



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.: B17002751

Building Address: 8522 Blounts Lane
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: 6051.02 Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0045 Parcel: 0053 Grid: 0012
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 1.3500 AC

Property Owner's Name: William and Dana Walker
 Address: 4801 Daisey Creek Ter.
 City: Beltsville State: MD Zip Code: 20705
 Phone: 301-928-3831 Fax: _____
 Email: bwalker32@gmail.com

Existing Use: _____
 Proposed Use: Residential
 Estimated Construction Cost: \$ \$425,000
 Description of Work: Building on Vacant lot
5 BEDROOM 6 1/2 BATHROOMS
3 CAR GARAGE
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Chuck Krockner
 Address: 301 Clifford Ave.
 City: Alexandria State: VA Zip Code: 22305
 Phone: 703-409-7926 Fax: _____
 Email: Chuckkrockner@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Chuck Krockner
 Address: 301 Clifford Ave.
 City: Alexandria State: VA Zip Code: 22305
 Phone: 703-409-7926 Fax: _____
 Email: Chuckkrockner@gmail.com

Contractor Company: Classic Homes of Maryland
 Contact Person: George Hamilton
 Address: 50 W Edmonston dr.
 City: Rockville State: MD Zip Code: 20852
 License No.: Bc3900
 Phone: 240-396-1103 Fax: _____
 Email: George@classicmd.net

Engineer/Architect Company: Price Consulting Engineers Inc.
 Responsible Design Prof.: Byron Price
 Address: 5920 Colchester Rd.
 City: Fairfax State: VA Zip Code: 22030
 Phone: 703-830-1280 Fax: _____
 Email: pcenrg@verizon.net

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<input checked="" type="checkbox"/> 1" Depth <u>76</u> Width
Gross area, sq. ft./floor: _____	1 st floor: <u>3837.94</u>
	2 nd floor: <u>2778.97</u>
Area of construction (sq. ft.): _____	Basement: _____
	<input checked="" type="checkbox"/> Finished Basement <u>1290</u>
	<input checked="" type="checkbox"/> Unfinished Basement <u>1045</u>
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Use group: _____	No. of Bedrooms: <u>5</u>
	<u>Multi-family Dwelling</u>
Construction type:	No. of efficiency units: _____
<input type="checkbox"/> Reinforced Concrete	No. of 1 BR units: _____
<input type="checkbox"/> Structural Steel	No. of 2 BR units: _____
<input type="checkbox"/> Masonry	No. of 3 BR units: _____
<input checked="" type="checkbox"/> Wood Frame	Other Structure: _____
<input type="checkbox"/> State Certified Modular	Dimensions: _____
	Footings: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Roof: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> State Certified Modular
Roadside Tree Project Permit # _____	<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	No current natural gas, Adding propane
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

RECEIVED

JUL 18 2017

LICENSES & PERMITS DIVISION

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: Charles S. Krockner Print Name: CHARLES S. KROCKNER
 Email Address: CHUCKKROCKNER@GMAIL.COM Date: 7/17/17
 Title/Company: ADC CONSULT, LLC / MEMBER

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

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<u>W. B. Buehler</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	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
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

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: August 18, 2017
To: Robert Bricker - Health Dept
(Person's Name and Division)
From: Penning & Associates (301) 944-0240
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 8522 Blauvelt Lane
Permit # B17002751 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
- Health Department Request DPZ/DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other Soil and Ground Water, Plat Plan, On-site Sewage Disposal System

Contact Person Information: (Required)

Peter Staley
Please Print Name

Telephone No: 301-944-0240

E-Mail Address: pstaley@penning.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by Rawn Human

CC: PLAN Review
DPZ
DED

DILP 2017 AUG 18 PM2:47



Health

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.: **B8001409**

Building Address: **8522 Blounts Lane**
 City: **Fulton** State: **MD** Zip Code: **20759**
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: **0045** Parcel: **0053** Grid: **0012**
 Zoning: _____ Map Coordinates: _____ Lot Size: **1.35AC**

Existing Use: **SFD**
 Proposed Use: _____
 Estimated Construction Cost: \$ **1,849.80 + Tax**
 Description of Work: **Installing (1) 1000 gal underground propane tank, run exterior line and hook to stub**
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: **William & Dana Walker**
 Address: **4801 Daisy Creek Terrace**
 City: **Bethesda** State: **MD** Zip Code: **20705**
 Phone: _____ Fax: _____
 Email: _____

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

Contractor Company: **Thompson Gas**
 Contact Person: **Brad Rohrer**
 Address: **1708 Old National PK**
 City: **Bethesda** State: **MD** Zip Code: **20715**
 License No.: **16003**
 Phone: **301-432-1611** Fax: **301-307-8218**
 Email: **Brohrer@ThompsonGas.com**

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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 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	
	<input type="checkbox"/> Slab on Grade	
Construction type:		
<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 checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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APR 27 2018
LICENSES & PERMITS DIVISION

Utilities
 Electric: Yes No
 Gas: Yes No

Water Supply
 Public
 Private

Sewage Disposal
 Public
 Private

Heating System
 Electric Oil
 Natural Gas Propane Gas
 Other:

Sprinkler System:
 Yes 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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: **Brad Rohrer**
 Print Name: **Randall Thompson**
 Email Address: **Brohrer@ThompsonGas.com**
 Date: **3/1/18**
 Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY.

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	5/1/18	[Signature]

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

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 New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$	110.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	1019564

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



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

MEMORANDUM

TO: **Chuck Krocker, Applicant**

FROM: **Robert Bricker, REHS/RS, L.E.H.S.** 
Well & Septic Program

RE: **8522 Blounts Lane, Potential Basement Bedroom**

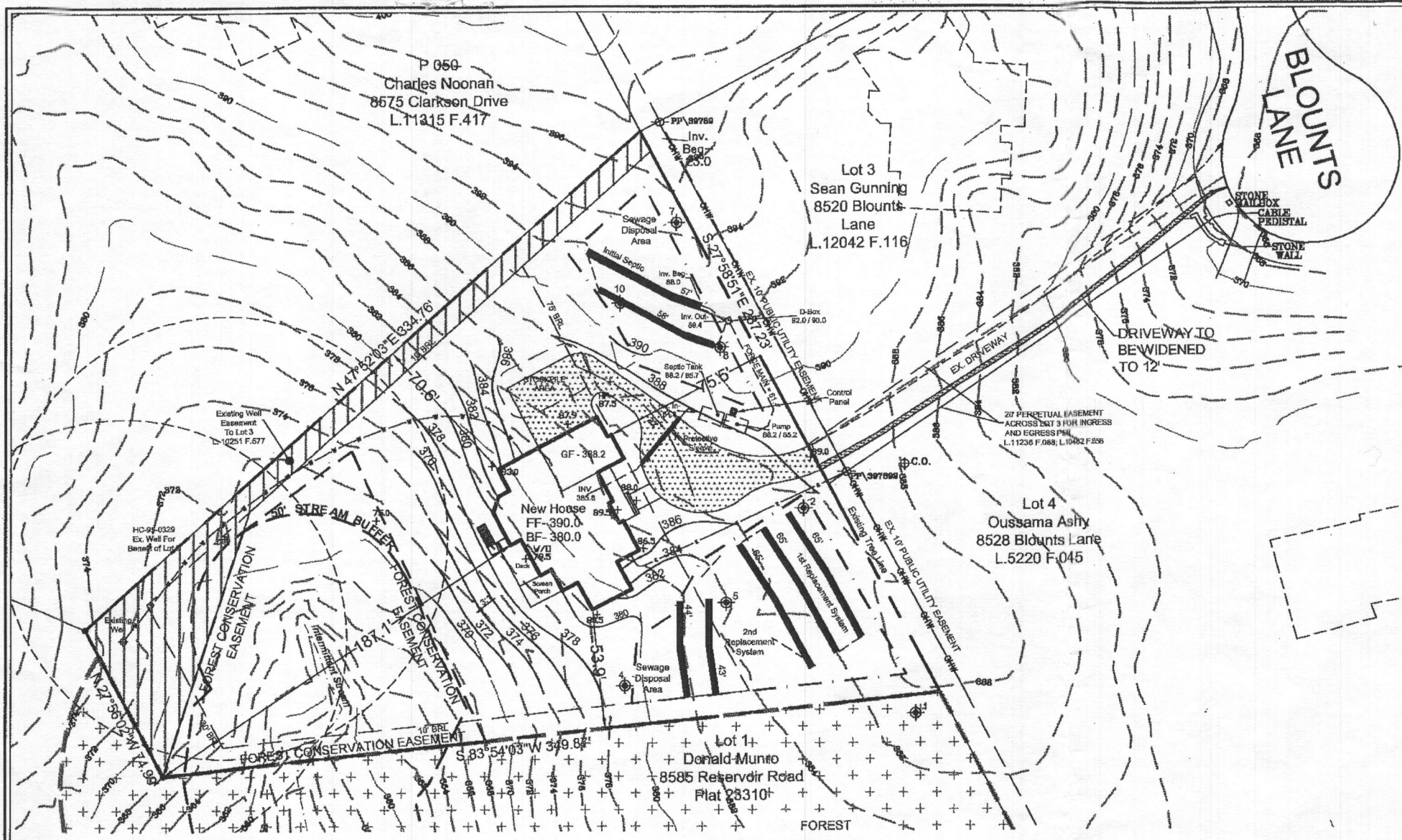
DATE: August 8, 2017

I have reviewed the floor plans in support of Building Permit **B17002751** for a new home at **8522 Blounts Lane** and noted that there is a full bathroom in a partly finished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms if interior walls are constructed in the basement. As this lot has a bedroom limitation of **five** due to limited soil resource for wastewater disposal, any future building permit for converting the basement into smaller rooms may be denied by the Health Department if the total number of proposed bedrooms in the dwelling is above five.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities

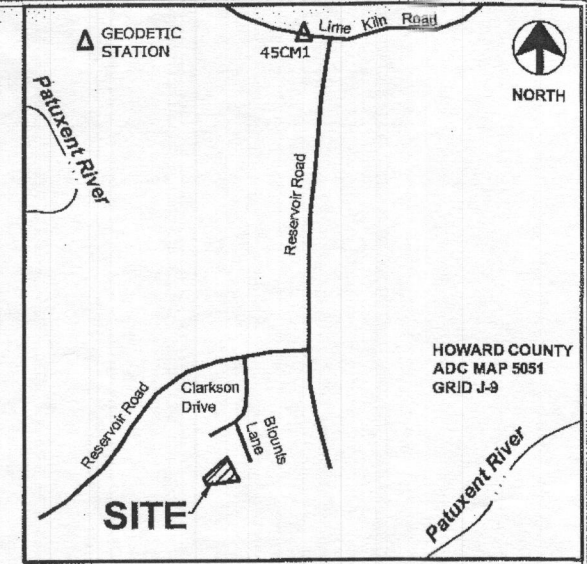
Copy: William Walker, owner
George Hamilton, Classic Homes of Maryland



SCALE: 1" = 60'

LEGEND:

- PROPOSED HOUSE
- PROPERTY LINE
- LIMIT OF DISTURBANCE
- DRYWELL
- EXISTING CONTOUR
- PROPOSED CONTOUR
- WATER HOUSE CONNECTION
- EX. WELL
- SEPTIC OUTLINE
- FOREST CONSERVATION EASEMENT BOUNDARY
- STREAM BUFFER
- NEW PAVEMENT
- EXISTING OFF-SITE FOREST CONSERVATION EASEMENT
- WELL EASEMENT
- SEPTIC TANK
- SEPTIC TRENCH
- PERC SITE TEST
- STOCK PILE AREA



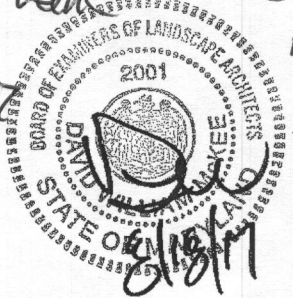
VICINITY MAP
SCALE: 1" = 2,000'

THE WATER LINE SERVING 8522 BLOUNTS LANE (THE WALKER RESIDENCE) MUST PASS UNDER THE WATER LINE SERVING 8520 BLOUNTS LANE, AND MUST BE SLEEVED AT THE CROSSING OF THE TWO PIPES.

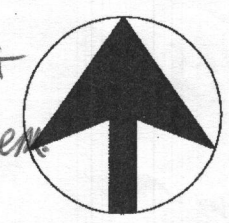
Approved Septic System Plan
Howard County Health Department
B17002751

8522 Blounts Lane
5 bedroom SFD
Signature
Date 9/13/2017

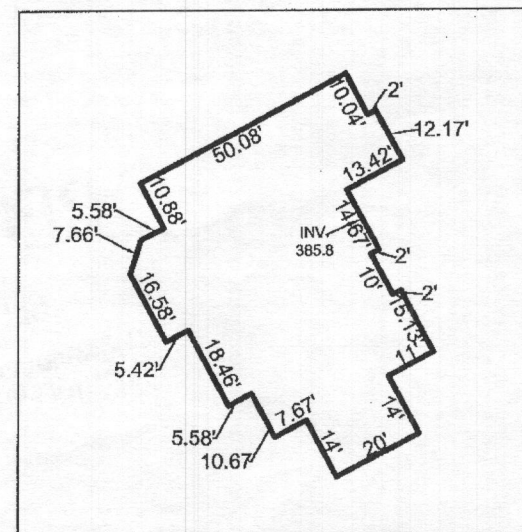
REVISED
Date: 8/18/17
Comments: B17002751
Rev. to show sediment control + on site sewage disposal system



I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL LANDSCAPE ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 2001, EXPIRATION DATE 10/21/2018



Benning & Associates, Inc.
Land Planning Consultants
8933 Shady Grove Court
Gaithersburg, MD 20877
(301)948-0240



BUILDING DIMENSIONS
1" = 40'

PLOT PLAN
8522 BLOUNTS LANE (P053)
Election District 05
Tax Map 45
Howard County, Maryland
Date: 8/10/17

OWNER/APPLICANT:
WILLIAM WALKER, JR.
8207 NORTHLAKE COURT
LAUREL, MD 20707
301-928-3831

BUILDER:
CLASSIC HOMES OF MARYLAND
50 W. EDMONSTON DR
ROCKVILLE, MD 20850
301-251-2001

SOURCE OF TWO-FOOT CONTOUR INTERVAL TOPOGRAPHY ON-SITE:
GOODE SURVEYS, LLC,
PO BOX 599
DAMASCUS, MD 20872
301-368-3700

SOURCE OF TWO-FOOT CONTOUR INTERVAL TOPOGRAPHY OFF-SITE:
HOWARD COUNTY GIS