



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
130 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: **B14004620**

Building Address: 10564 Owen Brown Rd
 City: Columbia State: MD Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Porfirio Beltran
 Address: 10564 Owen Brown Rd
 City: Columbia State: MD Zip Code: 21044
 Phone: 410.997.9595 Fax: _____
 Email: Porfirio.beltran-1@nasa.gov

Existing Use: Family Dwelling
 Proposed Use: Family Dwelling
 Estimated Construction Cost: \$ 12,000
 Description of Work: Basement Bathroom Addition w/potential future use as accessory apartment, add egress window, dig waste pit w/pump
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: move existing laundry to new
 Address: proposed location, add utility sink
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Vanessa Beltran
 Address: same as above
 City: _____ State: _____ Zip Code: _____
 Phone: 410.593.3666 Fax: _____
 Email: vanessa-beltran@hotmail.com

Contractor Company: Remodel USA
 Contact Person: Frank Ebersole
 Address: 605 Hampton Park Blvd
 City: Capitol Heights State: MD Zip Code: 20743
 License No.: 125450
 Phone: 301.333.6000 Fax: _____
 Email: bkarlsson@remodelusa.com

Engineer/Architect Company: _____
 Responsible Design Prof.: Homeowner
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" 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 checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>septic</u>
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System	
<input checked="" type="checkbox"/> Electric	<input checked="" 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 TO FOLLOW: (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: Vanessa Beltran Print Name: Vanessa Beltran
 Email Address: vanessa_beltran@hotmail.com Date: 19 Dec 2014
 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		

Is Sediment Control approval required for Issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
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	\$	<u>25.00</u>
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	<u>02-0004050952</u>



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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](https://twitter.com/HowardCoHealthDep)

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

January 23, 2015

Vanessa Beltran
10564 Owen Brown Rd
Columbia, MD 21044

RE: B14004620

Ms. Beltran:

The Health Department has completed a review of the above referenced building permit for a finished basement addition. The floor plans indicate an increase in living space and a potential increase in the number of bedrooms in the dwelling. The Howard County Code Title 3, Subtitle 8 states that the Health Department must verify an existing onsite sewage disposal system as adequate to handle existing and potential sewage flows prior to approving any building permits. Also, a sewage disposal area must be established on the property prior to approving a building permit for any increase in living space.

The only Health Department record of the septic system is a repair to the drainfield that occurred in 1974. There is no indication of the size of the septic tank or the soil conditions in the area. Furthermore, as the property is within the Metro district and the public sewer exists along the property, no expansion to the septic system is possible.

In order for the Health Department to approve the building permit for the basement renovations, the dwelling must be connected to the public sewer and the septic system must be properly abandoned by having the septic tank pumped out by a licensed sewage hauler and the tank crushed and filled with clean dirt. Documentation of proper abandonment must be submitted to the Health Department. The building permit will be placed on hold until these items have been completed.

If you have any questions, please contact me at 410-313-1771 or jewilliams@howardcountymd.gov.

A handwritten signature in black ink, appearing to read 'Jeff Williams', with a long horizontal flourish extending to the right.

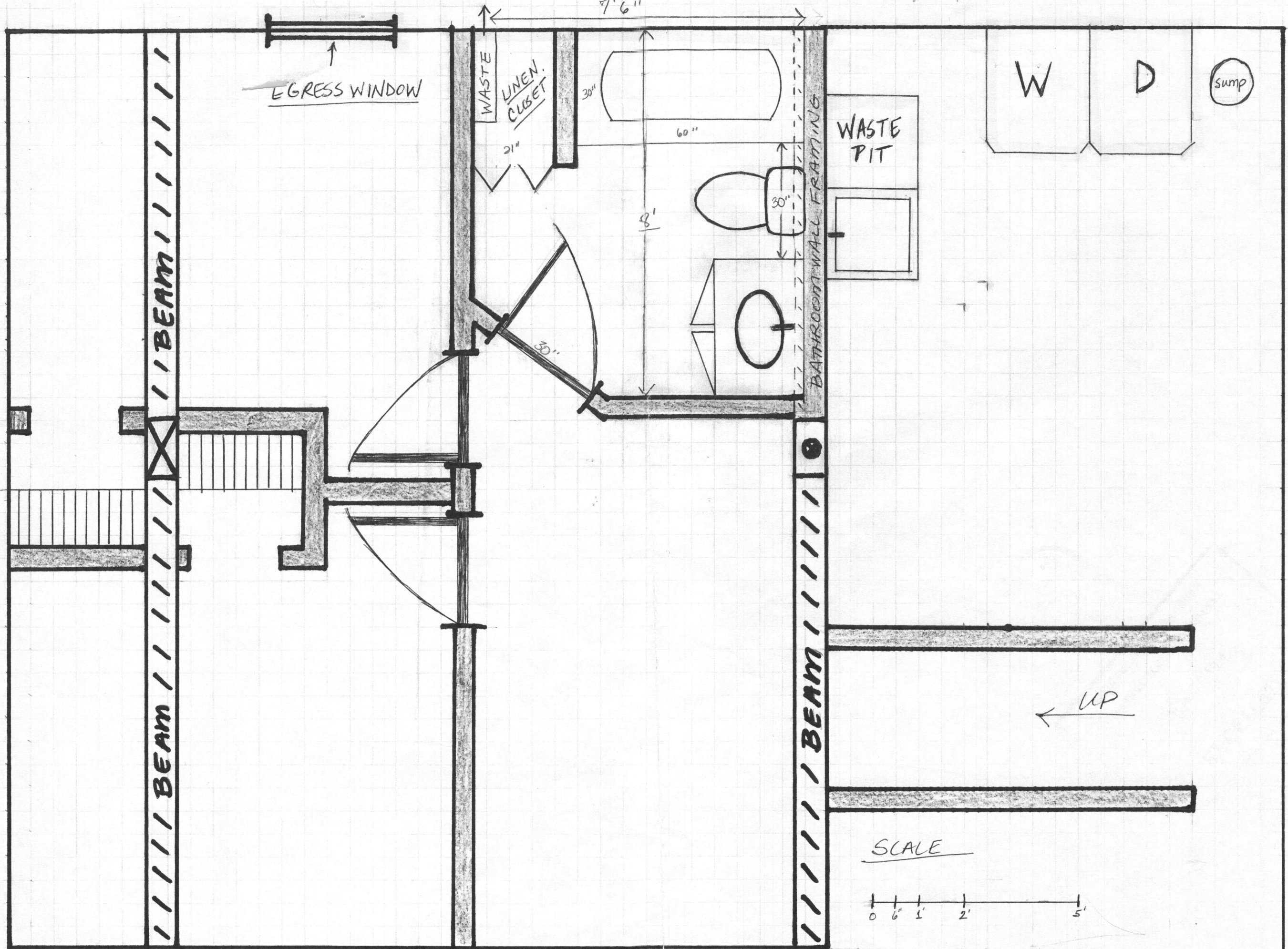
Jeff Williams
Program Supervisor, Well & Septic Program

Cc: file



FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/9/17	1 No public connection made in response to
	B 14004620 - permit cancelled by DILP on
	1/6/17. 9w



↑
EGRESS WINDOW

WASTE
LINEN CLOSET

7'6"

30"
60"

8'

30"

WASTE PIT

W

D

sump

BEAM

BATHROOM WALL FRAMING

BEAM

← UP

SCALE

