



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: 2-25-15

Permit No.: B15000677

Building Address: 2331 MELLERS MILL WAY
 City: _____ State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD Addition
 Estimated Construction Cost: \$ 88,000.00
 Description of Work: _____

 Occupant or Tenant: _____

Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: BRENT THURMAN
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 410 244 9771 Fax: _____
 Email: BT@ME.COM

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

Contractor Company: Hunch Over
 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 type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
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 type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input checked="" 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: Brent Thurman
 Email Address: BT@ME.COM Date: 2/25/15
 Title/Company: _____

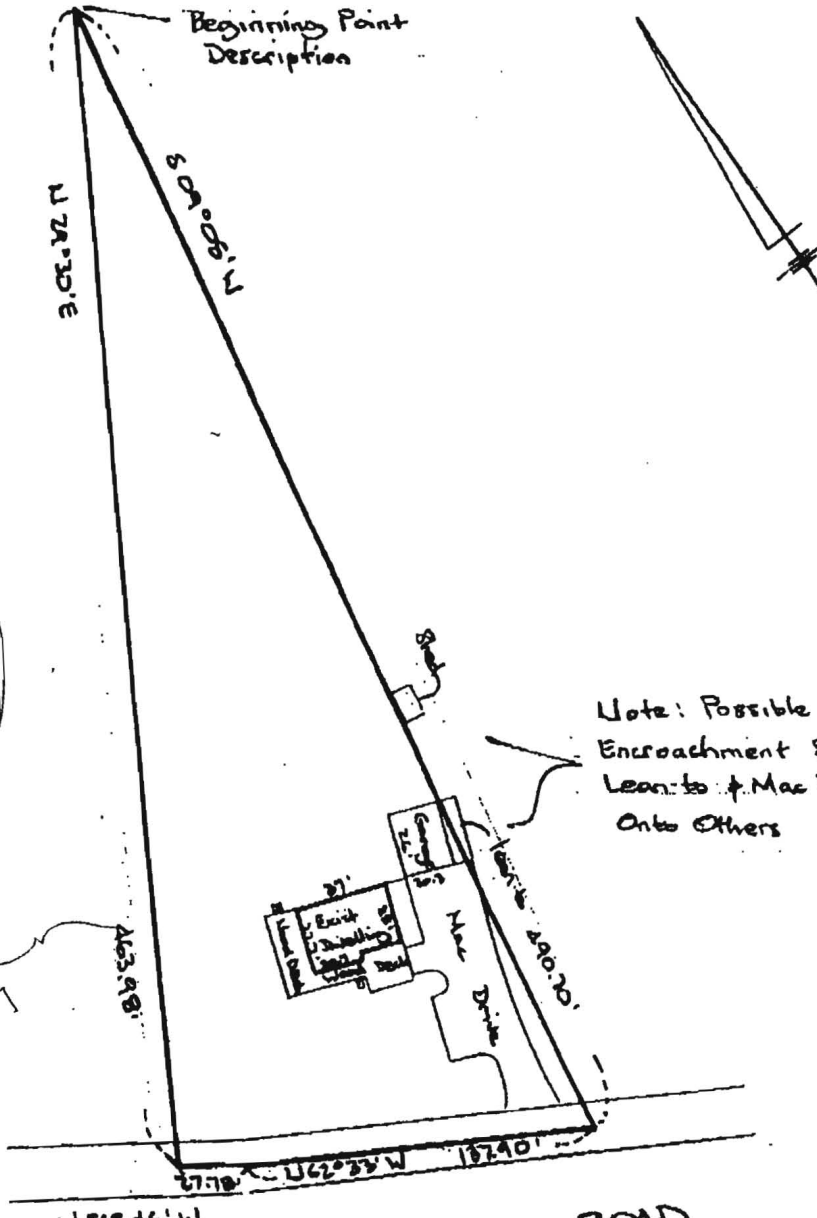
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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>2640</u>



Handwritten signatures and date:
 11/29/07

MILLERS MILL ROAD

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044-0014B

The plat is of benefit to consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of six feet, more or less.

Note: The description of this property Recorded in Liber 6773, Folio 190, contains a mathematical error of 6 feet ±. A Boundary Survey would be required to find and correct this error or errors.

Signature: Henry J. Smith, Jr.
 STATE OF MARYLAND
 COUNTY OF HOWARD
 No. 48
 CERTIFICATE LINE SURVEY

Ertel Associates, Inc.

8425 Hallmark Circle
 Baltimore, Maryland 21234
 Phone: 410-882-0989 • Fax: 410-882-0842

LOCATION DRAWING
 #2331 MILLERS MILL ROAD
 LIBER 6773, FOLIO 190
 HOWARD COUNTY, MD

DATE: 11/28/07 SCALE: 1"=60' FILE: 19218-07

SITE INSPECTION SHEET

443-605-4588

OWNER: Brent & Claire Thurman

PHONE #: 443-745-8094

ADDRESS: 2391 Miller's Mill Rd.

CONTRACTOR: R. Mayne

WELL TAG #: Pit well

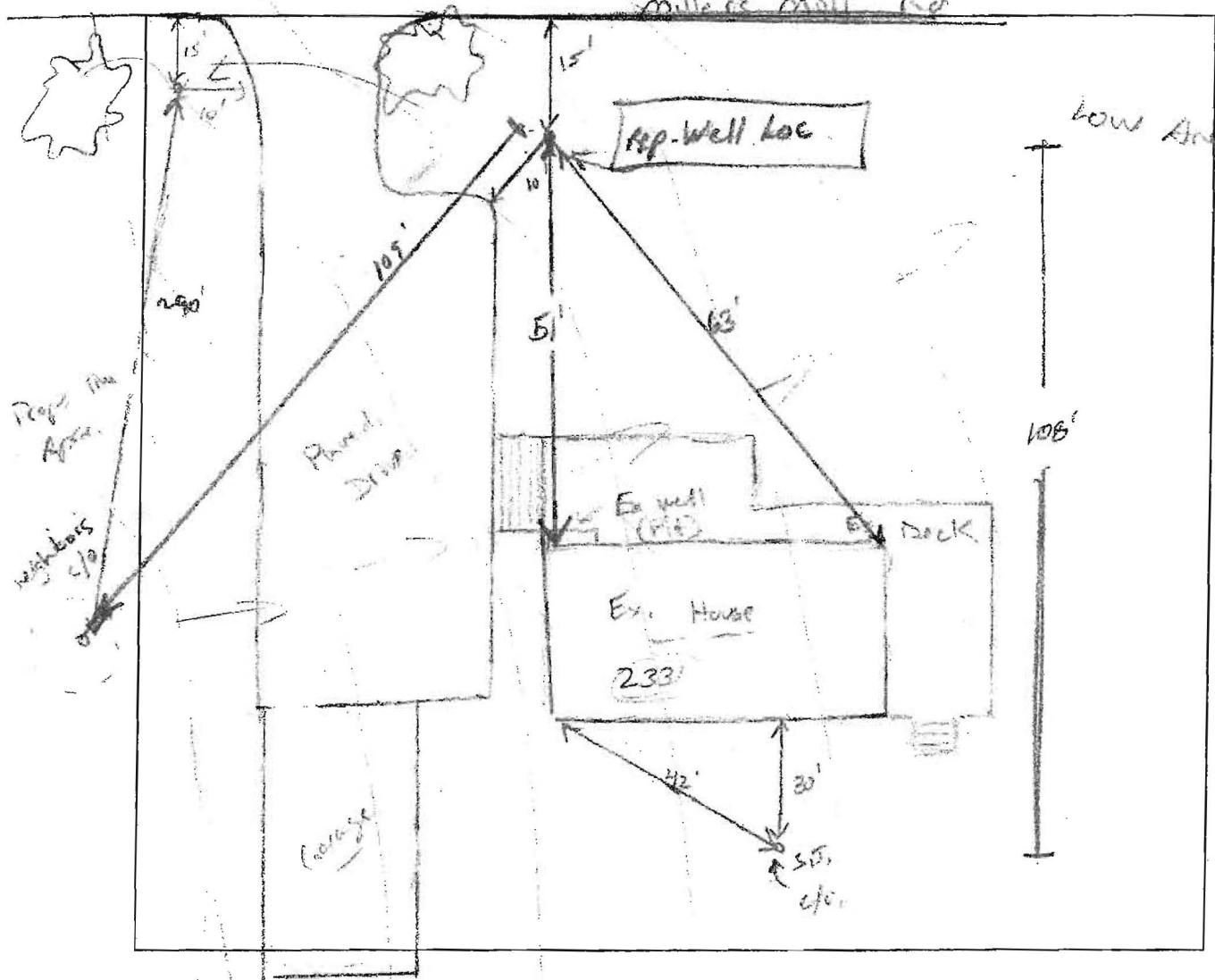
SUBDIVISION: _____

LOT: _____

COUNTY #: 13

PROPOSAL: Pit well pulling about 2' sediment

LOCATION DIAGRAM



COMMENTS: 5/

DATE: _____ INSPECTOR: _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1461
Site Address: 2331 Miles Mill Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

*RETOK
well*

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: OK RP
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name Thurman Owner Brent First Name _____ 34
 2331 Millers Mill Rd
 36 Street or RFD _____ 55
 70 State MD Zip 21723 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21
 23 SUBDIVISION _____ 42
 SECTION _____ LOT _____
 44 46 48 50
ALDENWOOD
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) 0.2 M I
 73 76 77 78

DRILLER INFORMATION

76 Driller's Name Ralph E. Mayne License No. M SD 117 81
 Firm Name Ralph E. Mayne Inc
 Address 17024 Handy Rd Mt Airy MD 21771
 Signature _____ Date 5/11/09

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)**

1.1 NEAR WHAT ROAD MILLERS MILL RD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 35 37 DISTANCE FROM ROAD _____
 ENTER FT OR MI 38 39
 TAX MAP: 14 BLK: 4 PARCEL 96

B 2 **WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED 5/15/09 CO SIGNATURE [Signature] EXP. DATE 5/15/10
 43 MM DD YY 48 NORTH GRID 538 000 EAST GRID 0492 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 6" FEET 24 28
 APPROXIMATE DIAMETER OF WELL 150 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. well
 2. _____
 3. _____

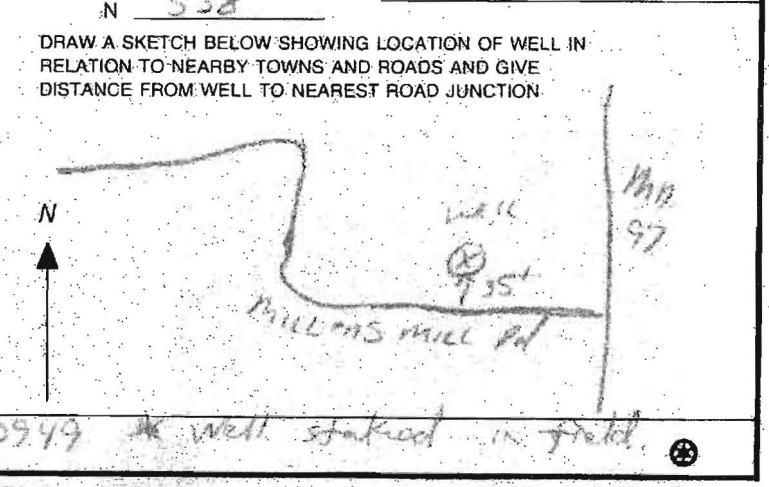
WRITE THE BOX NUMBER FROM THE MAP HERE
 E 793
 N 538
 000
 000

METHOD OF DRILLING (circle one)

BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROtary Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-1761
 70 71 72 73 74 75 76 77 78 79
 SPECIAL CONDITIONS PH 443-482-0949 well staked in field.

C1 7199

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD section including WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section including casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth of main casing.

OTHER CASING (if used) section including diameter, depth (feet).

SCREEN RECORD section including screen type or open hole, insert appropriate code below, ST, BR, HO, PL, OT.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

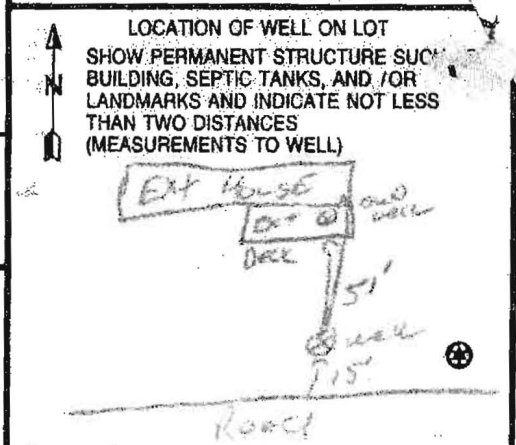
C2 DEPTH (nearest ft.) table with columns 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes SLOT SIZE, DIAMETER OF SCREEN.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

C3 PUMPING TEST section including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



C1 7198

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 160

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-1761

OWNER, STREET OR RFD, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (58)

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M D

DRILLERS SIGNATURE, LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.)

Table with columns: A, C, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-24, 30-32, 38-39, 45-47, 51-53)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

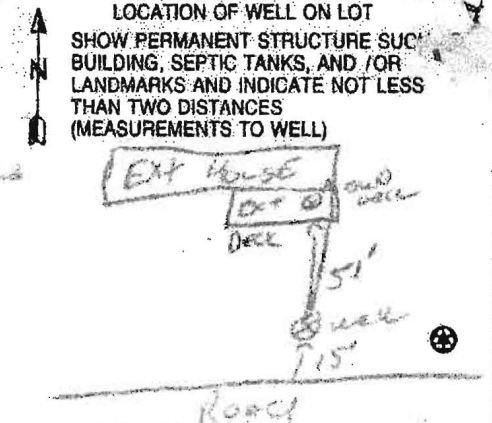
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C3 PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface), BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (A, P, T, C, R, O, J, S)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1500VS7639

Building Address 2331 MILLERSMILL RD
COOKSVILLE, MARYLAND 21723

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 14 Parcel 46 Grid X64

Zoning _____ Map Coordinates 952 Lot size 8,514

Property Owner's Name BERNARD DEHAENE

Address 2331 MILLERSMILL ROAD

City COOKSVILLE State MD Zip Code 21723

Home Phone (301) 529-1369 Work Phone _____

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

Phone _____ Fax _____

Existing Use 5F HOME

Proposed Use (1) STORY GARAGE STORAGE

Estimated Construction Cost \$ 24,000

Description of Work (1) STORY PALE-BUILDING
GARAGE WITH CONCRETE SLAB
FLOOR, (2) GARAGE DOORS, (1) ENTRY
DOOR, SHINGLE ROOF, VINYL SIDING

Contractor Company HOMEOWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant BERNARD DEHAENE

Contact Name SAME

Address 2331 MILLERSMILL RD

City COOKSVILLE State MD Zip Code 21723

Phone (301) 529-1369 Fax _____

Engineer or Architect Company HOMEOWNER

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: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth Width	Sewage Disposal: _____ _____ 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: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #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: <u>GARAGE</u>	
Dimensions: <u>22' x 32'</u>	
Footings: <u>4" x 12"</u>	
Roof Height: <u>7'3"</u>	
_____ 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.

Applicant's Signature OWNER

Title/Company _____

Print Name BERNARD DEHAENE

Date 1-19-06

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - 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 NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
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 # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 3-13-15

To: Daniel Sumner Plan Review Division
(Person's Name and Division)

From: Brent Thurman ()
(Your Name, Company Name and Telephone Number)

Subject: Project name THURMAN
Project site address 2221 Millers Mill Rd. Center, MD 21033
Permit # B15000677 SDP # _____
Other information pertinent to this project _____

MAR 16 2015

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of four copies showing photos (be specific). existing and proposed drawings
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Brent Thurman
Please Print Name

Telephone No: 443 745 2094

E-Mail Address: copy #1 @ ME.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

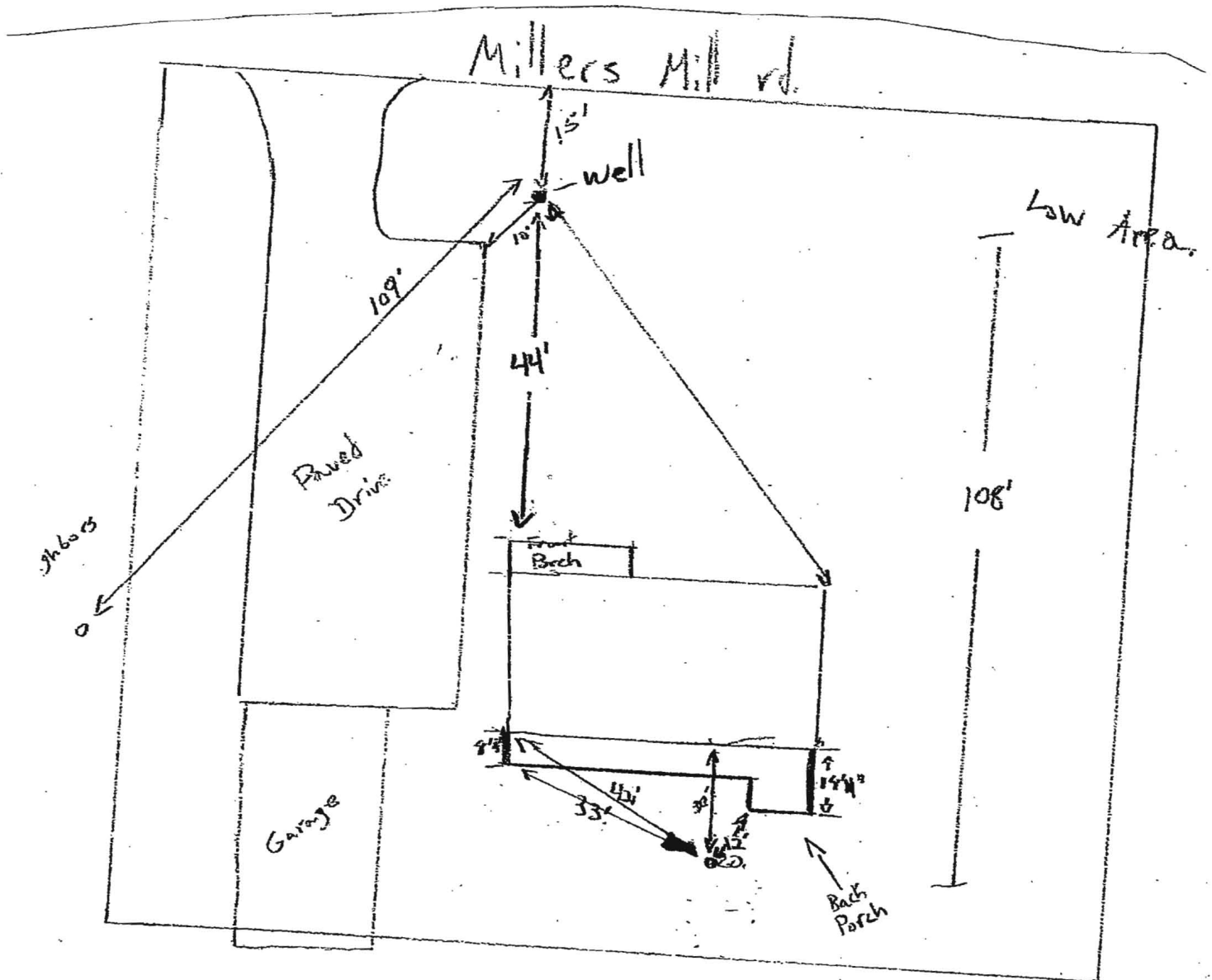
Received by AKH

PER DAN

HCTH

Owner: Brent Thurman

Address: 2331 Millers Mill rd cooksville MD

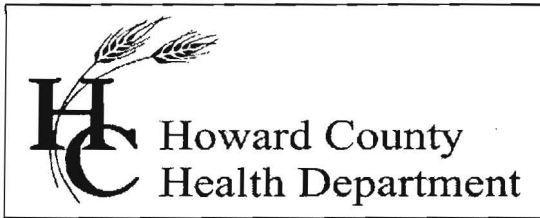


REVISED

Date: 3/13/15

Comments: B15000677

EXISTING + PROPOSED
STRUCTURES SHOWN



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-1771 | 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

Date: March 17, 2015

To: Brent Thurman, owner, Applicant
sayit1@me.com

RE: B15000677, 2331 Miller's Mill Road. Revision of Plot Plan and review of floor plans also required. Percolation Certification Plan and percolation test requirements.

Dear Mr. Thurman,

Please be advised that the Health Department requires evaluation of the subject property's wastewater and drinking water systems during review of building permit applications. A Percolation Certification Plan must be on file for the subject property for the Health Department to approve proposals for significant additions to existing structures.

Concerning the proposal for 2331 Miller's Mill Road (B15000677):

1. A review of the proposed floor plans is required. The floor plans may be sent directly to me by email, or they may be delivered at our Bureau desk, to my attention.
2. The Plot Plan must be revised to illustrate accurately the locations of the existing well and existing septic system components. The Plot Plan revision is to be formally submitted to the County Department of Inspections, Licenses, and Permits.
3. A field review of the property will be conducted to observe the condition of the existing water source and surface conditions around the existing septic system.
4. Please be advised that the Health Department may determine that percolation tests will be required in order to define an area for wastewater disposal and treatment. The percolation test results and area defined for wastewater disposal, and the locations of replacement wells, must be certified by the Approving Authority's signature. A Percolation Certification Plan is the document by which certification is achieved. I believe that Hank Oswald of this office sent information to you in November 2014 concerning requirements for percolation testing and developing a Percolation Certification Plan.

Should you have any questions concerning this matter, you may contact me by email, or by calling 410-313-2691.

Respectfully,

Robert Bricker, REHS/R.S., L.E.H.S.

Environmental Sanitarian II, Well and Septic Program
Howard County Bureau of Environmental Health

Copy: file

B00157639
6.19.06

1.61

130'±

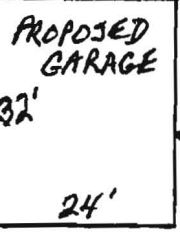
120'

2331 MILLERSMILL RD
APPROXIMATELY 3/4 ACRE
SCALE 1" = 25'

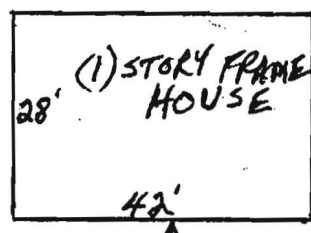
250'±



32'



87'



O-WELL

DRIVEWAY

70'

12'