



# 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.: B17001635

Building Address: 13422 GOOD TIMES COURT  
 City: HIGHLAND State: MD Zip Code: 20777  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: ALLIANT RESERVE  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 23  
 Tax Map: 0034 Parcel: 0366 Grid: 15  
 Zoning: RR DEO Map Coordinates: \_\_\_\_\_ Lot Size: 1.37 ACRES

Existing Use: SINGLE FAMILY DETACHED  
 Proposed Use: SINGLE FAMILY DETACHED  
 Estimated Construction Cost: \$ 150,000  
 Description of Work: ADD 15x12<sup>65</sup> BREAKFAST NOOK  
ADD A 20x20<sup>448</sup> COVERED PORCH  
ADD A 20x24 PATIO  
 Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: TOOD & CINDY BAKER  
 Address: 13422 GOOD TIMES COURT  
 City: HIGHLAND State: MD Zip Code: 21012  
 Phone: 301-854-0701 Fax: \_\_\_\_\_  
 Email: tbaker@oblon.com

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: GOTIHC ENTERPRISES INC.  
 Contact Person: TIM MILLER  
 Address: 326 BUENA VESTA AVENUE  
 City: ARNOLD State: MD Zip Code: 21012  
 License No.: M112C 100907  
 Phone: 443-336-1257 Fax: \_\_\_\_\_  
 Email: tim@geicontractors.com

Engineer/Architect Company: JONATHAN RIVERA  
 Responsible Design Prof.: JONATHAN RIVERA  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 443-226-5745 Fax: \_\_\_\_\_  
 Email: JONATHANRIVERA.COM

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 <sup>st</sup> floor: <u>46'</u>	<u>60'</u>
	2 <sup>nd</sup> floor: <u>46'</u>	<u>60'</u>
Area of construction (sq. ft.):	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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		
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>PROPANE</u>
Water Supply		
<input type="checkbox"/> Public		
<input checked="" type="checkbox"/> Private		
Sewage Disposal		
<input type="checkbox"/> Public		
<input checked="" type="checkbox"/> Private		
Heating System		
<input type="checkbox"/> Electric <input type="checkbox"/> Oil		
<input type="checkbox"/> Natural Gas <input checked="" 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.

[Signature]  
 Applicant's Signature  
tim@geicontractors.com  
 Email Address  
President GOTIHC ENTERPRISES INC.  
 Title/Company

JIMMY R. MILLER  
 Print Name  
4/20/2017  
 Date

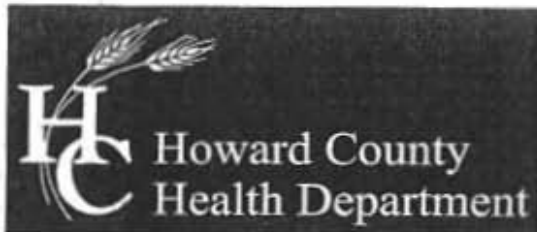
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>4/27/17</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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#



**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

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

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April 26, 2017

Todd and Cynthia Baker  
13422 Good Times Court  
Highland, MD 20777

**RE: Waiver Approval**  
13422 Good Times Court  
Highland, MD 20777

Dear Mr. and Mrs. Baker,

This letter is being issued in response to your waiver request dated April 26, 2017. This department has **approved** the waiver to the setback from the breakfast nook and covered porch. The breakfast nook and covered porch may be located five (5) feet from the existing on-site sewage disposal area. Any deviations from the proposed work illustrated on the building permit site plan will be subject to further review by this department. Any future property improvements will likely require perc testing and a revised percolation certification plan.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis  
Assistant Director

Bureau of Environmental Health

13422 Good Times Court  
Highland, MD 20777

April 26, 2017

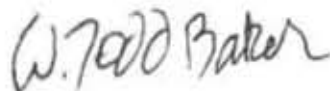
Michael Davis  
Department of Environmental Health  
George Howard Building  
3430 Court House Drive  
Ellicott City, MD 21042

Dear Mr. Davis:

I received a telephone call from our builder, Tim Miller, informing me of an issue with the covered porch that we are planning to build. He was able to discuss the issue with individuals from your office. Per this letter, I am requesting a waiver with the understanding that our plans are within ten feet of the septic field.

Should there be any further concerns or issues, please feel free to contact me at 443-622-8803 or contact Tim Miller at 443-336-1257.

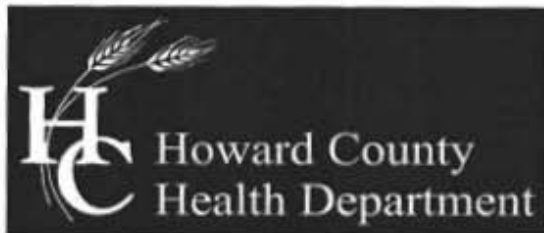
Sincerely,



W. Todd Baker



Cynthia Baker



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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