

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Bob 2251

Building Address 3585 Church Rd
ELICOTT CITY MD
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 13
Tax Map 25 Parcel 16 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Thomas McKnight
Address 3585 Church Rd
City ELICOTT CITY State MD Zip Code 21043
Phone _____ Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax (410) 465-4133

Existing Use Single Family Home
Proposed Use _____
Estimated Construction Cost \$ 200K
Description of Work Complete renovation
Kitchen, Bath, all stairwell
Exterior Paint

Contractor Company GREGORINI CONTRACTING LLC
Contact Person Thomas Gregorini
Address 8501 Nicole Ct
City ELICOTT CITY State MD Zip Code 21043
License No. _____
Phone 410-963-2910 Fax _____

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

Engineer or Architect Company ARCHITECTURAL COLLABORATIVE
Contact Person Kevin Gill
Address 8334 Main St
City ELICOTT CITY State MD Zip Code 21043
Phone 465-7500 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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 <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ 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"/> NFA #13D _____ NFA #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: _____ Footings: _____ Roof Height: _____
State Certified Modular _____ Manufactured Home _____	

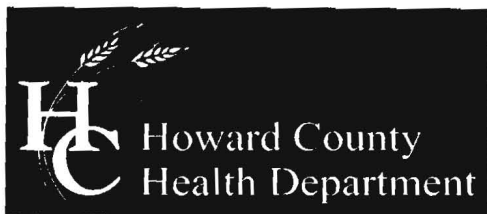
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 Thomas Gregorini
Title/Company General Mgr, Gregorini Contracting

Print Name Tom Gregorini
Date 7/23/08

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>2-24-09</u>	<u>Dana Burd</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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>1238</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

August 8, 2008

Thomas McKnight
3585 Church Road
Ellicott City, Maryland 21043


RE: Tax Map 25, Parcel 16, Lot #13
Perc Certification Plan, Building Permit # B08002251

Prior to building permit approval an approved Percolation Certification Plan is required for additions greater than 250 sq. ft. per Howard County Code 3.805. A copy of floor plans of proposed addition and existing house must be submitted.

Further review is contingent upon submission by a registered engineer/surveyor of a Percolation Certification Plan showing the following:

- Show the exact location of existing structures, wells on property, neighboring wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- Show proposed reserved area for existing easement. (**Note:** A septic reserve area must be established on property and will be included in septic easement along with existing trench. This proposed additional area must be included and labeled on plan.)
- Show well tag numbers for existing wells.
- Show foot print of existing house with proposed additions and they shall not encroach on regulated setbacks from well and septic system components.
- A Health Officer's signature block stating, "**Approved for private water and private sewer systems.**"
- Show legend which includes symbols for wells, easement, passed perc holes, proposed easement, etc....
- General notes on perc certification plan must include the following statements:

1. "Any changes to a private sewerage easement shall require a revised perc certification plan."

2.  This area designates a private sewerage easement of at least 10,000 square feet as required by the Maryland State Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The county health officer shall have the authority to grant adjustments to the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.

3. Any changes to a private sewerage easement shall require a revised per certification plan.

4. Topography shown is field run or verified by (State the name of surveyor or engineer) on (State the date).

5. Existing well and /or sewerage easements within 100 feet of the property have been shown form the best available information.

I hope these comments are helpful in preparing your plan. 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
Fax (410) 313-2648
E-mail: DBernard@howardcountymd.gov

DLB

Enclosure

cc: Well & Septic program file

CONTROL NO. _____
 PERMIT NO. _____
 INSPECTED BY _____
 DATE INSPECTED _____

WATER CONNECTION APPLICATION
HOWARD COUNTY
DEPARTMENT OF PUBLIC WORKS
 3430 COURT HOUSE DR. ELLICOTT CITY, MD. 21043

APPLICATION NO.: _____
 CONTRACT NO.: _____
 REBATE CONTRACT NO.: _____
 WATER SOURCE _____
 WATER ZONE _____
 CONNECTION WORKSHEET Y ___ N ___

FILL OUT APPLICATION COMPLETELY AND SIGN BELOW. IF LOCATION INFORMATION UNKNOWN, CONTACT THE OFFICE OF PLANNING AND ZONING FOR HOUSE NUMBER.

Howard County, Maryland
 Department of Finance
 3430 Court House Drive
 Ellicott City, MD 21043

Water house connection to the property described below.

SECTION _____ AREA _____ LOT _____ BLOCK _____
 TAX MAP _____ GRID _____ PARCEL _____
 ZIP CODE _____ PHONE NO. _____

DATE OF APPLICATION _____

USE (SEE PROPERTY CLASSIFICATIONS ON REVERSE SIDE)

12/31/2008 02:18 PM Cashier 0023
 T/Ref 0004054891 Reg 0004 Tran No 3890
 Cash Report: 081231-01 for 12/31/2008

01 - Main Location
 Sewer-In-Aid (730-009-7120)
 730-009-7120
 Contract Number: 3964-d
 Validation Number: 329441 \$800.00
 W/S Advance Deposit 500-5020
 500-5020
 Contract Number: 59618
 Validation Number: 329442 \$1,500.00
 W/S Connection 500-5019
 500-5019
 CONTRACT #: 59618
 Validation Number: 329443 \$280.00
 Water In-Aid (730-009-7110)
 730-009-7110
 Contract Number: 59618
 Validation Number: 329444 \$600.00
 General Collections
 710-009-8211
 Description: INSPECTION FEE 59618
 Validation Number: 329445 \$300.00

CHARGES	FEE	AMOUNT PAID	FUND	AGENCY	REV A R/S A
CONNECTION	\$		500		501
DEPOSIT*	\$		500		501
CONNECTION	\$		500		501
DEPOSIT*	\$		500		501
CONNECTION	\$		500		501
DEPOSIT*	\$		500		501
CONNECTION	\$		500		501
DEPOSIT*	\$		500		501
CONNECTION	\$		500		501
DEPOSIT*	\$		500		501
CONSTRUCTION CHARGE	\$		500	009	71
RESIDENTIAL HOUSE (ALL TYPES) OR TRAILER	\$				
TS \$ X NO. OF DWELLING UNITS					
\$ X NO. OF MOTEL UNITS					
COMMERCIAL BUILDINGS REFER TO ENGINEERING FOR CHARGES. EST. G.P.D.	\$				
INSPECTION FEE AND PERMIT FEE			710	009	82

Total \$3,280.00
 Check (\$3,280.00)
 Check No. 1657

into a cost agreement
 prk.

TOTAL AMOUNT PAID

\$ _____

CR# _____
 CR# _____

ANYTHING ON THE
 OWNER AND ALL

FULL FEE MUST ACCOMPANY THIS APPLICATION. MAKE CHECK PAYABLE TO: DIRECTOR OF FINANCE, HOWARD COUNTY. CREDIT CARDS NOT ACCEPTED.

Thank You!

 COMPANY NAME

 COMPANY ADDRESS

 OWNER SIGNATURE

 OWNER NAME (PRINT)

 OWNER ADDRESS

TAX _____ FOR _____
 D/A _____ LEVY _____
 TAB _____ CONTROL _____
 TAX INDEX NO. _____