

B/000/049

Building Address 4412 Oakwood Junction Ct
Dayton MD 21226
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Tom Kinzoid
Address 4412 Oakwood Junction Ct
City Dayton State MD Zip Code 21226
Home Phone 410-981-8612 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):
Michael A Underwood
Master Gas Fitter Poist Gas Co
240-535-6167
360 Main St Towson 21287
Phone 301-725-3232 Fax 301-725-7129

Existing Use Single Family Home
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work Install 500 gallon ASME Underwood propane tank and 2" gas pipe with high pressure line from tank to study unit at house
Occupant or Tenant Tom Kinzoid
Contact Name Sean Underwood
Address 360 Main St
City Towson State MD Zip Code 21287
Phone 301-725-3232 Fax 301-725-7129

Contractor Company Poist Gas Company
Contact Person Sean Underwood
Address 360 Main St
City Towson State MD Zip Code 21287
License No. MD-66894 HI-6509993
Phone 301-725-3232 Fax 301-725-7129
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: _____ 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: N/A <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 _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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: _____	
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 _____
Email Address _____
Title/Company Service Manager, Poist Gas Co.

Print Name Michael A Underwood
Date 4-26-10

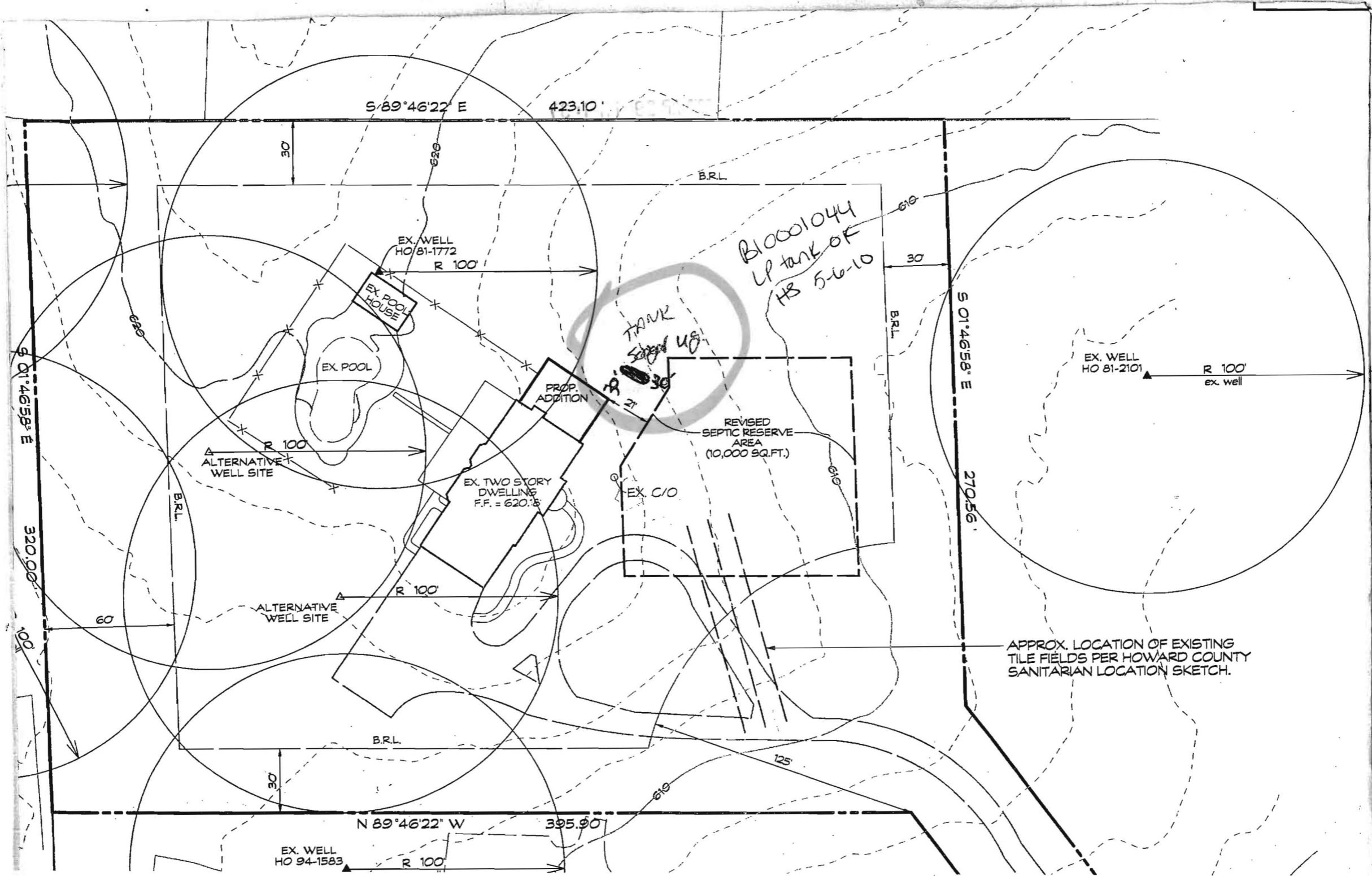
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>5-6-10</u>	<u>Debra Scott</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ <u>110</u>	
Rear: _____	Permit fee \$ _____	
Side: _____	Excise tax \$ _____	
Side St.: _____	Add'l per fee \$ _____	
All minimum setbacks met?	TOTAL FEES \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Entrance Permit Required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____	
Historic District?	Validation # _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for New Town Zone _____		
SDP/Red-line approval date _____	Accepted by _____	



DEPT. OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

**B09001355
 PERMIT NUMBER**

Building Address 4412 Oakwood Overlook Ct. Dayton, MD 21036
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Oakwood Overlook
 Section _____ Area _____ Lot 24
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Thomas Kincaid
 Address 4412 Oakwood Overlook Ct
 City Dayton State MD Zip Code 21036
 Phone 410-961-8612 Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
 Phone _____ Fax _____

Existing Use Residence
 Proposed Use Residence
 Estimated Construction Cost \$ 150,000
 Description of Work Addition to current residence
 Occupant or Tenant Thomas Kincaid
 Contact Name Thomas Kincaid
 Address 4412 Oakwood Overlook Ct
 City Dayton State MD Zip Code 21036
 Phone _____ Fax _____
410-961-8612

Contractor Company CAC Builders LLC
 Contact Person Stuart Colvin
 Address 8489 Heatherwood Dr
 City Laurel State MD Zip Code 20723
 License No. MHC 71223
 Phone _____ Fax _____
301-490-9171 301-490-3555
 Engineer or Architect Company JB Homes
 Contact Person John Butts
 Address 9416 Concord Ct.
 City Baltimore State MD Zip Code 21234
 Phone _____ Fax _____
410-599-9587 410-663-4069

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

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

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.

Shuan Merrell
 Applicant's Signature
Manager / CAC Builders
 Title/Company

Shannon Merrell
 Print Name
6/25/09 6/29/09
 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 Officials			
Dev. Engineering, DPZ			
Health	<u>9-3-09</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID #

Filing fee \$ 25.00
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 10849
 Validation # _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:forms/buildingpermitapplication REV 10/28/04

#176553



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

July 7th, 2009

Thomas Kincaid
4412 Oakwood Overlook Ct.
Dayton, MD 21036

Re: **Building Permit**
#B09001555

Dear Mr. Kincaid

This office has recently received the above referenced building permit application for a 24' x 32' addition. However, we are unable to recommend approval of your application at this time.

Per *Howard County Code Sec. 3.805* any addition over 250 sq. ft intended to increase living space requires a Percolation Certification Plan. The purpose of this plan is to formally establish an area of 10,000 sq. ft. on the property to accommodate at least 2 septic replacement systems. A septic easement was established for your property per plat #7087 and adequate percolation testing was performed but no Percolation Certification Plan was prepared at that time. The existing septic system must also undergo an evaluation to verify it is adequate for the existing and proposed property use prior to consideration for building permit approval. The Health Dept. also needs further detail about what type of living space the addition will have (kitchen, bedrooms, office, sunroom, etc.) including a set of floor plans.

Upon submittal of a Percolation Certification Plan the current septic area must be revised in order to meet Health Dept. setbacks. A minimum separation distance of 20' is required from a new foundation to an existing septic easement. Your proposed addition does not currently meet this setback. Details on how to prepare this plan and all of the requirements can be found on our website at:

<http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealthWaterSewerage.htm>. Typically these plans are prepared by a professional surveyor or engineer. However we do allow homeowners to prepare and submit their own plans. You may also schedule an appointment to discuss these requirements and/or plan details if you wish.

Your building permit will remain 'on hold' until all Health Dept. requirements are met. If you have any questions or concerns regarding this matter please call our office at 410-313-1771 or you may contact me directly at 410-313-6287.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Heidi Scott'.

Heidi Scott
Well & Septic Program
Development Coordination Section

Cc: File

SITE INSPECTION SHEET

OWNER: Thomas Kincaid PHONE #: _____

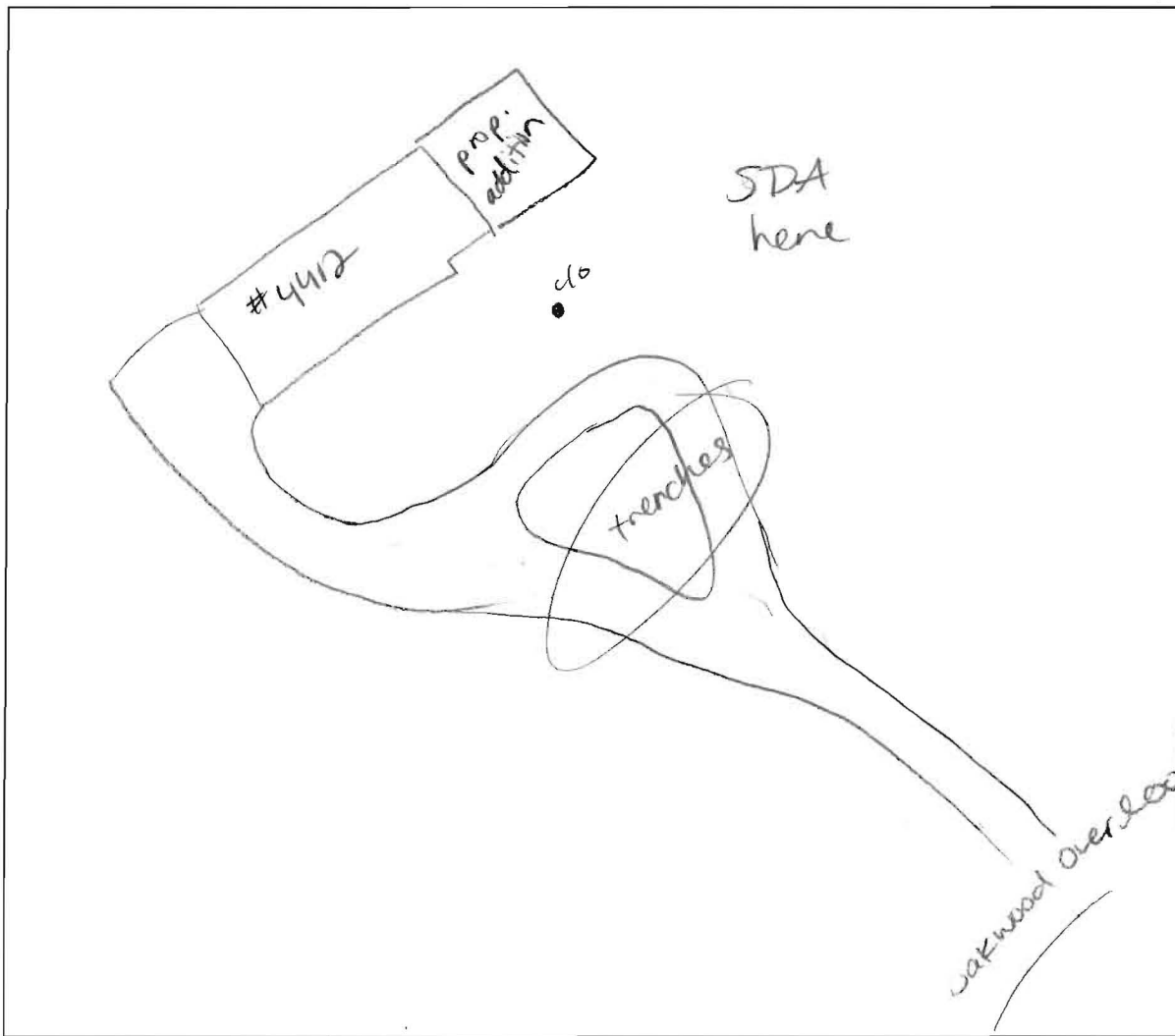
ADDRESS: 4412 Oakwood Overlook CONTRACTOR: George 301-440-3326

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: 24' x 32' addition
great room/rec room expansion.

LOCATION DIAGRAM



COMMENTS: Site insp. for BP addition. No visible
signs of failing system. Tank c/o located. Current
system is oversized. Addition will encroach on
ex. SDA. Appears trenches were not placed
entirely in SDA.

DATE: 7-9-09 INSPECTOR: HS