

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 773 Chossie Crossing Way
Woodbine, MD 21797

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

Census Tract _____ Subdivision Chossie Crossing

Section _____ Area _____ Lot 13

Tax Map 3 Parcel 4 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Douglas & Joan Parker

Address 773 Chossie Crossing Way

City Woodbine State MD Zip Code 21797

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 110,000.00

Description of Work _____

Contractor Company Mark Folsom Builders, Inc

Contact Person Mark Folsom

Address 16001 Lady Camarin Ct

City Mt. Airy State MD Zip Code 21771

License No. 25891

Phone 410-707-1829 Fax 410-489-2484

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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> 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: _____ 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 <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	
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 <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.

[Signature]
Applicant's Signature

Mark D Folsom
Print Name

Title/Company

Date

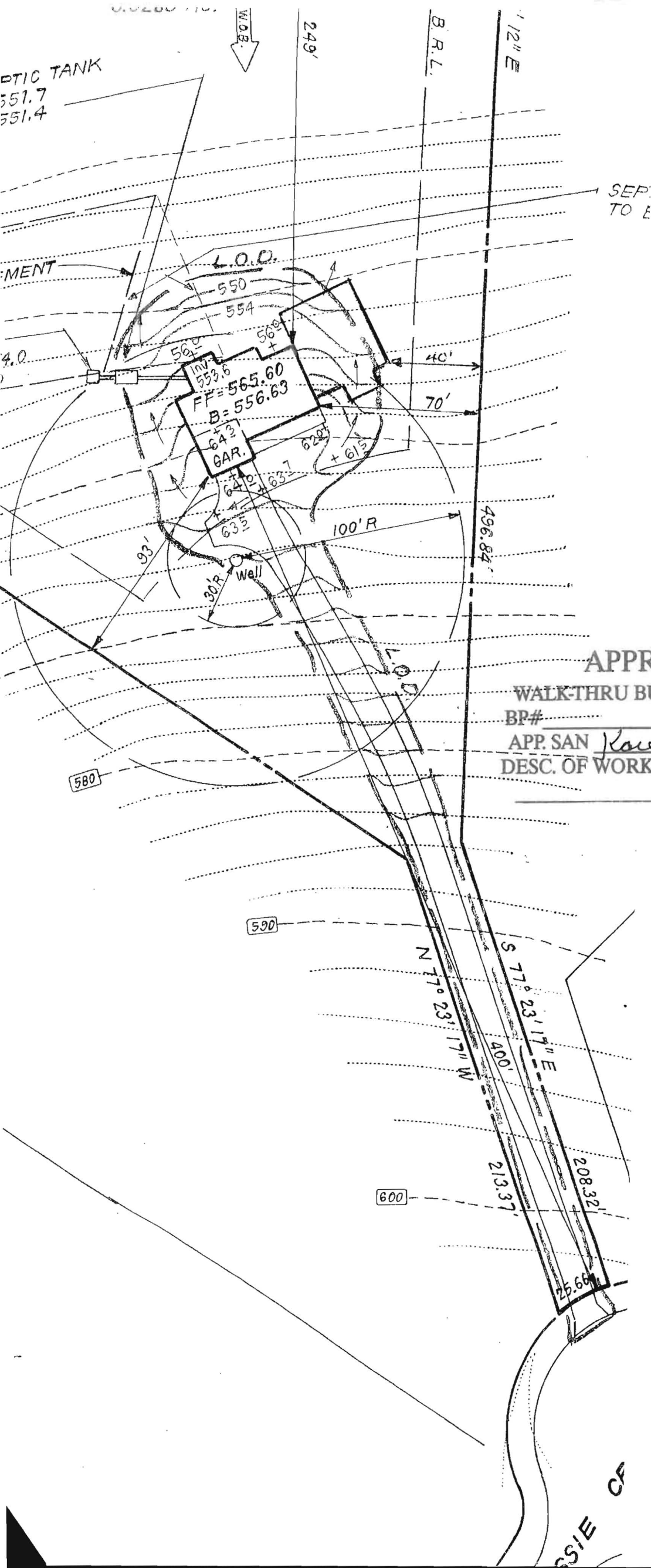
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION
Land Development, DPZ			Front: _____
State Highways			Rear: _____
Building Official			Side: _____
Dev. Engineering, DPZ			Side St.: _____
Health	<u>3/23/10</u>	<u>Karen Dixon</u>	All minimum setbacks met?
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>
			Lot Coverage for NewTown Zone _____
			SDP/Red-line approval date _____

PROPERTY INFO:	PROPERTY ID#:
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

OPTIC TANK
551.7
551.4



SEP.
TO E

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 42744
 APP. SAN Karen N... DATE: 3/23/06
 DESC. OF WORK: Basketball
etc.

580

590

600

CSIE CA

RECEIVED

MAR 23 2006

LICENSES & PERMITS
DIVISION

PL - 3/23/06

Avis Corbin
Chief
Licenses & Permit Division
Howard Co. MD

3/23/06

CK #	1950
CR #	110689
DATE #	3/23/06
50	00

Dear Ms Corbin,

3/30/06
①
KN

I am requesting to amend permit BO057891;
The original application showed a basketball court
addition on the left side of the existing dwelling
at 773 Chessie Crossing Way - Warbine, MD 21797.
Due to the location of the septic tank the design
of the addition could not be revised to satisfy the
Health Dept, so we have relocated the addition to
the right side of the dwelling as per the resubmitted
Architectural plans & site plan.

cc: DPZ
Health
Dept

Thank you.

Mark Folsom

Mark Folsom Builders, Inc.

16001 Hardy Cameron Ct. - Mt Airy, MD
21771

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BO0157891

Building Address 1773
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 3 Parcel 4 Grid _____
Zoning _____ Map Coordinates 3A17 Lot size _____

Property Owner's Name DOUGLAS, PARKER
Address 1773
City _____ State _____ Zip Code 21747
Home Phone _____ Work Phone 413-271-9735
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use 3FD
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work 38x34 2nd story
Exterior wall count w/ hauling above

Contractor Company _____
Contact Person MARK FOLSON
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: _____ 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 _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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"/>
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"/> NFA #13D _____ NFA #13R _____ 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 _____	

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Applicant's Signature _____
Title/Company _____

Print Name _____
Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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- 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 \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
Historic District?	Validation \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BC0057891

Building Address 733 Chessie Crossing Way
Woodbine, MD 21797

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

Census Tract 604001 Subdivision Chessie Crossing

Section 1 Area _____ Lot 6

Tax Map 3 Parcel 4 Grid _____

Zoning RCDEU Map Coordinates 3H7 Lot size _____

Property Owner's Name Douglas Parker

Address 733 Chessie Crossing Way

City Woodbine State MD Zip Code 21797

Home Phone _____ Work Phone 443-277-9735

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Same w/ Addition

Estimated Construction Cost \$ 80,000.00

Description of Work 38x34 One Story
Basketball Court w/ landing above

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Owner

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: _____	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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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 checked="" 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 checked="" 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"/>
Multi-family dwellings: No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Mark D Folsom
Applicant's Signature
Pres Mark Folsom Builders, Inc
Title/Company

Mark D Folsom 410-707-1829
Print Name
1-26-06
Date

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 type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health			
<input type="checkbox"/> Fire Protection			

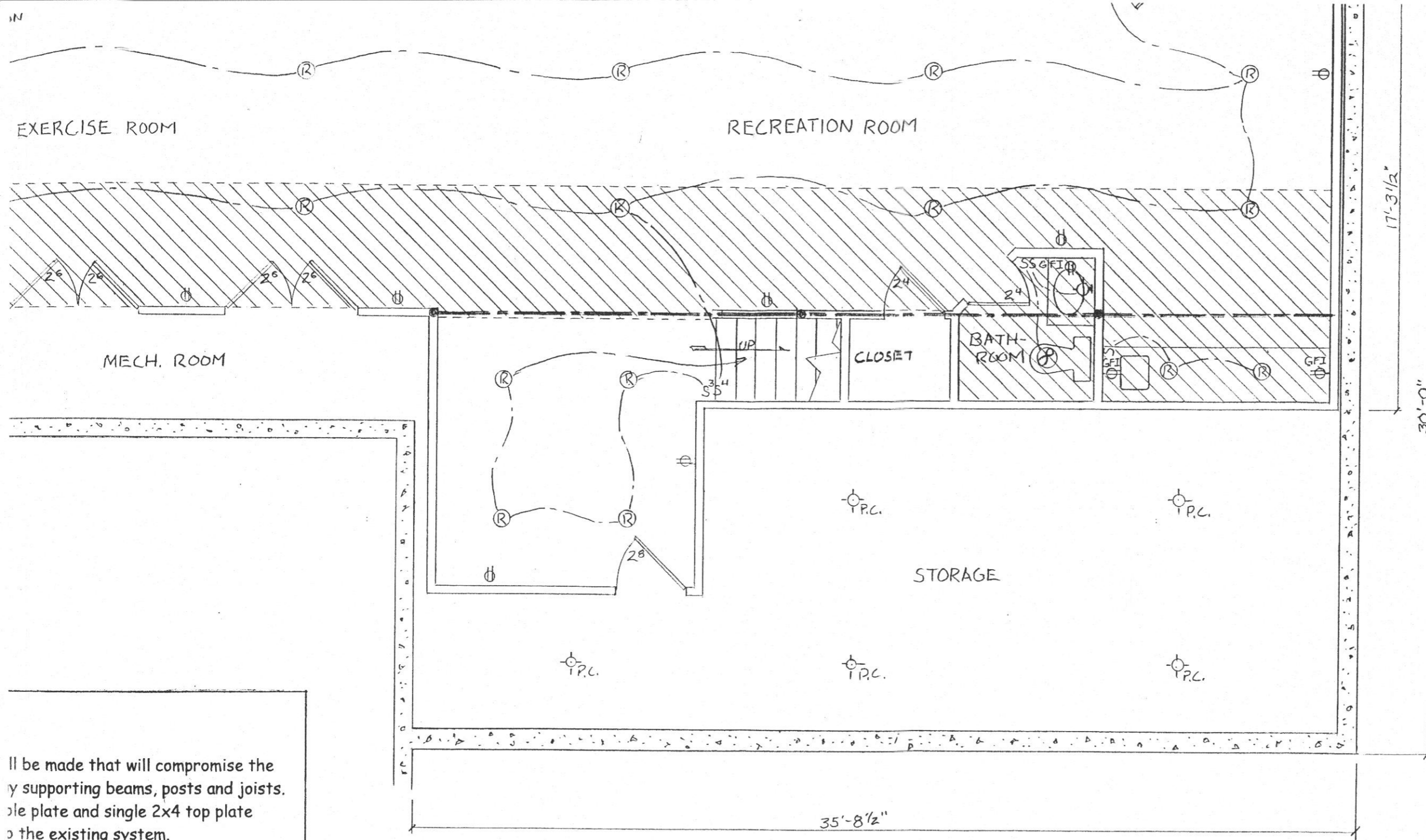
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

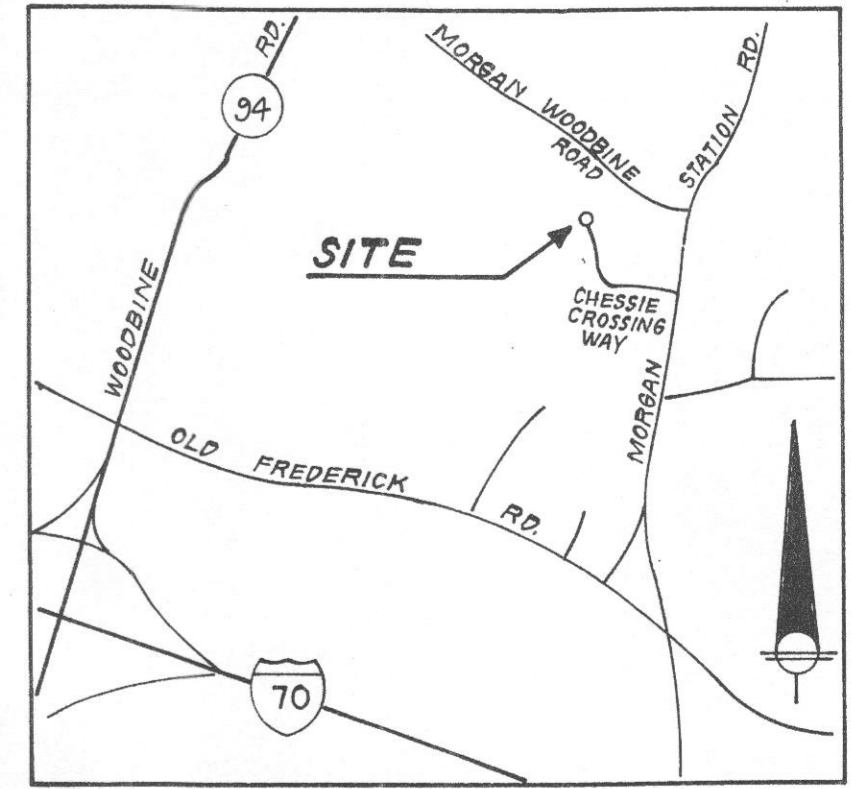
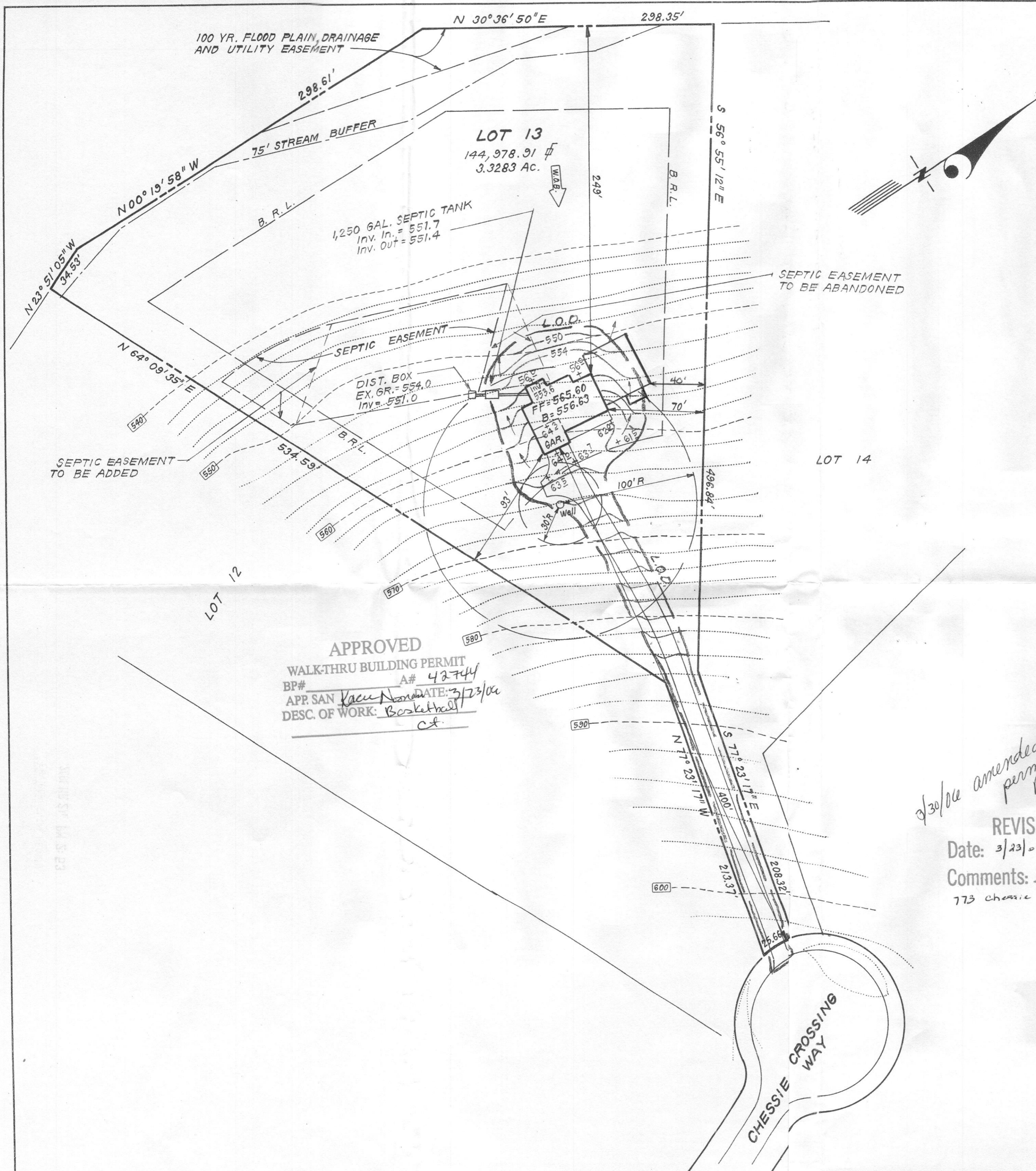
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? 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>1926</u>
SDP/Red-line approval date _____	Validation # <u>106926</u>

Accepted by D



It be made that will compromise the
 y supporting beams, posts and joists.
 ple plate and single 2x4 top plate
 o the existing system.
 throom.
 e line to be run in pvc to match
 ed electrical code requirement.
 or walls and along the rim joist.
 nd ceiling.

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 42744
 APP. SAN RJB DATE: 1/4/06
 DESC. OF WORK: finish basement
-NO New Bedrooms-



VICINITY MAP
SCALE: 1" = 2000'

GENERAL NOTES

- Existing Topography was taken from plans by others.
- Reference: Plat Number 10459
- Length of Trenches to be determined at time of Permit issuance.
- Total Area Disturbed = 20,425 sq ft

LEGEND

- CONTOUR INTERVAL: 2 FT.
- EXISTING CONTOUR: --- 560 ---
- PROPOSED CONTOUR: ——— 560 ———
- DIRECTION OF DRAINAGE: →
- WALK OUT BASEMENT: [W.O.B.]
- SPOT ELEVATION: +56.5
- LIMIT OF DISTURBANCE: ——— L.O.D. ———
- TREE PROTECTION FENCE: [Symbol]
- EXIST. TREES TO REMAIN: [Symbol]


9/30/06 amended permit 300157891 (KN)

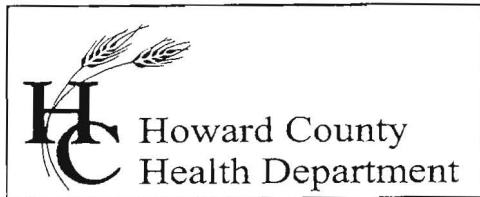
REVISED

Date: 3/23/06

Comments: 300157891
773 Chessie Crossing Way

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# 42744
APP. SAN *KACU NORDHEIM* DATE: 3/23/06
DESC. OF WORK: *Basketball Ct.*

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 -- BALTO. • (301) 621-8100 -- WASH.		
DESIGNED JME	SITE DEVELOPMENT PLAN LOT 13 SECTION 1 CHESSIE CROSSING TAX MAP 3 PARCEL 4 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN CCM		DRAWING 1 OF 1
CHECKED		JOB NO. 98-116
DATE July, 1998		FOR: CARRIGAN HOMES 9856 Diversified Lane Ellicott City, Md. 21042



Bureau of Environmental Health
7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

Monday, February 27, 2006

Doug Parker
773 Chessie Crossing Way
Woodbine, MD 21797

RE: Tank to a Foundation Variance Request

Dear Mr. Doug Parker;

The Howard County Department of Health has received a variance requesting the required twenty foot setback to a foundation for a septic tank at the above referenced property be waived to twelve feet. This Department will grant your approval for the variance at the property as long as the new floor elevation is higher than the existing grade above the septic tank. Add the floor elevation to the site plan submitted with the building permit to obtain Department of Health approval of building permit B00157891.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.
Supervisor, Well and Septic Program

cc: **File**

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 773 Chessie Crossing Way
Woodbine, MD 21797

Suite/Apt. #: _____ SDP/W/P/Petition #: _____

Census Tract 604001 Subdivision _____

Section 1 Area _____ Lot 13

Tax Map 3 Parcel 4 Grid 19

Zoning RCDED Map Coordinates 3H7 Lot size _____

Property Owner's Name Doug & Jean Parker

Address 773 Chessie Crossing Way
Woodbine, MD 21797

City Woodbine State MD Zip Code 21797

Home Phone _____ Work Phone 443-277-9735

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Same

Estimated Construction Cost \$ 24,000

Description of Work Finishing most of existing
basement, Creating, Rec Rm, Exer.
Rm. - Game Room - Wet bar - Bath Rm.
TV Room - Mech Room, Storage

Contractor Company Mark Folsom Builders, Inc

Contact Person Mark Folsom

Address 16001 Lady Camarin Ct.

City Mt Airy State MD Zip Code 21797

License No. 891891

Phone 410-707-1829 Fax 410-489-2484

Occupant or Tenant Owner

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: _____	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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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"/>
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"/>
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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Mark D. Folsom
Applicant's Signature
Pres - Mark Folsom Builders, Inc
Title/Company

Mark D. Folsom Pres
Print Name
Date _____

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

36954

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	<u>1/4/06</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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 # _____
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
T:\Name\PERMIT.FRM			Accepted by _____	

**Mr. Mike Davis
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046**

Dear Mr. Davis,

I am requesting an allowance for the location of our new addition in respect to the septic tank.

Sara Fegal conducted a site inspection here yesterday and measured the distance from the tank to the new addition and determined that it was 12 feet. She told me that 15 feet was the requirement.

Is it possible to get an approval for the 12 ft distance?

This addition is going to be an 38'x34' box to be used as a basketball court. Building Permit Number B00157891

I have include some sketches.

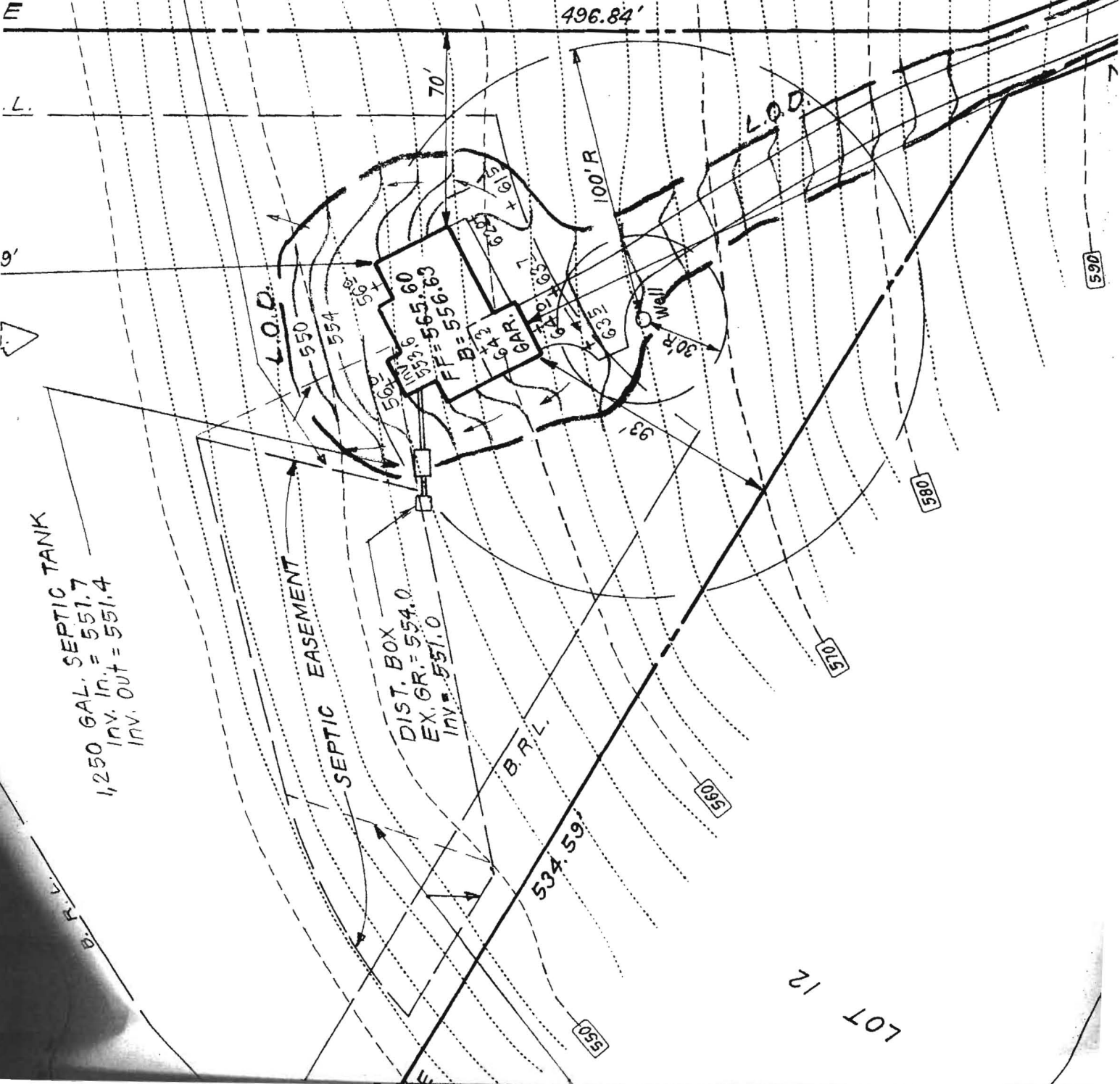
Thank you for your attention.

A handwritten signature in cursive script that reads "D Parker".

**Doug Parker
443-277-9735**

SEPTIC EASEMENT
TO BE ABANDONED

LOT 14



1,250 GAL. SEPTIC TANK
INV. IN. = 551.7
INV. OUT. = 551.4

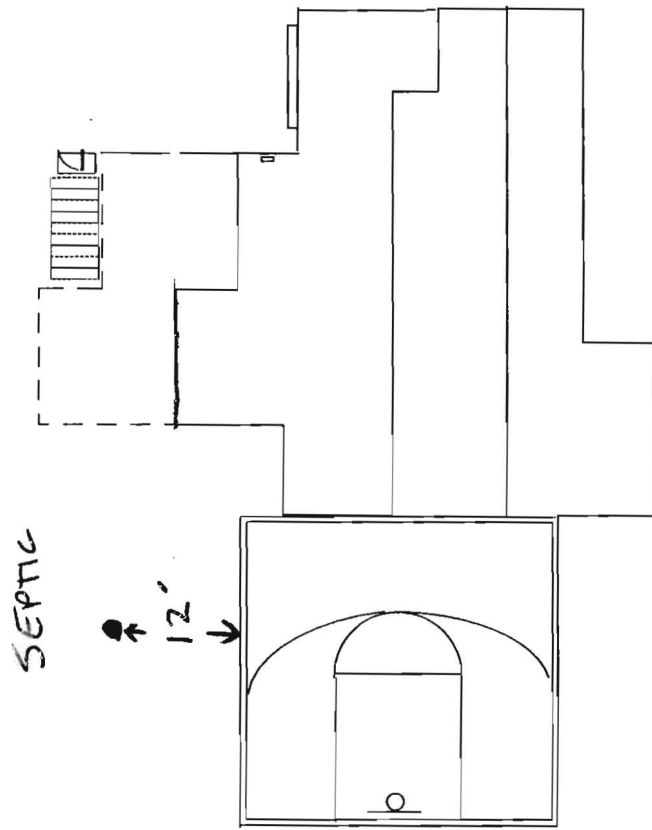
DIST. BOX
EX. GR. = 554.0
INV. = 551.0

GAR.
L. = 64.2
W. = 19.5
FF = 555.60
B = 556.63

LOT 12



NOT TO SCALE



FRONT OF Proposed Addition



Requesting
12' to be
Approved.



REAR View

Day Parker
443-277-
9735