



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.: _____

Building Address: 11602 Pindell Woods Dr.
City: Fulton State: MD Zip Code: 20759
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
Estimated Construction Cost: \$ 40,000.
Description of Work: 20'x16' Screen Room and a 14'x16' Deck w/ Steps
Occupant or Tenant: Occ.

Was tenant space previously occupied? Yes No
Contact Name: Barry Ellis
Address: 2243 Rock Spring Rd
City: Forest Hill State: MD Zip Code: 21050
Phone: 410-937-0469 Fax: 410-420-0102
Email: Barry_tudlis@verizon.net

Property Owner's Name: Pete & Kathy Newman
Address: 11602 Pindell Woods Dr.
City: Fulton State: MD Zip Code: 20759
Phone: 301-440-2558 Fax: _____
Email: Pete Newman @ Verizon.net

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

Contractor Company: T.W. Ellis
Contact Person: Barry Ellis
Address: 2243 Rock Spring Rd
City: Forest Hill State: MD Zip Code: 21050
License No.: 49927
Phone: 410-420-0140 Fax: _____
Email: TW Ellis 2 @ Verizon.net

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: | 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: | |
| <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: | |
| > Roadside Tree Project Permit | Footings: | |
| <input type="checkbox"/> Yes <input 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 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: | |

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

Barry_tudlis@verizon.net
Email Address

T.W. Ellis
Title/Company

Print Name Barry Ellis

Date _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

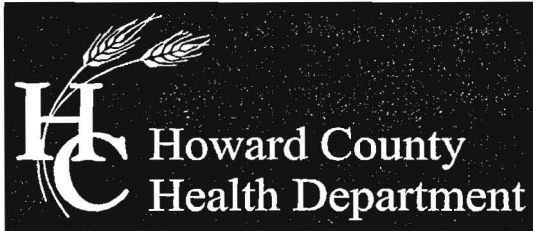
-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|----------------------|---------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>4/6/10</u> | <u>[Signature]</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? | <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 | \$ |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # |



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | 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., Acting Health Officer

April 22, 2016

Peter and Katherine Newman
11602 Pindell Woods Drive
Fulton, MD 20759

RE: Waiver Approval
11602 Pindell Woods Drive
Fulton, MD 20759

Mr. and Mrs. Newman:

This letter is being issued in response to your waiver request. This agency has **approved** the waiver to the setback from your screen room to the sewage reserve area. The screen room may be located fifteen feet from the sewage reserve area. Any deviations from the site plan submitted with the building permit 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,

A handwritten signature in black ink, appearing to read 'Michael J. Davis', is written over the typed name.

Michael J. Davis
Assistant Director
Bureau of Environmental Health



2243 Rock Spring Road • Forest Hill, MD 21050 • Phone: 410.420.0740 • Fax: 410.420.0102
twellis1@verizon.net • www.twellis.com • MHBR#3599 • MHIC#49977

February 26, 2016

Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
Attn: Michael Davis, Assistant Director

Re: Waiver Request – Peter & Katherine Newman, 11602 Pindell Woods Dr., Fulton, MD

Dear Mr. Davis,

T.W. Ellis would like to submit a waiver request on behalf of the above noted client. We are requesting permissions to build a screen room that will encroach on the 5' setback for the septic system.

Please see the attached T.W. Ellis drawing showing the modification to move back the post and beam to be 4', plus or minus, from the septic. The need to dig will only be for 3 holes to support the posts and footers. There will be no other digging to be done for this exterior modification.

Also for your reference, we've attached a site plan for this address.

Should you have any other questions during your review of this request, please don't hesitate to give me a call.

Thank you for your consideration.

Sincerely,

Barry Ellis
Vice President

cc: Peter and Katherine Newman

4/6/16
Approved
Michael J Davis