

SDP NOT Approved

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

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07000974

Building Address 4013 NEW CUT RD  
ELLICOTT CITY 21043  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision NA  
Section NA Area NA Lot NA  
Tax Map 25 Parcel 295 Grid 14  
Zoning \_\_\_\_\_ Map Coordinates SDP Lot size 1.7 AC ±

Property Owner's Name GEOFF HERMANSTORFER  
Address 6412 WIND RIDER WAY  
City COLUMBIA State \_\_\_\_\_ Zip Code 21045  
Home Phone 301 833 5065 Work Phone 202 740 9791  
Applicant's Name & Mailing Address, (if other than stated hereon):  
KIRK GUILLORY  
Phone 410 290 9680 Fax 410 290 5777

Existing Use SFD  
Proposed Use SFD  
Estimated Construction Cost \$ \$1.3 MILLION  
Description of Work Construct new SFD  
SDP NOT

Contractor Company CONTACT: ED BEALL  
Contact Person BEALL/HEYMANN CONSTR  
Address 3260 St. Johns Lane #1321066  
City Ellicott City State MD Zip Code 21042  
License No. \_\_\_\_\_  
Phone 443 575 9244 Fax MHE #132369

Occupant or Tenant NA Geoffrey Hermanstorfer  
Contact Name KIRK GUILLORY  
Address 7061 Deepage Dr. #103  
City Columbia State MD Zip Code 21045  
Phone 410 290 9680 Fax 410-533-4444

Engineer or Architect Company WALDON STUDIO ARCHITECTS  
Contact Person KIRK GUILLORY  
Address 7061 DEEPAGE  
City COLUMBIA State MD Zip Code 21045  
Phone 410-290 9680 Fax 410-290-5777

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>66'-0"</u> <u>34'-9"</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>66'-0"</u> <u>59'-9"</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>40'-0"</u> <u>40'-0"</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>2</u>	
Height: <u>20'-0"</u>	
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 _____	

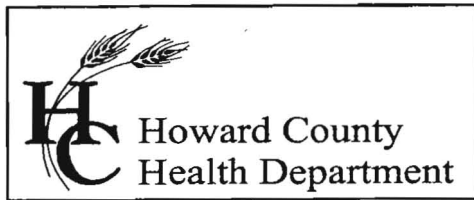
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

Kirk Guillory  
Applicant's Signature  
WALDON STUDIO AR  
Title/Company

KIRK GUILLORY  
Print Name  
MARCH 21,  
JAN 05, 2007  
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 \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			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	Lot Coverage for NewTown Zone _____	
T:\norm\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



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](http://www.hchealth.org)

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Peter L. Beilenson, M.D., M.P.H., Health Officer  
April 25, 2007

Geoffrey Hermanstorfer  
6412 Wind Rider Way  
Columbia, Maryland 21045

RE: BP#07000874  
4013 New Cut Rd

Dear Mr. Hermanstorfer:

Review of building permit #B07000874 for the referenced property has been completed by our office. The permit specifies a three bedroom home. The current floor plan proposal indicates the number of bedrooms to be three; however, in reference to the Howard County Code definition of a bedroom (Title 3 Buildings, Subtitle 8 On-site Sewage Disposal Systems 3.801 b(1) b(2)) the actual number of bedrooms in the proposed home is between five and six. The septic system for this property can only accommodate up to a three bedroom home. At this time, the building permit is on hold until the floor plans clearly show three bedrooms and SDP-07-052 has been approved. Enclosed is the county code definition of a bedroom.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261.

Sincerely,

Sara Fegel  
Well and Septic Program  
Development Coordination Section

SF  
Enclosures

*Mailed 4/25/07*