

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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

March 10, 2016

Peter and Kathy Newman
11602 Pindell Woods Drive
Fulton, MD 20759

RE: Waiver Approval
11602 Pindell Woods Drive
Fulton, MD 20759

Dear Mr. and Mrs. Newman,

This letter is being issued in response to your waiver request dated February 26, 2016. This department has **approved** the waiver to the required five (5) foot setback from the existing septic tank to the proposed screen room. The proposed screen room may be located no closer than four (4) feet to the existing septic tank. The Health Department is not responsible for any structural damage to the tank due to the reduced setback. If you have any concerns regarding the impact, you should contact a structural engineer. Additionally, a waiver to the required percolation certification plan has been approved. Any deviations from the proposed work illustrated on the building permit site plan will be subject to further review by this department.

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

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael J. Davis', is written over the typed name.

Michael J. Davis
Assistant Director
Bureau of Environmental Health



2243 Rock Spring Road • Forest Hill, MD 21050 • Phone: 410.420.0740 • Fax: 410.420.0102
twellis1@verizon.net • www.twellis.com • MHBR#3599 • MHIC#49977

February 26, 2016

Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
Attn: Michael Davis, Assistant Director

Re: Waiver Request – Peter & Katherine Newman, 11602 Pindell Woods Dr., Fulton, MD

Dear Mr. Davis,

T.W. Ellis would like to submit a waiver request on behalf of the above noted client. We are requesting permissions to build a screen room that will encroach on the 5' setback for the septic system.

Please see the attached T.W. Ellis drawing showing the modification to move back the post and beam to be 4', plus or minus, from the septic. The need to dig will only be for 3 holes to support the posts and footers. There will be no other digging to be done for this exterior modification.

Also for your reference, we've attached a site plan for this address.

Should you have any other questions during your review of this request, please don't hesitate to give me a call.

Thank you for your consideration.

Sincerely,

Barry Ellis
Vice President

cc: Peter and Katherine Newman

2/10/16
Approved
Michael J. Davis



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.: _____

Building Address: 11602 Pindell Woods Dr.
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFU
 Proposed Use: SPD
 Estimated Construction Cost: \$ 20,000.00
 Description of Work: Build 16'x20 Screen Room
@ 14'x16' Deck with Steps

Occupant or Tenant: Occ.
 Was tenant space previously occupied? Yes No
 Contact Name: Barry Ellis
 Address: 2243 Rock Spring Rd
 City: Forest Hill State: MD Zip Code: 21050
 Phone: 410-937-0496 Fax: _____
 Email: Barry-twellic@Verizon.net

Property Owner's Name: Pete & Kathy Newman
 Address: 11602 Pindell Woods Dr.
 City: Fulton State: MD Zip Code: 20759
 Phone: 301-440-2558 Fax: _____
 Email: pete.newman77@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Same
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: T.W. Ellis
 Contact Person: Barry Ellis
 Address: 2243 Rock Spring Rd
 City: Forest Hill State: MD Zip Code: 21050
 License No.: 499701
 Phone: 410-420-0240 Fax: _____
 Email: Twellic@verizon.net

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:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	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 checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" 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 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.

Barry-twellic@Verizon.net
 Applicant's Signature
Barry-twellic@Verizon.net
 Email Address

 Title/Company

Barry Ellis
 Print Name

 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

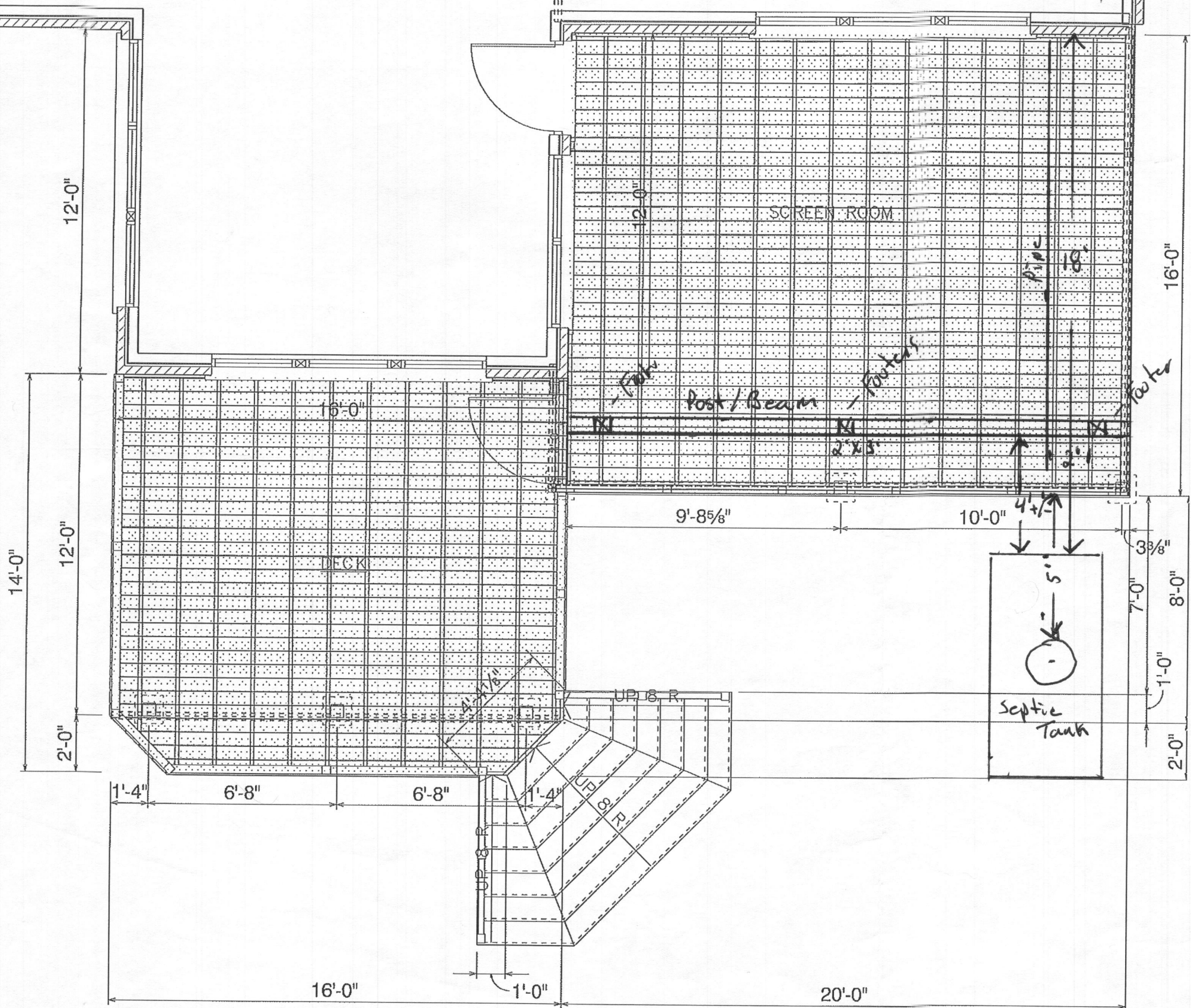
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/10/16</u>	<u>[Signature]</u>

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	#

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



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *Pete Newman* DATE: *3/10/16*
 DESC. OF WORK: *Approved Deck w/*
septic tank as shown

TWELLIS, LLC
 DESIGN/BUILD/REMODEL
 2243 Rock Spring Rd
 Forest Hill
 MD
 21050

DRAWN BY: **Novie Siegars**
410.420.0740

A-100

DATE: Monday, February 15, 2016

PROJECT NAME:
Pete Newman

ADDRESS: 11602 Pindell Wood
 Fulton
 MD
 20759

SCREEN ROOM AND DECK PLAN
 SCALE: 1/4" = 1'-0"

PRELIMINARY ONLY
 NOT FOR CONSTRUCTION

SCALE: 1/4" = 1'-0"

SHEET: 2/3



Waiver Request
Michael Daws
Ass. Director
X2651

TWELLIS, LLC

DESIGN/BUILD REMODEL
 2243 Rock Spring Rd
 Forest Hill
 MD
 21050

DRAWN BY: **Novie Siegars**
410.420.0740

PROPOSED RENDERING

DATE: Monday, February 15, 2016

PROJECT NAME:
 Pete Newman

ADDRESS: 11602 Pindell Wood
 Fulton
 MD
 20759

PRELIMINARY ONLY
 NOT FOR CONSTRUCTION

SCALE: As Noted
 SHEET: 1/3