



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.: B16003879

Building Address: 12235 Frederick Rd.
 City: Ellicott City State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family Home
 Proposed Use: Same
 Estimated Construction Cost: \$ 210,000
 Description of Work: 25' x 20' Addition, Basement, 1 Floor and Roof and remodel existing kitchen. (Approx. 15' x 50') (2-story all)
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: John Peters
 Address: 12235 Frederick Rd.
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 8434223988 Fax: _____
 Email: jo3pete@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Adam August
 Address: 9050 Red Branch Rd. Unit 1
 City: Columbia State: MD Zip Code: 21045
 Phone: _____ Fax: _____
 Email: tommchale@clarksvilleconstruction.net

Contractor Company: Clarksville Construction Services
 Contact Person: Tom McHale
 Address: 9050 Red Branch Rd. Unit 1
 City: Columbia State: MD Zip Code: 21045
 License No.: 78947
 Phone: 4433863099 Fax: _____
 Email: tommchale@clarksvilleconstruction.net

Engineer/Architect Company: Blue House Architecture
 Responsible Design Prof.: _____
 Address: 1993 Barley Rd.
 City: Marriottsville State: MD Zip Code: 21104
 Phone: 4105493377 Fax: _____
 Email: mclark@bluehouseARCH.com

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: <u>4</u>	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input checked="" 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 checked="" type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

RECEIVED

AUG 31 2016

LICENSES & PERMITS DIVISION

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.

Thomas McHale
Applicant's Signature

Thomas C McHale
Print Name

tommchale@clarksvilleconstruction.net
Email Address

Date

8-24-16

Project Manager
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>10/6/16</u>	<u>Thomas McHale</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? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

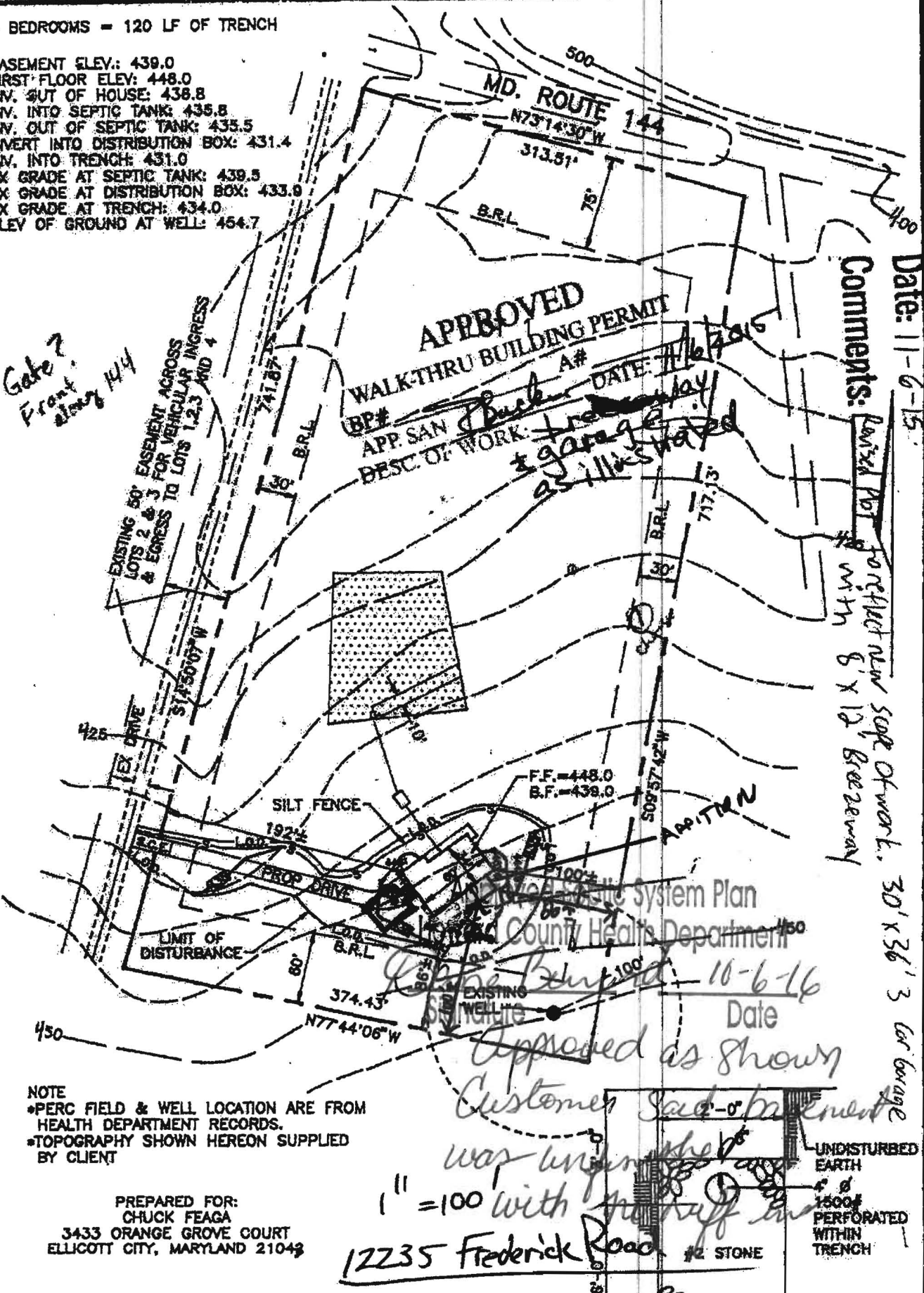
Filing Fee	\$ <u>250</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check #	<u>6991</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

4 BEDROOMS - 120 LF OF TRENCH

BASEMENT ELEV.: 439.0
FIRST FLOOR ELEV: 448.0
INV. OUT OF HOUSE: 438.8
INV. INTO SEPTIC TANK: 435.8
INV. OUT OF SEPTIC TANK: 435.5
INVERT INTO DISTRIBUTION BOX: 431.4
INV. INTO TRENCH: 431.0
EX GRADE AT SEPTIC TANK: 439.5
EX GRADE AT DISTRIBUTION BOX: 433.0
EX GRADE AT TRENCH: 434.0
ELEV OF GROUND AT WELL: 454.7

Gate?
Front along 144



APPROVED
WALK-THRU BUILDING PERMIT

BP# [blank] A# [blank]
APP. SAN. [blank] DATE: 11/6/2015
DESC. OF WORK: 1 garage
as illustrated

Comments:

Revised plot to reflect new scope of work, 30' x 36' 3\"/>

Date: 11-6-15

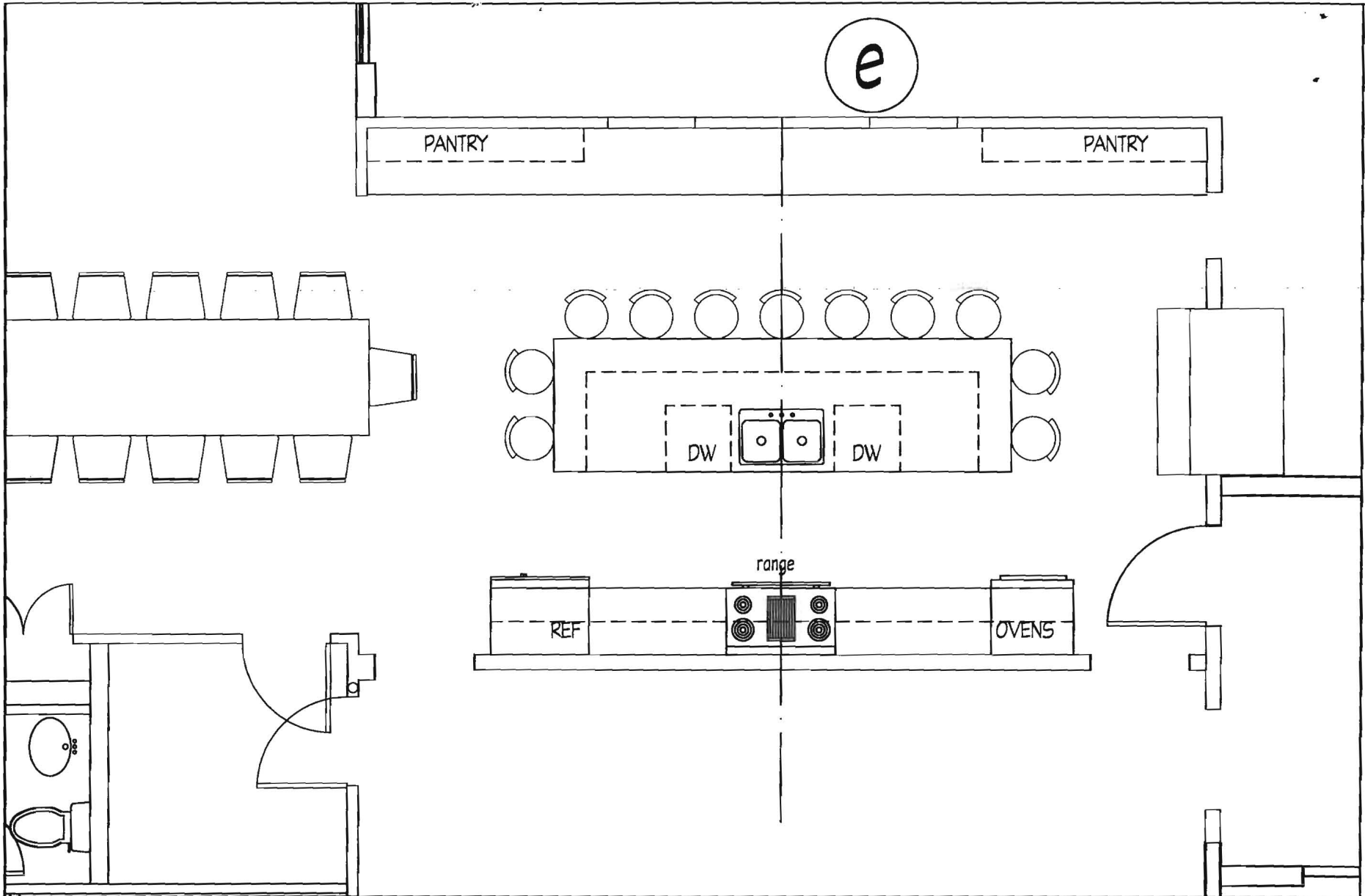
REVISED

NOTE
•PERC FIELD & WELL LOCATION ARE FROM HEALTH DEPARTMENT RECORDS.
•TOPOGRAPHY SHOWN HEREON SUPPLIED BY CLIENT

PREPARED FOR:
CHUCK FEAGA
3433 ORANGE GROVE COURT
ELLCOTT CITY, MARYLAND 21042

Approved as shown
Customer's satisfaction was [unclear]
1" = 100' with [unclear]
12235 Frederick Road #2 STONE

UNDISTURBED EARTH
1500# PERFORATED WITHIN TRENCH



DRAWING TITLE
proposed first floor plan

PROJECT NAME
peters residence addition

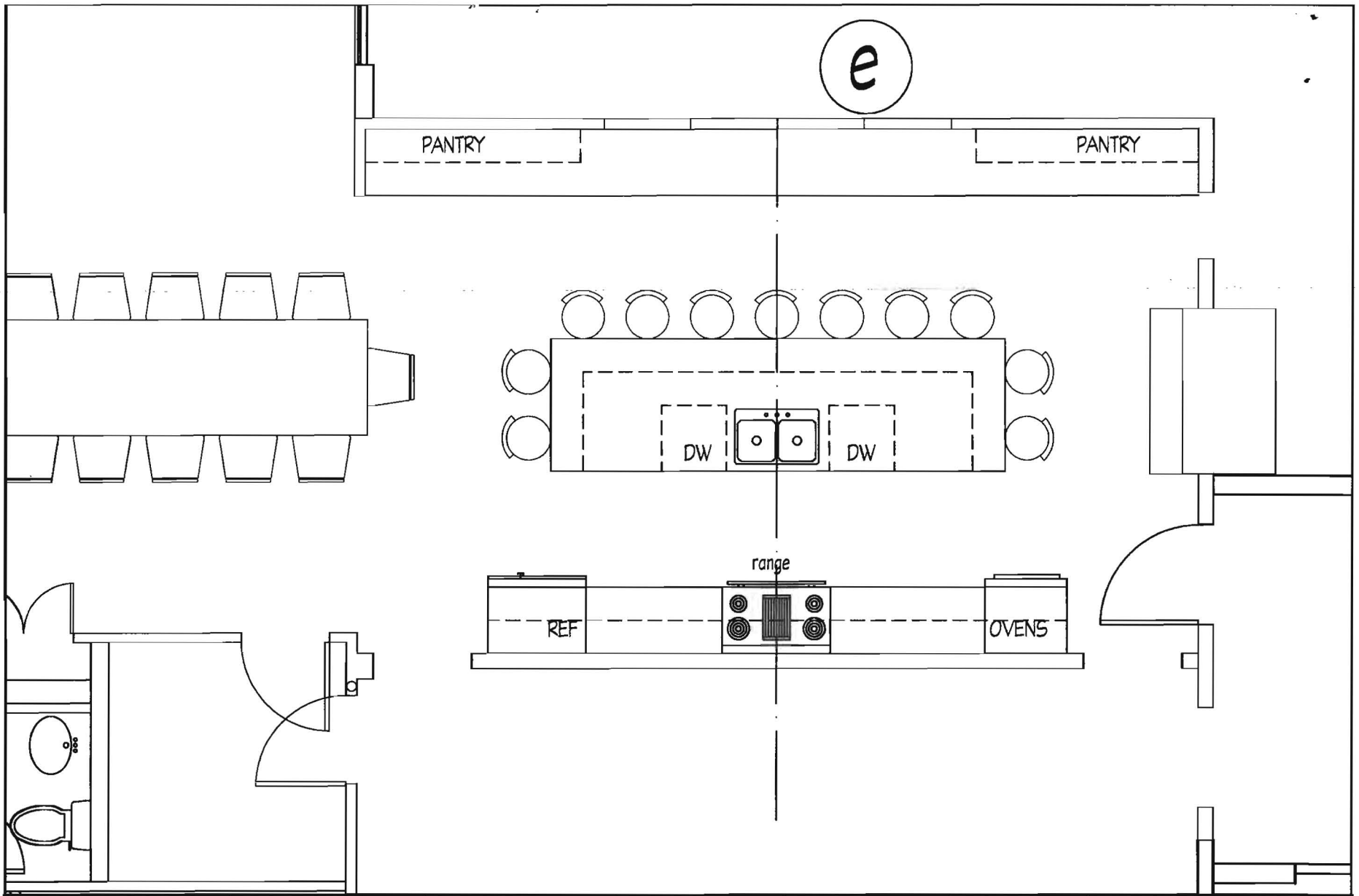


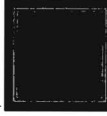
bluehouse architecture, llc
 1999 Barley Road
 Marltonville, Maryland 21104
 mclar1@bluehouseARCH.com
 Phone: 410-549-3377
 Fax: 410-549-3377
 www.bluehouseARCH.com

**FOR DESIGN
 REVIEW ONLY -
 NOT FOR
 CONSTRUCTION**

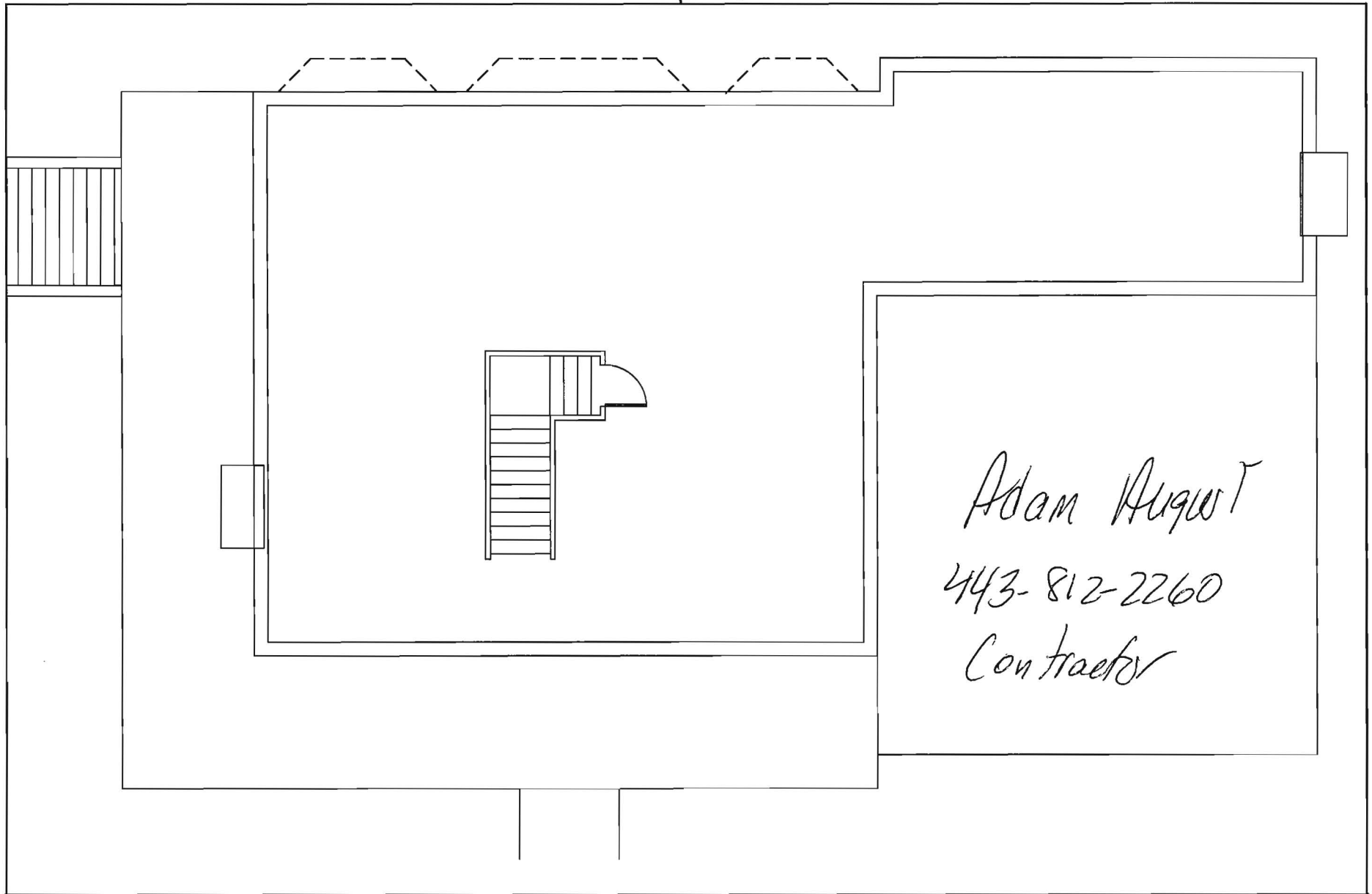
SCALE :
 1/4"=1'-0"
 DATE :
 ©06/13/2016
 FILE No. :
 14011-ex1

PROJ. NO.
 14011
 DRAWING NO.
pl-1
 1 of XX




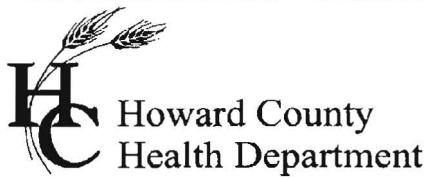
<p>DRAWING TITLE proposed first floor plan</p>	 <p>bluehouse architecture, llc 1993 Barley Road Marriottsville, Maryland 21104 mclark@bluehouseARCH.com Phone: 410-549-3377 Fax: 410-549-3377 www.bluehouseARCH.com</p>	<p>FOR DESIGN REVIEW ONLY - NOT FOR CONSTRUCTION</p>	<p>SCALE : 1/4"=1'-0"</p>	<p>PROJ. NO. 14011</p>
<p>PROJECT NAME peters residence addition</p>			<p>DATE : ©06/13/2016</p>	<p>DRAWING NO. pl-1</p>
<p>FILE No. : 14011-ex1</p>			<p>1 of XX</p>	

B16003879



Adam August
443-812-2260
Contractor

DRAWING TITLE existing basement level	 bluehouse architecture, llc 1993 Barley Road Marriottsville, Maryland 21104 mclart@bluehouseARCH.com Phone: 410-549-3377 Fax: 410-549-3377 www.bluehouseARCH.com	FOR DESIGN REVIEW ONLY - NOT FOR CONSTRUCTION	SCALE : 1/8"=1'-0"	PROJ. NO. 14011
PROJECT NAME peters residence addition			DATE : ©10/04/2016	DRAWING NO. pl-b
			FILE No. : 14011-ex1	1 of XX



Bureau of Environmental Health
8930 Stanford Drive Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

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

Date: September 22, 2016

To: Thomas McHale
Via Email: TOMMCHALE@CLARKSVILLECONSTRUCTION.NET
9050 Red Branch Road Unit 1
Columbia, Maryland 21045

RE: Building Permit # B16003879

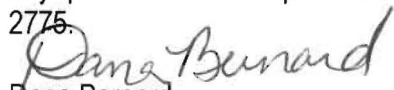
Mr. McHale,

After my review of your building permit, it has been determined that you will need to complete a few tasks to move forward with your building permit proposal. Therefore, a percolation certification plan will be required to complete your file and I have included a memo which includes information on how to complete the percolation certification plan. However, you may apply for a waiver for the percolation certification plan. Submit your waiver to Michael Davis, Deputy Director of the Howard County Health Department. Waiver reviews are subject to a three week review period however, every effort will be made to review the request as soon as possible.

This plan along with the following requirements will complete your file and allow us to review your building application. Further review is also contingent upon submission of a revised building plan showing the following:

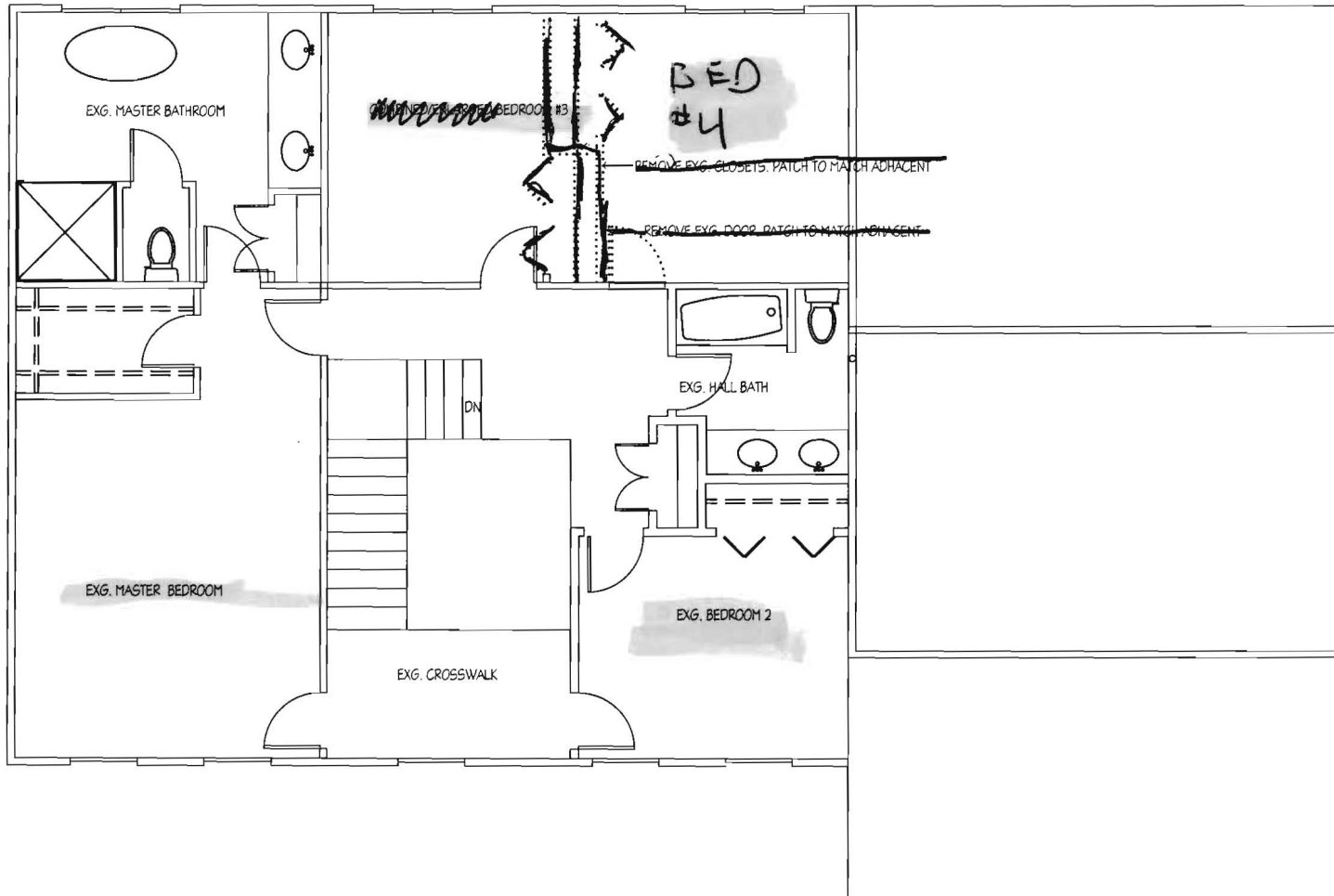
- Floor plans for the existing house and proposed addition are needed for review to determine the number of bedrooms.
- After review if the well needs to be brought above grade or replaced, a percolation certification will be required for the new well location and the well will need to be completed prior to building permit issuance.
- If your system is inadequate, your system may have to be upgraded to accommodate the new addition and the decision will be based on the final review of the floor plans and current septic system conditions.
- If your septic system has to be upgraded, we have new requirements as of January 1, 2013. All new construction is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a BAT site plan must be submitted along with your building application and building plan. **(BAT plan checklist attached)**

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.


Dana Bernard
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

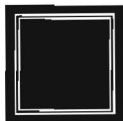
cc: Well & Septic program file

B16003879



DRAWING TITLE
SECOND FLOOR PLAN

PROJECT NAME
PETERS RESIDENCE



bluehouse architecture, llc

1993 Barley Road
Marriottsville, Maryland 21104
mclark@bluehouseARCH.com

Phone: 410-549-3377
Fax: 410-549-3377
www.bluehouseARCH.com

SCALE :
1/8"=1'-0"

DATE :
©04/06/2016

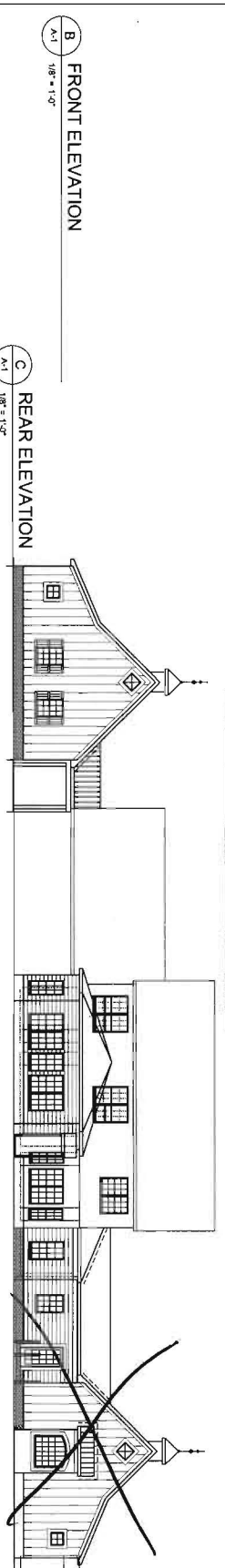
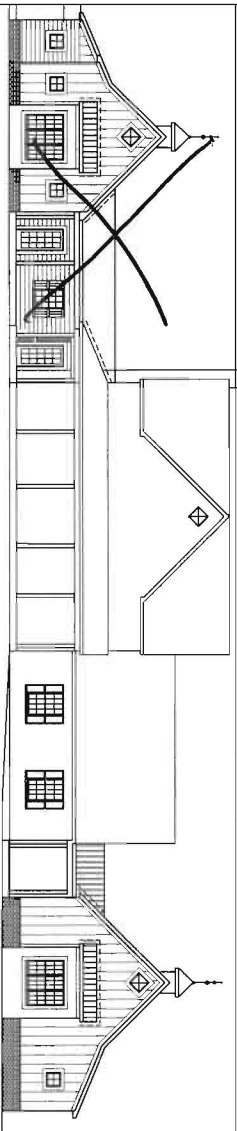
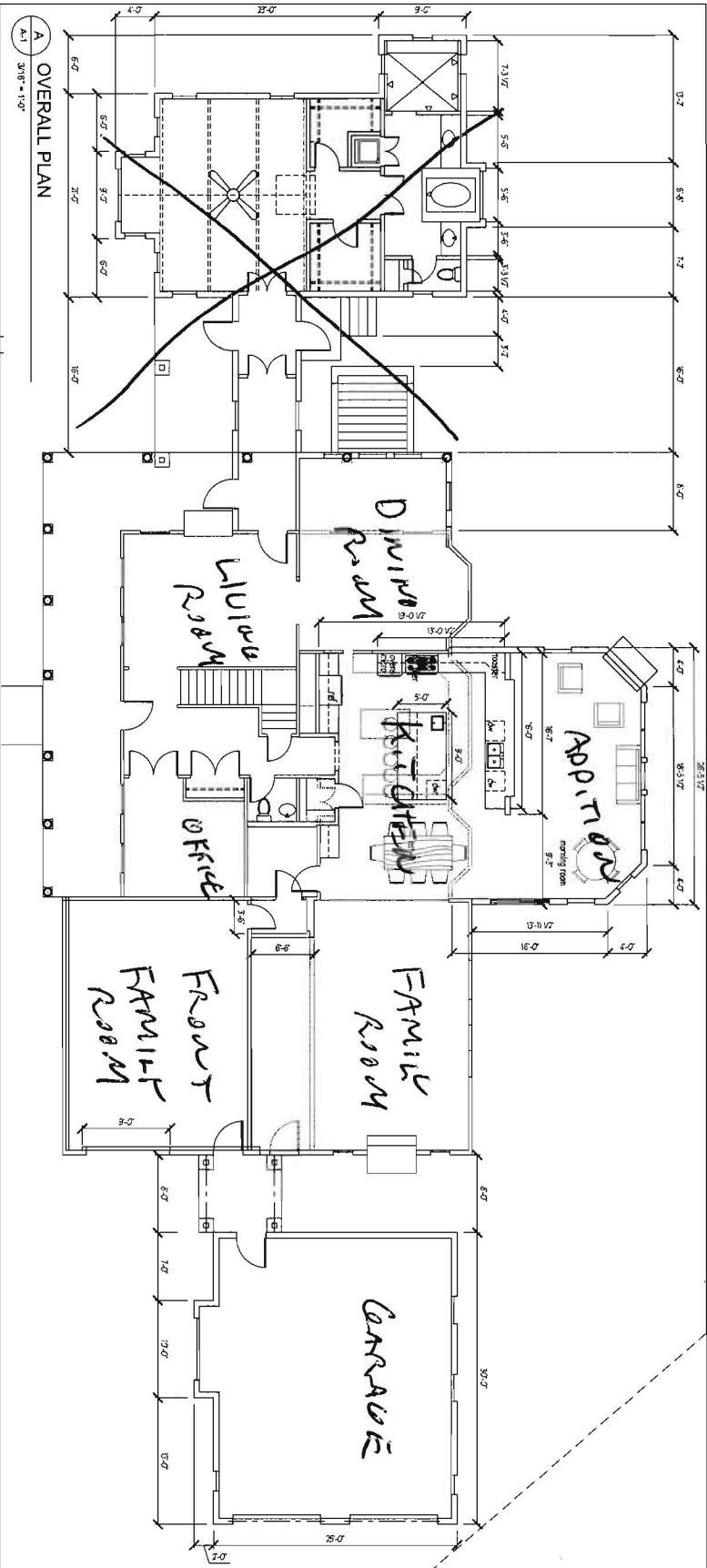
FILE No. :
14011-rev3cd

PROJ. NO.
14011

DRAWING NO.

pl-2

1 of XX



MATERIAL NOTES

Approved for release to:

<input type="checkbox"/> Permit	Owner
<input type="checkbox"/> Bid/Negotiation	Date
<input type="checkbox"/> Construction	
<input type="checkbox"/> Other:	

REF. NO.	DESCRIPTION	DATE

ALL PROJECTS
 PETERS RESIDENCE ADDITION

bluehouse architecture, llc
 14011
 A-1