



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: 9/10/14
Permit No.: B1403274

(Pfefferhorn)

Building Address: 2305 Pfefferhorn Rd
 City: Los Friends State: MD Zip Code: 21794
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 15 Parcel: 45 Grid: 8
 Zoning: _____ Map Coordinates: _____ Lot Size: 277 AC
 Existing Use: SED (AG)
 Proposed Use: SED 10/10/10
 Estimated Construction Cost: \$ 8000
 Description of Work: install 1000 gal under ground propane tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Maxley Family Farm
 Address: 13155 Rd 144
 City: D. Friends State: MD Zip Code: 21794
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Michelle Kog
 Address: PO Box 1253
 City: Sikesville State: MD Zip Code: 21788
 Phone: 410 239 7511 Fax: _____
 Email: michelle.kog@polioelectric.com
 Contractor Company: Tens Oil
 Contact Person: Chenn Jones
 Address: 1619 N. Main St
 City: Urbansville State: MD Zip Code: 21074
 License No.: 408
 Phone: 410 239 9515 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 | |
| <input type="checkbox"/> Reinforced Concrete | No. of Bedrooms: | |
| <input type="checkbox"/> Structural Steel | Multi-family Dwelling | |
| <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 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 checked="" type="checkbox"/> Private | |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heating System | |
| <input type="checkbox"/> Electric <input 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 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: Michelle Kog Print Name: Michelle Kog
 Email Address: michelle.kog@polioelectric.com Date: 9/10/14
 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 | <u>9/26/14</u> | <u>[Signature]</u> |

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

| DPZ SETBACK INFORMATION | |
|---------------------------------|--|
| Front: | |
| Rear: | |
| Side: | |
| Side St.: | |
| All 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>100.00</u> |
| Tech Fee | \$ <u>10.00</u> |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ <u>110.00</u> |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>3459</u> |



Search Google....

Map Layers Map Legend Search

Search By Longitude/Latitude

Search By Address

Number: 2305

Street: pfefferkom

Search By Address

Search By Street Intersection

Search By Owner (Property)

Search By Tax ID

Search By Plat Number

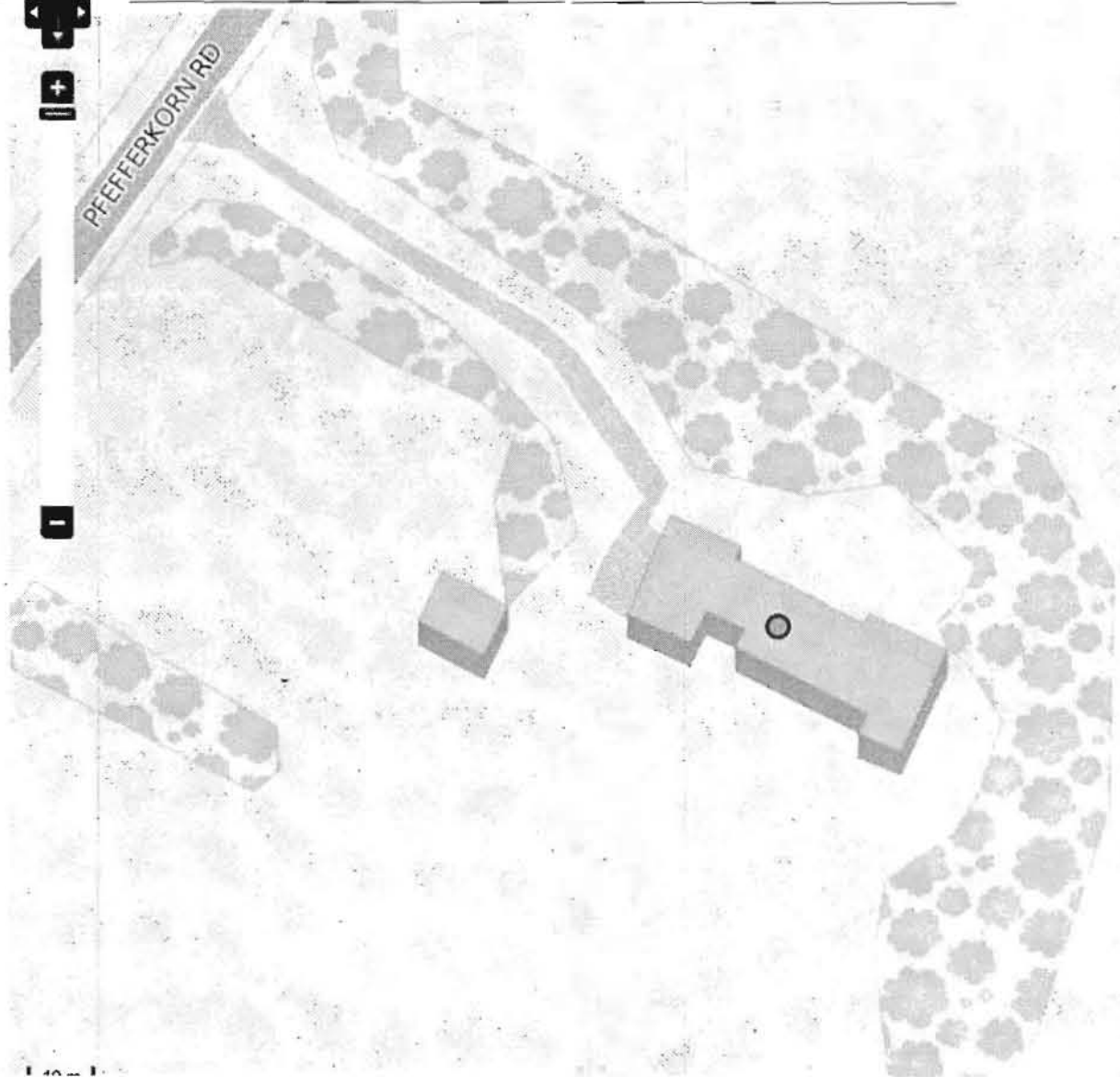
Search By Tax Map/Parcel/Lot

Search Scanned Drawings

Search Scanned Drawings by Name

Search By ADC Location

Map Tools



Scale 1-100' 2305 Pfefferkorn Rd

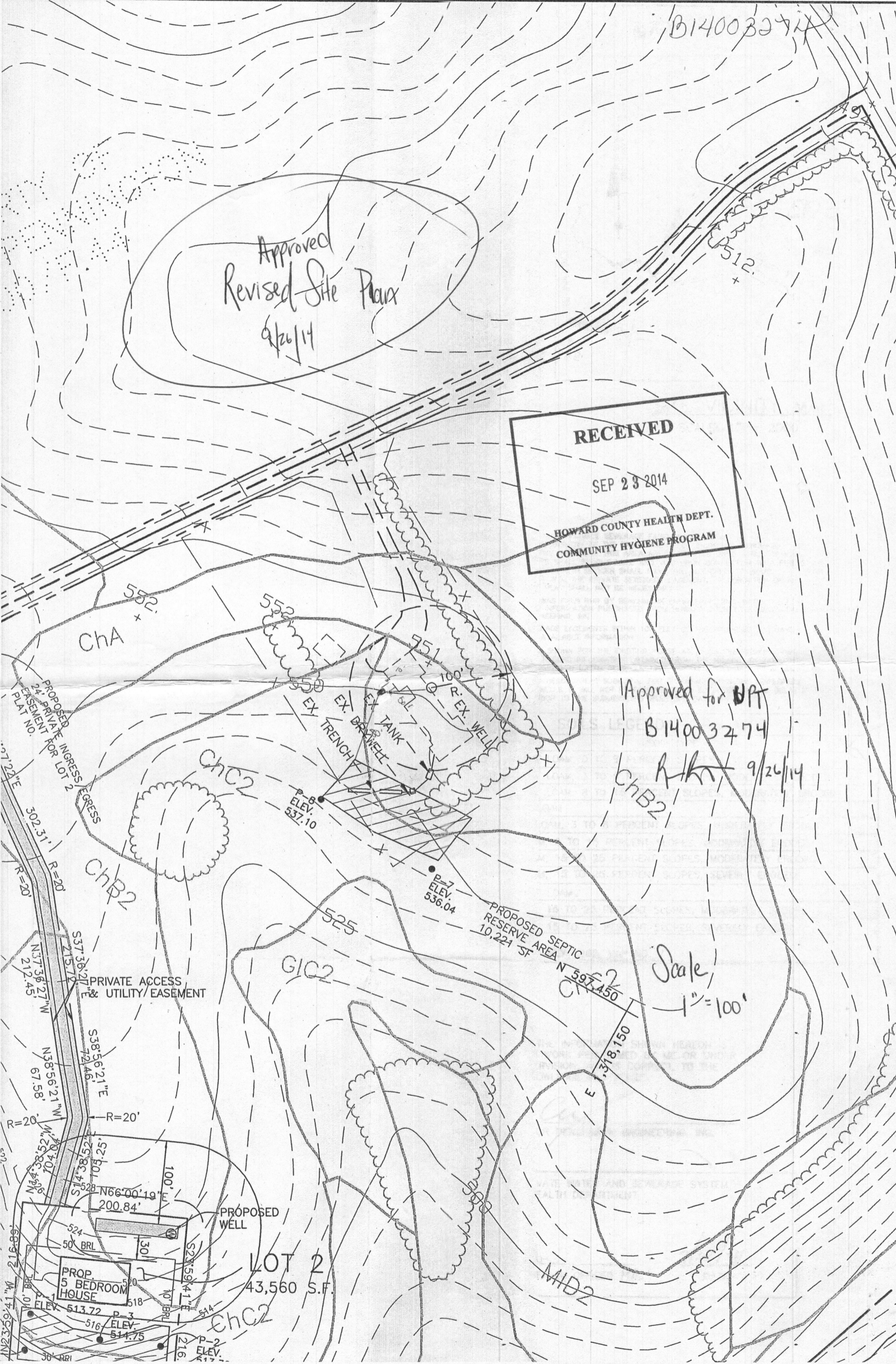
B14003274

Approved Revised Site Plan
9/26/14

RECEIVED
SEP 23 2014
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

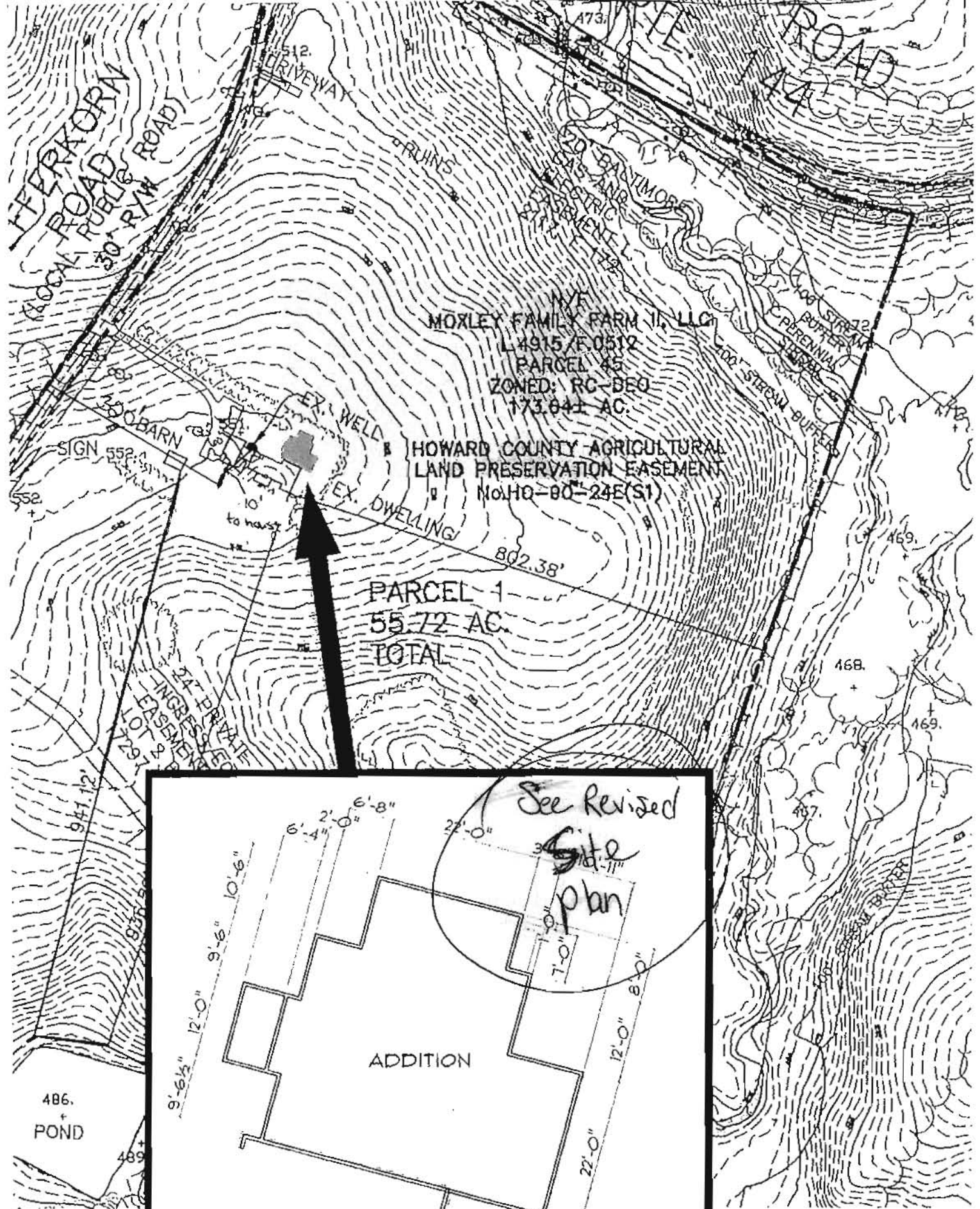
Approved for DPT
B14003274
RKH 9/26/14

Scale
1"=100'



230 Hefferkorn Rd

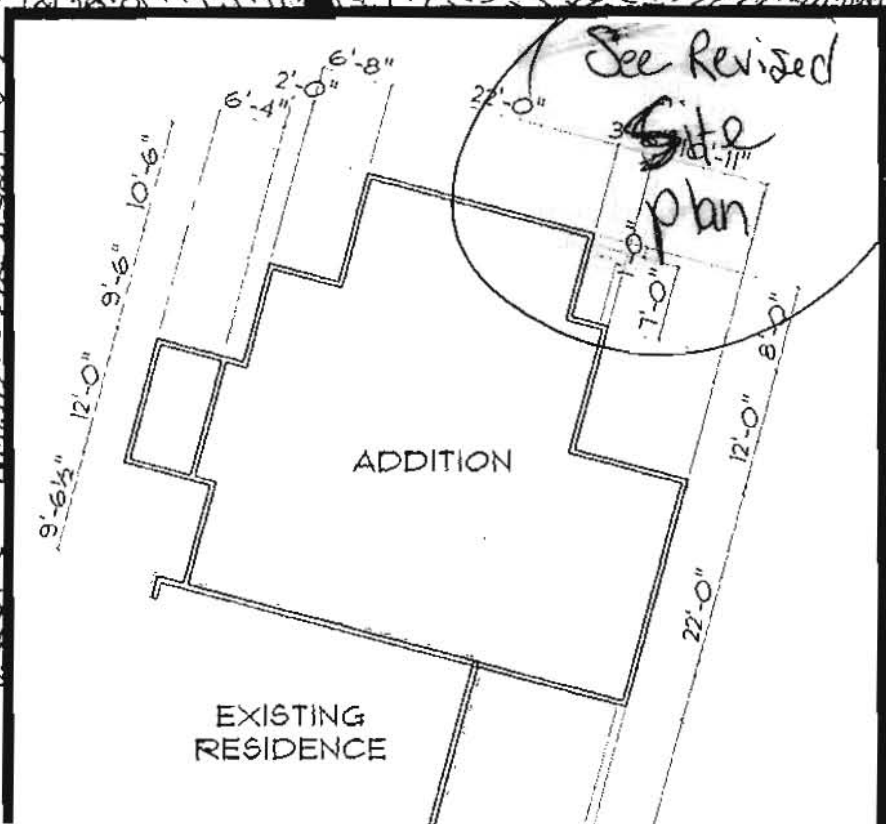
SCALE 1-200



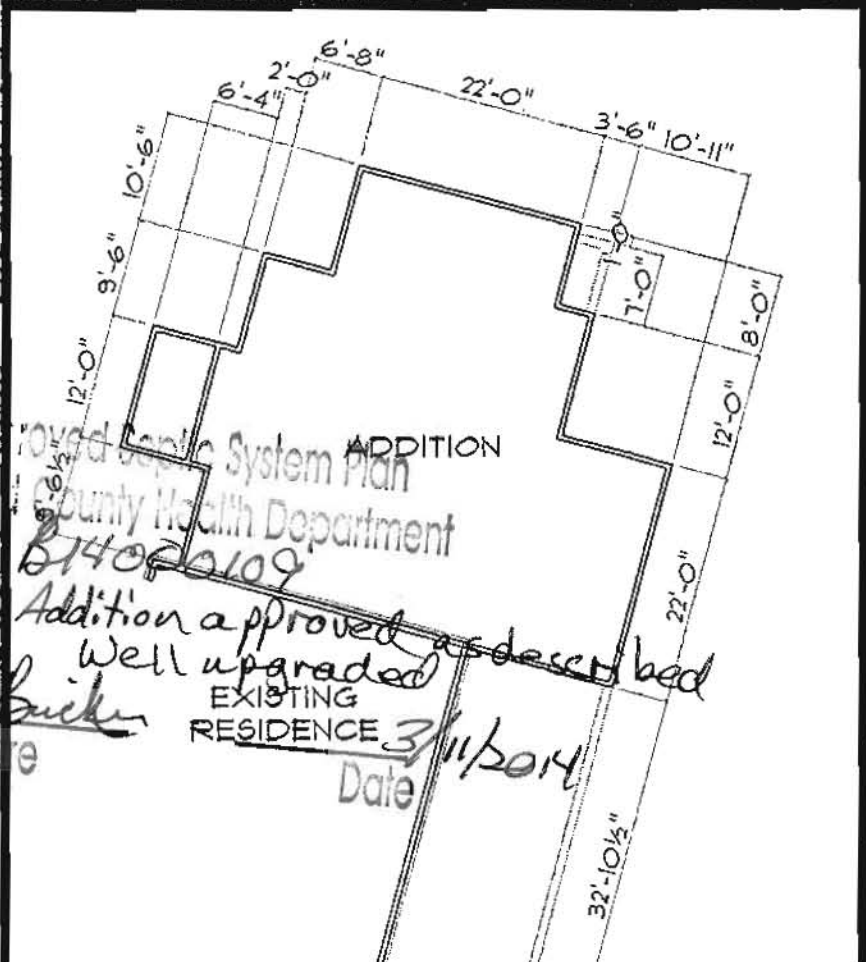
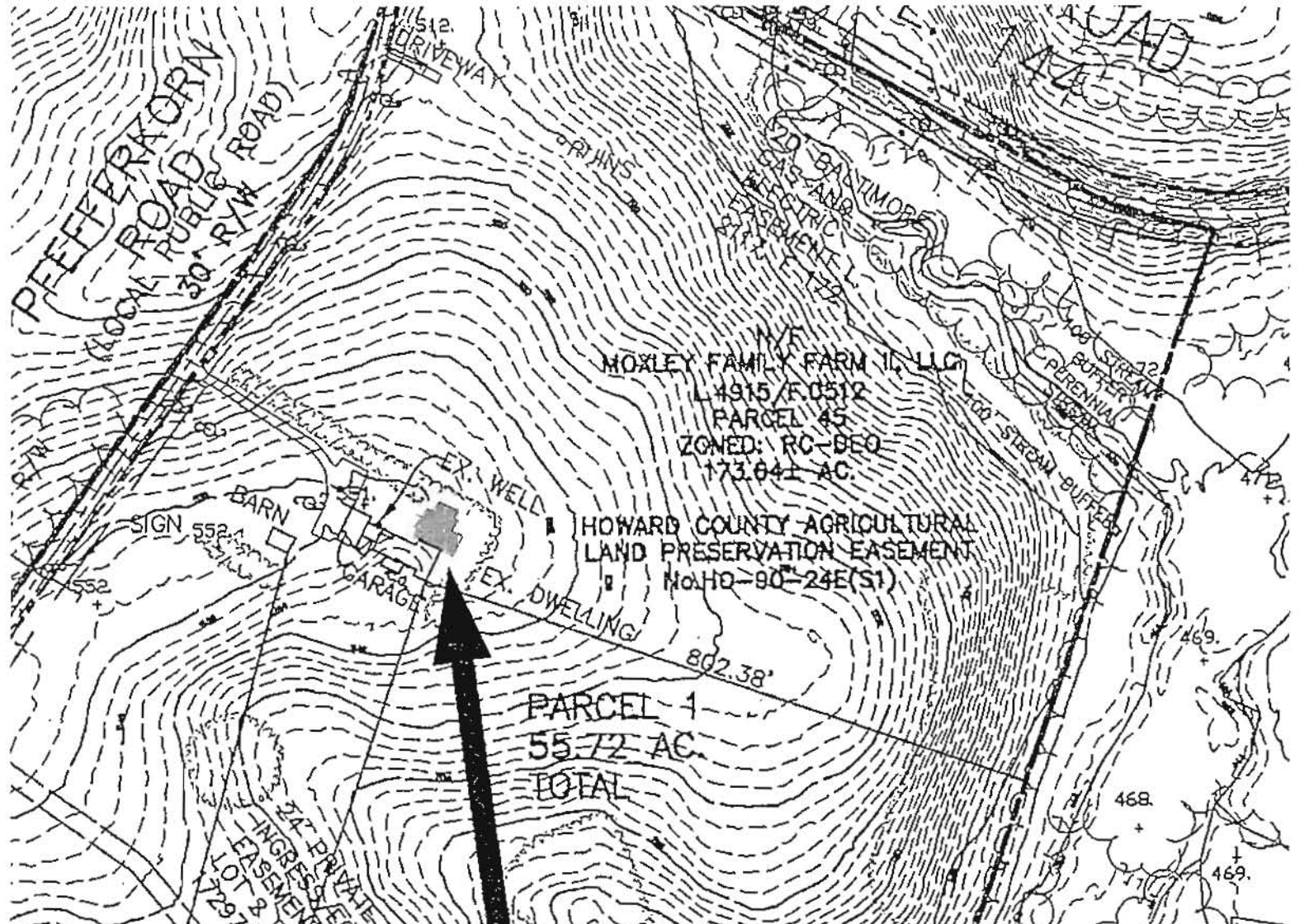
MOXLEY FAMILY FARM II, LLC
 L 4915/E.0512
 PARCEL 45
 ZONED: RC-BEO
 173.04± AC.

HOWARD COUNTY AGRICULTURAL
 LAND PRESERVATION EASEMENT
 No. HO-80-24E(S1)

PARCEL 1
 55.72 AC.
 TOTAL



2305
 HEFFERKORN RD



Howard County Health Department
614020109
Addition approved as described
Well upgraded
Signature: *R. Buckner*
Date: 3/11/2014

2305
PEPPERKORAN RD
WEST FAIRFAX
21794

Bricker, Robert

From: Bricker, Robert
Sent: Wednesday, January 29, 2014 2:39 PM
To: 'fourwheeling1@aol.com'
Subject: B14000109_2305 Pfeffercorn Road

Mr. Dorsey,

Review of Building Permit Application B14000109 is 'in process'. To continue my review of the proposal, I need to have floor plans of the entire residence, both existing and proposed sections. You may send the plans to me as a PDF, or as hard-copies.

Also, before approval of the allocation, I will need to conduct a site inspection to assess the condition of the well.

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL HEALTH SPECIALIST
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH
8930 STANFORD BOULEVARD
COLUMBIA, MD 21045

410-313-2691; fax, 410-313-2648
rbricker@howardcountymd.gov

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Bricker, Robert

From: Bricker, Robert
Sent: Wednesday, February 05, 2014 3:25 PM
To: 'fourwheeling1@aol.com'
Subject: B14000109_ON HOLD

Mr. Dorsey,

The proposed addition at 2305 Pfeffercorn Road is 'On Hold' at this time. The well must be upgraded before the referenced permit can be approved by the Health Department.

On February 4, a well with steel casing was observed in an underground structure at the subject address. The well casing must be extended so that the top of the casing is 8 inches or greater above the surface of the ground in the area around the well. The original well casing is steel, therefore the joint and sleeve must be steel.

The electrical conduit will also have to be extended, and fit snugly in the two-piece cap at the top of the casing. Contact me when the extension is completed so that I may inspect.

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL HEALTH SPECIALIST
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
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