

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 9977 OLD ANNAPOLIS RD.
ELlicott RD, MD 21042
 PLAT 15098
 Suite/Apt. #: _____ SDPWP/Petition # _____
 Census Tract 002301 Subdivision _____
 Section _____ Area _____ Lot # 1
 Tax Map 24 Parcel 944 Grid 19
 Zoning R-20 Map Coordinates 15K1 Lot size 0.40
17,522 sq ft

Property Owner's Name JALIL SABERIAN
 Address 9977 OLD ANNAPOLIS RD.

City ELlicott RD State MD Zip Code 21042
 Home Phone (410) 461-2049 Work Phone 443-677-163
 Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use SFD
 Proposed Use SAME
 Estimated Construction Cost \$ 25000.00
 Description of Work 1 story addition
20 x 30 on slab on
grade
2 Bed Rm, bath and closet.

Contractor Company OWNER
 Contact Person _____

Address [Signature]
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
<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.

[Signature]
 Applicant's Signature
owner
 Title/Company

JALIL SABERIAN
 Print Name
 Date _____

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	<u>4/29/05</u>	<u>[Signature]</u>
Fire Protection		

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 # _____

66518

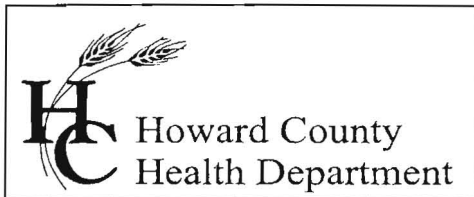
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM

Rev. 11/4/04

Recommend state action towards [Signature]



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 1, 2005

CERTIFIED/REGULAR MAIL

Jalil Saberian
9977 Old Annapolis Rd
Ellicott City, Maryland 21042

RE: Building Permit Application
1-story 28X30 Addition
9977 Old Annapolis Rd

Dear Mr. Saberian:

This office recently approved your building permit on July 29, 2005 for an addition to the referenced property. Due to learning the availability of public sewer in the area, we have to rescind our approval at this time.

State regulation (COMAR 26.04.02) stipulates that local health departments shall not recommend the approval of building permits for any property served by an on-site well and or septic system, unless the approving authority is satisfied that the existing septic system can hydraulically handle and adequately treat both current and future water flows.

Our records indicate that the house is currently served by a septic system installed in 1963, with a possible current repair completed without a permit. The septic tank and dry well for the referenced property are both located on the adjacent property. After a site inspection on July 27, 2005, it was recommended that a system upgrade be performed due to the level of effluent found in the existing dry well.

Given that public sewer is available through the county, and the health department under this circumstance can not approve a septic system repair in an area where public sewer is available (Howard County Code 12.105.a2), approval of the referenced building permit can not be granted until the house is connected to public sewer and the existing septic system is properly abandoned.

If you have further questions regarding this matter, please contact me at (410) 313-1771. Information regarding connections to public sewer can be obtained through the Department of Inspections, Licenses and Permits at (410) 313-2455.

Sincerely,

Sara Fegel
Well and Septic Program
Development Coordination Section

SF

Cc: Joe Williams, DILP

File

7003 1010 0001 7268 1182

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7003 1010 0001 7268 1182
7003 1010 0001 7268 1182

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To JAIL Seborian
 Street, Apt. No.,
 or PO Box No. 9977 OLD ANNAPOLIS ROAD
 City, State, ZIP+4 ELICOTT CITY, MD 21042

PS Form 3800, June 2002

See Reverse for Instructions

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

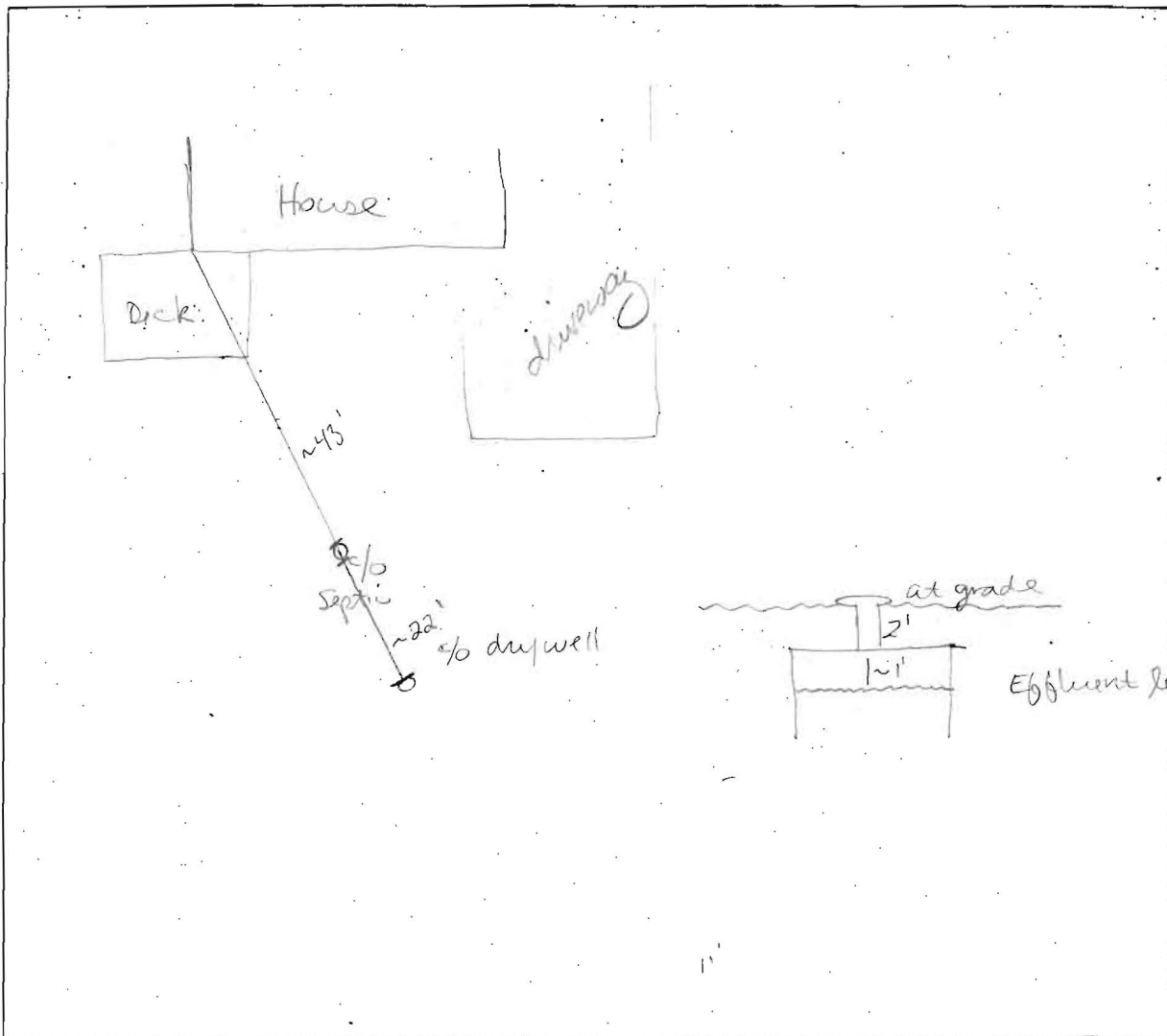
ADDRESS: 9977 old Annapolis Rd CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

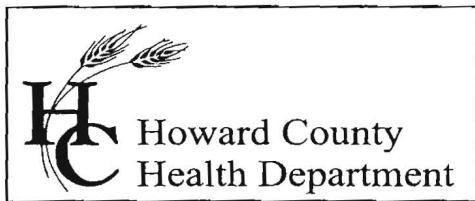
PROPOSAL: Inspection needed to determine effluent level in dry well

LOCATION DIAGRAM



COMMENTS: Septic tank is located above slope from dry well. It is possible that the inlet song into dry well is approximately 1' to 1 1/2' from top. Owner thought that septic tank was replaced before he bought it, the tank does have a PVC clean out.

DATE: 7/27/05 INSPECTOR: SF



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(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

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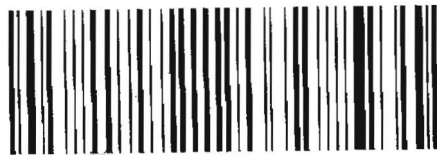
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7003 1010 0001 7268 1182



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

AUG-31-05

RETURNED TO SENDER
UNCLAIMED
21043

Jalli Saberian
9977 Old Annapolis Rd
Ellicott City, Maryland 21042

RETURNED TO SENDER
UNCLAIMED
21043
8/12
8/22/05

RETURN RECEIPT

NIXIE 212 1 08 08/27/05

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

EC: 21046213278 *0692-07290-27-00



2104572132

2877 8922 T000 0T0T E002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jalil Sabirian
 09777 OLD ANNAPOLIS ROAD
 ELLCOTT CITY, MD
 21042

2. Article Number

(Transfer from service label)

7003 1010 0001 7268 1182

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

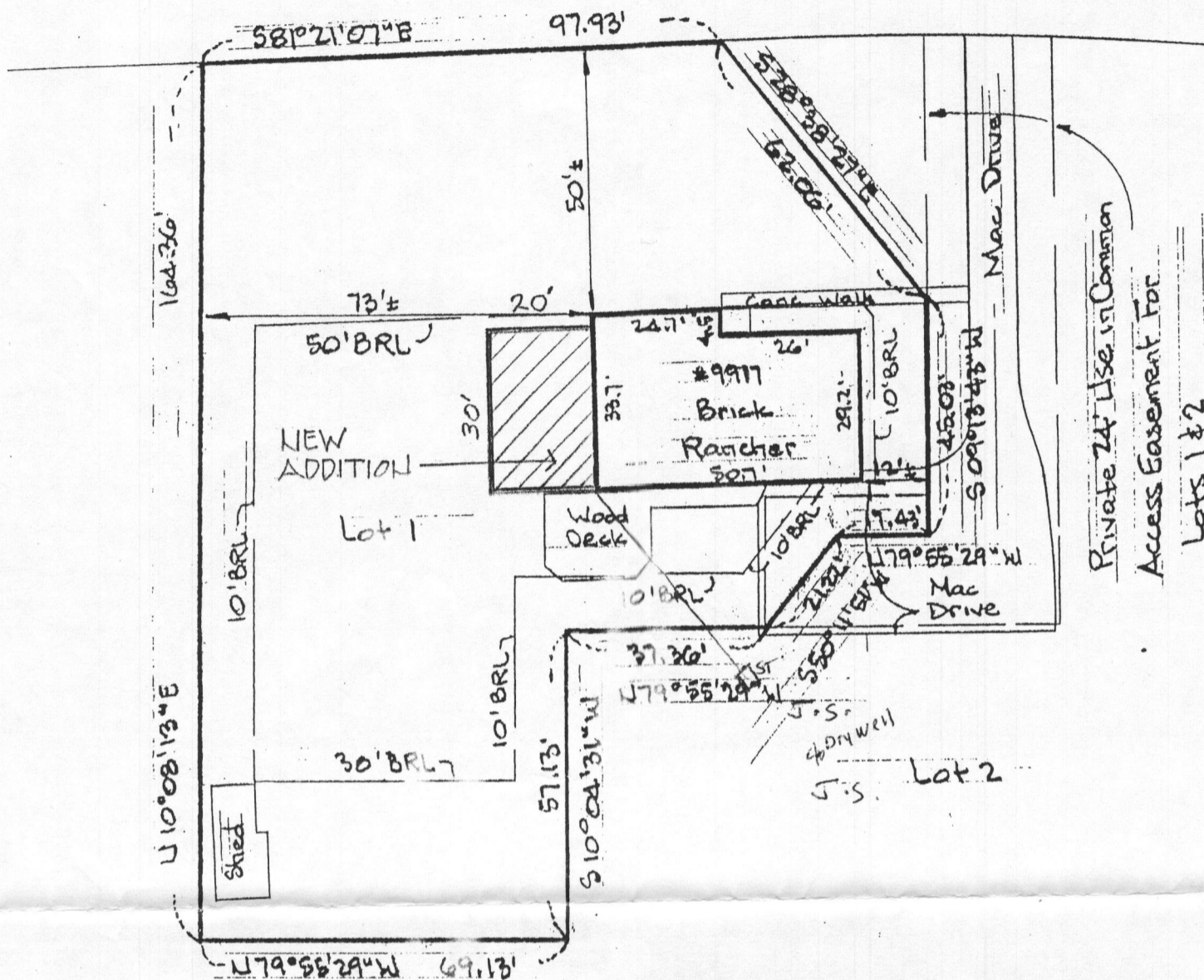
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

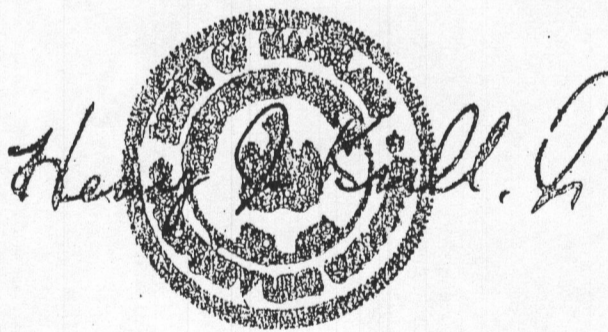
APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 064810
 APP. SAN KJB DATE: 7/29/05
 DESC. OF WORK: Lotory
addition 28x30

OLD ANNAPOLIS ROAD



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL# 240044-0023 B

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 two feet, more or less.



Ertel Associates, Inc.

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

LOCATION DRAWING

#9917 OLD ANNAPOLIS ROAD; Lot 1
 "SABERIAN PROPERTY, Lots 1 & 2"
 HOWARD CO., MD. PLAT MDR 15095

DATE: 3/23/03	SCALE: 1"=30'	FILE: 3421 03-7125-03 MLO
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