



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: 1534 EVOLVED RD
City: MARLBOROUGH State: MD Zip Code: 21104
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: ROGER TOPP
Address: 1534 EV
City: MARLBOROUGH State: MD Zip Code: 21104
Phone: 301-333-3327 Fax: _____
Email: ROGERO.RECOVERYCARE@ATTNBA.COM

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: SAMO AS ABOVE
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Existing Use: SPD
Proposed Use: MASTER PUMP OUT 26X18 Irregular
Estimated Construction Cost: \$ 150,000.00
Description of Work: MASTER PUMP OUT 26X18 Irregular AND ALSO 26X14 DECK Irregular with steps

Contractor Company: HOMEOWNER
Contact Person: SAA
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ 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 checked="" 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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" 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: [Signature]
Email Address: ROGERO.RECOVERYCARE@ATTNBA.COM
Title/Company: _____

Print Name: ROGER TOPP
Date: 4/17/18

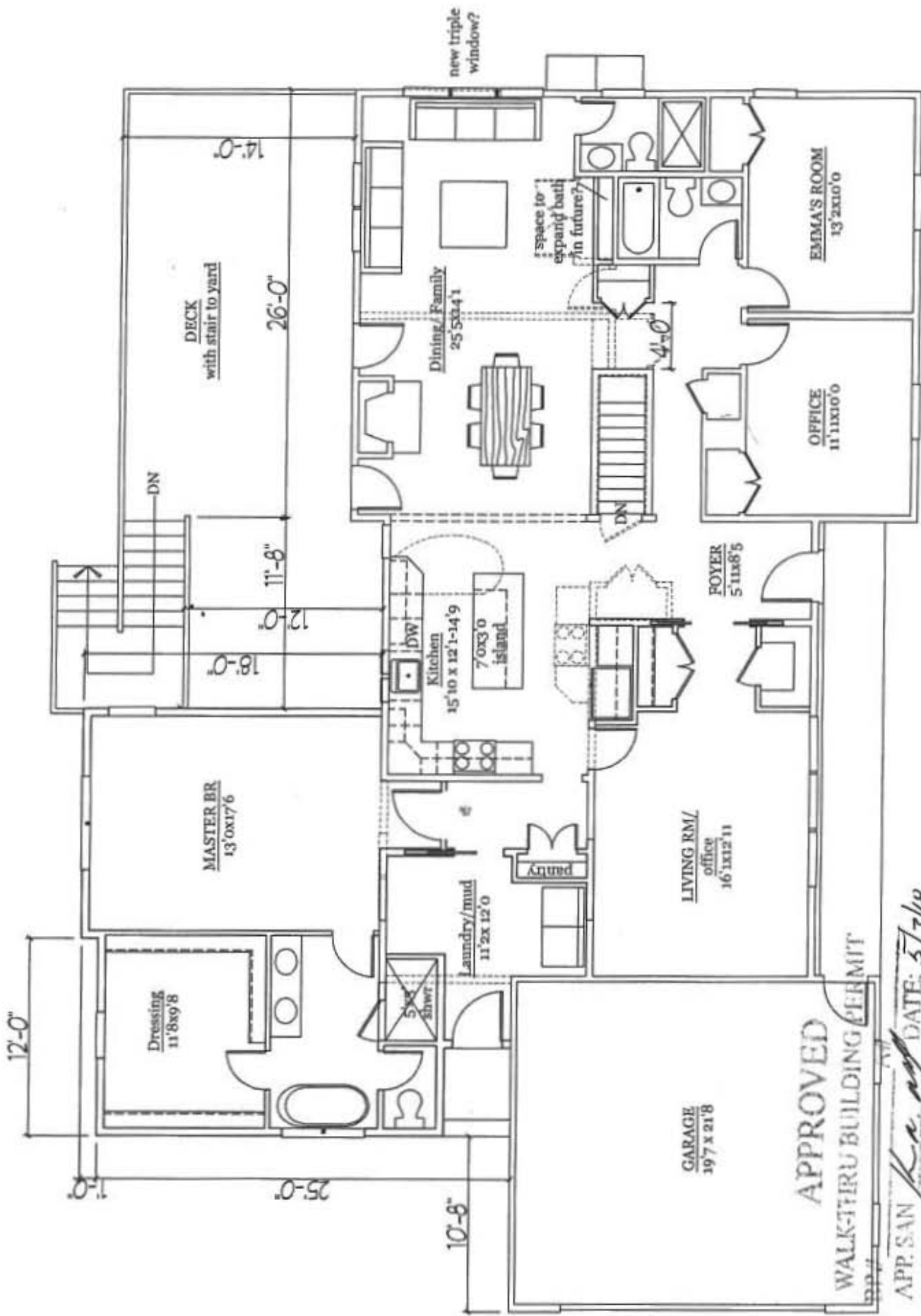
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

****PLEASE WRITE NEATLY & LEGIBLY****
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/3/18</u>	<u>[Signature]</u>

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	#



Proposed First Floor 3 · Hoff Residence: 3.19.18
 PLYMOUTHROADARCHITECTS.com 410-788-0281

APPROVED
 WALK-TERRU BUILDING PERMIT

APP. SAN *Ke* DATE: 5/3/18
 DESC. OF WORK: *Proposed addition as shown - Basement under addition. Open space / No living space. Proposed 26' x 14' Deck E/W*

LOT 7
EVERLEA
SECTION THREE
P.B. 25, P.05

APPROVED
WALK-THRU
BUILDING PERMIT
BP# _____
APP. SAN A# _____
DATE: 5/3/18
DESC. OF WORK: *Proposed deck*

*Proposed 26' x 11' Deck
to be built on existing slab -
addition over space / No landscaping.*

LOT 6
EVERLEA
SECTION TWO
P.B. 22, P.66

S. 41° 12' 03" E 135.60'

N 48° 46' 54" E 294.94'

N 41° 09' 42" W 135.51'

75' BRL (PER 1

5 48° 47' 57" W 294.94'

LANDSCAPE AREA

EXISTING DRYWELL
C/O

2 STORY BRICK & VINYL
FFE = 620.1'
BSE = 611.3'

WOOD DECK

POOL

SHED

WOOD FENCE

APPROX. SEPTIC TRENCH

ASPH. DRIVEWAY

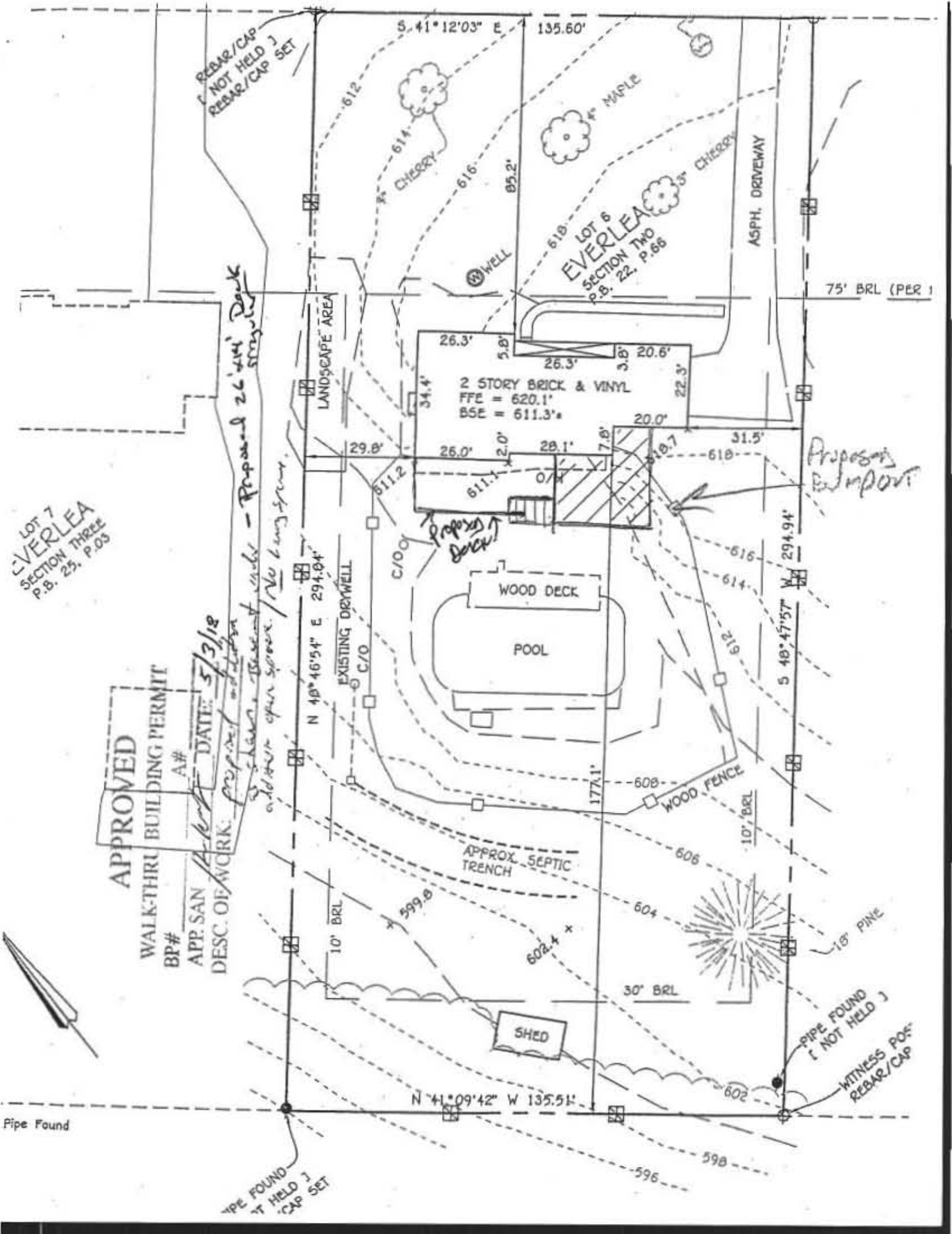
*Proposed
Backport*

PIPE FOUND
[NOT HELD]
WITNESS POST
REBAR/CAP

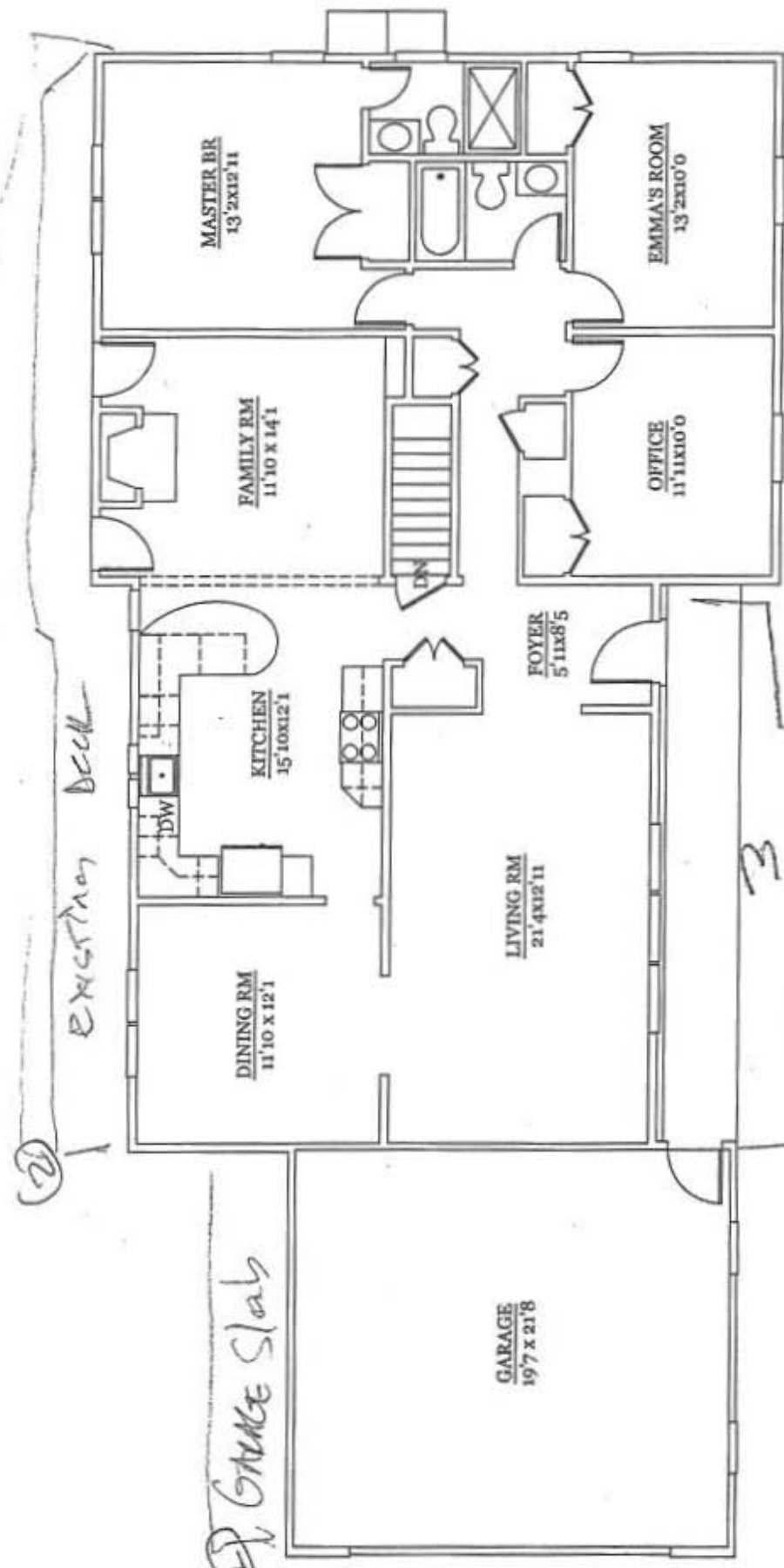
REBAR/CAP
[NOT HELD]
REBAR/CAP SET

PIPE FOUND
[NOT HELD]
CAP SET

Pipe Found



* WHAT ARE SET BACKS ON EAST OF HOUSE

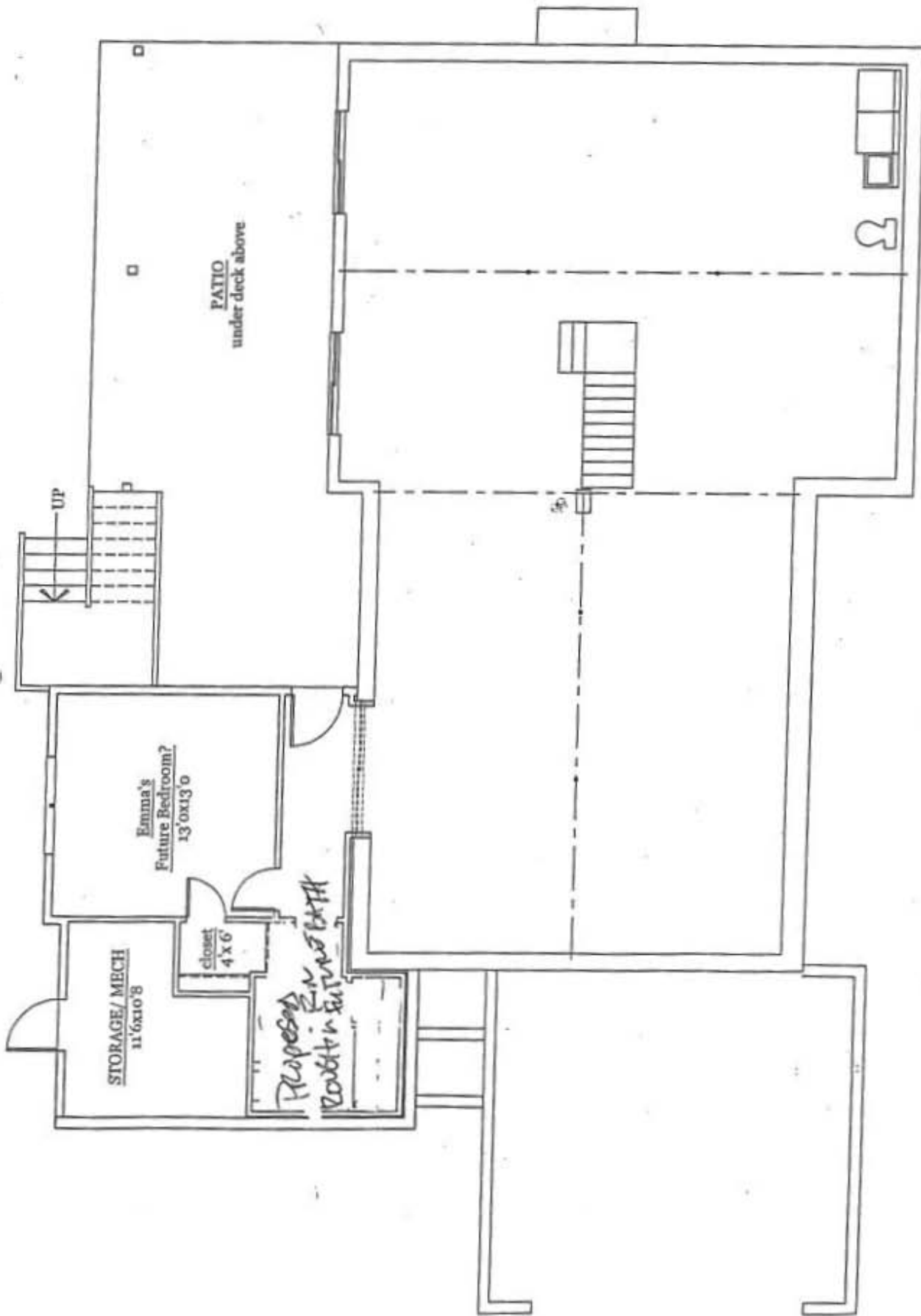


Existing First Floor - Hoff Residence- 1.31.18
PLYMOUTHROADARCHITECTS.com 410-788-0281

GARAGE Slab

- ① Using space behind garage
- ② Existing deck not drawn
- ③ Entrance way

SET BACK
VARIANCE



Proposed Lower Level Plan - Hoff Residence - 3.19.18
PLYMOUTHROADARCHITECTS.com 410-788-0281

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: April 18, 2018 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Ed Gross WELL DRILLER'S LICENSE NUMBER: MWD 580

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Roger & Erika Hoff

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Marriottsville

TAX MAP 0010 BLOCK _____ PARCEL 0199

SUBDIVISION: 0000

SECTION: _____ LOT: 6

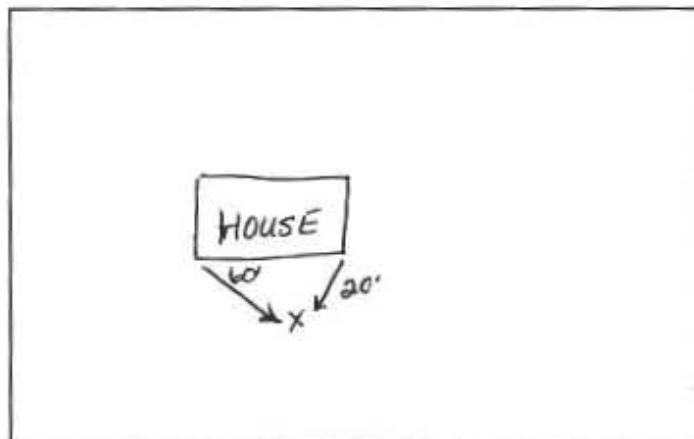
STREET ADDRESS: 1534 Everlea Road

LATITUDE 39.194342

LONGITUDE 76.553325

OK

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL
- GEOTHERMAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 219 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Grout	0	219
VOLUME OF MATERIAL USED		
330 gallons		

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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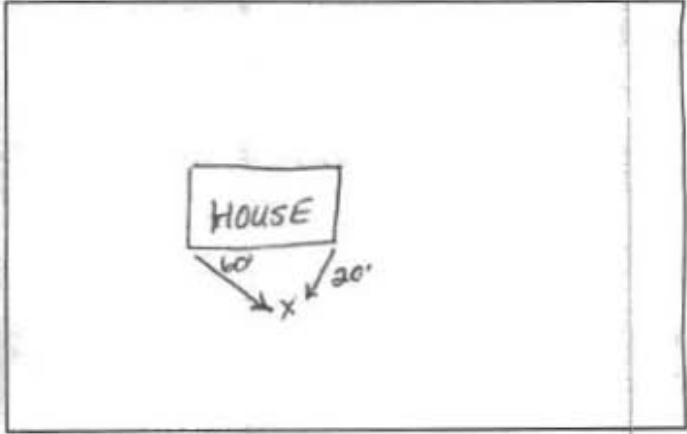
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Ed Gross WELL DRILLER'S LICENSE NUMBER: MWD 580
 CIRCLE (MWD) / MSD / MGD

* OWNER'S NAME: Roger & Erika Hoff

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Marriottsville
 TAX MAP 0010 BLOCK _____ PARCEL 0199
 SUBDIVISION: 0000
 SECTION: _____ LOT: 6
 STREET ADDRESS: 1534 Everlea Road

SITE LOCATION MAP



LATITUDE 39.194342
 LONGITUDE 76.553325

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
 BORED _____ HAND DUG
 OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC
 IRRIGATION _____ INDUSTRIAL
 TEST/OBSERVATION _____ GEOTHERMAL

MATERIAL	FEET	
	FROM	TO
Bentonite Grout	0	219

* TYPE OF CASING:
 STEEL _____ PLASTIC
 CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 219 FEET DEEP

WAS ANY CASING REMOVED? YES NO

VOLUME OF MATERIAL USED



HOWARD COUNTY HEALTH DEPARTMENT

64726

DATE
1/16/19

Received From

WTC Contractors

PHONE #

410-455-7024

For

sewer pipe connection Point 1534

CASH

CHECK

NO.

40

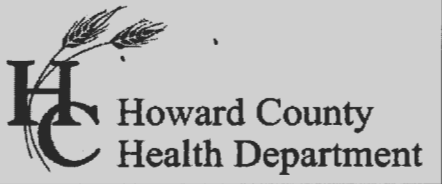
one hundred sixty five

Dollars

165.00

Received By

[Signature]



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

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

RECEIPT DATE: 1/16/2019 **ONSITE SEWAGE DISPOSAL SYSTEM** P 564726

INSTALLATION APPROVAL DATE: 02/28/2019 **PERMIT** A _____
SEWER HOUSE CONNECTION

PROPERTY ADDRESS: 1534 Everlea Road

SUBDIVISION: Everlea LOT: 6 TAX ID: 03-281531

CONTRACTOR: WTC Contractors EMAIL: _____

CONTRACTOR ADDRESS: 3033 Salem Bottom Road, Westminster, MD 21157 PHONE: 410-458-7024

PROPERTY OWNER: Roger Hoff EMAIL: _____

OWNER ADDRESS: 1534 Everlea Road, Marriottsville, MD 21104 PHONE: 301-335-3307

NUMBER OF BEDROOMS: _____ CONNECTED TO PUBLIC WATER: YES NO

LOCATION:	
NOTES:	<u>Install new SHC and connect new SHC to existing SHC before Septic Tank inlet</u>

ISSUED BY: R. Bricker ISSUE DATE: 1/16/19 EXPIRATION DATE: 1/16/2020

- NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT. CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE

TRENCH/DRAINFIELD DATA

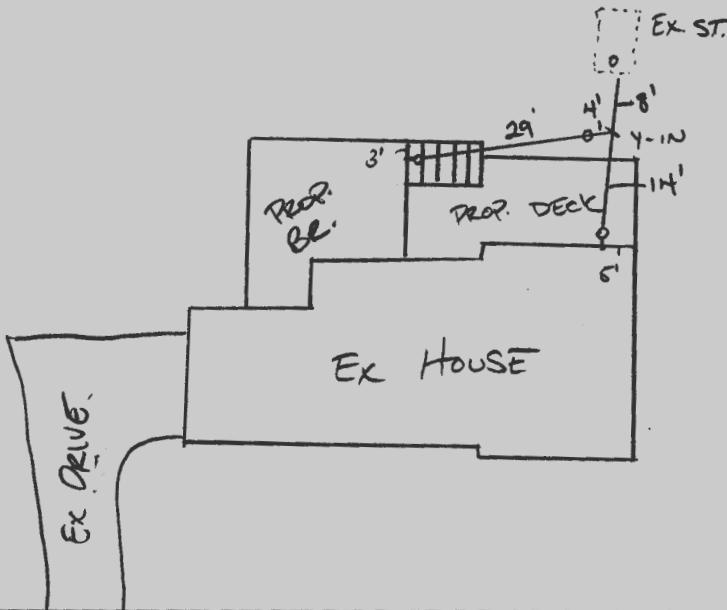
WIDTH	INLET	BOTTOM
<u>EXISTING</u>		
NUMBER OF TRENCHES	—	
TOTAL LENGTH	—	
ABSORPTION AREA	—	
DISTRIBUTION BOX LEVEL	—	
DISTRIBUTION BOX BAFFLE	—	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	—
MANUFACTURER	<u>EXISTING</u>
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—
SLOTTED	—
DATE ON LID	—

PUMP/SEPTIC TANK LEVEL

MANUFACTURER	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—
SLOTTED	—
DATE ON LID	—



ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION: 2/27/2019 4" CELLULAR CORE SCH 40 PVC (ASTM F891-16) INSTALLED 2 SHC AND LINE IN TO EX ST, REPLACING CAST IRON PIPING AND SEALING THE TANK INLET WITH HYDRAULIC CEMENT. SEWER LINES BEDDED IN GRAVEL. OK TO BACKFILL (to)

FINAL INSPECTOR

DATE OF APPROVAL

02/28/2019

Levin Wolf
410-373-2475

APPROVED

WALKTHRU BUILDING PERMIT

APP SAN BP# B18-2698

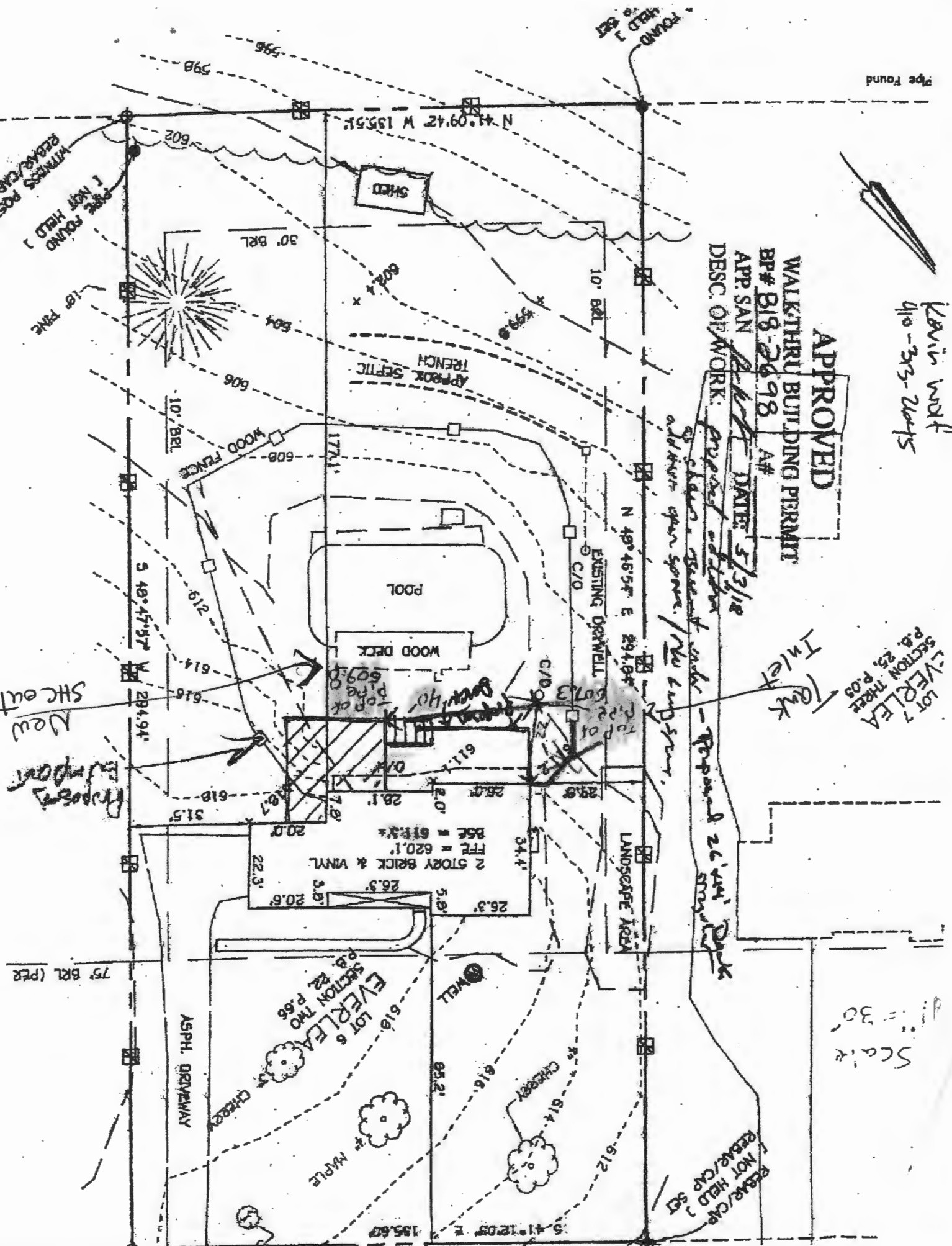
DATE: 5/3/18

DESC. OF WORK: *Proposed addition as shown. Street & make addition open space. No landscaping.*

LOT 7
EVERLEA
SECTION THREE
P.03

INLET
TANK

Scale
1" = 30'





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 Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: _____

Permit No.: _____

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 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing User: SPD
 Proposed Use: MANUA PUMP OUT 26 X 18 IRREGULAR
 Estimated Construction Cost: \$ 150,000.00
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Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ROGER HOFF
 Address: 1534 EV
 City: MARLBOROUGH State: MD Zip Code: 21044
 Phone: 301-555-3307 Fax: _____
 Email: ROGER@RECOVERYCAREPARTNER.COM

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

Contractor Company: TIMECOURT
 Contact Person: SAA
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ 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:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
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	<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:	
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<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Manufactured Home	
Roadside Tree Project Permit #		

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
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Grading Permit Number:	
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Applicant's Signature: [Signature]
 Print Name: ROGER HOFF
 Email Address: ROGER@RECOVERYCAREPARTNER.COM
 Title/Company: _____

Print Name: ROGER HOFF
 Date: 4/17/18

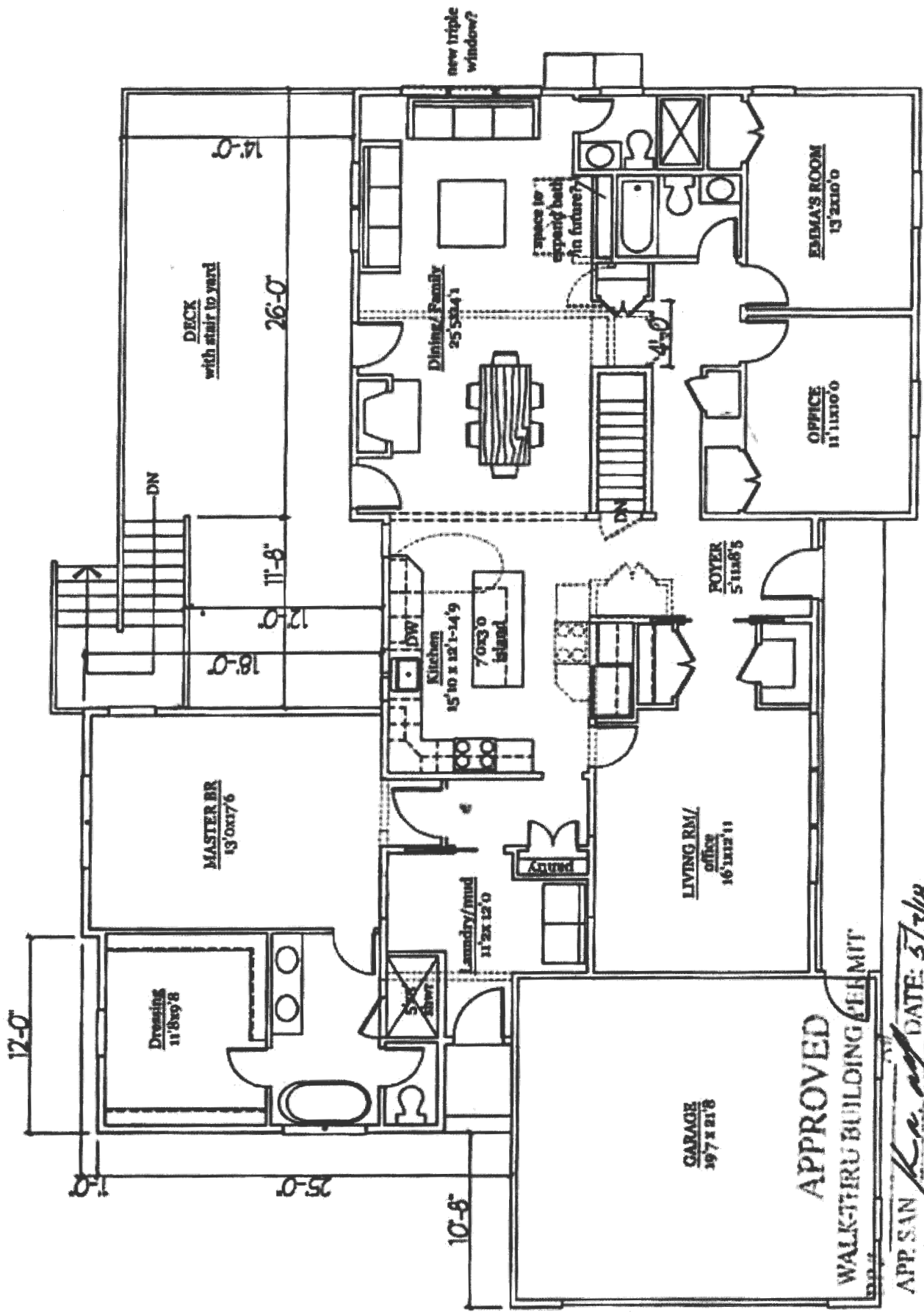
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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/5/18</u>	<u>[Signature]</u>

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	#



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 PLYMOUTHROADARCHITECTS.com 410-788-0281

APPROVED
 WALK-TIRU BUILDING PERMIT

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above. Basement under addition
per spec / No living space
Proposed 26' x 14' Deck 6x6'