

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

BO9000205

Building Address <u>11286 Old Frederick Rd</u> <u>Mariottsville MD 21104</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area <u>1</u> Lot _____ Tax Map <u>10</u> Parcel <u>165</u> Grid <u>22</u> Zoning _____ Map Coordinates _____ Lot size <u>4.05 AC</u>	Property Owner's Name <u>Buan-Senora Neal</u> Address <u>11286 Old Frederick Rd</u> City <u>Mariottsville</u> State <u>MD</u> Zip Code <u>21104</u> Phone <u>410-442-0112</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>221 Gateway Drive Bel Air MD</u> Phone <u>410-557-0555</u> Fax <u>410-692-5475</u>
Existing Use <u>Poaches</u> Proposed Use <u>Poaches</u> Estimated Construction Cost \$ <u>45,000</u> Description of Work <u>Demo existing 24x8 front porch + 6x8'6" side porch leaving existing roofs</u> <u>Construct new 24x8 front porch + 6x8'6" side porch. Also construct 4x4 landing w/ steps on rear</u> Occupant or Tenant <u>Property owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company <u>American Design + Build</u> Contact Person <u>Jeff Hollman</u> Address <u>221 Gateway Dr</u> City <u>Bel Air</u> State <u>MD</u> Zip Code <u>21014</u> License No. <u>46549</u> Phone <u>410-557-0555</u> Fax <u>410-692-5475</u> Engineer or Architect Company <u>Same</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Irene French  
 Applicant's Signature  
 Title/Company \_\_\_\_\_  
IRENE FRENCH  
 Print Name  
2/12/09  
 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	<u>2/12/2009</u>	<u>R. Buckler</u>	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 Permit 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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\norms\PERMIT.FRM			SDP/Red-line approval date _____	

0661

NOTES:

- 1) B.R.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers NOT found, or guaranteed by this location.
- 5) Setback distance accuracy: 1' ±

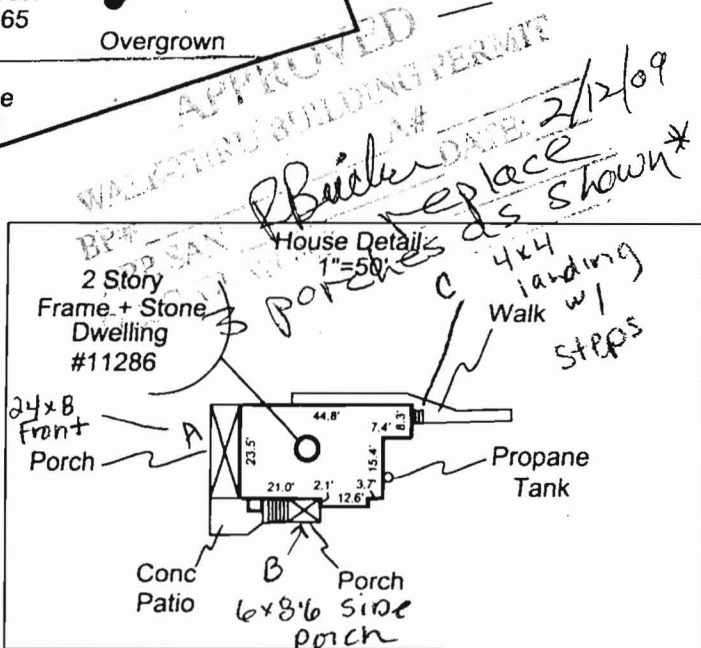
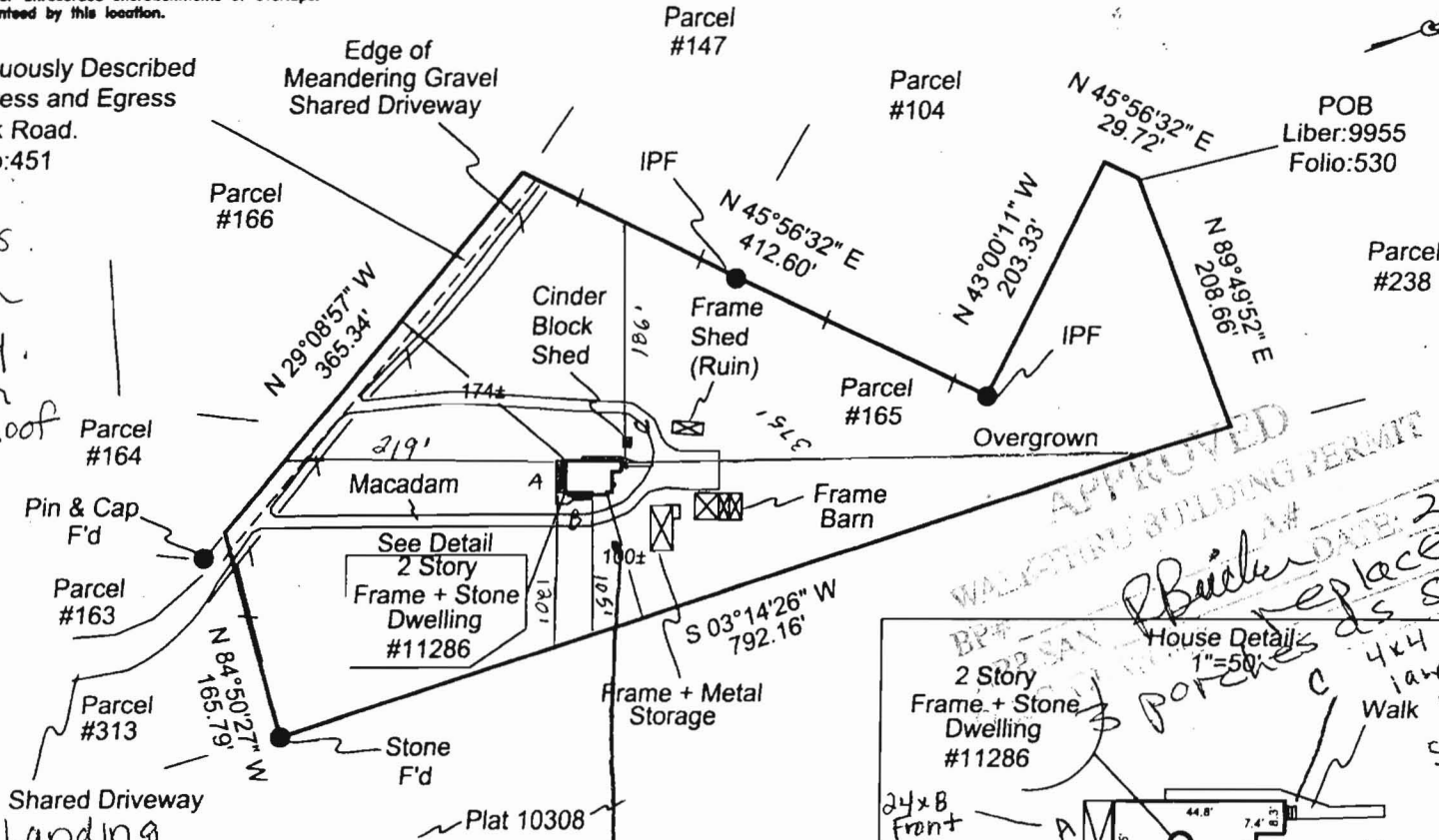
Apparent Area of Ambiguously Described  
12 Foot Roadway for Ingress and Egress  
to Old Frederick Road.  
Liber:71 Folio:451

Demo all 3 porches.  
Front + Side porch  
roofs to stay.  
(A) 24x8 Front Porch  
under existing Roof

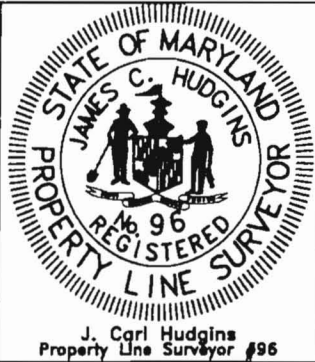
(B) Construct  
6x8'6" side  
porch under  
existing  
Roof  
Old Frederick  
Road

(C) Construct 4x4 Landing  
w/ Steps

Subject property is shown in Zone C  
on the FIRM Map of Howard County,  
Maryland on Community Panel #  
240044 0010B. Effective 12-4-86



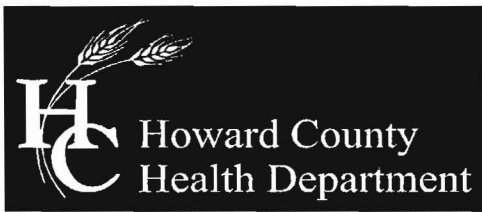
This is to certify that I have surveyed the property shown hereon,  
being known as 11286 Old Frederick Road  
as described by metes and bounds  
and recorded among the land records of Howard County,  
Maryland in Liber 9955 folio 530  
for the purpose of locating the improvements thereon.



LOCATION DRAWING  
11286 Old Frederick Road  
Howard County, Maryland  
Election District No. 03

NTT Associates, Inc.  
16205 Old Frederick Road  
Mt. Airy, Maryland 21771  
Ph. (410)442-2031  
Fax No. (410)442-1315

Scale: 1"=150'  
Date: 1-12-09  
Field By: Don  
Drawn By: Don  
Drawing # 08611



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

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Peter L. Beilenson, M.D., M.P.H., Health Officer

1/30/2009

TO: Brian and Senora Neal, owners  
11286 Old Frederick Road, Marriottsville, MD 21104 (Tax Map 10, Parcel 165)

FROM: Robert Bricker, R.S., Environmental Sanitarian  
Well and Septic Program

RE: Walk through Building Permit Application

Dear Mr. and Mrs. Neal,

On January 29, 2009, Irene French, representing contractor Jeff Hollman, submitted a proposal to the Health Department to replace two porches and construct a walkway at the subject property. This Building Permit Application for 11286 Old Frederick Road cannot be approved at this time. A well on the property must be properly sealed prior to Health Department approval of this proposal.

During a required evaluation of the property, the Environmental Sanitarian learned that there is a well at the residence, and that it has a broken pump. This is an abandoned well by Code of Maryland definition [COMAR 26.04.04.11.B]. COMAR requires that abandoned wells be properly sealed [26.04.04.11.D(1)]. A licensed well-driller must seal the well or supervise the person sealing the well [COMAR 26.04.04.11(3)]. The homeowner is the person responsible for sealing the abandoned well [Howard County Code 3.909].

The Environmental Sanitarian also evaluated the septic system on the property. No septic tank was found and the existing system is described as a cesspool that is nearly full. Be advised that this type of septic system is no longer acceptable under Howard County Code [Section 3.800] requirements. Furthermore, the system may be near failure. The Health Department recommends that you have the cesspool pumped and that you remain vigilant of the cesspools condition and maintenance.

You may contact me at the Bureau of Environmental Health, 410-313-1771 to discuss your questions concerning these contents.

RB  
Copy: file

SITE INSPECTION SHEET

OWNER: Brian & Senora Neal  
~~Irene French~~ PHONE #: \_\_\_\_\_

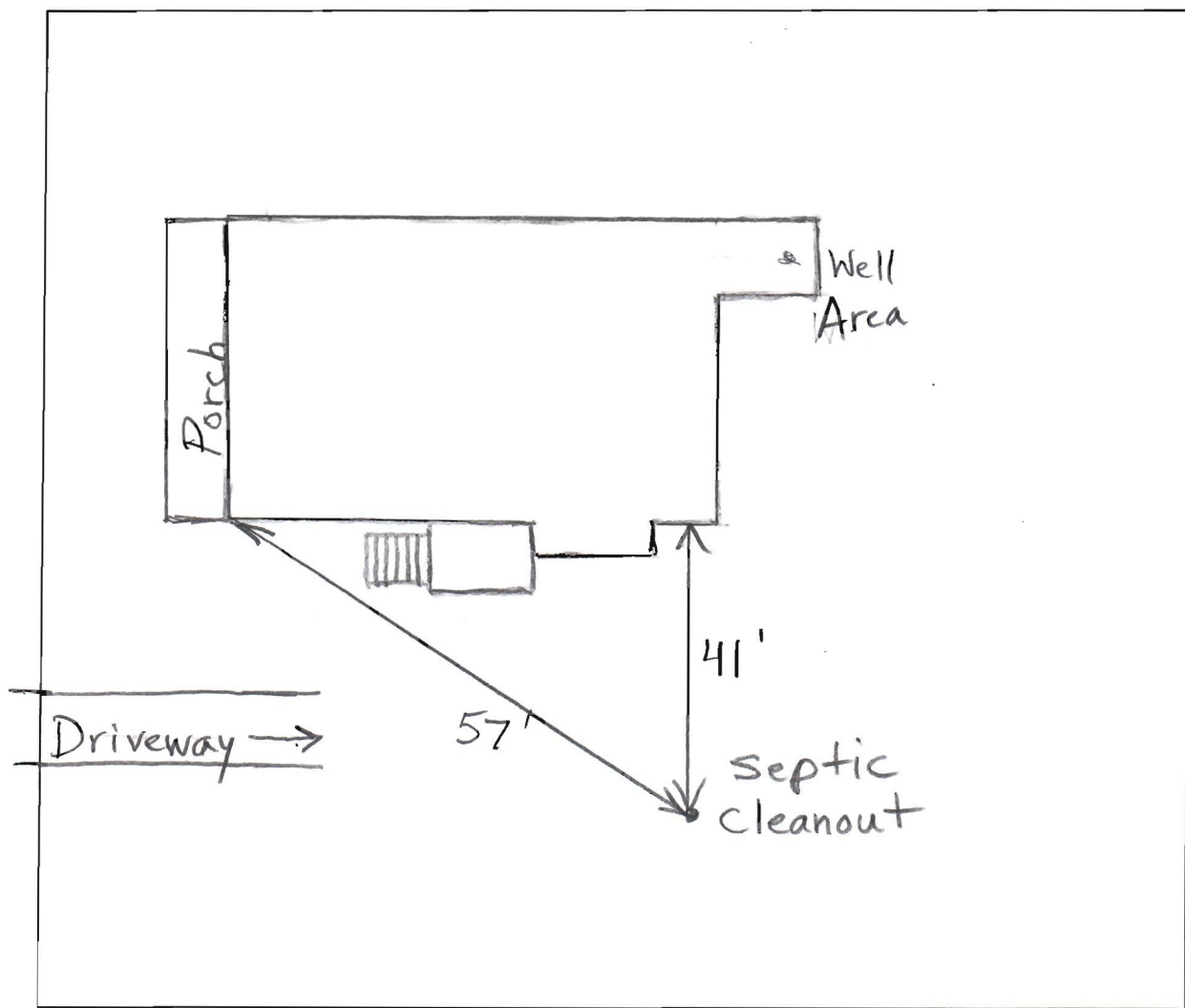
ADDRESS: 11286 Rt. 99 CONTRACTOR: \_\_\_\_\_

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Received B.P. for 2 Porches and a Walkway

LOCATION DIAGRAM



COMMENTS: 1/29/08 The homeowner said that the cleanout is on top of a cesspool? Couldn't find any other signs of a tank or anything. Cesspool full but not overflowing. No signs of surfacing yet.

DATE: 1/29/09 INSPECTOR: B. Baber

Abandoned well with broken pump near area shown (per homeowner). Well either has basement access or buried.