



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: 12/8/14

Permit No.: B14004446

Building Address: 6840 MINK HOLLOW RD
 City: W. Branch State: MD Zip Code: 21777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 29 Parcel: 21 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 2.4 acres
 Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 50000
 Description of Work: _____
(DETACHED) 21' x 36'
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ 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: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms:
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units:
Roadside Tree Project Permit # _____	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
	Footings:
	Roof:
	<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 type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil <u>UNCONDITIONAL</u>
<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: _____
Building Shell Permit Number: _____

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 _____ Print Name _____
 Email Address _____ Date _____
 Title/Company _____

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>2-8-15 D. Bernard</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>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>86021</u>



Office of the Health Officer

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDepartment

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

DATE: January 12, 2015

TO: Mr. Donald Souder
Via E-mail: souderinc@verizon.net

RE: **Building Permit # B14004446**
6840 Mink Hollow Road
Highland, Maryland 20777

Mr. Souder,

No records could be located regarding the soil profiles or for the existing septic system area on your property. Our requirements for building permits are a full complete file for application approval. Therefore, percolation testing and a percolation certification plan will be required to complete your file. After percolation testing has been completed we will require the percolation certification plan to be submitted to our office for approval. This plan along with testing results will complete your file and allow us to review your building application.

Another alternative to avoid percolation testing and a percolation certification plan will require you to submit a variance request. The request must include your reason for the request, supporting documents, and any information that might establish why your request will not affect the established septic system and its components. Submit your variance to Michael Davis, Deputy Director of the Howard County Health Department. Variance reviews are subject to a three week review period, however every effort will be made to review the request as soon as possible.

Your building permit will be placed "on hold" until all Health Department 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,

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

February 27, 2015

Donald Sauder
P.O.Box 153
Highland, MD 2077

RE: Waiver Approval

6840 Mink Hollow Road
Highland, MD 20777

Mr. Souder:

The Department of Health has received your waiver request dated January 13, 2015 for the above referenced property. This agency will grant **approval** of the waiver to the required Percolation Certification Plan as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed twenty-four (24) foot by thirty-six (36) foot garage will have minimal impact on the amount of area available for on-site sewage disposal system repair.

Be advised that any future addition may require percolation testing and a Percolation Certification Plan will be required. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

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

Respectfully,

A handwritten signature in black ink, which appears to read 'Michael J. Davis', is written over the typed name.

Michael J. Davis
Assistant Director
Bureau of Environmental Health

SOUDER BUILDERS, INC.

P. O. BOX 153

HIGHLAND, MD 20777

Phone: 301-854-0166

Email: souderinc@verizon.net

MHIC #2980

January 13, 2015

Howard County Health Department
Attn: Dana Bernard, REHS/RS
Bureau of Environmental Health
8930 Stanford Drive
Columbia, MD 21045

VARIANCE REQUEST

RE: Building Permit # B14004446

6840 Mink Hollow Road, Highland, MD 20777

Dear Dana:

I am requesting a variance for any percolation test and plan required to release Building Permit # B14004446. This permit is for a stand alone garage with no water or sewage. The building will not contain any plumbing, it will be just a garage. This structure will in no way affect the existing septic system or any areas that might be needed in the future.

Please issue a variance for the Percolation test and plan.

Sincerely,



Donald E. Souder

President

DES:srw

2/26/15
Approved
William J. Davis

