

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-7-00-4083

Building Address 16930 Moss Meadow Way  
MT Airy MD 21771

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision R112637703

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Gregory S. Brown

Address 3411 S 110 Cherry Lane

City CAVALL State MD Zip Code 20722

Home Phone 301-776-2112 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential

Proposed Use Residential

Estimated Construction Cost \$ 85,000

Description of Work addition of accessory  
apartment 24 x 20 - 4' x 8'  
to back of house

Contractor Company Home Depot

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name Gregory S. Brown

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company 2026x Design

Contact Person \_\_\_\_\_

Address 3600 TOWLING ST

City SMITHSBURG State MD Zip Code 20782

Phone 301-776-2255 Fax 301-776-2254

**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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" 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"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
No. of Bedrooms _____	
Height: _____	
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.

Gregory S. Brown  
 Applicant's Signature

\_\_\_\_\_  
 Title/Company

Gregory S. Brown  
 Print Name

10/13/2002  
 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		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25</u>
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 # <u>4182</u>
SDP/Red-line approval date _____	Validation # _____

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

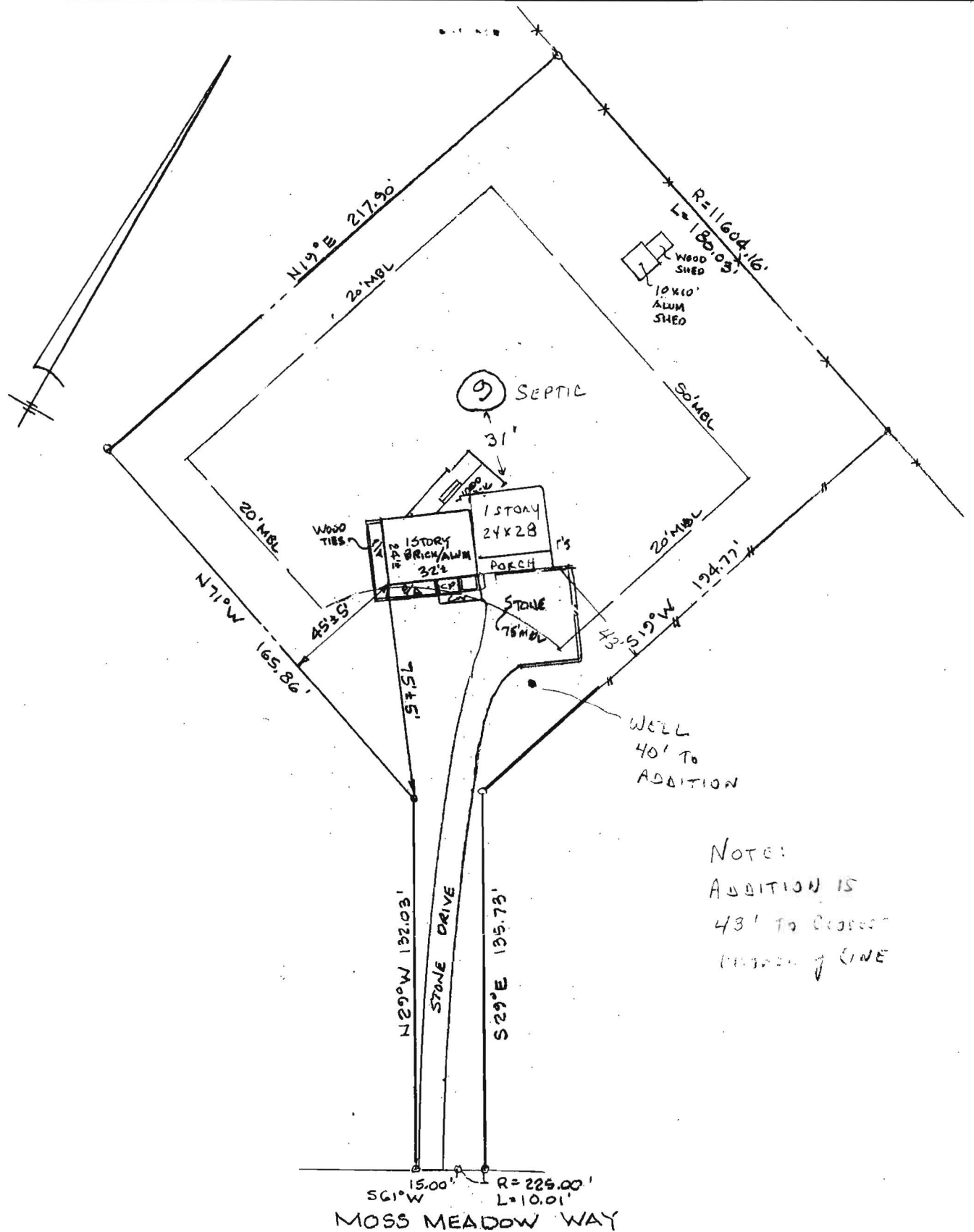
RECEIVED  
BOARD COUNTY HEALTH &  
ENVIRONMENTAL HEALTH

2007 OCT -5 PM 12:54

Phone  
conversation  
11/1/2007  
waiting for decision

Per  
Cent  
Reg.  
Memo sent 10/19

called  
11/17 need floor plans  
need 80  
of trench  
per BR/4 BRs  
addition  
1440 # w/additions



NOTE:  
 ADDITION IS  
 43' TO CORRECT  
 PROPERTY LINE

#16980 MOSS MEADOW WAY  
 LOT 9, BLOCK "A", RITZ  
 ESTATES - PLAT No. 3879  
 HOWARD CO., MARYLAND

This plat is of benefit to a 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 drawing 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.

Note: Flood zones are approximate as scaled from F.E.M.A. flood insurance rate map. Subject to any and all B.R.L.s or easements as shown or noted on record plats or deeds.

The lot shown hereon is in flood zone \* PER F.E.M.A. Flood insurance rate map panel # PANEL NOT PRINTED No SPECIAL FLOOD AREAS

This drawing is not to be used to obtain permits.

SCALE 1" = 50'	<b>LOCATION CERTIFICATION</b>	
DATE 4-18-07		
JOB # 07-467	1009 Frederick Road Baltimore, MD 21228 Phone: (410) 869-3536 Fax: (410) 869-3538	

ACCESSORY APARTMENT PERMIT APPLICATION

- 1. Applicant's Name (please print) GREG BROWN  
Telephone No 240-876-0412
- 2. Address of property containing apartment:  
16980 MOSS MEADOW WAY  
MT. AIRY, HOWARD COUNTY, MD 21771
- 3. Total floor area of house 2,880 (include area of accessory apartment but do not include floor area of garages) 2,925 SF
- 4. Floor area of accessory apartment, including one-third of the floor area of any shared storage or utility areas 942  
(Shall not exceed 40% of the net floor area of a dwelling with a net floor area of 2,000 square feet or less. For a dwelling larger than 2,000 square feet of net floor area, the apartment shall occupy no more than one-third of the net floor area, up to a maximum of 1,500 square feet.)
- 5. Number of parking spaces on-site 3+  
(A minimum of two spaces must be provided for the principal dwelling and one space for the accessory apartment. All parking must be provided on-site. Street parking may not be used to meet minimum requirement.)
- 6. Number of bedrooms in accessory apartment 1 (may not exceed 2)
- 7. Square footage/acreage of lot 46,174
- 8. Unit to be occupied by property owner: (circle one) main dwelling or apartment
- 9. Number of dwelling structures on property 1
- 10. Number of dwelling units in each structure \_\_\_\_\_

GREG BROWN Property owner's name  
GREG BROWN 9/19/07 Property owner's signature (please print)

Please return this application to: Department of Planning & Zoning  
 3430 Courthouse Drive  
 Elkton City, MD 21843-4358

For Department of Planning & Zoning Use

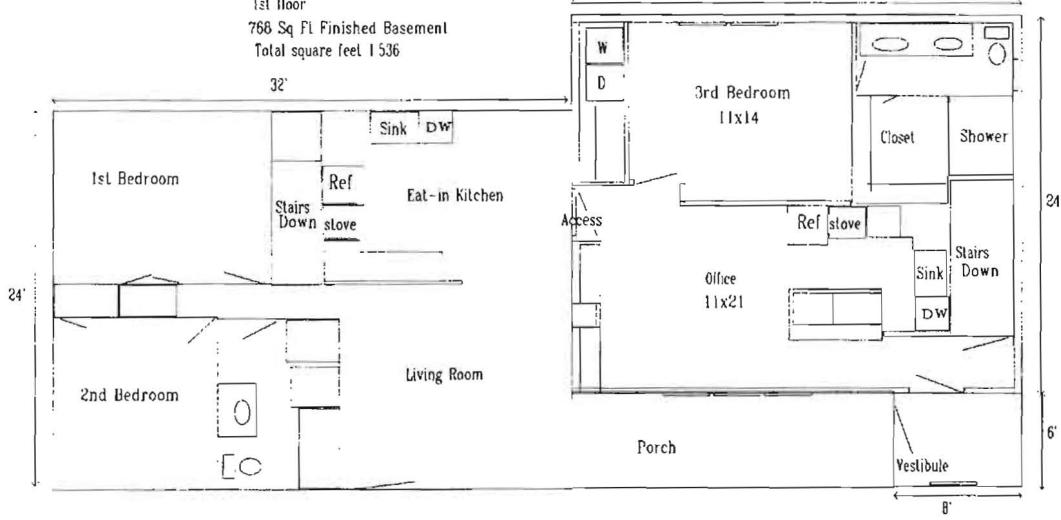
Application received 9-19-07 [Signature] (date)  
 Zoning District RC-DEO  
 Reviewed by Steve Rolfs  
 Approved/Denied (circle one) date 9-19-07

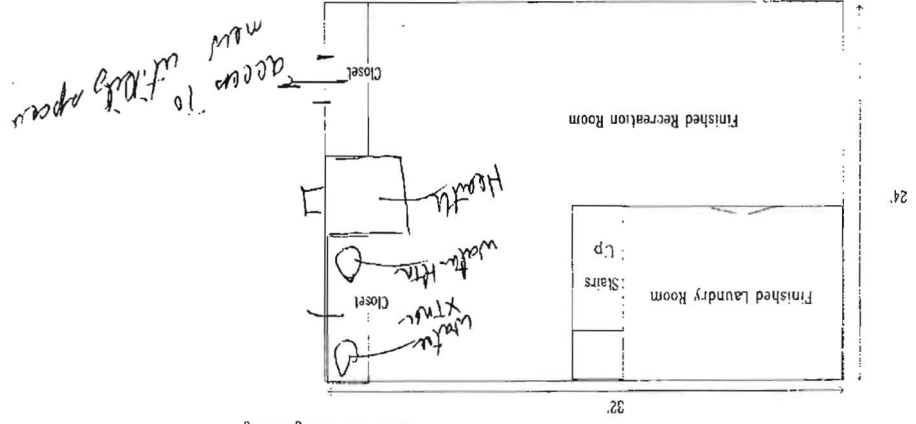
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16980 Moss Meadow Way

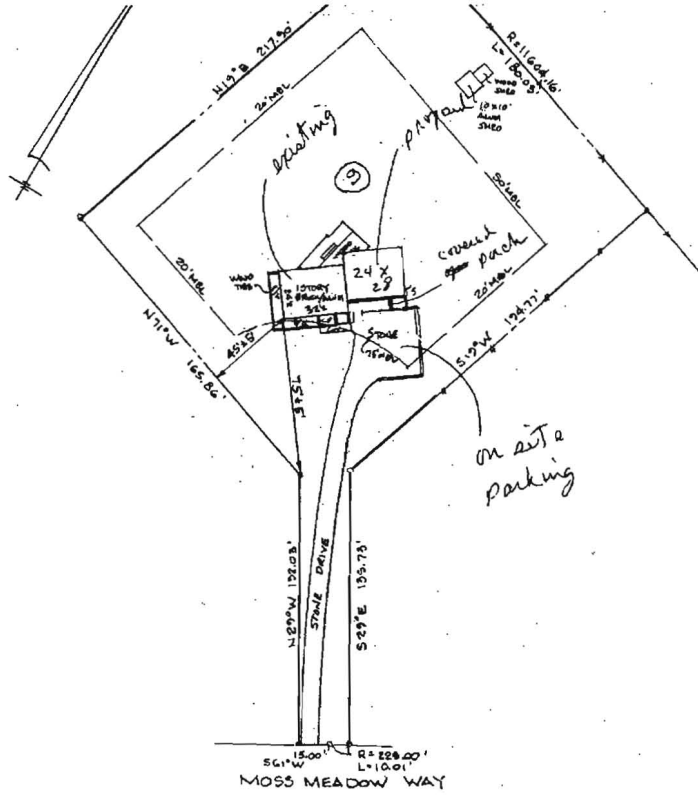
768 Square feet  
1st floor  
768 Sq Ft Finished Basement  
Total square feet 1536

672 Square footage first floor plus 48 sq foot vestibule  
Total finished square footage = 720  
28' over unfinished basement





768 Square feet  
1st floor  
768 Sq Ft Finished Basement  
Total square feet 1,536  
16980 Moss Meadow Way  
Lower level existing dwelling



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The lot shown herein is in flood zone    PER F.E.M.A.  
 Flood insurance rate map panel #    PANEL NOT PRINTED  
 No SPECIAL FLOOD AREAS

\*16980 MOSS MEADOW WAY

LOT 9, BLOCK "A", RITE  
 ESTATES - PLAT No. 3879  
 HOWARD CO., MARYLAND  
 46,174 SQ. FT.

Note: Flood zones are approximations as noted from F.E.M.A. flood insurance rate map. Subject to any and all E.R.L.s or easements as shown or noted on record plats or deeds.

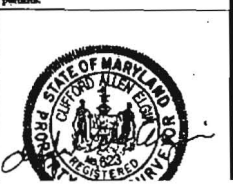
This drawing is not to be used to obtain permits.

SCALE	1" = 50'
DATE	4-18-07
JOB #	

**LOCATION CERTIFICATION**

**WITZ & ASSOCIATES**  
**GENERAL SURVEYING CO.**

1009 Frederick Road  
 Baltimore, MD 21228  
 Phone: (410) 869-3556





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

MEMO

Date: October 19, 2007

To: Gregory Brown, Property owner

From: Robert Bricker, Environmental Sanitarian  
Well and Septic Program

peb

RE: Proposal for, 16980 Moss Meadow Way  
BP07004083

Dear Mr. Brown,

I have reviewed your Building Permit application to construct a 24 ft. by 28 ft. addition onto the existing residence at 16980 Moss Meadow Way. I have notified you and your consultant that I need floor plans for the addition as well as floor plan for the existing residence. Upon further review, I have also found that a Percolation Certification Plan will be required (Howard County Code 3.805), supported by current data, to move forward with this project.

Reasons for the requiring a Percolation Certification Plan are as follows:

- 1) there is no Percolation Certification Plan for this parcel,
- 2) a portion of the designated "Septic Area" is in conflicting land use with a designated Public Utility and Drainage Easement along the northern boundary of the subject property and runs parallel with the Interstate 70 right-of-way, therefore the designated "Septic Area" will be tested and adjusted to 10,000 square feet (including the existing distribution box and drainfield) that is not in conflict with other land uses,
- 3) there are no soil profile descriptions recorded with the percolation tests originally conducted on the subject property in 1976.

It is likely that the shed situated on the currently described "Septic Area" will have to be relocated for Health Officer's approval of the Percolation Certification Plan. An alternative would be to allow the shed to remain and exclude that area from the septic easement on the Percolation Certification Plan.

Both the existing septic system and the existing well will be evaluated by current code requirements. As a result, a determination may be made to require repair, replacement, or upgrade, or no action at all.

I have enclosed a copy of a house location survey from our files that may be utilized as a base map for the Percolation Certification Plan. Also, I have enclosed a 1981 Site Plan. Enclosed too are excerpts from Howard County Code concerning required content of Percolation Certification plans and the regulated setback distances related to well and septic system locations

If you wish to move forward with this project, please contact me at the Bureau of Environmental Health, phone 410-313-1771.

RB  
Copy Roxana Sinex, consulting architect (applicant)  
file

# INTERSTATE I-70

VEHICULAR INGRESS AND EGRESS IS RESTRICTED  
PLATS NOS. 40827 & 40828  
(M.S.H.A. D/W PLATS)  
L = 1024.47'  
R = 11604.16'

