



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: 14322 Bensworth Way
 City: Glenelg State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Property Owner's Name: Phung Pham
 Address: 14322 Bensworth Way
 City: Glenelg State: MD Zip Code: 21737
 Phone: 202-740-8810 Fax: _____
 Email: chdongatran@yahoo.com *

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 30,000.00
 Description of Work: finishing two separate areas of basement, adding a wet bar to existing finished area

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

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Highpoint Home Improvement, Inc
 Contact Person: Josh Rimmel
 Address: 900 Henryton Rd.
 City: Marristsville State: MD Zip Code: 21104
 License No.: 123972
 Phone: 410-402-3257 Fax: _____
 Email: joshrimmel@aol.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 checked="" type="checkbox"/> Finished Basement	
Use group:	<input checked="" 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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 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:	

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: Joshua S. Rimmel Print Name: Joshua S. Rimmel
 Email Address: joshrimmel@aol.com Date: 12/6/18
 Title/Company: owner

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>A/10 P Buckler</u>

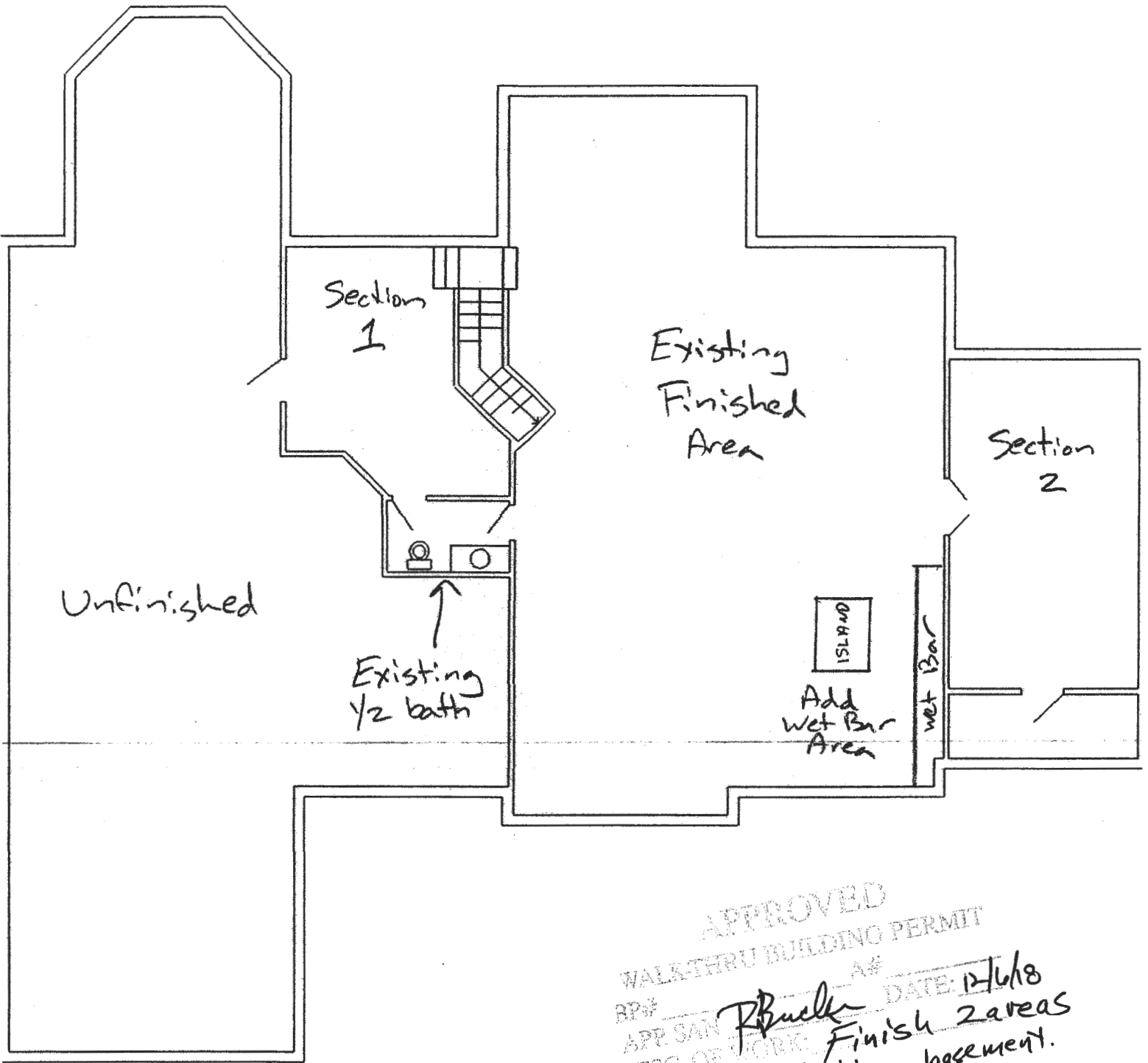
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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:	

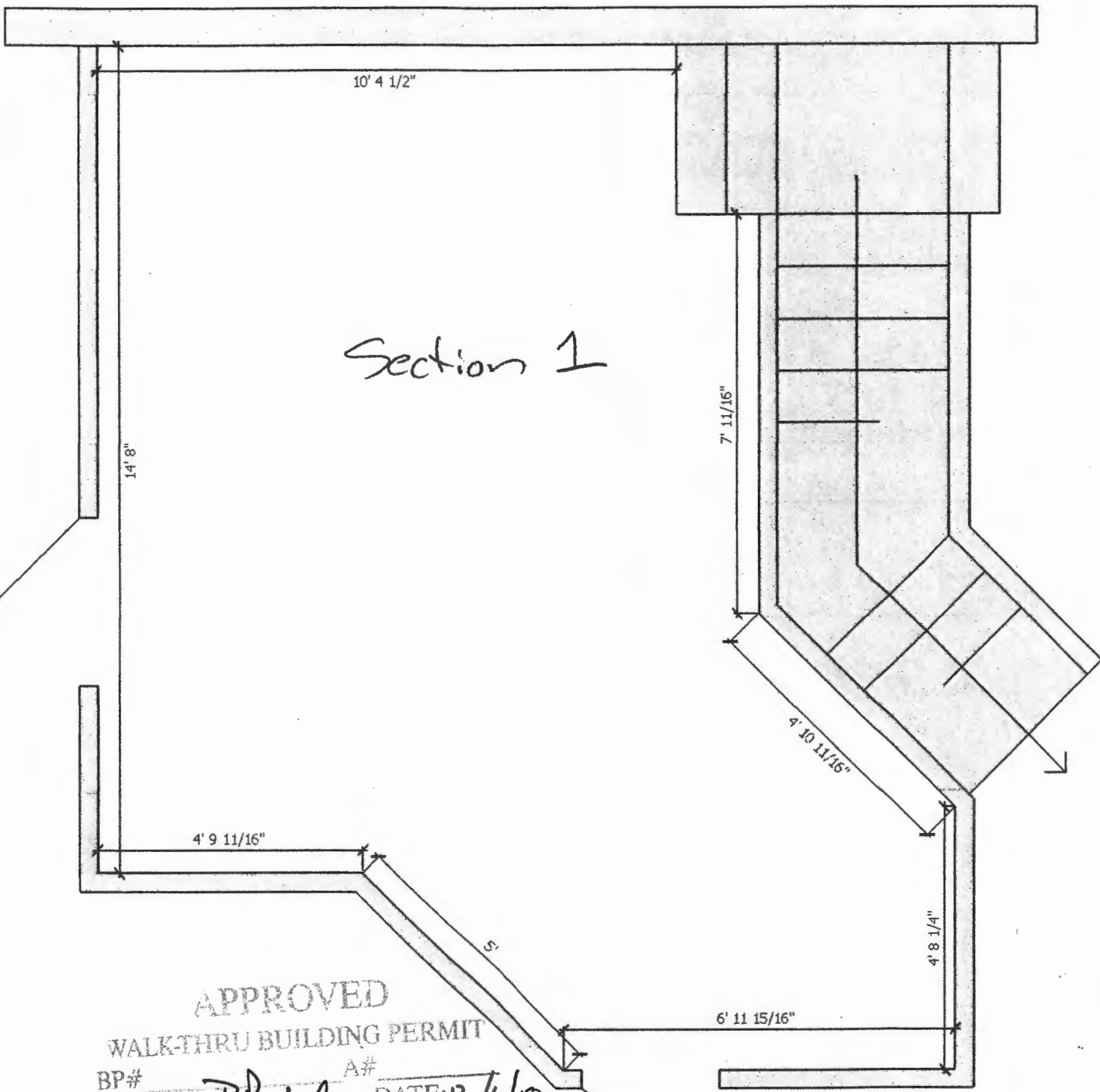
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

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

14322 Bensworth Way
Glendeg, MD 21737



APPROVED
WALK-THRU BUILDING PERMIT
RPW _____
APP. SAN _____
DESC. OF WORK: *Finish 2 areas
& install wet-bar* DATE: *12/6/18*



Section 1

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APE SAN RBueler DATE: 2/6/18
 DESC OF WORK: Finish play room
next to stairwell.

Existing
 Half Bath

-14322 Bensworth Way

Dec 2012

13'

Section 2

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN. DPurkin DATE: 12/6/18
 DESC. OF WORK: Finish play room
next to utilities room.

Bulkhead

Bulkhead

utilities (unfinished)

14322 Bensworth Way
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Maura J. Rossman, M.D., Health Officer

December 6, 2018

TO: Phung Pham, Owner
14322 Bensworth Way, Glenelg, MD 21737

RE: Walk-thru Building Permit Application for basement improvements


Dear Mr. Pham,

Concerning a proposal received today for finishing two areas of your basement at 14322 Bensworth Way: the Health Department is conditioning the permit so that Final Inspection will not be conducted until bacteria analyses for your well are submitted to the Health Department. I found that the Interim Certificate of Potability for your well has expired. This issue may be resolved, and the building permit approved, if you will have the follow-up bacteria test completed. You may contact the Bureau of Environmental Health, Community Hygiene Program at 410-313-1773 to schedule a bacteria sample, or you may contact a private lab. If you contract a private laboratory, be sure to have them send results to our Community Hygiene Program or to myself.

I am attaching a copy of the Interim Certificate of Potability that was issued on July 8, 2014 so that you could occupy your residence.

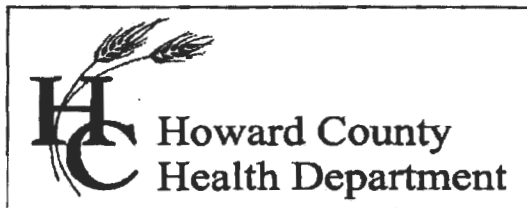
If you have questions regarding these comments you may contact me by email (rbricker@howardcountymd.gov) or by phone at (410)313-2691.

Respectfully,



ROBERT BRICKER, REHS/R.S., L.E.H.S.
ENVIRONMENTAL SANITARIAN II
BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
8930 STANFORD BLVD., COLUMBIA, MD 21045

Copy: file



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date -January 8, 2015

July 8, 2014

Homeowner
14322 Bensworth Way
Glenelg, Maryland 21737

RE: Edgewood Farm, Lot # 32
Building Permit: B13001935
Well Permit: HO-95-0788

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **06/06/2014**. Final approval of the well line connection to the dwelling was granted on **06/03/2014**. The well construction was completed on **04/05/2007**. Water samples were collected on **06/19/2014**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0788. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Dana Bernard

Dana Bernard, REHS/L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Dana Bernard

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