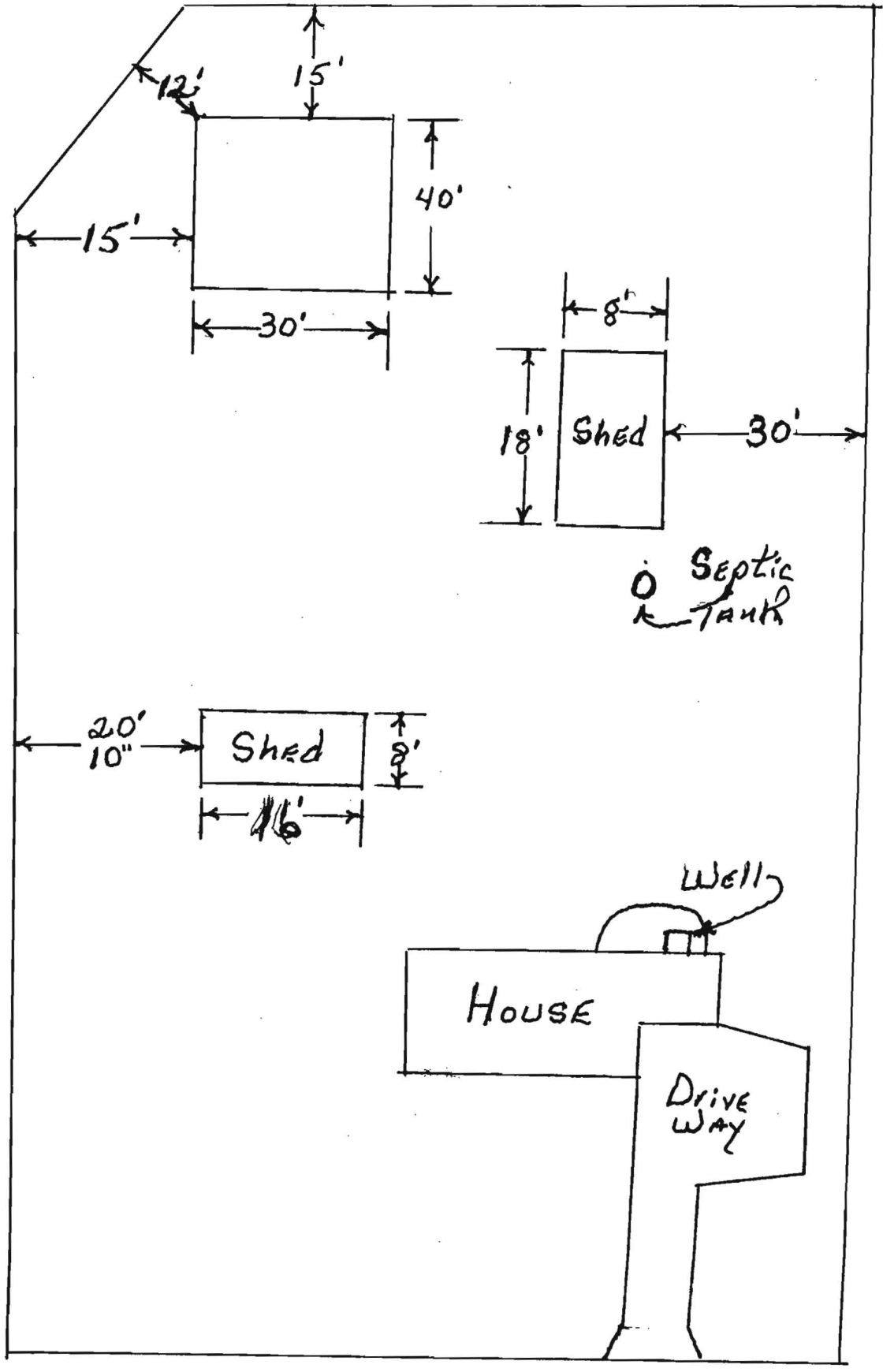
Carroll J. Baker
 Applicant's Signature
 Title/Company _____

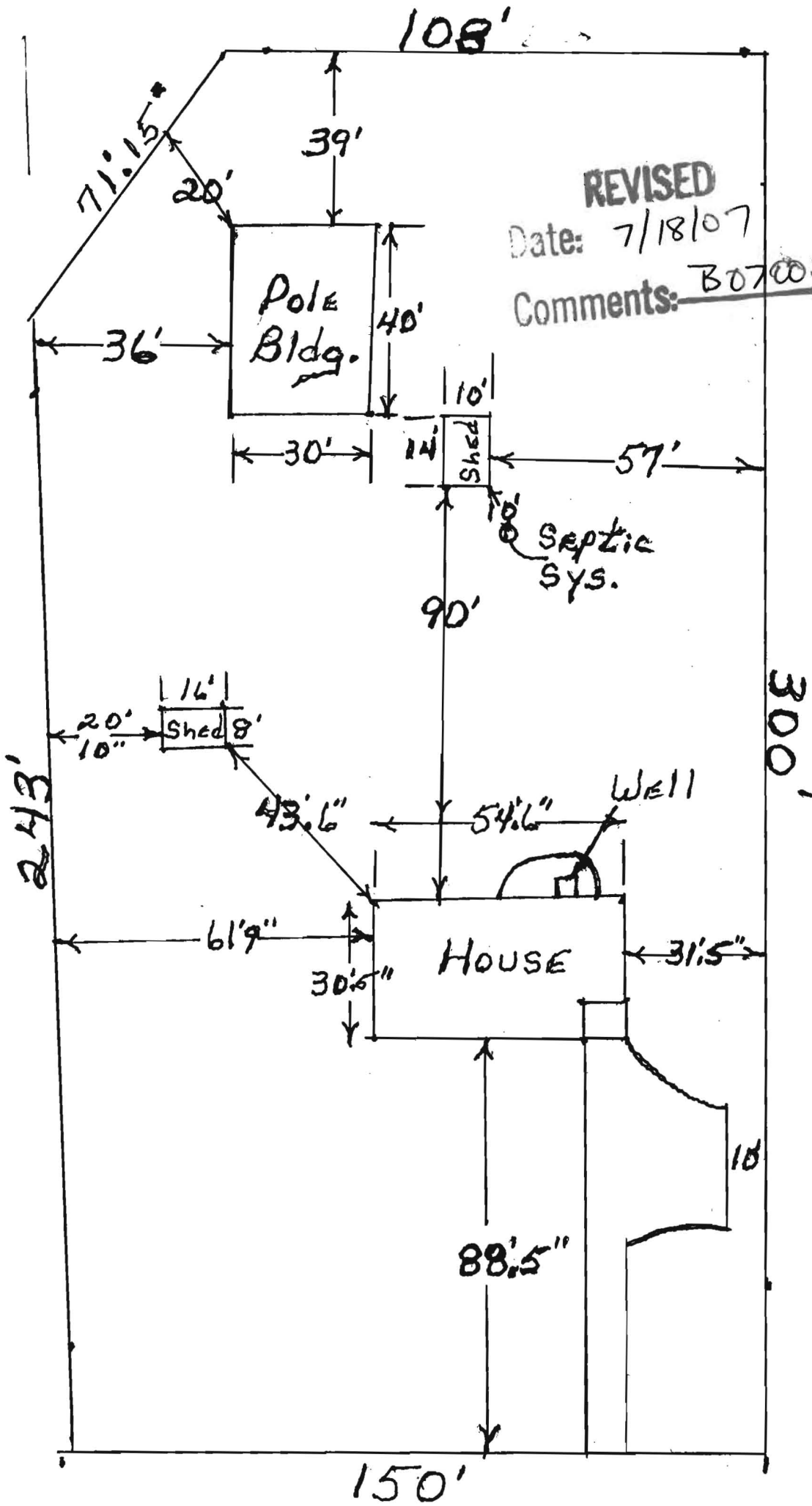
Carroll J. Baker
 Print Name
7-3-07
 Date

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			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>2500</u>
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>6701</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by <u>37</u>





REVISED
 Date: 7/18/07
 Comments: B07002903

1" = 30' Ft.



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

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

7/26/2007

To: Carroll Joseph Baker
11772 Clarksville Pk.
Clarksville, MD 21029

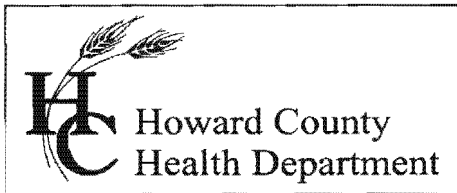
From: Gabe Creighton, Registered Sanitarian
Well and Septic Program

Re: B07002903
Building Permit
Detached Garage
11772 Clarksville Pk.

Mr. Baker:

This department has received and reviewed the building permit application referenced above. Upon review of the Health Department's file for this property, it has been observed that the property does not have a septic reserve area on record nor have percolation tests been recorded on the lot in recent history. A septic reserve area is an area set aside on the property for the purpose of on site sewage disposal (septic) systems and repairs. A septic reserve area is required at this time on all properties prior to approval of building permits.

- To obtain a septic reserve area, it will be necessary to perform percolation tests on the property. (see enclosed Application for Percolation Testing) A fee of \$506.00 is charged for this testing and the homeowner is responsible for having a backhoe capable of 14' depth excavations and operator on-site at the time of the testing.
- It is the policy of this department to attempt to obtain 10,000 square feet (100' x 100') of septic reserve area on lots established after 1972 or at least enough septic reserve for two (2) repair septic systems for lots established before 1972. Typically, five (5) passing percolation tests are needed to establish enough area, although under some circumstances, fewer may be allowed. Based on review of property records, your property will require only enough septic area for two repair septic systems to be set aside.
- In order to establish a septic reserve area; after percolation testing is done, a percolation certification plan must be prepared and submitted for formal approval per Howard County Code Section 3.805 (enclosed). To complete this requirement, it is strongly encouraged that the homeowners contact an environmental engineer, surveyor or consultant to prepare this plan due to the



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

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

7/26/2007

To: Carroll Joseph Baker
11772 Clarksville Pk.
Clarksville, MD 21029

From: Gabe Creighton, Registered Sanitarian
Well and Septic Program

Re: B07002903
Building Permit
Detached Garage
11772 Clarksville Pk.

Mr. Baker:

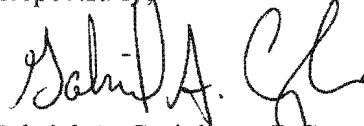
This department has received and reviewed the building permit application referenced above. Upon review of the Health Department's file for this property, it has been observed that the property does not have a septic reserve area on record nor have percolation tests been recorded on the lot in recent history. A septic reserve area is an area set aside on the property for the purpose of on site sewage disposal (septic) systems and repairs. A septic reserve area is required at this time on all properties prior to approval of building permits.

- To obtain a septic reserve area, it will be necessary to perform percolation tests on the property. (see enclosed Application for Percolation Testing) A fee of \$506.00 is charged for this testing and the homeowner is responsible for having a backhoe capable of 14' depth excavations and operator on-site at the time of the testing.
- It is the policy of this department to attempt to obtain 10,000 square feet (100' x 100') of septic reserve area on lots established after 1972 or at least enough septic reserve for two (2) repair septic systems for lots established before 1972. Typically, five (5) passing percolation tests are needed to establish enough area, although under some circumstances, fewer may be allowed. Based on review of property records, your property will require only enough septic area for two repair septic systems to be set aside.
- In order to establish a septic reserve area; after percolation testing is done, a percolation certification plan must be prepared and submitted for formal approval per Howard County Code Section 3.805 (enclosed). To complete this requirement, it is strongly encouraged that the homeowners contact an environmental engineer, surveyor or consultant to prepare this plan due to the

complex nature of the work. Homeowners are, however, allowed to compose this plan if they are capable of compiling all the appropriate information.

Upon receipt of this letter, you may fill out the appropriate forms and apply for percolation testing, respond in writing to the above address, or contact me directly at (410) 313-2775 with questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Gabriel A. Creighton". The signature is fluid and cursive, with a large initial "G" and "C".

Gabriel A. Creighton, R.S.
Development Coordination Section
Well and Septic Program

GAC/gac
Enclosures
cc: File