



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: PH000033

Building Address: _____
 City: ARLINGTON State: MD Zip Code: 21104-1310
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0010 Parcel: 0120 Grid: 0010
 Zoning: _____ Map Coordinates: _____ Lot Size: 0 AC

Existing Use: single family home
 Proposed Use: single family home
 Estimated Construction Cost: \$ _____
 Description of Work: remodeling a single family home - 2 car garage, unfinished basement, 2 car garage & deck.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Pattie Webb
 Address: 1390 Oliver Rd.
 City: ARLINGTON State: MD Zip Code: 21104-1310
 Phone: 410-230-0900 Fax: _____
 Email: phillip@phillips.com

Property Owner's Name: Pattie Webb
 Address: 1390 Oliver Rd.
 City: ARLINGTON State: MD Zip Code: 21104-1310
 Phone: 410-230-0900 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Horizons Unlimited Home, Inc.
 Contact Person: J. B. Weinberger, Sr.
 Address: 7307 Washington Ave., #2104
 City: Arlington State: MD Zip Code: 21175
 License No.: 1369
 Phone: 410-790-1335 Fax: 410-790-4144
 Email: phillip@phillips.com

Engineer/Architect Company: Phillips Co.
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 410-230-0700 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth Width	
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	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 checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>EYEMPT</u>	
Building Shell Permit Number: <u>PH000033</u>	

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: _____
 Title/Company: _____

Print Name: _____
 Date: _____

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>2/18/16</u>	<u>H. Oswald</u>

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

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
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>1000</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	<u>50.00</u>
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>1-20</u>

Oswald, Hank

From: Oswald, Hank
Sent: Monday, January 11, 2016 1:52 PM
To: 'William Gmeinwieser'
Subject: B16000023_Drivers Road_Site Plan Floor Plan Request

Hi Bill:

In addition to the final percolation certification plan (for Health Officers signature), please forward a copy of the proposed floor plans and a scaled site plan with new house location plus existing septic system components (tank, drywell, sewage disposal area). The site plan will need to be to scale so I can confirm that all of our setback requirements are being met.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)




Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

Sent via email to billg@hucimprov.com on 11/30/2015

TO: Bill G./ Horizons Unlimited

FROM: Kevin M. Wolf, L.E.H.S., Supervisor 
Groundwater Management Sec.
Well & Septic Program

DATE: 11/30/2015

RE: **1390 Driver Road**
Marriottsville, MD 21104
P. 129, Tax id - 3293599
(Demolition of existing Structure, rebuild new SFD)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

This memo gives the homeowner and applicant approval from the health department to demolish the existing house on the subject property. However, if plans to rebuild on this parcel, you will be subject to percolation testing and the generation of a percolation certification plan per Howard County Code sec 3.805. In addition, your existing septic system must be adequately sized to meet the existing and proposed intended use. This includes (but not limited too) proper functionality of the system along with verification of a 4 foot buffer of unconsolidated material below the bottom area of the existing drywell/drainfield.

In addition to the above mentioned information, your current well must be up to current construction code per COMAR 26.04.04. This will include proper re-connection to the new future building and include passing water quality tests (Bacteria, Turbidity, Nitrates, Sand and Radium).

Current utility records show this parcel does not have access to public utilities.

IF ANY WELL OR SEPTIC COMPONENTS ARE FOUND DURING SITE WORK, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY!!

KMW
Cc: File

systems as required by the Howard County Health Department. Improvements of any nature in this area are restricted until public sewerage is available. This area 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 sewage area. Recordation of a modified sewage area shall not be necessary.”

The Percolation Certification Plan will be reviewed for its completeness and compliance with state and local code. Once the plan receives the Health Officer’s signature indicating approval, a building permit may be issued thereafter if there is no septic upgrade or well upgrade involved. Any septic system replacements, upgrades or well replacement or upgrades shall be completed prior to building permit approval.

Howard County Code & setback requirements are available for reference on our website at the following address:

<http://www.howardcountymd.gov/Health/docs/WellandSepticRegulations.pdf>

9/20/13 JW



Howard County
Health Department

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

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

DEMOLITION REQUEST FORM

(Please fill in all blanks)

Information of Property to be Demolished:

Pattie Webb Current Owner's Name 1390 Diver Road Property Address
N/A Subdivision (if applicable) Marriottsville, MD
10 Tax Map 129 Parcel # 21104 Tax ID #
Build new structure on same site Purpose/Reason for Demolition
Re-build new house Future plans of property after demo (i.e. subdivision, parking lot, re-build new house, etc...)
 If a subdivision, SDP# _____ Has the structure(s) been deemed unsafe by DILP YES NO

UTILITY RECORDS:

Property currently connected to public water YES NO
 Property currently connected to public sewer YES NO
 Does the property currently have any wells and/or septic systems YES NO
 → Explain: well and septic to be used in new structure.

*Note: Any wells and/or septic systems that are to remain may require an approved percolation certification plan under *Howard County Code Sec. 3.805*

*Note: Any septic systems that are to be abandoned must be done by a septic contractor with documentation of the process.

*Note: All abandoned wells are to be sealed by a well driller licensed by the Maryland State Board of Well Drillers *COMAR Sec 26.04.04.11 Abandonment Standards D (3)*

COMMENTS:

Pattie Webb Applicant's Name (please print) (410) 442-2859 or (410) 340-0980 Applicant's Phone #
pwebbover@msn.com Applicant's Email N/A Applicant's Fax #
Pattie Webb Applicant's Signature 11/13/15 Date

RE: WEBB PATTIE OVERBY
 DB: 9252 PG. 507
 ACC#293599

NOTES:

TITLE BINDER NOT PROVIDED.

THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DESIGNATED BY THE SECRETARY OF HOUSING & URBAN DEVELOPMENT. (PREMISES LOCATED IN ZONE X, MAP ID# 24027C0060D, EFFECTIVE DATE: 11/06/2013)

I HEREBY CERTIFY THAT THIS SURVEY WAS CONDUCTED UNDER MY RESPONSIBLE CHARGE AND THE PREPARATION OF THIS PLAT AND THE SURVEY IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN REGULATION 12 CHAPTER 09.13.D6 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS. NO TITLE REPORT WAS FURNISHED.

CONSUMER INFORMATION NOTES:

THIS PLAN IS A BENEFIT TO A CONSUMER INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING.

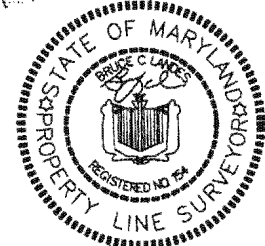
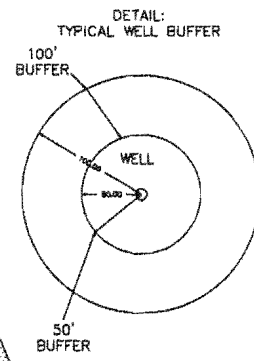
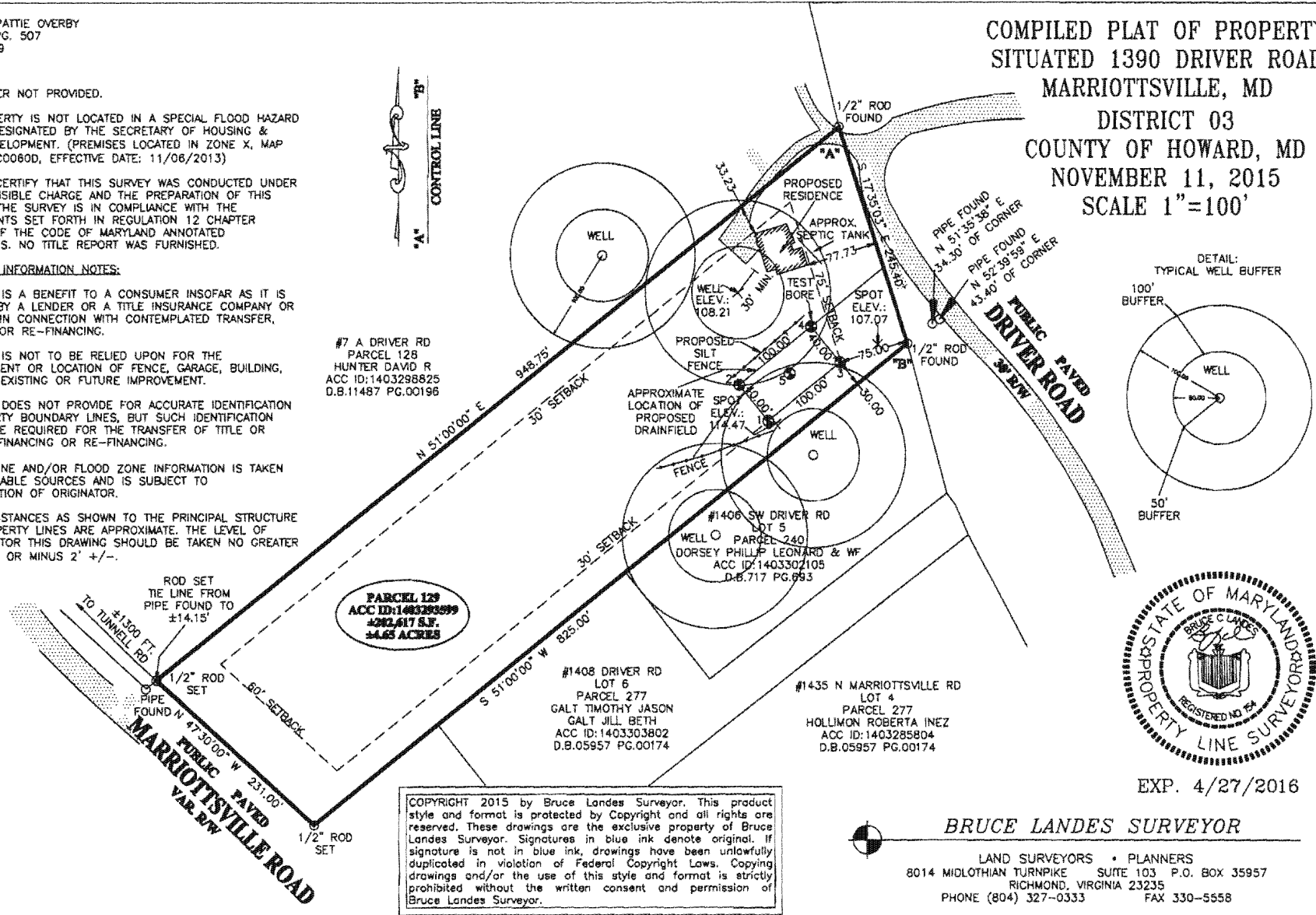
THIS PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCE, GARAGE, BUILDING, OR OTHER EXISTING OR FUTURE IMPROVEMENT.

THIS PLAN DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

BUILDING LINE AND/OR FLOOD ZONE INFORMATION IS TAKEN FROM AVAILABLE SOURCES AND IS SUBJECT TO INTERPRETATION OF ORIGINATOR.

SETBACK DISTANCES AS SHOWN TO THE PRINCIPAL STRUCTURE FROM PROPERTY LINES ARE APPROXIMATE. THE LEVEL OF ACCURACY FOR THIS DRAWING SHOULD BE TAKEN NO GREATER THAN PLUS OR MINUS 2' +/-.

COMPILED PLAT OF PROPERTY
 SITUATED 1390 DRIVER ROAD
 MARRIOTTSVILLE, MD
 DISTRICT 03
 COUNTY OF HOWARD, MD
 NOVEMBER 11, 2015
 SCALE 1"=100'



EXP. 4/27/2016

BRUCE LANDES SURVEYOR

LAND SURVEYORS • PLANNERS
 8014 MIDLOTHIAN TURNPIKE SUITE 103 P.O. BOX 35957
 RICHMOND, VIRGINIA 23235
 PHONE (804) 327-0333 FAX 330-5558

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FILE HOWARD COUNTY, MD

RE: WEBB PATTIE OVERBY
 DB. 9252 PG. 507
 ACC#293599

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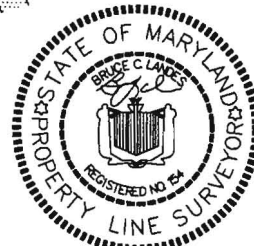
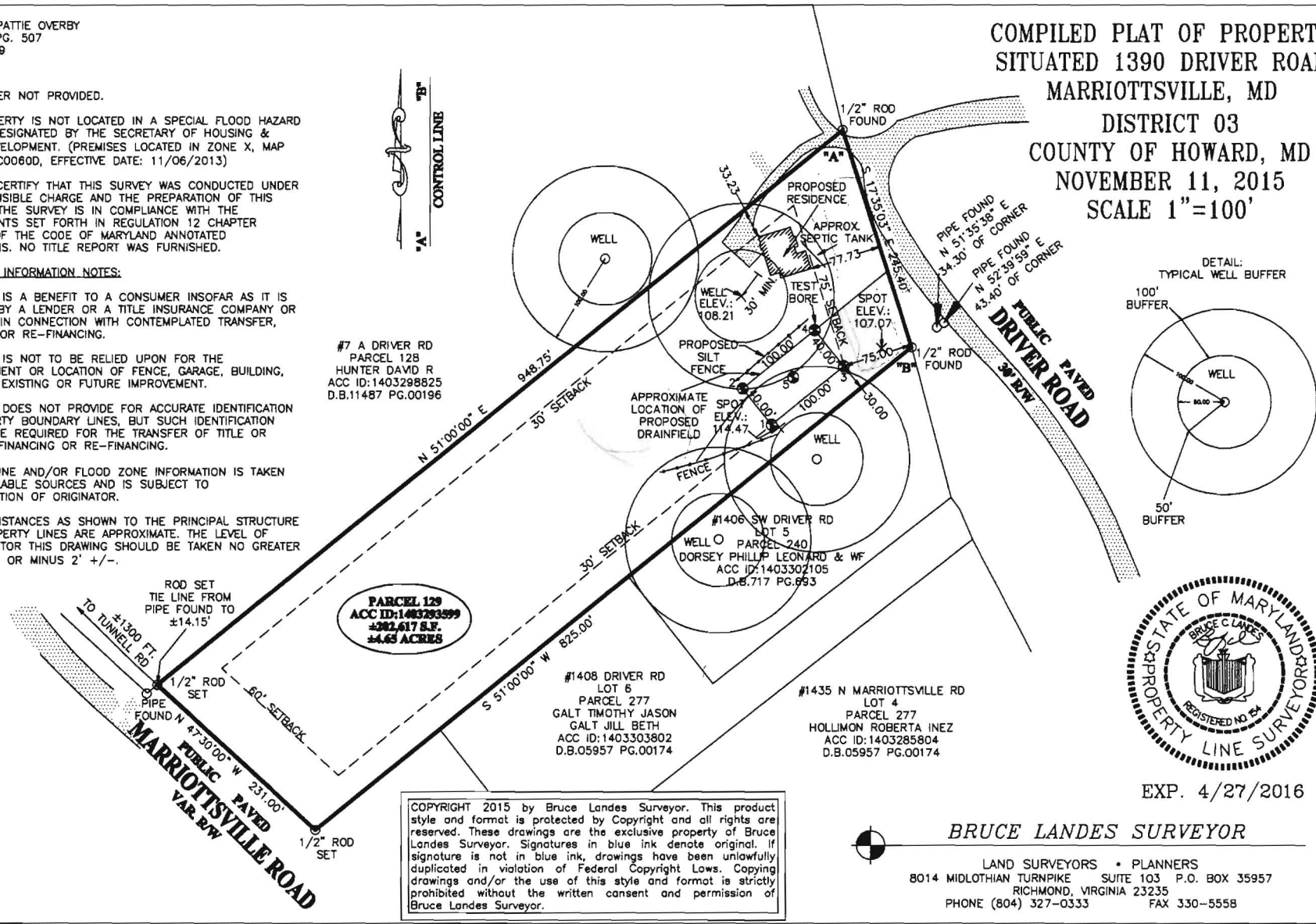
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FILE HOWARD COUNTY, MD