

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00124824

Building Address 12201 Penn Shop Rd
Pit Hill MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract LDD Subdivision _____

Section _____ Area _____ Lot X

Tax Map 06 Parcel 112 Grid 12

Zoning RC Map Coordinates 218 Lot size _____

Property Owner's Name Russell F. Matthews III

Address 12201 Penn Shop Rd

City Pit Hill State MD Zip Code 21771

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ Pool

Estimated Construction Cost \$ 120,000

Description of Work 15x20 Pool (Above Ground)
existing fence to locate

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

PERMIT
 NOT
 ISSUED
 TIME LIMITED
 12/4/10

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
<u>Depth</u> <u>Width</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	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"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
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: _____	
<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.

Applicant's Signature _____
 Title/Company _____

Print Name _____
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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 NewTown Zone _____

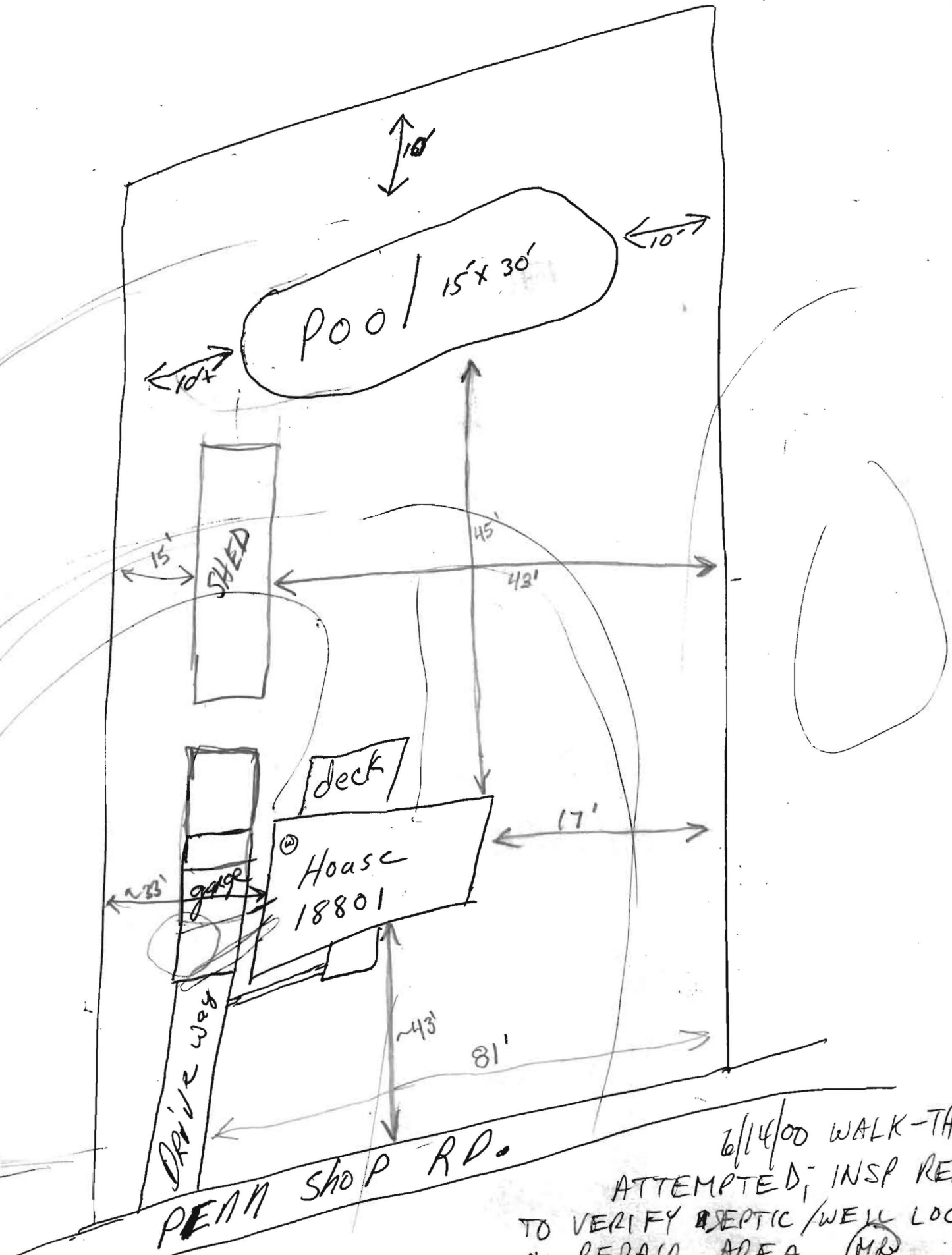
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: <u>41707</u>	Filing fee
	\$ _____
	Permit fee \$ _____
	Excise tax \$ _____
	Sub-total paid \$ _____
	Add'l permit fee \$ _____
	TOTAL FEES \$ _____
	Balance due \$ _____
	Check # _____
	Validation # _____

Please index.

P 516434-A

Meet owner
6/15/00 2:00



6/14/00 WALK-THRU
ATTEMPTED; INSP REQ'D
TO VERIFY SEPTIC/WELL LOC
↓ REPAIR AREA (M&D)



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

Building Permit Waiver

Russell and Theresa Mathews
18801 Penn Shop Road
Mount Airy, MD 21771

BP#: B00124824

Request: To Install Above Ground Pool

I/we the owner(s) of the aforementioned property, understand that the pool to be installed as per Building Permit #: B00124824, will be occupying an area on our lot that may be required for future septic system repairs. In knowing this, I/we agree to remove this pool from the area it occupies if the Howard County Health Department deems that this area will or may be needed for septic system repairs. I/we, as the current owner(s) of the aforementioned property, also understand that it is our responsibility to inform any potential future owners of this property of the conditions of this waiver.

I/we as the owner(s) of the aforementioned property have read, understand, and agree to the above conditions.

Owner's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 1, 2000

Russell and Theresa Mathews
18801 Penn Shop Road
Mount Airy, MD 21771

RE: Request to Install Above Ground Pool
BP#: B00124824

Dear Mr. and Mrs. Mathews:

This department's main concern with the installation of your pool is how it may affect any needed repairs to your septic system. By installing your pool, the possible available area for repairs is reduced. The small size of your lot compounds the problem of locating a repair site in an approved area with soils acceptable for sewage treatment.

Therefore, this department advises against the pool installation. However, we are willing to grant a variance to allow for its installation, if a waiver is signed stating that you agree to move the pool if this department feels that it will or may be necessary to use the area occupied by the pool to make septic system repairs. It is also your responsibility to inform any potential future owners of this condition if the pool is to remain on the property. Enclosed with this letter is a form to be signed and returned by any current owners of the property, attesting to the fact that these conditions will be met and adhered to. It is also in your best interest to take care of the system that you presently use. Enclosed is some additional information that may be helpful concerning septic system maintenance. If you have any questions, you can reach me by mail or telephone at the address or number located below.

Sincerely,

Brian Baker

Brian Baker
Sanitarian, Water and Sewer Program

Enclosures
Cc: File

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300156895

Building Address 18001 Penn Shop Rd
MT Airy, MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel 112 Grid 2

Zoning RC Map Coordinates JAR Lot size _____

Property Owner's Name Russella Teresa Mathew

Address 18001 Penn Shop Rd

City MT Airy State MD Zip Code 21771

Home Phone 301-607-8773 Work Phone 301-747-1600

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

Phone 301-607-8773 Fax _____

Existing Use Garage sfd

Proposed Use same

Estimated Construction Cost \$ 5000.00

Description of Work put up stairs on existing garage office no bathroom

Contractor Company Self/family

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant same as owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

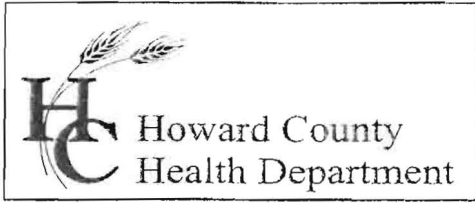
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Teresa Mathew
Applicant's Signature
owner
Title/Company

Teresa Mathew
Print Name
11-7-05
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			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 Permt 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:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 30, 2005

Russell and Teresa Matthews
 18801 Penn Shop Rd
 Mt. Airy, Maryland 21771

RE: Building Permit Application
 #B00156895

Dear Mr. and Mrs. Matthews:

This office has completed the review of your building permit, #B00156895. We have attempted to contact you by phone with limited success. In order for your permit to be approved the following information is required:

1. Percolation testing to establish repair area for your septic system
2. Floor plans of the existing house and the proposed addition
3. Does the current house have a basement?
4. A site inspection to verify well and septic locations
5. A new well will need to be drilled and the current well abandoned

If you have questions regarding this matter, please contact me at (410) 313-1771.

Sincerely,

Sara Fegel
 Well and Septic Program
 Development Coordination Section

SF
 Cc:
 File

can be 10' from septic

SDA

(note)

*if there is no
 basement*

SDA can be 10' from foundation

November 15, 2005

Mike,

This building permit was reviewed by myself and Kacie. Given the information in the file, it was concluded that percing was going to be needed. We felt there was a potential for a bathroom to be installed possibly without a permit, and there is no recorded repair area. An additional question pertains to the current well location. Will the homeowners be required to re-drill it? It also appears that wherever a well is located on the property, including the current location, there is not enough area for a repair. Any repair area encroaches on the well radius and after the radius is drawn there isn't sufficient space. What happens in this case? My understanding is the homeowners will not be able to build an addition, but what do they do when the system fails?

Thank you for your help!

Sara

- ① Perc testing req'd. (wet season^{??}
NO)
- ② Ex. home floor plan req'd.
- ③ Prop. house floor plan req'd.
- ④ Well will need to be aban. & new drilled.
- ⑤ Ex. neigh. well & septic??
- ⑥ Does the ex. house have a basement?
- ⑦ Topo.?
- ⑧ Is there a basement?



SmartManager	Application	Property	People	Fees	Cashier	Workflow	Attachments	Inspection	Reports	Preference	Condition	Set	Batch job
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Application - Summary

Application #:

Application Type: Building / Residential / Misc / Deck

Address: 18801 PENN SHOP RD, MT AIRY, MD 21771

Tracking #:

Parcel No.: 000000046706

File Date: 05/17/2006

Application Detail: [Detail](#)

Application Comments: [Comments](#)

Organization Name:

Applicant Name: DEBBRA L METZ

Applicant Address:

Primary Licensed Prof:

Description of Work: SFD GARAGE SAME WITH BUILD A DECK ON TOP OF EXISTING GARAGE 12 X 22

Job Value: \$3,200.00

Total Fee Assessed: \$55.00

Total Fee Invoiced: \$55.00

Balance: \$0.00

Application Status: Completed

Workflow Status:	Task	Status	Status Date	Action By
	Application Acceptance	Accepted	05/17/2006	AA CONV
	Building Review	Approved	05/17/2006	GEM
	Zoning	Approved	05/17/2006	TAF
	Dev Engineering			
	Health Dept			
	Building Permit Issuance	Issued	05/17/2006	AA CONV
	Final Building	Approved	07/13/2006	ADMIN ADMINISTRATOR
	C of C	Completed	07/13/2006	ADMIN ADMINISTRATOR

Condition Status:	Condition Name	Status	Apply Date	Severity	Action By
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Application - Summary

Application #:

Application Type: Building / Residential / Addition / SFD

Address: 18801 PENN SHOP RD, MT AIRY, MD 21771

Tracking #:

Parcel No.: 00000046706

File Date: 11/07/2005

Application Detail: [Detail](#)

Application Comments: [Comments](#)

Organization Name:

Applicant Name: TERESA MATTHEWS

Applicant Address:

Primary Licensed Prof:

Description of Work: SINGLE FAMILY HOME SAME WITH RAISE ROOF ADD 2ND STORY

Job Value: \$5,000.00

Total Fee Assessed: \$25.00

Total Fee Invoiced: \$25.00

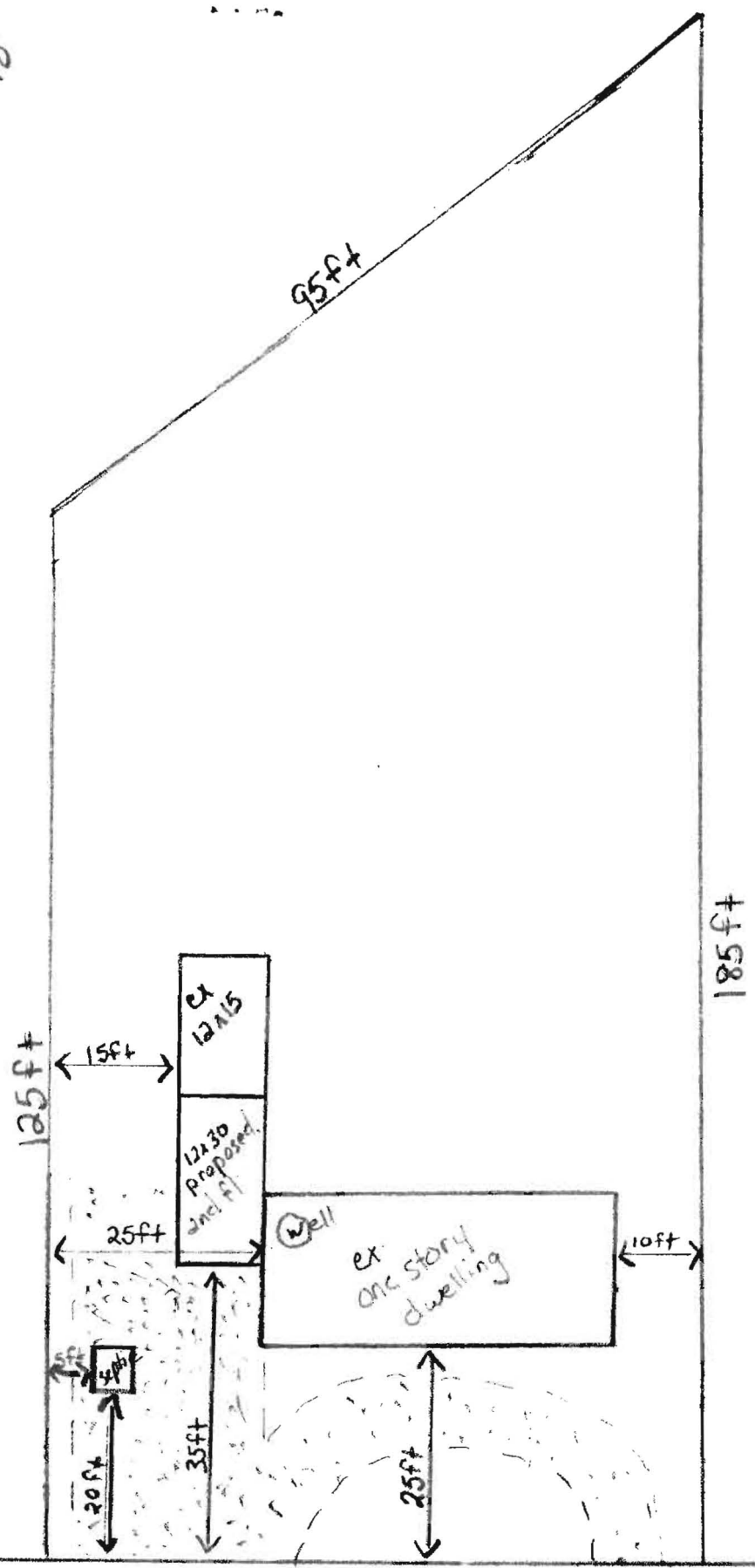
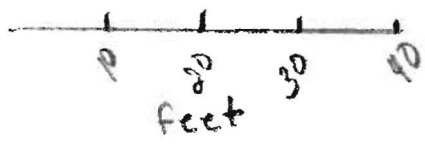
Balance: \$0.00

Application Status: Cancelled

Workflow Status:	Task	Status	Status Date	Action By
	Application Acceptance	Application Cancelled	12/01/2006	AVIS CORBIN
	Building Review	Approved	12/01/2006	AVIS CORBIN
	Zoning	Approved	11/14/2005	TAF
	Dev. Engineering	Pending	12/30/2005	AA CONV
	Health Dept			
	Building Permit Issuance			
	Final Building	Cancelled	12/01/2006	AVIS CORBIN
	C of C			

Condition Status:	Condition Name	Status	Apply Date	Severity	Action By
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20 scale



Penn Shop Road