



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.: B160004193

Building Address: _____
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____
 Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____
Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____
 Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____
 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	
Reinforced Concrete	No. of Bedrooms:	
Structural Steel	Multi-family Dwelling	
Masonry	No. of efficiency units:	
Wood Frame	No. of 1 BR units:	
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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input 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 type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: _____
 Mail Address: _____
 Title/Company: _____

Print Name: _____
 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		
SZA (Zoning)		
SZA (Engineering)		
Health	11-17-16	<i>D. Bernard</i>

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	\$	72.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	144

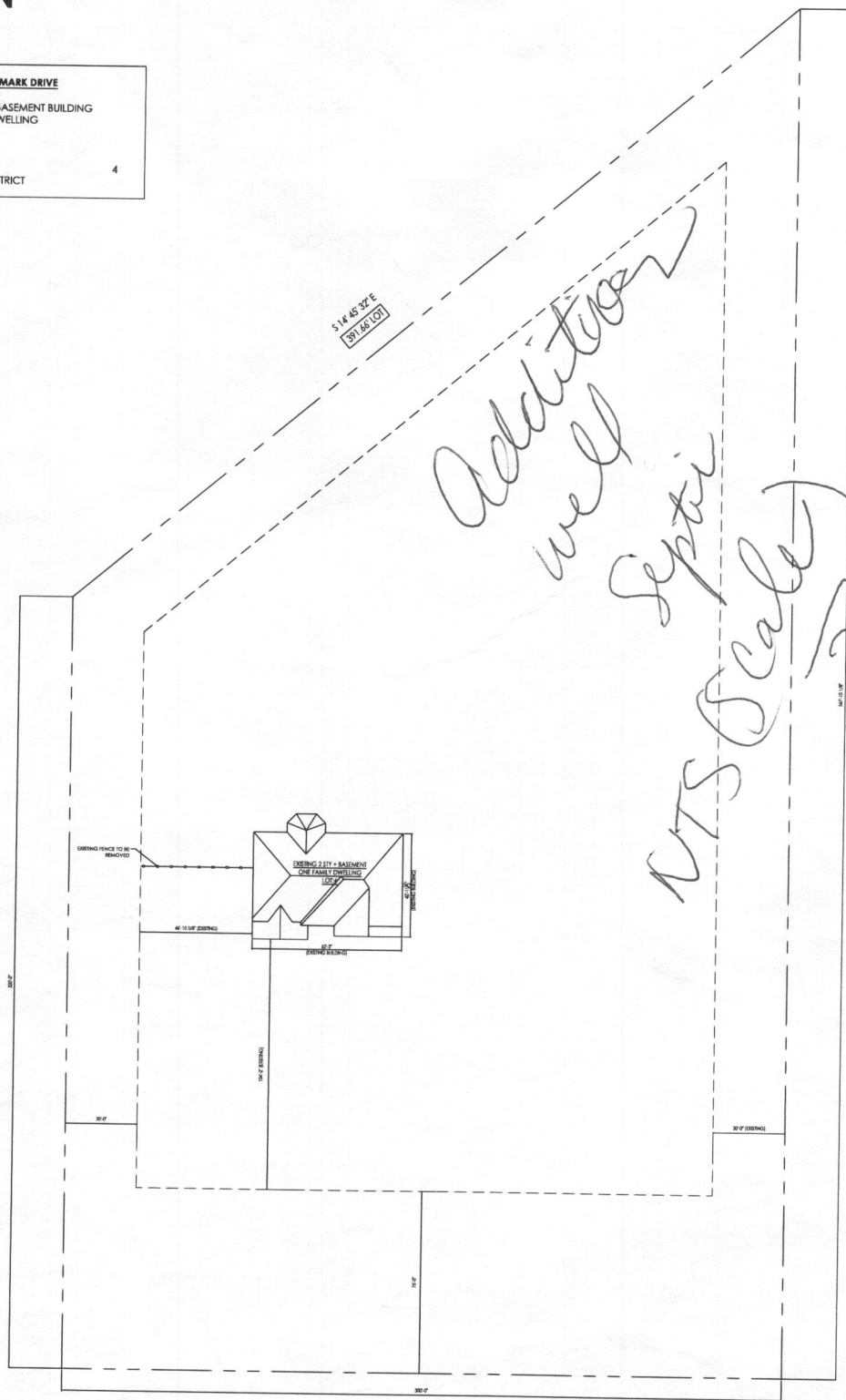
Number of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



#3285 DANMARK DRIVE
 2 STY PLUS BASEMENT BUILDING
 1 FAMILY DWELLING
 LOT
 ZONING DISTRICT 4

514.65' ± E
 99.16' LOT

*Addition
 well
 Septic
 NTS (Scale)*



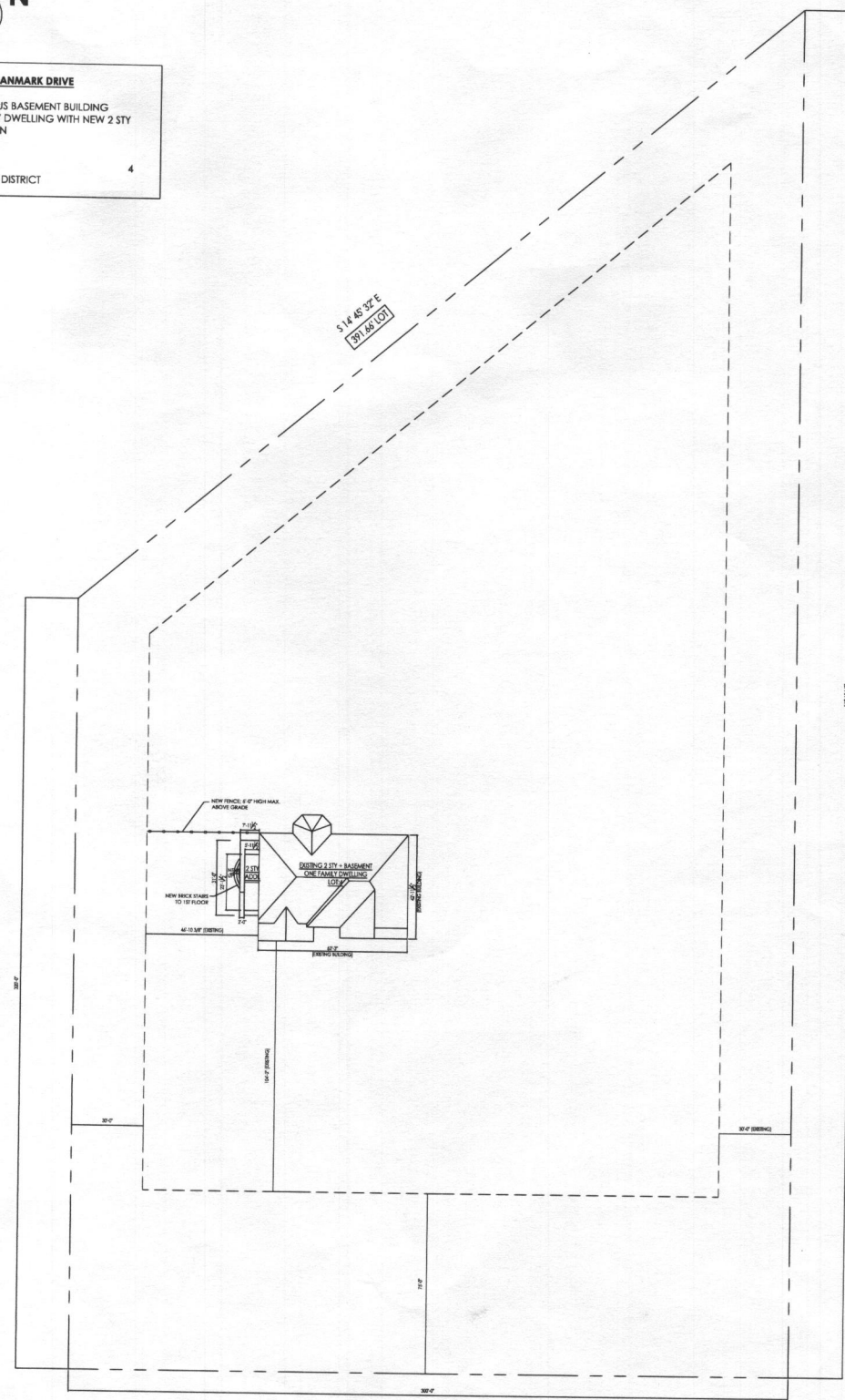
DENMARK DRIVE

1 EXISTING ZONING PLAN
 1/32" = 1'-0"



#3285 DANMARK DRIVE
 2 STY PLUS BASEMENT BUILDING
 1 FAMILY DWELLING WITH NEW 2 STY
 ADDITION
 LOT
 ZONING DISTRICT 4

514.65' ± E
 99.16' LOT



DENMARK DRIVE

2 PROPOSED ZONING PLAN
 1/32" = 1'-0"

BOGGS & PARTNERS
 ARCHITECTS

410 SEVERN AVENUE SUITE 406
 ANNAPOLIS MARYLAND 21403

TEL
 410 288 3797

METRO
 301 858 8118

FAX
 301 858 8421

BOGGS & PARTNERS ARCHITECTS A CORPORATION

NO DATE REMARKS

REVISIONS

DRAWN

CHECKED

APPROVED

DATE

09/16/16

JOB NUMBER

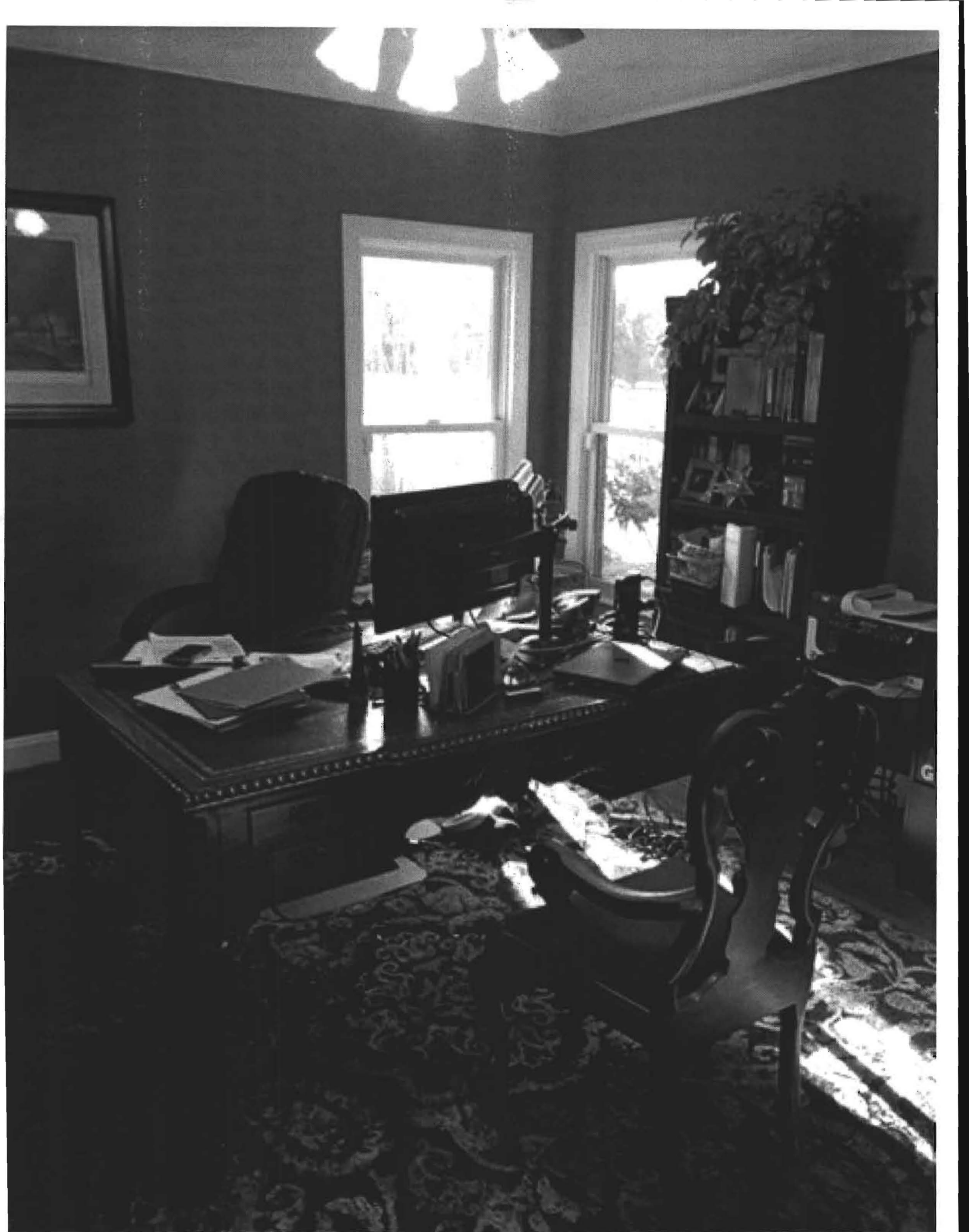
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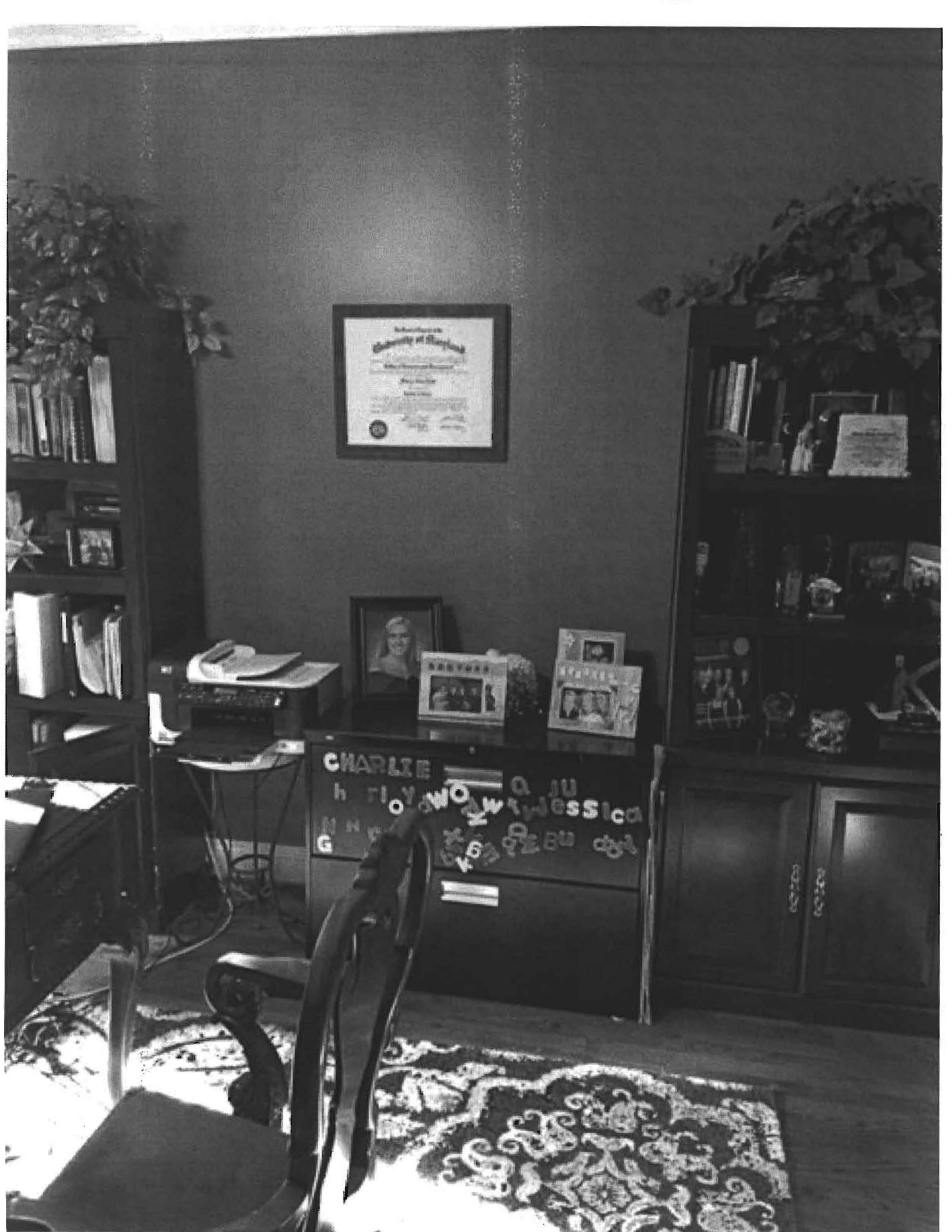
SWEENEY PROJECT
 EXIST'G & PROPOSED SITE
 1/32" = 1'-0"

SHEET NO
Z-100

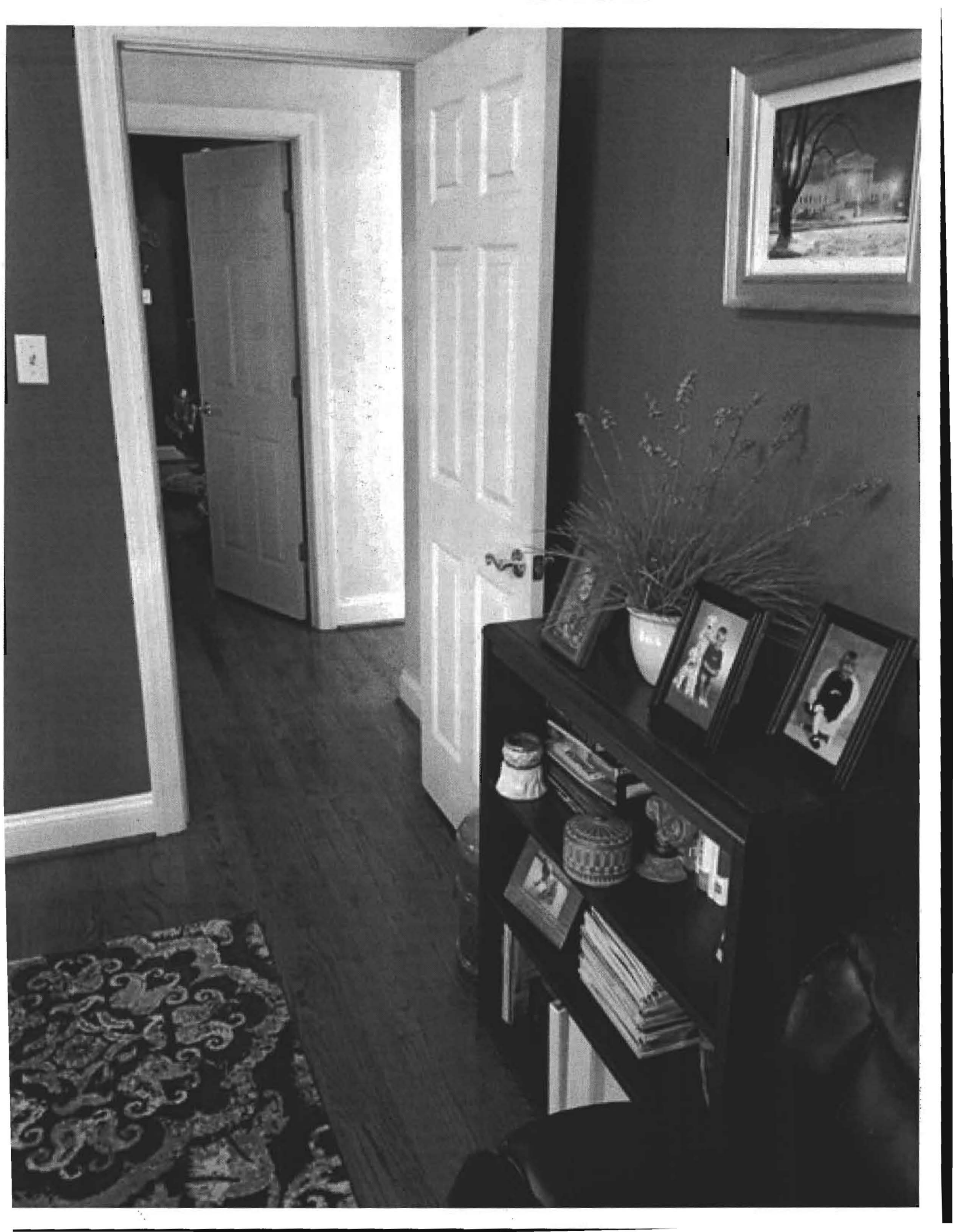
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1496
-orig later
8/15/96 WRT

04-355016

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE INDEXED

P 57016E

A 41967

DISTRICT _____

DATE 7-8-96

DATE SYSTEM APPROVED 8/1/96

INSPECTOR M. Ripkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Choi Property LOT 4 ROAD 3285 Danmark Drive

PROPERTY OWNER Jacobsen Homes, LLC / SWEENEY

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 160

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins 3 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 175' down the left lot line and 170' off this same lot line as seen when facing lot from Danmark Drive. Run trenches on contour towards the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/1/96 DKS

BUILDING PERMIT SIGNED

PLANS APPROVED BY Donna K. Soe/Glen Savage AND RETURNED 4/17/02 DATE 5/20/96

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

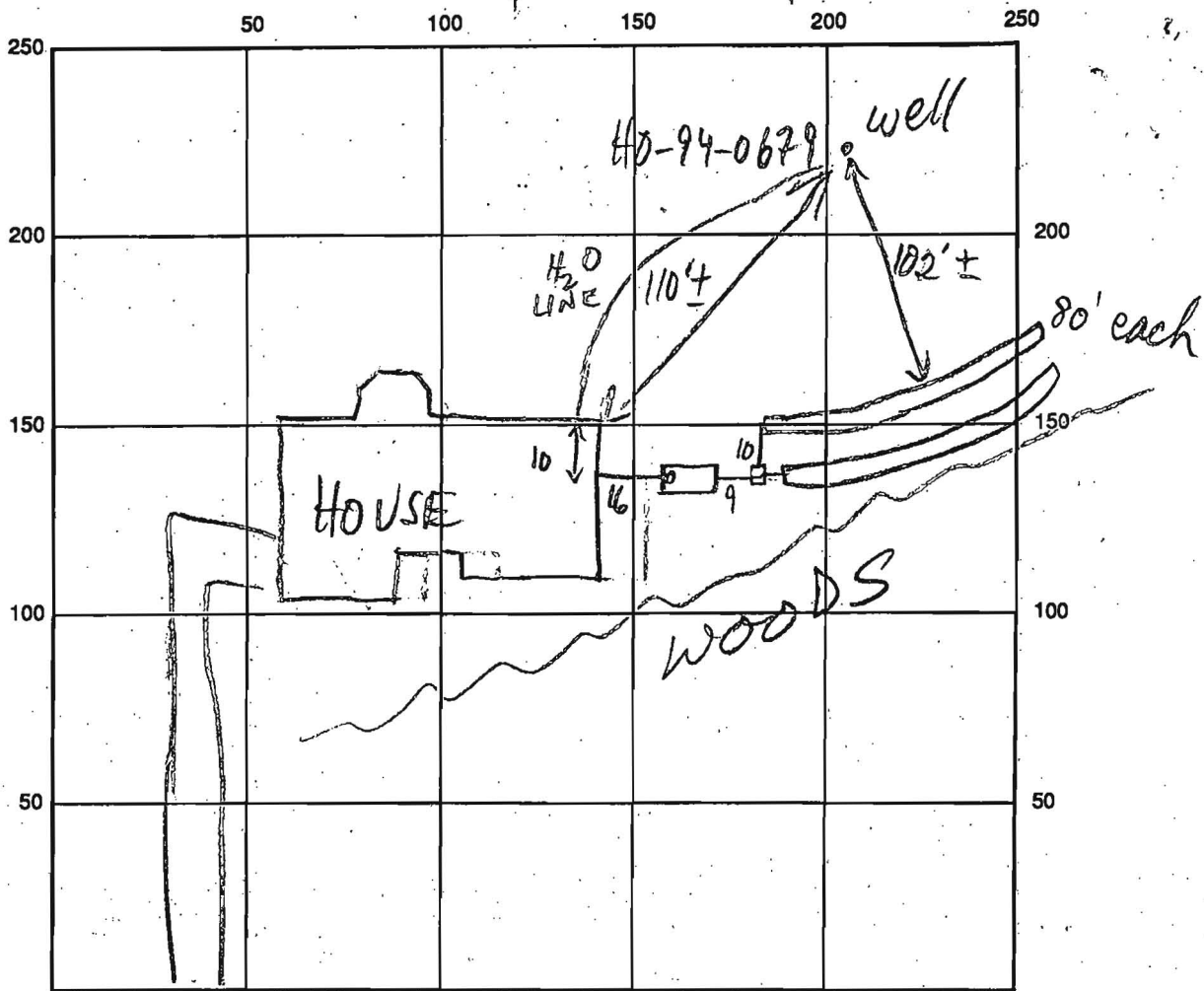
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

600135541-IG POOL
49-05 600152792-FINISH BASEMENT

WELL PERMIT SIGNED
AND RETURNED 7-17-97
Serial # 200106945-deck

A 71901



DANMARK DR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4.5 FT. TOTAL LENGTH 2 @ 80 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 2 @ 360 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 8/1/96 #1 OK CONTINUE (TOPO NOT EXACTLY PER PLAN) MR

8/1/96 #2 OK TO COVER ALL MR

8/15/96 WPI OK TO COVER 4 1/2 B.G MR

DATE SYSTEM APPROVED 8/1/96 INSPECTOR M. RIPPIN

APPLICATION

PERCOLATION TESTING

A 41967

P _____

DISTRICT 4TH

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DATE March 10, 1988

DATE

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Sara Ho Company, Inc.

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 4

ROAD AND DESCRIPTION North side of Burntswood Rd., 1290' East of Hedges Road.

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Dennis M. Bush

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

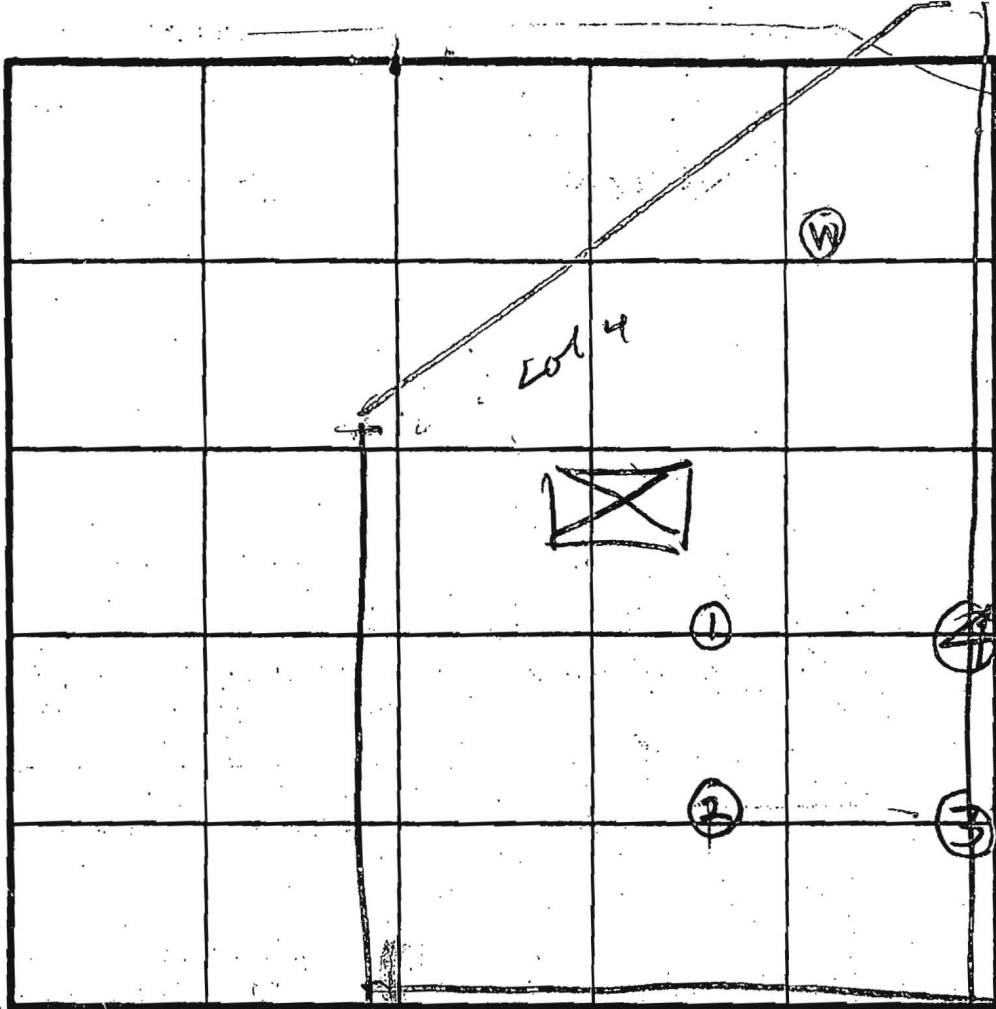
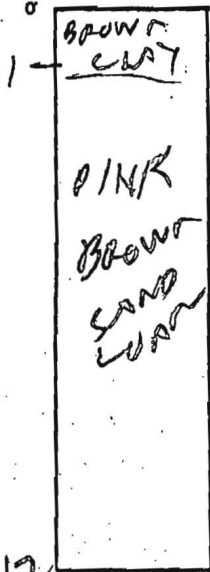
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

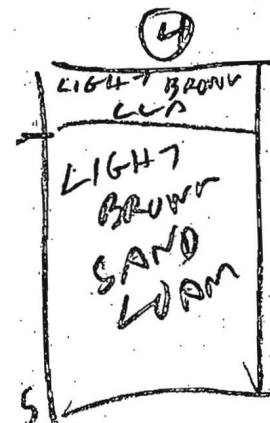
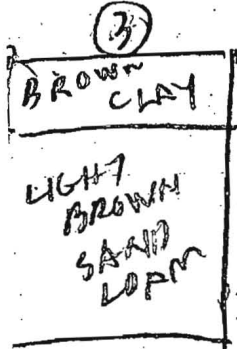
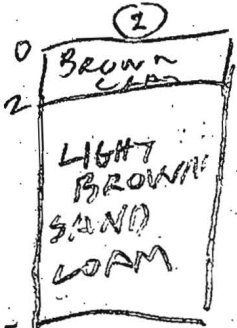
4074
A 41967

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DANMARK DR



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/21/88	15	3	1124	1125	1125	1128	3
	18	6	1164	1125	1125	1128	3
	14	12	OK				
	25	4	1135	1136	1136	1137	1
	26	12	OK				
	35	6	1205	1207	1207	1210	3
	36	13	OK				
2/21/88	41	11.5	OK				
				ON			

ON W/1
LOTS 4 & 5
ON W/1
LOT 4 & 5

REMARKS: Holes 1 & 2 dug per Surveyor Test Plot
Hole 3 & 4 are different (on line / to line)
TYPE OF SOIL:
TESTED BY: R. HODGES
ALSO PRESENT: WILLY & SKIP, D.F. FROEHLER

C1 2837

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13-A41967

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

092295

22 245 26 (TO NEAREST FOOT)

H0-94-0679

OWNER: Jacobsen Homes, last name; Street: Poplar Drive; TOWN: Glenwood; SUBDIVISION: Choi Property; SECTION: ; LOT: 4

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for SAND (0-56) and GRAY MICA ROCK (56-245).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY); NO. OF BAGS (27); NO. OF POUNDS (2538); GALLONS OF WATER (162); DEPTH OF GROUT SEAL (0-55 ft)

CASING RECORD

Casing types (STEEL/CONCRETE/PLASTIC/OTHER); MAIN CASING TYPE (PL); Nominal diameter (6 inch); Total depth (60 feet)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H0); insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: Y/N

CIRCLE APPROPRIATE LETTER: A (Well abandoned), E (Electric log), P (Test well converted)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD; DRILLERS LIC. NO. 24

DRILLERS SIGNATURE: Joseph E. Mayne

LIC. NO. ;

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

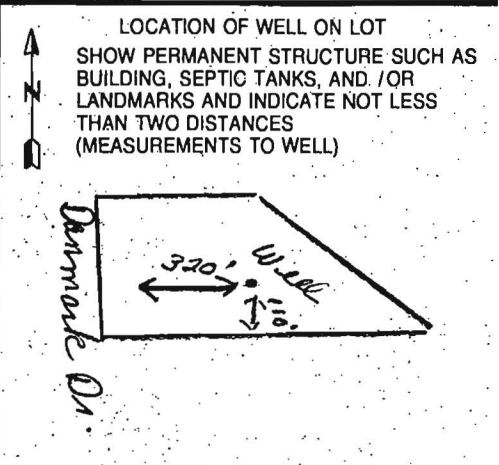
Table for casing height with columns for depth (nearest ft.) and casing height (+/-).

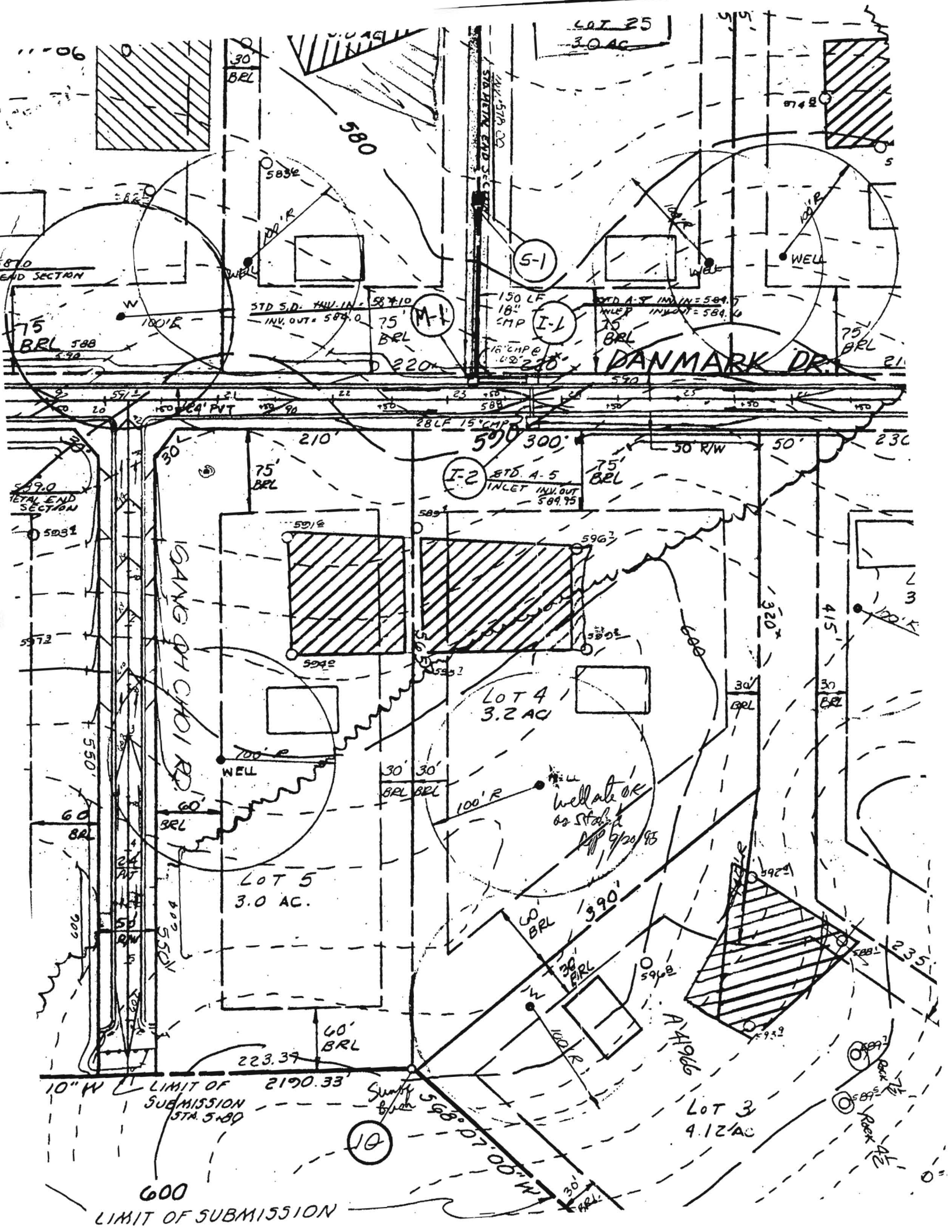
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA

PUMPING TEST: HOURS PUMPED (3); PUMPING RATE (007.5 gal/min); METHOD USED TO MEASURE PUMPING RATE (Bucket); WATER LEVEL (48 ft before, 167 ft when pumping); TYPE OF PUMP USED (Submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO); TYPE OF PUMP INSTALLED (S); CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT (+/-)





LOT 25
3.0 AC

580

5-1

I-1

DANMARK DR

I-2

LOT 4
3.2 AC

LOT 5
3.0 AC

LOT 3
4.12 AC

75
BRL 588

75
BRL

75
BRL

75
BRL

589.0
METAL END
SECTION

ISANG CHOI RD

well at or
as stated
9/20/85

10" W LIMIT OF SUBMISSION STA. 5+80

600
LIMIT OF SUBMISSION

10

68° 07' 00" W

STD S.D. 14W. IN = 587.10
INV. OUT = 589.0

STD A-5 IN. IN = 589.7
INLET INV. OUT = 589.4

150 LF
18" CMP

16" CMP @ 6.2'

700' R

100' R

100' R

100' R

583.6

591.0

30
BRL

74.8

870
END SECTION

587.2

550.0

60
BRL

30
BRL

223.37

2190.33

600

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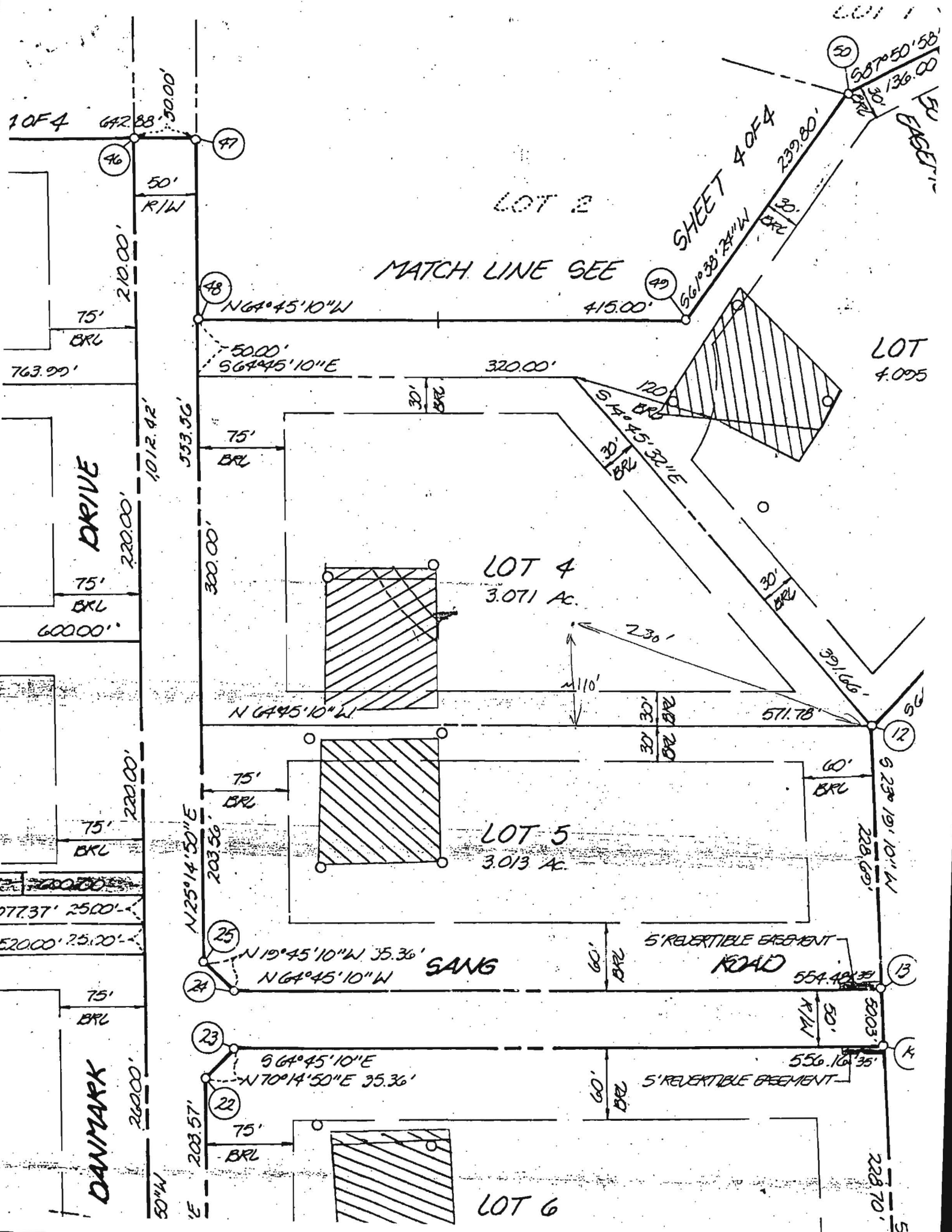
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1 OF 4

SHEET 4 OF 4

MATCH LINE SEE

LOT 2

LOT 4.095

LOT 4
3.071 Ac.

LOT 5
3.013 Ac.

LOT 6

DRIVE

DANMARK

SANG

5' REVERTIBLE EASEMENT ROAD

5' REVERTIBLE EASEMENT

642.88

210.00'

75' BRL

763.99'

75' BRL

75' BRL

220.00'

75' BRL

600.00'

75' BRL

75' BRL

75' BRL

75' BRL

077.37' 250.00'

520.00' 25.20'

75' BRL

260.00'

75' BRL

203.57'

50' W

50' R/W

50.00'

564°45'10"E

320.00'

75' BRL

300.00'

75' BRL

300.00'

75' BRL

75' BRL

75' BRL

75' BRL

203.56'

203.57'

203.57'

260.00'

75' BRL

203.57'

50' W

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DATE
N DISTRICT AND MEETS
DATE
SEDIMENT CONTROL BY
DATE

TO THE HOWARD COUNTY PERMITS, SEDIMENT CONTROL ACT (313-1855). ARE TO BE INSTALLED AND ARE TO BE IN ACCORDANCE WITH VOL. 1, ANNUAL STORM DRAINAGE PLAN THE TIME PERIOD OF MARYLAND STANDARDS PERMIT CONTROL FOR TEMPORARY SEEDING (SEC. 50), PROVISION WITH MULCH ALONE CAN NOT ALLOW FOR PROPER

REMAIN IN PLACE AND ARE NOT PERMITTED FOR HOWARD COUNTY SEDIMENT

3.07 ACRES
0.41 ACRES
0.12 ACRES
0.29 ACRES
CU.YDS.
CU.YDS.
CU.YDS.

TURBID BY GRADING & REPAIRED ON THE

DEEMED, IF DEEMED CONTROL INSPECTOR OF 2 ACRES. REQUESTED UPON PROVISION AND SEDIMENT OTHER EARTH GRADING INSPECTION INITIAL APPROVAL

LIMITED TO THREE PIPE AND STABILIZED WITHIN



SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (3.2 LBS./1,000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (0.7 LBS./1000SQ.FT.) FOR THE PERIOD NOVEMBER 15 THRU FEBRUARY 28. PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOD.

MULCHING

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 218 GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES. ON SLOPES 8 FEET OR HIGHER, USE 348 GALLONS PER ACRE (8 GAL./1,000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1988 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

SEEDBED PREPARATION

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

SOIL AMENDMENTS

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1,000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (14 LBS./1,000 SQ.FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 38-0-0 UREAFORM FERTILIZER (9 LBS./1,000 SQ.FT.) AND 500 LBS. PER ACRE 01.5 LBS./1,000 SQ.FT.) OF 10-20-20 FERTILIZER.

SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1,000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE, FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (1.4 LBS./1,000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1,000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 15 THROUGH FEBRUARY 28, PROTECT SITE BY: OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING; OPTION (2) - USE SOD; OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEEDED.

MULCHING

APPLY 1 1/2 TO 2 TONS PER ACRE (80 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES. ON SLOPES 8 FEET OR HIGHER USE 348 GALLONS PER ACRE (8 GAL./1,000 SQ.FT.) FOR ANCHORING.

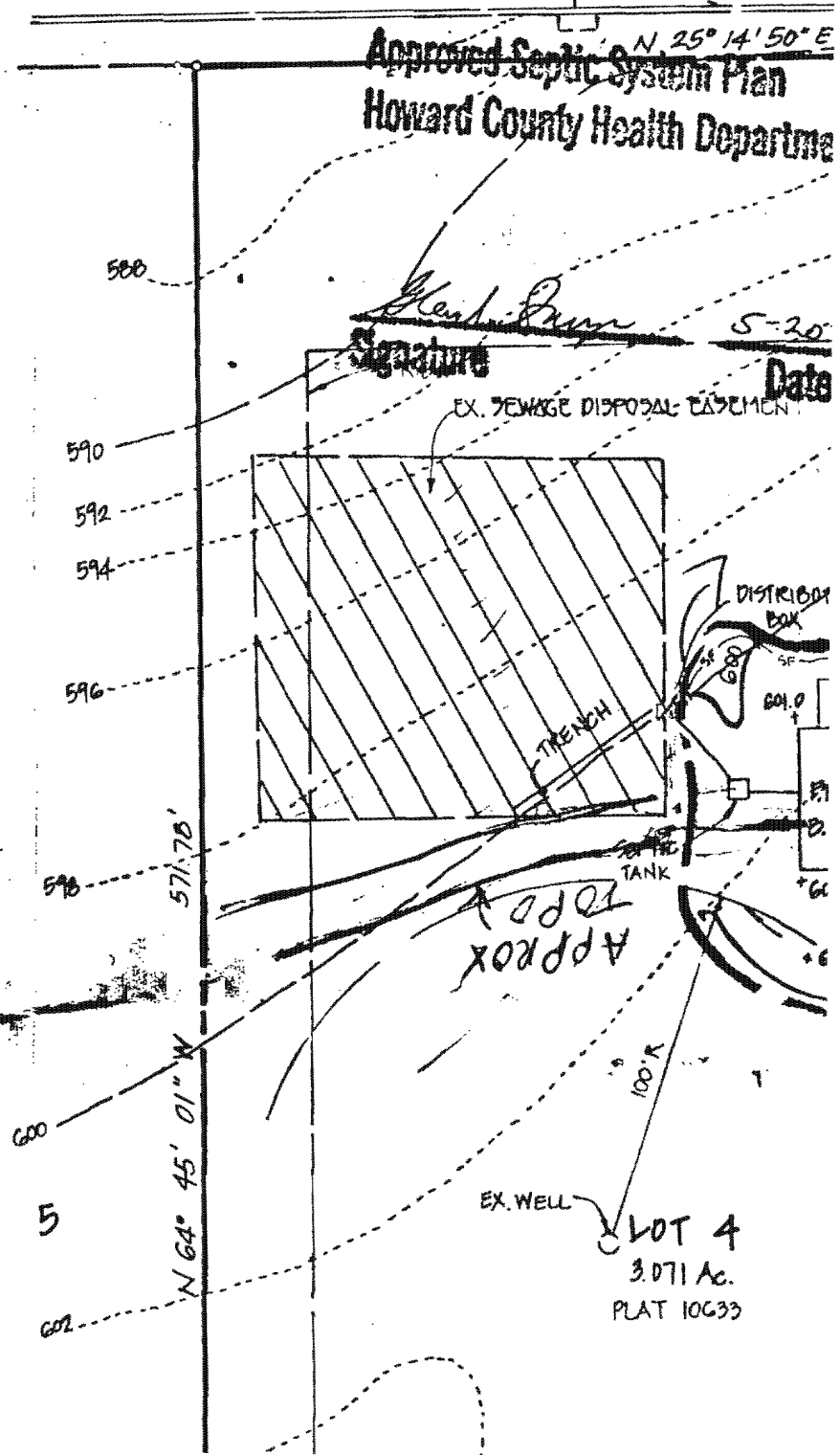
MAINTENANCE

INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

* FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNVEATCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.

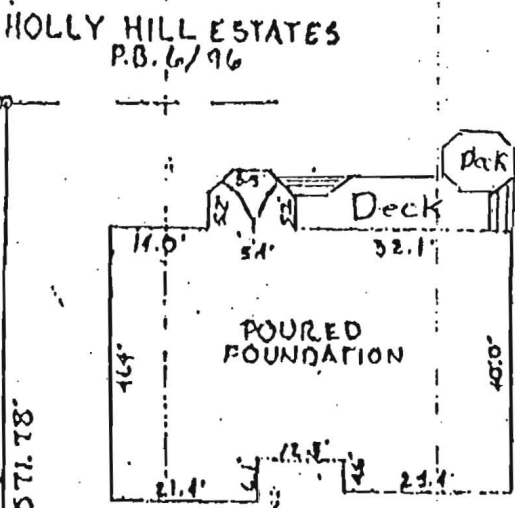
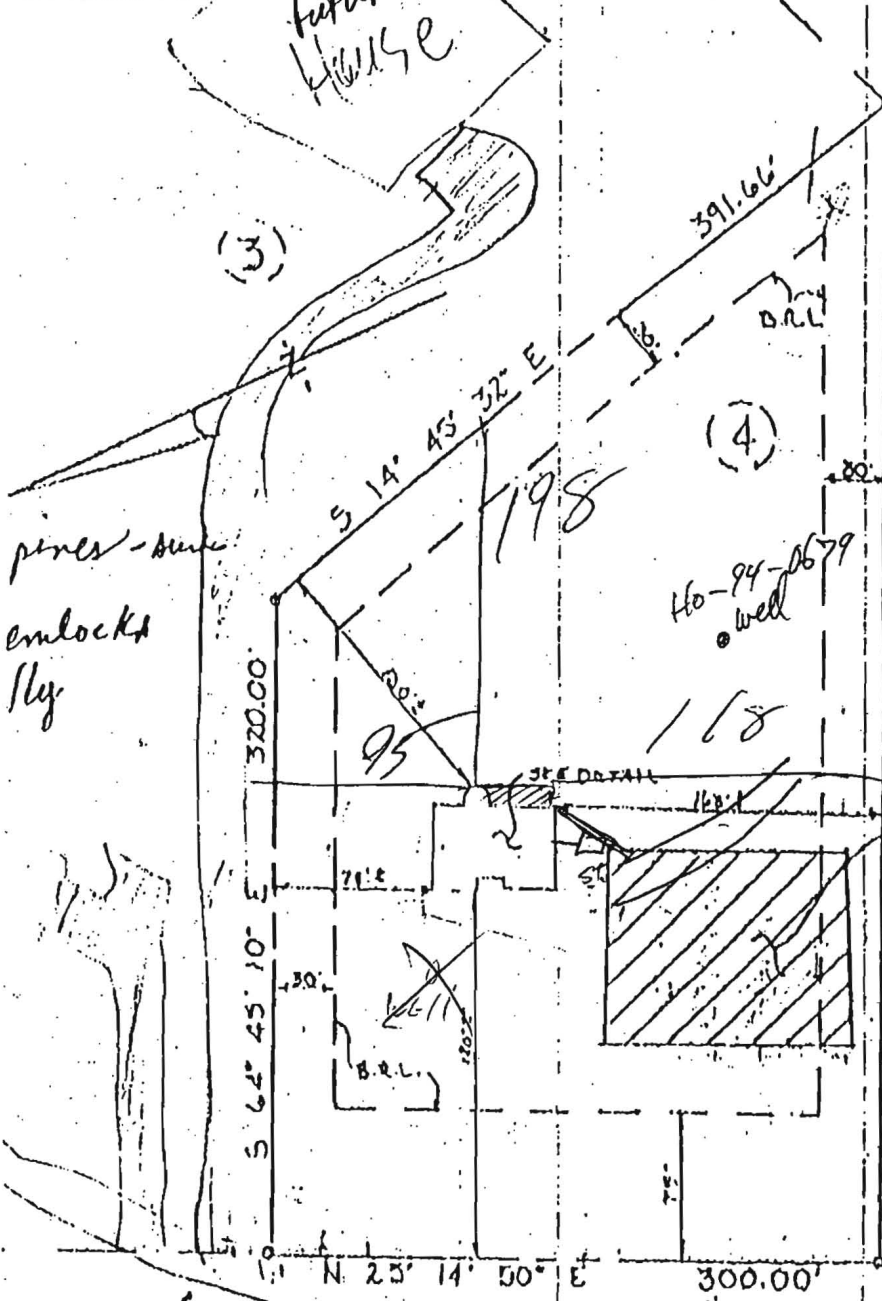


Approved Septic System Plan
Howard County Health Department



UNPLATED TRANSFER, FINANCING OR RE-FINANCING UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING. PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240014 0014-B, EFFECTIVE Dec. 4, 1986.

OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1/8" OR MINUS (+).



DETAIL 1:150

- ayaleas
- rhodo
- inter laurel
- andromeda (with fruit)
- holly
- per.
- peppars
- castilbe
- hasta
- lentenrose
- cordifolia
- grd. cvr.
- ayuga
- bachy
- ing. wj
- sweet box

DANMARK DRIVE

B 8006745
 No apparent conflict with well or Septic. RJP 6/17/99

A41967

LOT 4
 CHOI PROPERTY
 LOTS 1-32
 1st ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF: 10633

3285 DANMARK DRIVE

OF FOUNDATION WALL: 601.9 ±

OF N.D.

Building Address **3285 DANMARK DRIVE**
GLENWOOD, MARYLAND 21738

Property Owner's Name **PAUL & MARY SWEENEY**

Suite/Apt. # _____ SDP/WP/Title # **F-89-14**
 Address **3285 DANMARK DRIVE**

Census Tract **60102** Subdivision **WOODMOUNT** City **GLENWOOD** State **MD** Zip Code **21738**

Section **NA** Area **NA** Lot **4** Home Phone **410-489-7988** Work Phone **1-800-355-7133**

Tax Map **14** Parcel **100** Grid **34** Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning **RRDFO** Map Coordinates **9E5** Lot size **3.071** Phone _____ Fax _____

Existing Use **S.F. RESIDENCE** Contractor Company **CUSTOM HOME REMODELERS, INC.**

Proposed Use **S.F. RESIDENCE w/pool** Contact Person **JOSEPH BEAVAN**

Estimated Construction Cost **\$ 20,000.00** Address **12142 MOUNT ALBERT ROAD**

Description of Work **Install a 42'x20'**
in-ground swimming pool
3-8 Deep / brick pool house to

City **ELLICOTT CITY** State **MD** Zip Code **21042**

License No. **18678** Phone **410-988-8005** Fax **410-988-8005**

Occupant or Tenant **PAUL SWEENEY** Engineer or Architect Company _____

Contact Name **PAUL SWEENEY** Contact Person _____

Address **3285 DANMARK DRIVE** Address _____

City **GLENWOOD** State **MD** Zip Code **21738** City _____ State _____ Zip Code _____

Phone **410-489-7988** Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	State Certified Modular _____ Manufactured Home _____

I, 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 HERETO; (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 *Joseph Beavan* Print Name **JOSEPH BEAVAN**

President Custom Home Remodelers, Inc. Date **04/17/02**

Title/Company _____

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

FOR OFFICE USE ONLY

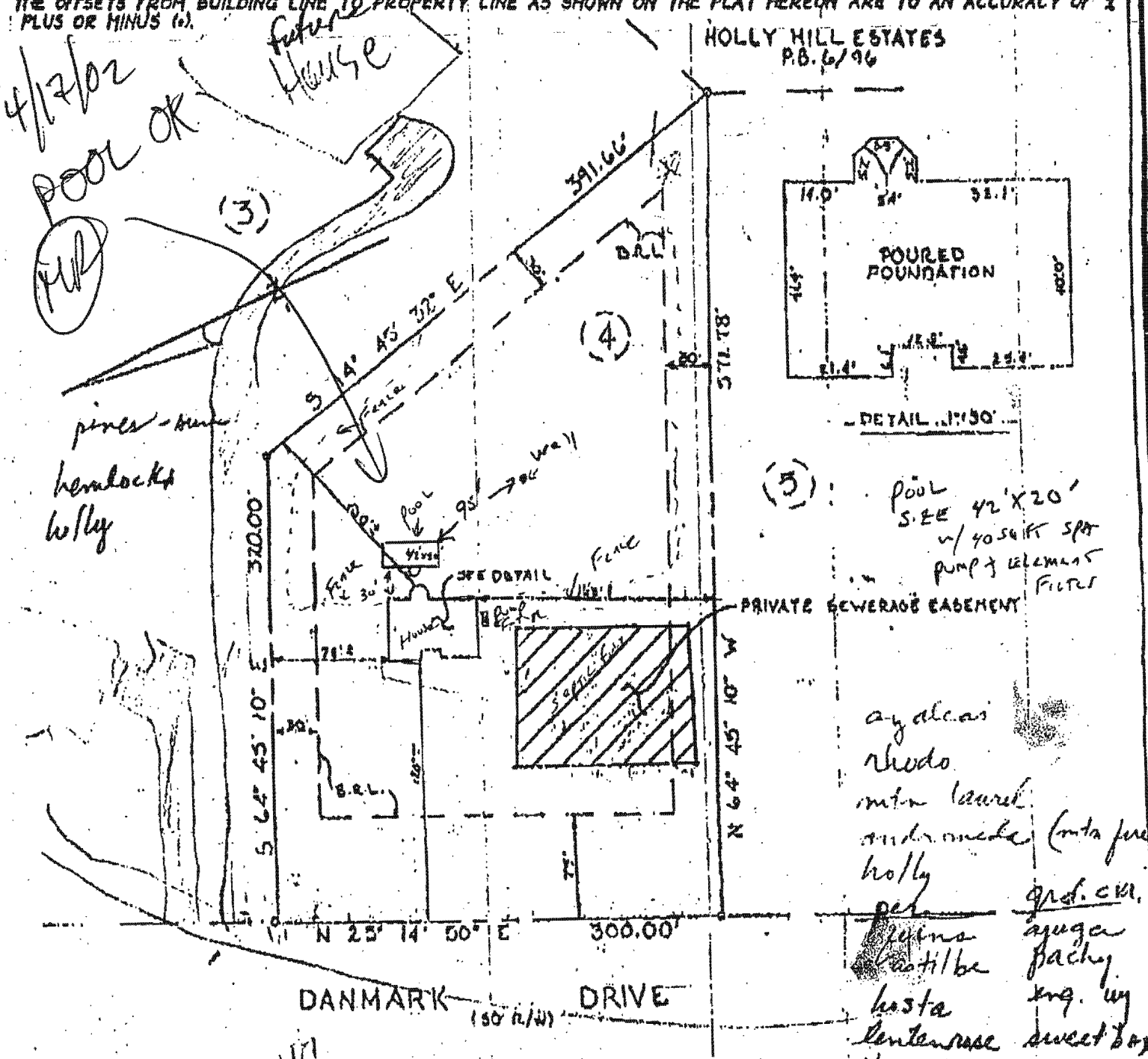
AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
and Development DPZ	4/17/02	Mark	APPROVED	Front: _____ Rear: _____ Side: _____ Side St: _____	4962
State Highway				All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Filing fee \$ _____
Building Official				Is Entrance Permit required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Permit fee \$ 250
Dev. Engineering DPZ				Historic District <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Excise tax \$ _____
Health				Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
Fire Protection				SDP/Red-line approval date N/A	TOTAL FEES \$ 250
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>					Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>					Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>					Check # 5214
					Validation # 02170
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					Accepted by <i>AS</i>

Sweeney P. 02

GENERAL NOTES:

THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM IN SO FAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING. SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240814 0018-B, EFFECTIVE DATE: DEC. 4, 1986.

THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).





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., Health Officer

Date: October 13, 2016

To: Joseph Dorsey: Via Email: FOURWHEELING1@AOL.COM
14767 Justifiable Court
Woodbine, Maryland 21797

RE: Building Permit # B16004193

Mr. Dorsey,

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.
- The building plan submitted did not show the well or septic location. And the plan was not to scale. Please submit a place show the following: existing house, proposed addition, well and septic location and any other structures located on property.
- 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
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

Bernard, Dana

From: Bernard, Dana
Sent: Tuesday, October 25, 2016 11:56 AM
To: FOURWHEELING1@AOL.COM
Subject: 3285 Danmark Drive

Mr. Dorsey,

After reviewing your floor plans which shows 5 bedrooms. We will have to upgrade your septic tank to a 1500 gallon tank. Currently, you have a 1250 gallon tank and it will only support a 4 bedroom house. I have listed below the Howard County Code which classifies your rooms as bedrooms. And I have included the Maryland state code which shows the tanks size required for the number of bedrooms. Also, the plot plan you sent me was not to scale. It must be 1-30 or 1-50etc. If you have any additional questions don't hesitate to e-mail me.

Definition for a bedroom:

Howard County Code Section 3.801(b):

(1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned are of a dwelling unit or accessory structure that:

- (i) Is 90 square feet or greater in size;
- (ii) May be used as a private sleeping area; and
- (iii) Has at least one window and one interior door.

(2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and

- (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
- (ii) A minimum 4 foot-wide opening, without doors, into another room;
- (iii) A half wall (4 foot maximum height) between the room and another room; or
- (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

(v)

Maryland code for tank size.

26.04.02.05 ENVIRONMENT

B. On-site sewage disposal systems and recovery areas shall be at least 100 feet removed from any water well system in unconfined aquifers and 50 feet from any water well system in confined aquifers.

C. On-site sewage disposal systems shall be located downgrade from private water supplies. A variance to this requirement may be granted by the Department of the Environment after consideration of the hydrogeologic conditions and recommendations of the Approving Authority.

D. Grease interceptors shall be required on separate kitchen waste drains from restaurants and other establishments discharging grease.

E. Residential Septic Tank Criteria. All on-site sewage disposal systems serving a residential use shall be sized in accordance with the following criteria and tables. This table provides for use of garbage disposal units, automatic clothes washers, and other household appliances.

Septic Tank Criteria
Minimum Septic Tank

Number of Bedrooms Capacity Below Outlet

2 or less 750 gallons

3 1,000 gallons

4 1,250 gallons

For each additional
bedroom, add 250 gallons.

Thank you & Have a*""

,,.,.,,*""),,.,,*")

(,.,' (,.,' * Wonderful Day !

Dana Bernard, R.E.H.S/L.E.H.S.

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

ATTENTION DANA BERHANO. - FOR REVIEW
WELL + SEPTIC LOCATION NEXT PAGE

1 Room
is an office
5 BR
Need new
Tank
1500 gallon
Tank

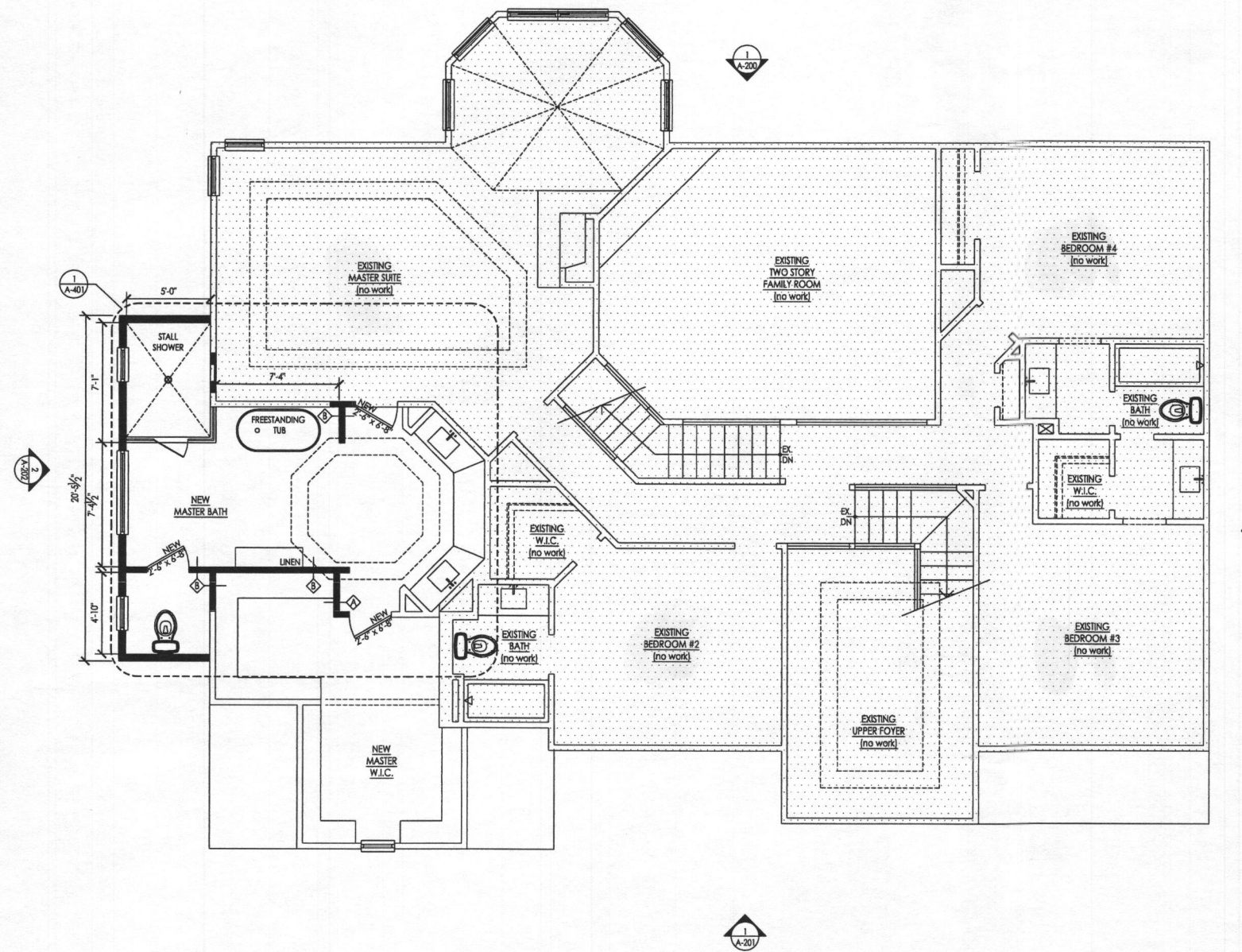
SWEENEY RESIDENCE

3285 DANMARK DRIVE
GLENWOOD, MD








PERMIT # B16004193

PROPOSED ADDITION

SEPTEMBER 16, 2016



CONSTRUCTION KEY

-  EXIST'G BRICK MASONRY PARTY / EXTERIOR WALL
-  EXIST'G NON LOAD BEARING INTERIOR PARTITION; NO CHANGE
-  NEW FURRED MASONRY WALL. SEE TYP. PARTITION TYPES.
-  NEW NON LOAD BEARING WOOD STUD WALLS; SEE PARTITION TYPES.
-  NEW 2-HR RATED WALL. 3/8" METAL NON-COMBUSTIBLE FRAMING W/ 2 LAYERS 5/8" THICK TYPE 'X' GYP. BOARD EA. SIDE
- ex / new  EXISTING / NEW 110V. HARDWIRED / INTERCONNECTED COMBINATION SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR
- ex / new  EXISTING / NEW 110V. HARDWIRED / INTERCONNECTED SMOKE DETECTOR
- NO WORK

CONSTRUCTION SHEET NOTES

- 1 NEW SITE CAST CONCRETE STAIRS WITH BRICK TREADS. SEE 3/ A-102 FOR DETAIL.
- 2 NEW KITCHEN CABINETS AND FINISHES. SEE ENLARGED KITCHEN PLANS AND INTERIOR ELEVATION DRAWINGS ON SHEET A-400.
- 3 NEW EXTERIOR DOOR IN NEW OPENING. SEE EXTERIOR ELEVATIONS.
- 4 NEW 27" GAS DRYER ON NEW ROUGHING. SEE ENLARGED LAUNDRY PLANS AND INTERIOR ELEVATIONS ON SHEET A-402.
- 5 CONTRACTOR TO PROVIDE AND INSTALL CLOSET ROD AND SHELF.
- 6 NEW 27" WASHER ON NEW ROUGHING. SEE ENLARGED LAUNDRY PLANS AND INTERIOR ELEVATIONS ON SHEET A-402.
- 7 NEW LOCATION FOR RELOCATED GARAGE DOOR.
- 8 NEW WOOD COLUMN; SEE 2/A-102 FOR DETAIL.

1 SECOND FLOOR CONSTRUCTION PLAN
1/4" = 1'-0"



410 SEVERN AVENUE SUITE 406
ANNAPOLIS MARYLAND 21403

TEL
410 266 3797

METRO
301 858 8118

FAX
301 858 8421





BOGGS & PARTNERS ARCHITECTS A CORPORATION

NO	DATE	REMARKS
REVISIONS		

DRAWN
CHECKED
APPROVED
DATE 09/16/16
JOB NUMBER XX

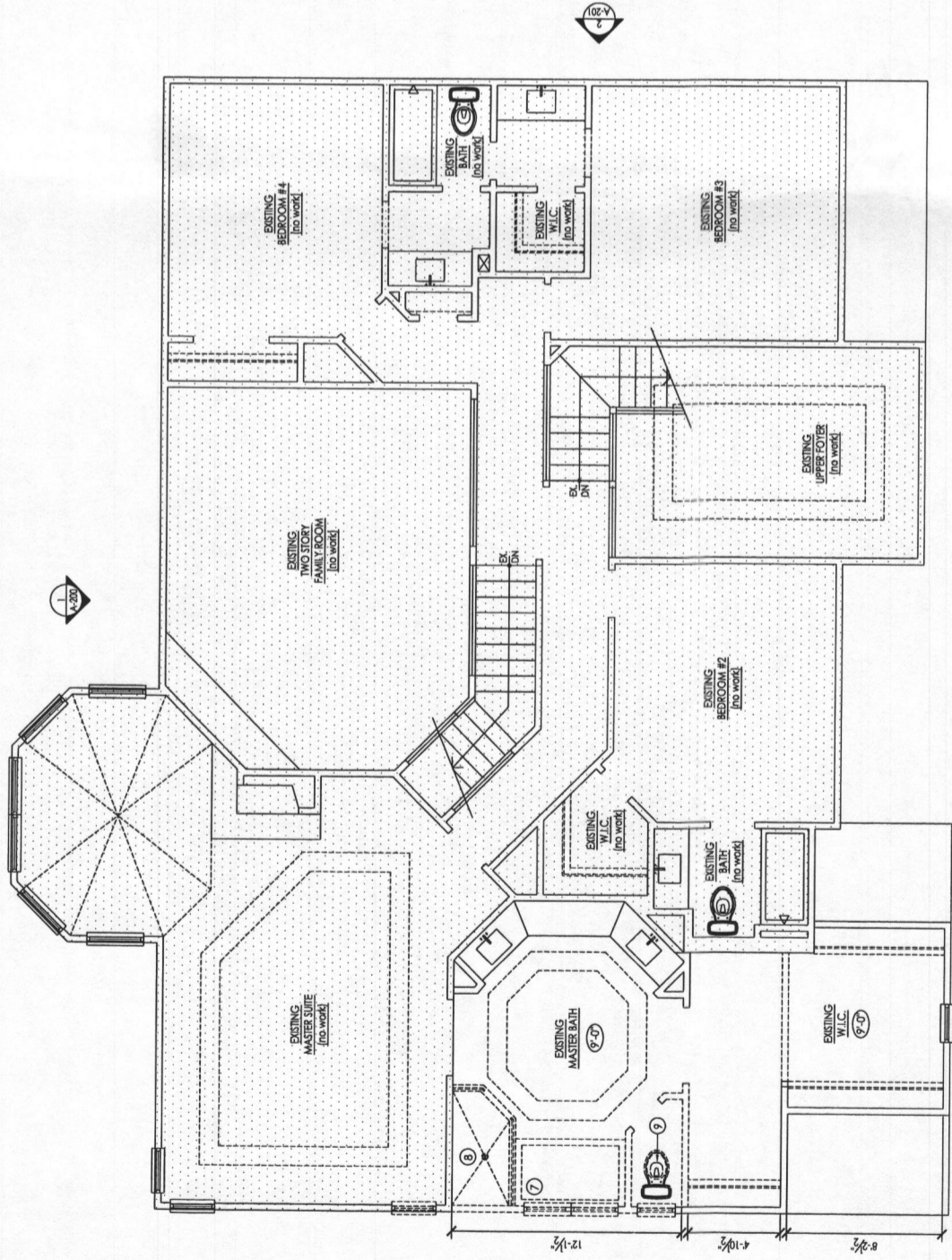
SWEENEY PROJECT
SECOND FLOOR CONSTRUCTION
1/4" = 1'-0"

DEMOLITION KEY

-  EXISTG. EXTERIOR WALL TO REMAIN; NO CHANGE
-  EXISTG. INTERIOR PARTITION TO REMAIN
-  EXISTG. INTERIOR PARTITION OR CONSTRUCTION TO BE REMOVED
-  NO WORK

DEMOLITION SHEET NOTES

- 1 REMOVE CONCRETE STEPS.
- 2 EXISTING INTERIOR PARTITIONS, FINISHES, WIRING AND ALL OTHER CONSTRUCTION TO BE REMOVED.
- 3 REMOVE ALL KITCHEN CABINETS, MILLWORK AND PIPING, ETC.
- 4 EXISTING GARAGE DOOR TO BE REMOVED AND RELOCATED.
- 5 EXISTING DOOR TO BE REMOVED.
- 6 EXISTING FENCE TO BE REMOVED.
- 7 EXISTING TUB TO BE REMOVED, ROUGHING TO BE RELOCATED.
- 8 EXISTING STALL SHOWER TO BE REMOVED, ROUGHING TO REMAIN.
- 9 EXISTING TOILET TO BE REMOVED, ROUGHING TO BE RELOCATED.



1 SECOND FLOOR DEMOLITION PLAN
1/4" = 1'-0"

BOGGS & PARTNERS
ARCHITECTS

410 SEVERN AVENUE SUITE 408
ANNAPOLIS MARYLAND 21403

TEL
410 268 3797

FAX
301 858 8421

EMAIL
301 858 8118

BOGGS & PARTNERS ARCHITECTS A CORPORATION

NO DATE REMARKS

REVISIONS

DRAWN

CHECKED

APPROVED

DATE

09/15/16

JOB NUMBER

XX

SWEENEY PROJECT
SECOND FLOOR DEMOLITION
1/4" = 1'-0"

SHEET NO
D-101

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MAIN KIT. NOTES

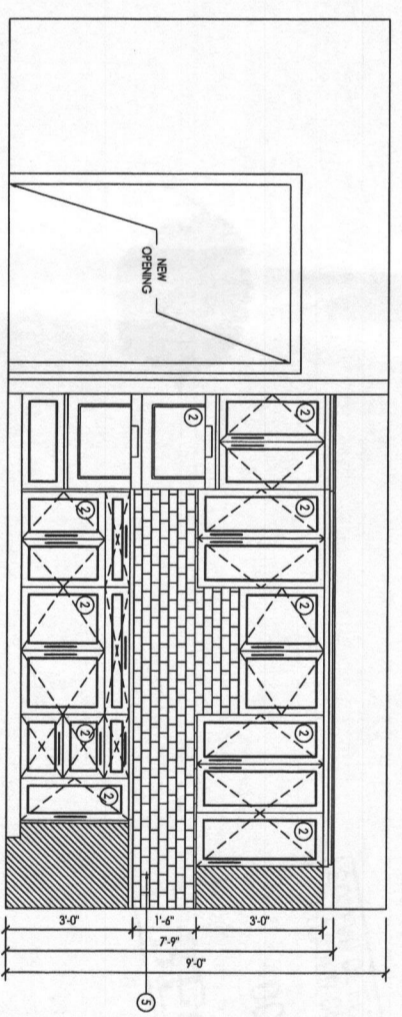
- 1 EXISTING 36" GAS COOKTOP TO BE REUSED.
- 2 NEW KITCHEN CABINETS AND COUNTERTOPS BY OTHERS. INSTALL ONLY.
- 3 EXISTING 27" DOUBLE OVEN TO BE REUSED.
- 4 EXISTING 36" REFRIGERATOR TO BE REUSED.
- 5 NEW BACKSPASH TILE TO BE PROVIDED BY OWNER. INSTALL ONLY.
- 6 NEW KITCHEN SINK TO BE PROVIDED BY OWNER. INSTALL ONLY.
- 7 EXISTING RANGE HOOD TO BE REUSED.
- 8 EXISTING DISHWASHER TO BE REUSED.

BOGGS & PARTNERS
ARCHITECTS

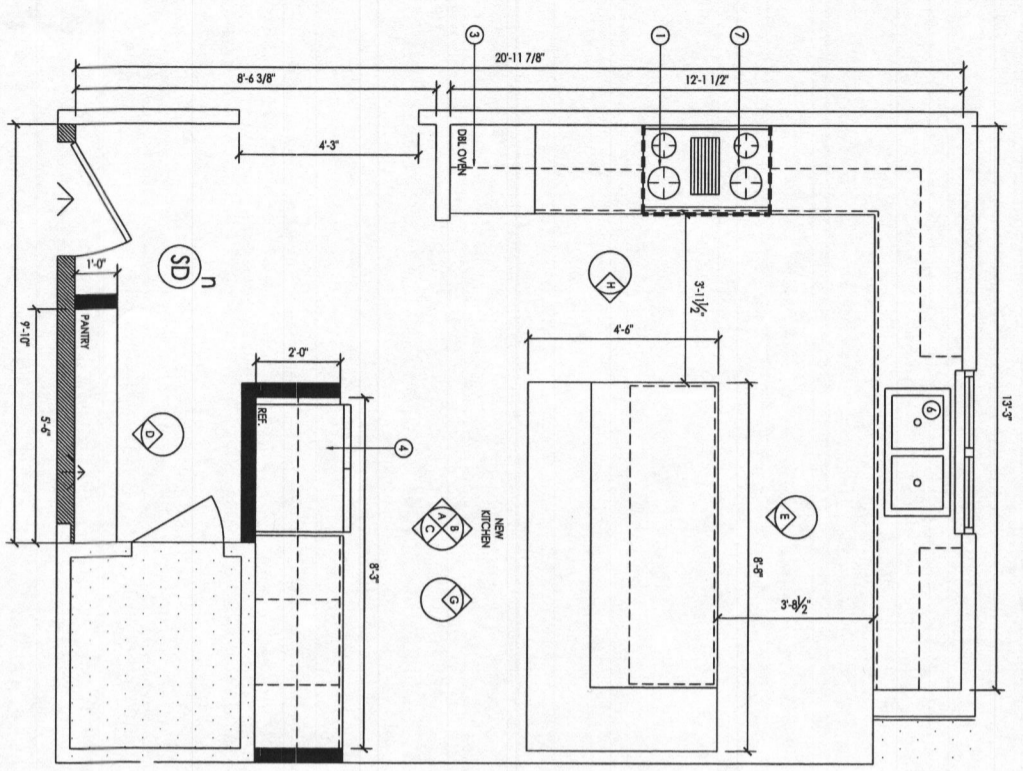
410 SEVEN AVENUE SUITE 408
ANNAPOLIS MARYLAND 21403

TEL. 410 288 3787
METRO 301 858 8118
FAX 301 858 8431

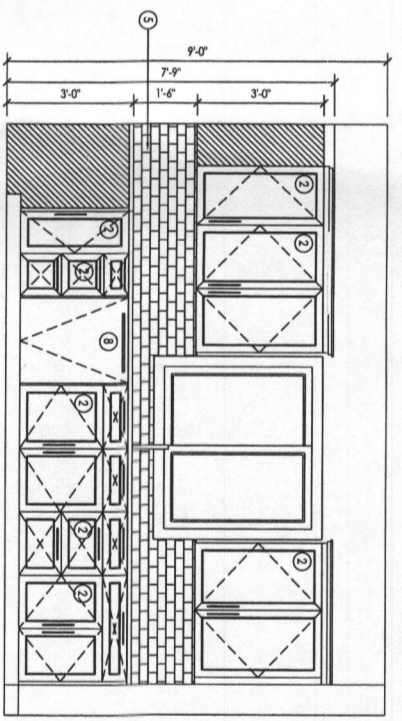
BOGGS & PARTNERS ARCHITECTS & CORPORATION



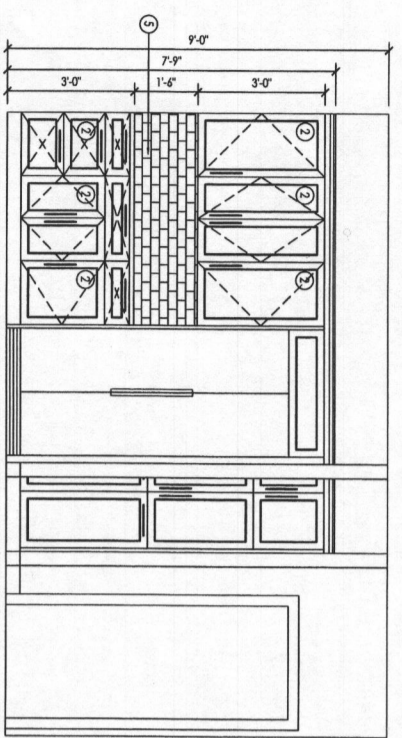
A
INTERIOR ELEVATION "A"
1/2" = 1'-0"



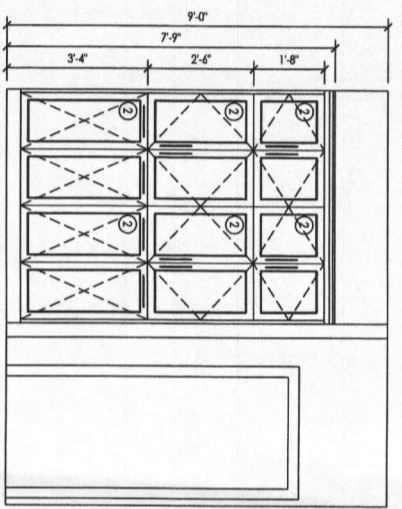
1
ENLARGED FIRST FLOOR KITCHEN PLAN
1/2" = 1'-0"



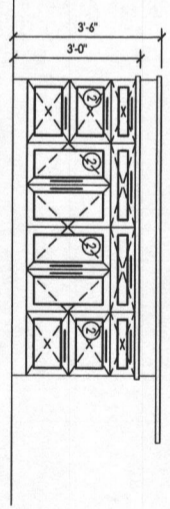
B
INTERIOR ELEVATION "B"
1/2" = 1'-0"



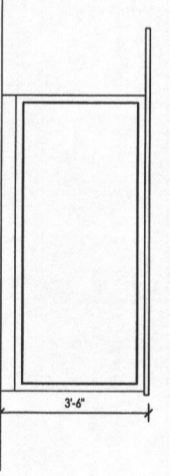
C
INTERIOR ELEVATION "C"
1/2" = 1'-0"



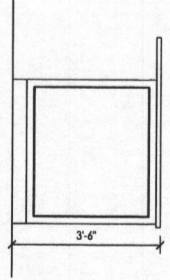
D
INTERIOR ELEVATION "D"
1/2" = 1'-0"



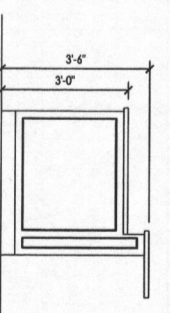
E
INTERIOR ELEVATION "E"
1/2" = 1'-0"



G
INTERIOR ELEVATION "G"
1/2" = 1'-0"



F
INTERIOR ELEV. "F"
1/2" = 1'-0"



H
INTERIOR ELEV. "H"
1/2" = 1'-0"

NO.	DATE	REVISIONS	REMARKS

DESIGNER	
CHECKED	
APPROVED	
DATE	09/16/16
JOB NUMBER	XX

SWEENEY PROJECT
KITCHEN PLAN AND ELEV.
1/4" = 1'-0"

SHEET NO. **A-400**
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