

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B07001710

Building Address 2420 MULLUNKY ROAD
Mt. Airy, MD 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name GEORGE HUGHES
 Address 2420 MULLUNKY MILL ROAD
 City Mt. Airy State MD Zip Code 21771
 Home Phone 301-829-4560 Work Phone 310-343-8608
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use PATIO (OVER FOUNDATION)
 Proposed Use SUN ROOM
 Estimated Construction Cost \$ 4K
 Description of Work DEMO PATIO KNEE WALLS DN. TO
SLAB. FRAME OVER EXISTING SLAB & FOUNDATION

Contractor Company TL CONSTRUCTION
 Contact Person TONY LIBERTO
 Address 1251 FLORENCE RD.
 City Mt. Airy State MD Zip Code 21771
 License No. 84214
 Phone 410-409-2113 Fax _____

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

Engineer or Architect Company _____
 Contact Person CY MILLER
 Address 3247 FLORENCE ROAD
 City Mt. Airy State MD Zip Code 21771
 Phone 410-442-2921 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>2</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>2</u>	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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>155</u> Depth <u>10</u> Width <u>10</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	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"/>
Height: <u>2</u>	Sprinkler system: <u>N/A</u> <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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature

 Title/Company

Anthony Liberto
 Print Name
5/19/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

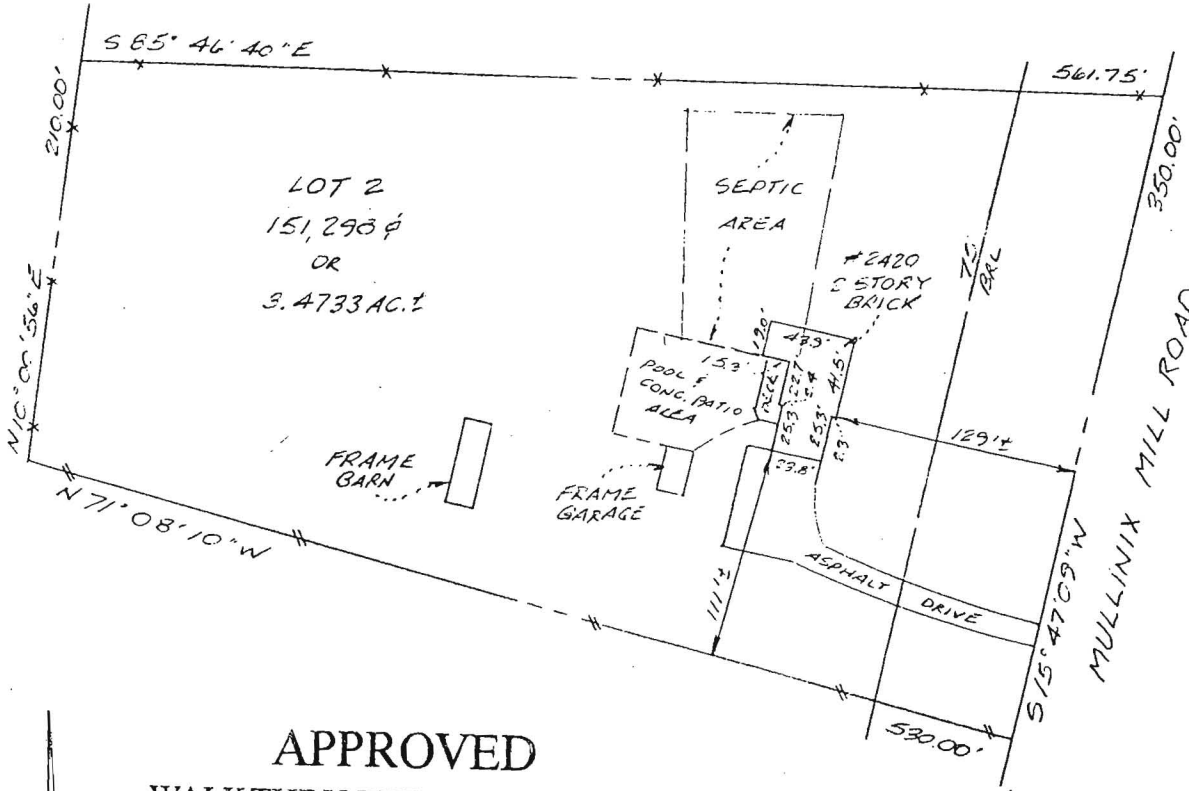
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5/10/2007</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T: Forms PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Phic: Health
				Gold: SHA

CASE No. 7178 Columbia
175

NOTE: This location for title purpose only — not to be used for determining property lines. Property corner Markers Not guaranteed by this location.

NOTE: FLOOD ZONE LINES ARE NOT GUARANTEED BY THIS SURVEY. A FLOOD EVALUATION SURVEY WILL BE REQUIRED TO ESTABLISH THE LIMITS OF FLOOD ZONES THAT MAY AFFECT THIS PROPERTY.

FLOOD ZONE: C
COMMUNITY PANEL
NO.: 240044-0012 B
DATED: 12-4-86



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 21766
 APP. SAN GAL DATE: 5/10/07
 DESC. OF WORK: Sunroom over
Structure.

LOCATION OF HOUSE
 LOT 2 SECTION 1
 AREA 1

COOK-BERMAN
 SUBDIVISION
 # 2420 MULLINIX MILL ROAD
 4TH ELECTION DISTRICT
 HOWARD CO., MARYLAND



CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any.

[Signature]
 TITLE REPORT NOT FURNISHED

REFERENCES

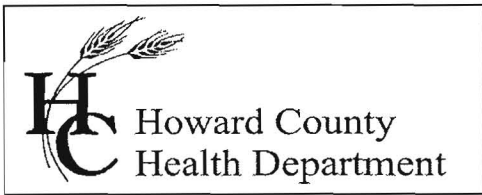
PLAT BK. 34
 PLAT NO. 14
 LIBER
 FOLIO

ZENITH SURVEYS SURVEYING • PLANNING

200 Dill Avenue • Frederick, MD 21701
 301-831-4944 • 301-695-5594

DATE OF SURVEYS	SCALE: 1"=100'
WALL CHECK	DRAWN BY: <u>JTK</u>
HSE LOC <u>7-27-01</u>	
BOUNDARY	JOB NO.: <u>01-024</u>

Copra



Bureau of Environmental Health
 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

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

May 30, 2007

Mr. George Hughes
 2420 Mullinex Mill Road
 Mt. Airy, MD 21771

RE: **Variance Approval**
 2420 Mullinex Mill Road
 Mt. Airy, MD 21771

Dear Sir:

The Department of Health has received your variance request dated (no date on letter) for the above referenced property. This agency will grant **approval** of the variance to waive the required Percolation Certification Plan. The variance has been approved on the basis that the area of the structure is not available for on-site sewage disposal and the proposed sunroom addition does not increase the wastewater flow from the single family residence.

Be advised that any future addition, living space or non-living space will 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,

Michael J. Davis, R.S.
 Director, Well and Septic Programs

cc: File

From: George Hughes
2420 Mullinix Mill Road
Mt.Airy, MD 21771

To: Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046


For: Approval of Building Permit for Sun Room as located on attached plan

To whom it may concern:

I am requesting a variance to the Howard County Code Section 3.805 (percolation Certification plan requirements). My reason for requesting a variance is that the percolation certification would be an undue hardship under the circumstances because a structure already exists in the area proposed. The current structure is a concrete patio built over a block foundation with a room underneath. It is my intention to build the new structure (Sun room) over this existing concrete structure; therefore, I will not be encroaching on any new existing septic soils. Also, the septic system is not installed in SDA, and the proposed structure will not increase sewage flow. Lastly, a pool permit was approved previously without delay! I would appreciate any efforts to resolve this matter as quickly as possible.

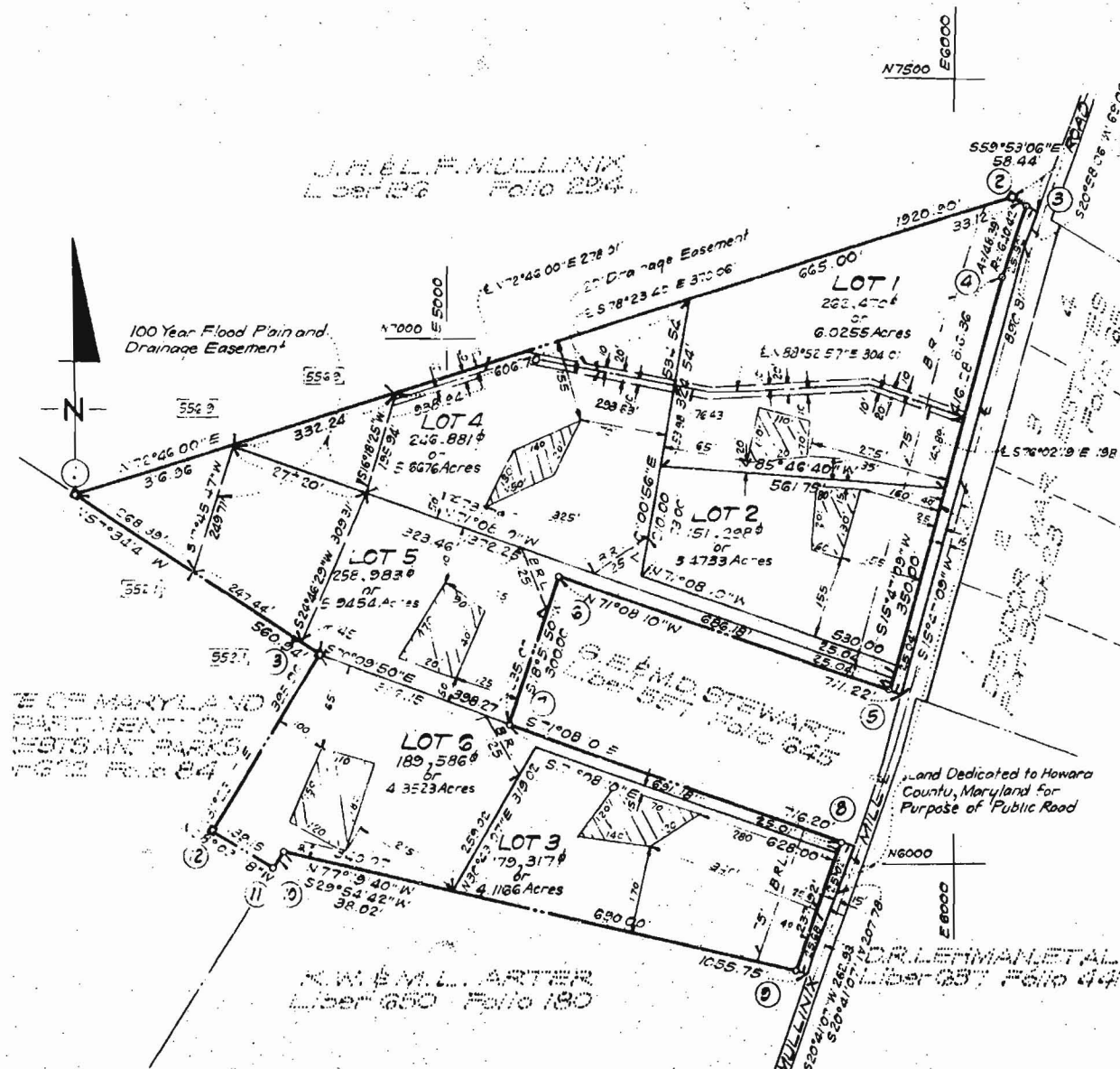
Sincerely ,


George Hughes

OK by me.


4	7117.027	6091.973
5	6331.461	5863.890
6	6553.318	5220.562
7	6269.431	5123.566
8	6045.957	5777.625
9	5739.975	5684.748
10	6025.945	4679.768
11	5992.990	4660.810
12	6066.615	4542.733
13	6404.575	4748.028

PLAT C.M.P. NO. 3414



SURVEYOR'S CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct; that it is a subdivision of part of the lands obtained by A. W. Bookoff, now deceased, Harry J. Krall, Herbert H. Diamond, and Clarence A. Bermer, as Tenants in Common, and Sam Cook, Bryce Cook, and M. Robert Cook, as Joint Tenants, from John H. Barnard and Nora Barnard, his wife, by deed dated November 18, 1969, and recorded among the Land Records of Howard County, Maryland in Liber 522 at Folio 646, and that all monuments are in place as shown, in accordance with the Annotated Code of Maryland, as amended.

12-31-75
Date

Donald B. Sackett
DONALD B. SACKETT
Registered Land Surveyor
No. No. 6059

CLARK, FINEFROCK & SACKETT
ENGINEERS, PLANNERS, SURVEYORS
1135 LOCKWOOD DRIVE
SILVER SPRING, MD. 20904

MSI