

Building Address: 8751 OLD COLUMBIA ROAD  
LAUREL MD. 20723

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: 44E-02 Subdivision: LAUREL

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: 46 Parcel: 46 Grid: 15

Zoning: R30 Map Coordinates: \_\_\_\_\_ Lot Size: 24,480

Property Owner's Name: JOHN MICHAEL SCHMIDT

Address: 8751 OLD COLUMBIA ROAD

City: LAUREL State: MD Zip Code: 20723

Home Phone: 301-776-6895 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: Jim@AllanHomes.com

Existing Use: SFD

Proposed Use: ADDITION

Estimated Construction Cost: \$ 72,500

Description of Work: ADD A 47' x 12' ADDITION  
FOR LAUREL C. JEWEL KITCHEN, BODY  
ROOM, LAUNDRY, AND LITVATED, SUNROOM

Occupant or Tenant: SAME AS OWNER

Contractor Company: ALLAN HOMES

Contact Person: Jim Schmidt

Address: 10200 OLD COLUMBIA ROAD

City: LUMBERTON State: MD Zip Code: 21046

License No.: \_\_\_\_\_

Phone: 410-977-5705 Fax: \_\_\_\_\_

Email: Jim@AllanHomes.com

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

| BUILDING DESCRIPTION - COMMERCIAL                                |   |
|--|---|
| Building Characteristics   | Utilities   |
| Height:  | <u>Water Supply</u>   |
| No. of stories:  | <input type="checkbox"/> Public   |
| Gross area, sq. ft./floor:                                       | <input type="checkbox"/> Private  |
| Area of construction (sq. ft.):                                  | <u>Sewage Disposal</u>  |
| Use group:   | <input type="checkbox"/> Public   |
|  | <input type="checkbox"/> Private  |
|  | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|  | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <u>Construction type:</u>  | <u>Heating System</u>   |
| <input type="checkbox"/> Reinforced Concrete                     | <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Structural Steel                        | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry                                 | <u>Sprinkler System:</u>  |
| <input type="checkbox"/> Wood Frame                              | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> State Certified Modular                 | <input type="checkbox"/> Full   |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No         | <input type="checkbox"/> Other Suppression                                |
| Roadside Tree Project Permit #                                   | No. of Heads:   |

| BUILDING DESCRIPTION - RESIDENTIAL   |  |
|--|--|
| Building Characteristics   | Utilities  |
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u>  |
| <u>Depth</u> <u>Width</u>  | <input type="checkbox"/> Public                                    |
| 1 <sup>st</sup> floor:   | <input type="checkbox"/> Private                                   |
| 2 <sup>nd</sup> floor:   | <u>Sewage Disposal</u>   |
| Basement:  | <input type="checkbox"/> Public                                    |
| <input type="checkbox"/> Finished Basement                                 | <input type="checkbox"/> Private                                   |
| <input type="checkbox"/> Unfinished Basement                               | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space                                       | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Slab on Grade                                     | <u>Heating System</u>  |
| No. of Bedrooms:   | <input type="checkbox"/> Electric                                  |
| <u>Multi-family Dwelling</u>   | <input type="checkbox"/> Oil                                       |
| No. of efficiency units:   | <input type="checkbox"/> Natural Gas                               |
| No. of 1 BR units:   | <input type="checkbox"/> Propane Gas                               |
| No. of 2 BR units:   |  |
| No. of 3 BR units:   |  |
| Other Structure:   |  |
| Dimensions:  | <input checked="" type="checkbox"/> Roadside Tree Project Permit   |
| Footings:  | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Roof:  | <u>Roadside Tree Project Permit #</u>                              |
| <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.

Applicant's Signature: \_\_\_\_\_

Email Address: Jim@AllanHomes.com

Title/Company: DIRECTOR OF OPERATIONS

Print Name: Jim Schmidt

Date: 1/23/12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

| AGENCY               | DATE           | SIGNATURE OF APPROVAL |
|----------------------|----------------|-----------------------|
| State Highways       |                |                       |
| Building Officials   |                |                       |
| PSZA ( Zoning )      |                |                       |
| PSZA ( Engineering ) |                |                       |
| Health               | <u>2/23/12</u> | <u>R. Buehler</u>     |
| Fire Protection      |                |                       |

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

| DPZ SETBACK INFORMATION   |
|---|
| Front: <u>30</u>  |
| Rear: <u>30</u>   |
| Side: <u>10</u>   |
| Side St.: _____   |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Lot Coverage for New Town Zone: _____   |
| SDP/Red-line approval date: _____   |

|                 |                 |
|-----------------|-----------------|
| Filing Fee      | \$ <u>75.00</u> |
| Permit Fee      | \$              |
| Tech Fee        | \$              |
| Excise Tax      | \$              |
| PSFS            | \$              |
| Guaranty Fund   | \$              |
| Add'l per Fee   | \$              |
| Total Fees      | \$              |
| Sub- Total Paid | \$              |
| Balance Due     | \$              |



**Wolf, Kevin**

\* FYE

**From:** Wolf, Kevin  
**Sent:** Monday, March 26, 2012 4:16 PM  
**To:** 'jim@allanhomes.com'  
**Subject:** 8751 Old Columbia Road Well Issue  
**Attachments:** retaining wells replaced by public water 3-2012 final.pdf

Jim,

I met with you at the above address back in late February. As you are aware, your building permit for the proposed addition was approved. However, in order to keep the well, the homeowners must see fit to the following conditions:

In order to prevent cross-contamination between private and public connection of drinking water, the following must occur:

1. Well must meet current construction standards (i.e. casing extended above grade min 8", approved 2-piece cap w/ approved bolts, Pitless adapter secured min 36" below grade, secured electrical conduit extending min 18" below grade).
2. The water lines for the well must be painted RED. All visible water lines for the well must be painted red and label non potable as such.
3. A physical break must be applied between the public supply line and the well line piping. Valves are not acceptable.
4. All faucets and spigots for the well supply must be installed on the outside of all buildings. They cannot be installed on the inside.
5. The well must meet bacteria standards which applies to water testing. These sampling results must be received by the Health Department from a Maryland Certified Water Testing Lab.

I have attached our policy which elaborates this in more detail. Please let me know when all of this is completed so it can be inspected by our office. If you have any questions on this, please feel free to contact me.

Thanks,

**Kevin M. Wolf, R.S., R.E.H.S.**  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**Well & Septic Program**  
**Groundwater Mgmt. Sec.**  
**7178 Columbia Gateway Dr.**  
**Columbia, MD 21046**

(o) 410-313-2645

(f) 410-313-2648

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