



Building Permit Application

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

011P 2019 SEP 12 PM 12:12

Date Received: _____

Permit No.: 119003074

Building Address: 5104 Mountain Lane
 City: Lanham State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: Walnut Grove
 Lot: 87 Tax Map: 28 Parcel: 74

Existing Use: vacant lot
 Proposed Use: residential - SFD
 Estimated Construction Cost: \$ 425,840

Description of Work: 2 story, 8 rooms, 5 bedroom, 2 bath, 1 hall, 1 FP, 3 car garage, finished basement

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

Property Owner's Name: Ojo Ayodeji
 Address: 10548 Germantown Rd
 City: Lanham State: MD Zip Code: 20723
 Phone: 201 490 5317 Fax: _____
 Email: Jasmine@carriecustomhomes.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jasmine Strain
 Address: 10548 Germantown Rd Lanham
 City: _____ State: MD Zip Code: 20723
 Phone: 201 490 5317 Fax: _____
 Email: Jasmine@carriecustomhomes.com

Contractor Company: Carrie Custom Homes
 Contact Person: Jasmine Strain
 Address: 10548 Germantown Rd
 City: Lanham State: MD Zip Code: 20723
 License No.: 7518
 Phone: 201 490 5317 Fax: _____
 Email: Jasmine@carriecustomhomes.com

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:	1st floor: <u>36</u>	<u>84</u>
Area of construction (sq. ft.):	2nd floor: <u>34</u>	<u>84</u>
Use group:	Basement: <u>36</u>	<u>62</u>
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" 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	<u>Multi-family Dwelling</u>	
	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	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" 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 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 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: Jasmine Strain Print Name: Jasmine Strain
 Email Address: Jasmine@carriecustomhomes.com Date: 9/12/19
 Title/Company: _____

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>10/30/2019</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	\$ <u>100</u>
Permit Fee	\$ <u>50</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>12</u>

C1 8790

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A517422

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MAR 23 2007

3 15 07

460'

40-95-0618

OWNER DeFrancis Mountain Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 87

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO check if water bearing

Sand & clay mixed 0 36 Gray Mica Sand 36 460

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 470

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 37 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE st Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD 024 DRILLERS SIGNATURE

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

1 Ho 38 460
E 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 34 ft.

WHEN PUMPING 400 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

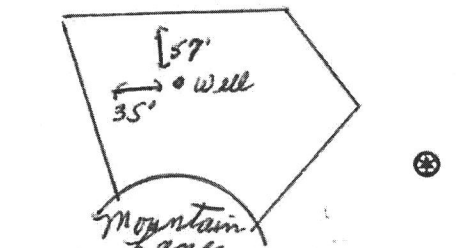
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE - below (nearest foot) 2

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1	0519	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525642 please type	STATE PERMIT NUMBER HO-95-0618 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received: **FEB 02 2007**

8 MM DD YY 13

15 Last Name: **Landmarketing Consultants** Owner First Name: **Landmarketing Consultants**

36 Street or RFD: **3060 Rt. 97** 55

57 Town: **Glenwood MD** 70 State: **MD** 72 Zip: **21738** 76

B 3 LOCATION OF WELL

8 COUNTY: **Howard** 21

23 SUBDIVISION: **Walnut Grove** 42

SECTION: **44** 46 LOT: **87** 48 50

52 NEAREST TOWN: **CLARKSVILLE** 71

MILES FROM TOWN (enter 0 if in town) **2** 73 M 76 77 78

DRILLER INFORMATION

Driller's Name: **Ralph E. Mayne** M S D 117 76 License No. 81

Firm Name: **Ralph E. Mayne Inc**

Address: **1004 Hardy Rd Mt. Airy MD 21771**

Signature: *[Signature]* Date: **11-11-06**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD: **Mountain Ln** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **190** 37

DISTANCE FROM ROAD: **190** ENTER FT OR MI 38 39

TAX MAP: **28** BLK: **18** PARCEL: **74**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: **Howard** COUNTY NO.: **(13) A517422**

STATE SIGNATURE: _____ INSERT S →

DATE ISSUED: **12/19/2006** CO SIGNATURE: **Brian Baker** EXP. DATE: **12/19/2007**

43 MM DD YY 48

NORTH GRID: **509** 50 0 0 0 EAST GRID: **815** 55 57 63

APPROXIMATE DEPTH OF WELL: **150** FEET (24 28)

APPROXIMATE DIAMETER OF WELL: **64** INCH (NEAREST INCH)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER:

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **815** 000 000

N **509** 000 000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

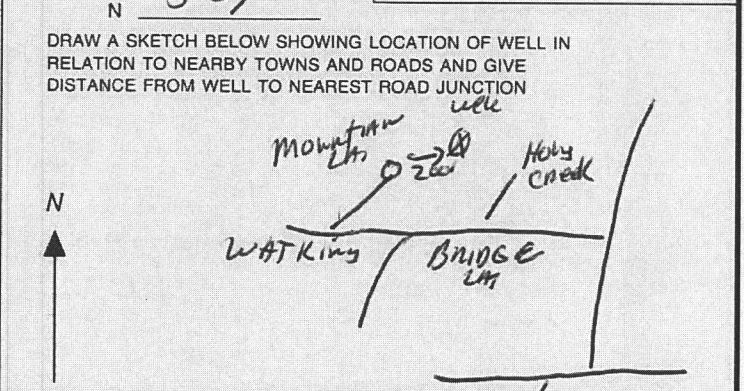
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: **HO20050006**

PERMIT No. **HO-95-0618** (70 71 72 73 74 75 76 77 78 79)

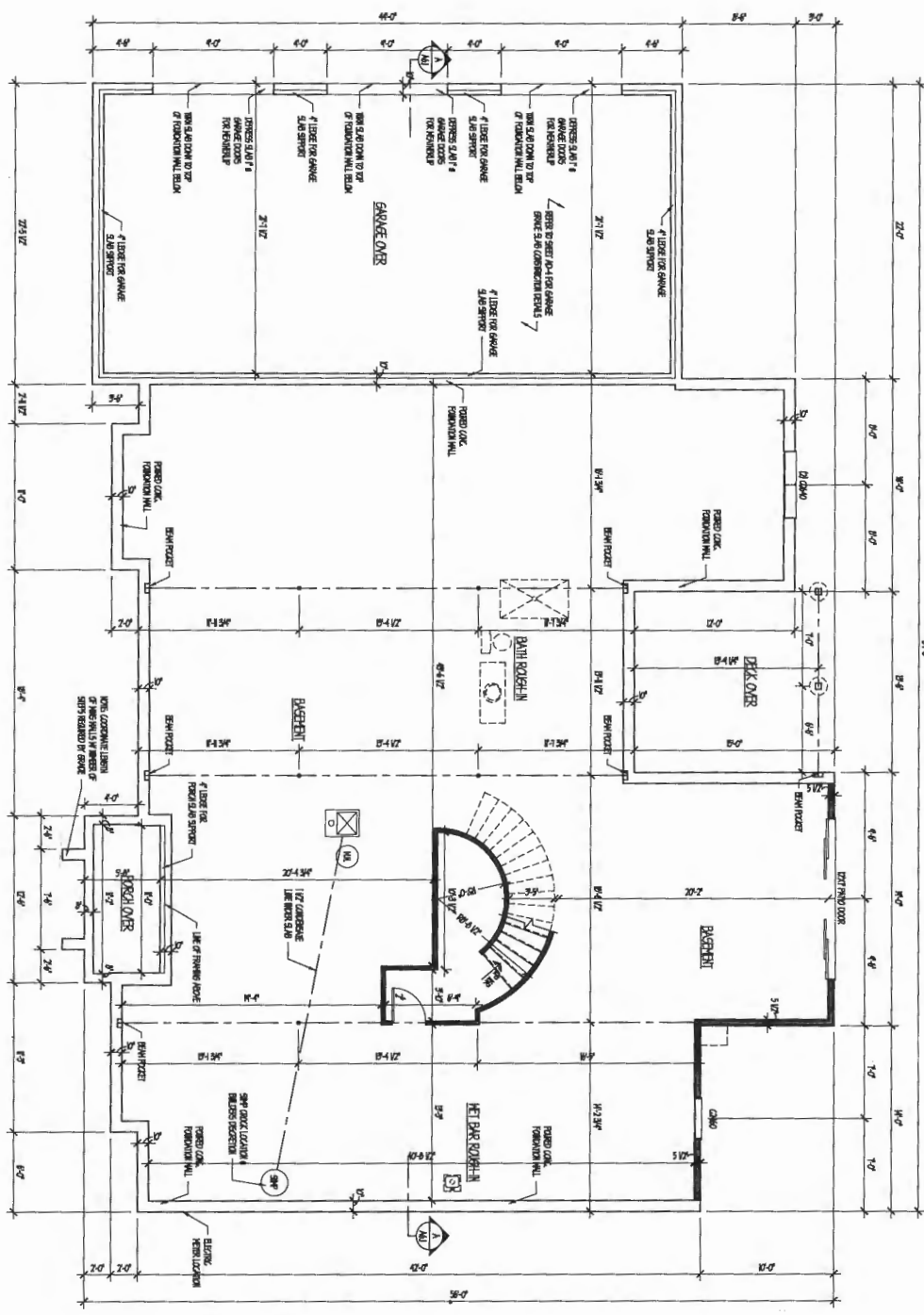
SPECIAL CONDITIONS: **Health Dept. Needs to Collect Water Sample During Yield Test**

NOTE - APPROVING AUTHORITIES SHOULD USE SPECIAL CONDITIONS WHEN NEEDED

Health Dept.

Approved R/R
10/20/19

-R19D03074

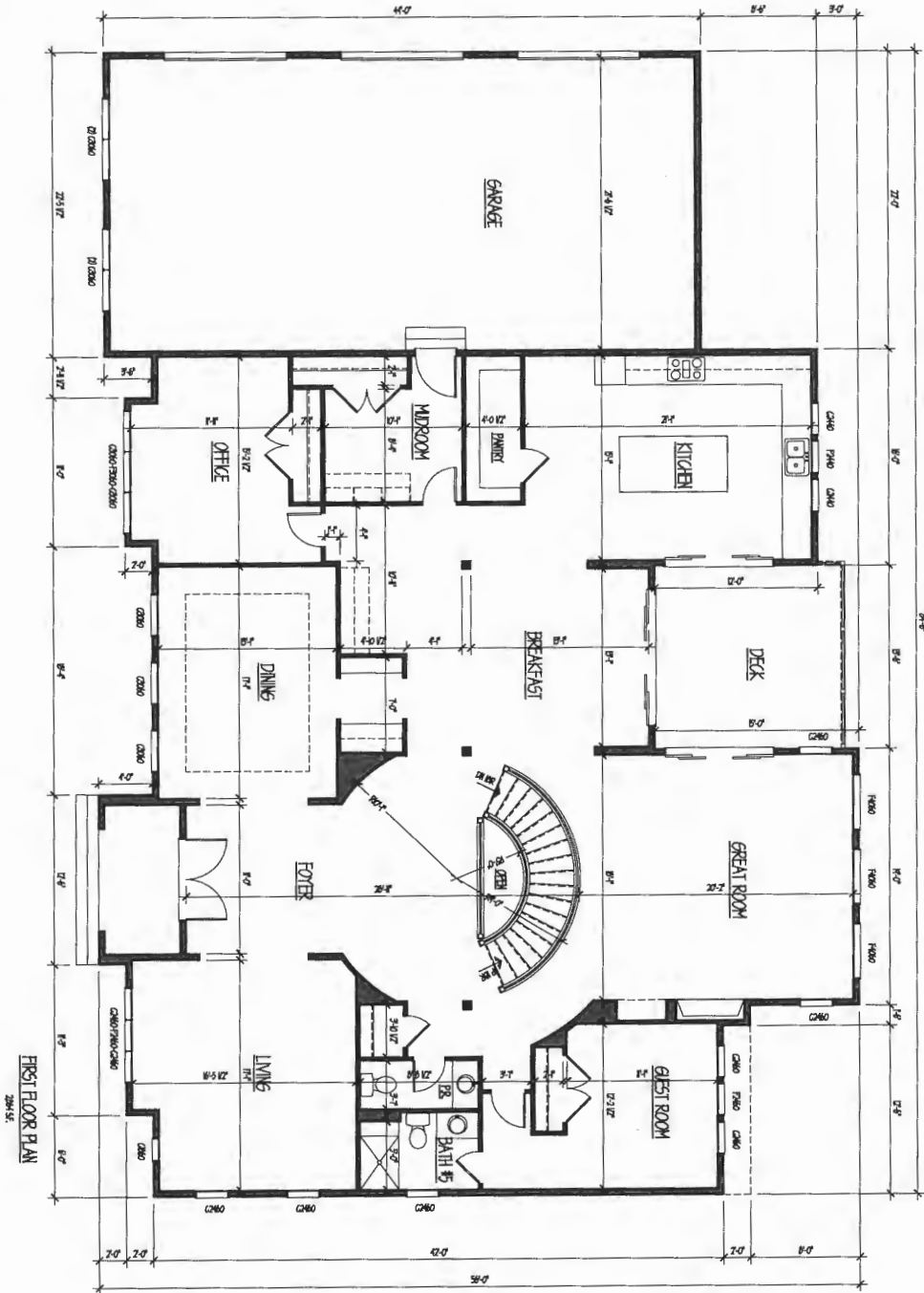


Basement, unfinished

<p>dw Taylor OSGOOD ARCHITECTS</p>	
<p>BID & PERMIT ONLY</p>	
<p>PROJECT NUMBER 2625</p>	<p>DRAWING NUMBER A21</p>
<p>PROJECT TITLE CARRINGTON HOMES OLD RESIDENCE</p>	
<p>FOUNDATION PLAN</p>	



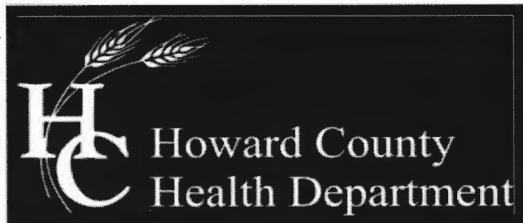
CAIRN
custom homes



01/25/14

dw taylor
associates inc
ARCHITECT

OJO RESIDENCE



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

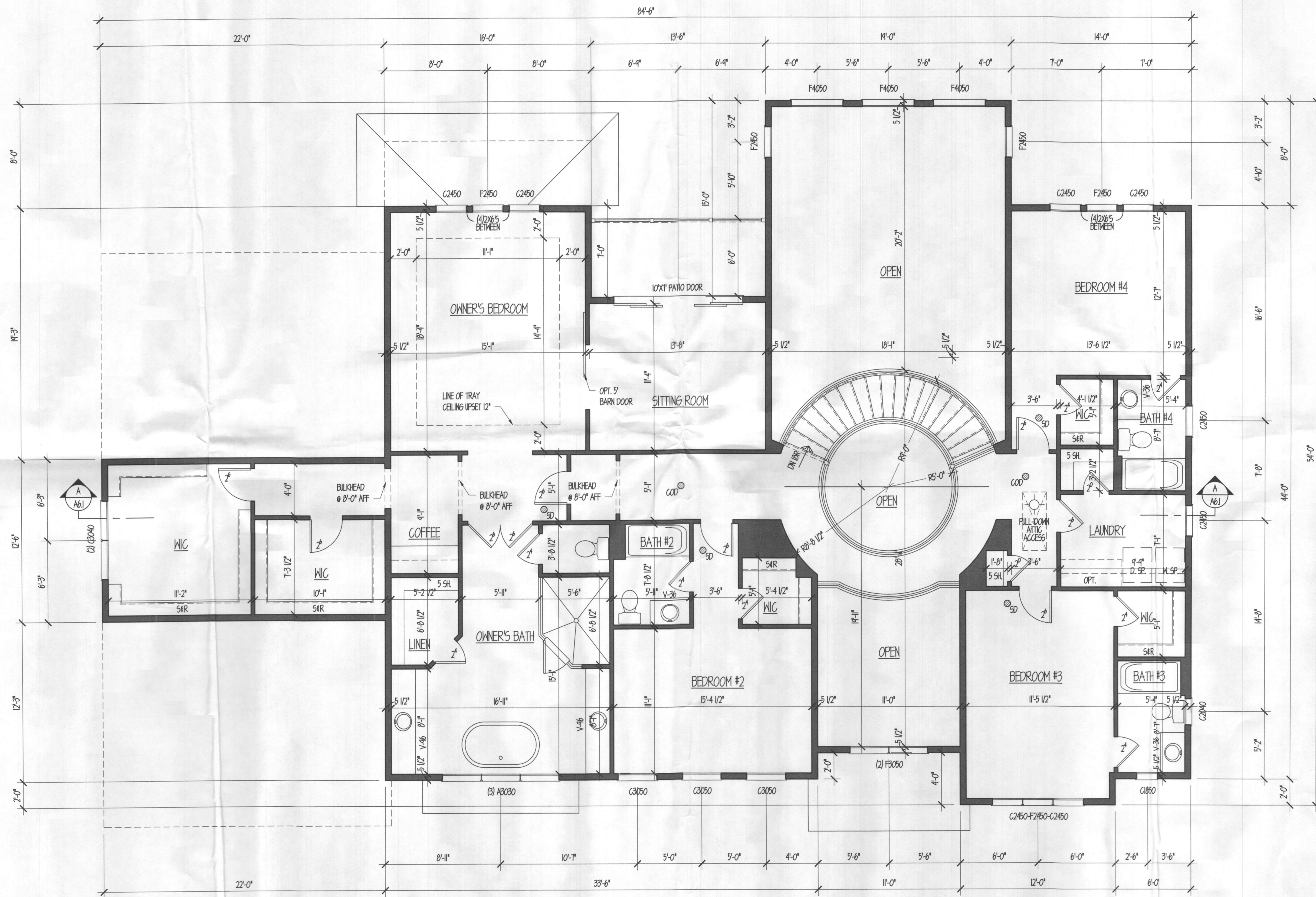
TO: Ojo Ayodeji
10548 Gorman Rd.
Laurel, MD 26723
FROM: Robert Freemon
Well & Septic Program
RE: B19003074
5104 Mountain Lane
Ellicott City, MD 21029
Potential Basement Bedroom
DATE: 10/9/2019

I have reviewed the floor plans in support of Building Permit B19003074 for a new home at 5104 Mountain Lane and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space. As this lot is connected to the shared sewage system with a five bedroom per lot limitation, any future building permit for converting all or a portion of the basement into finished living space 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):

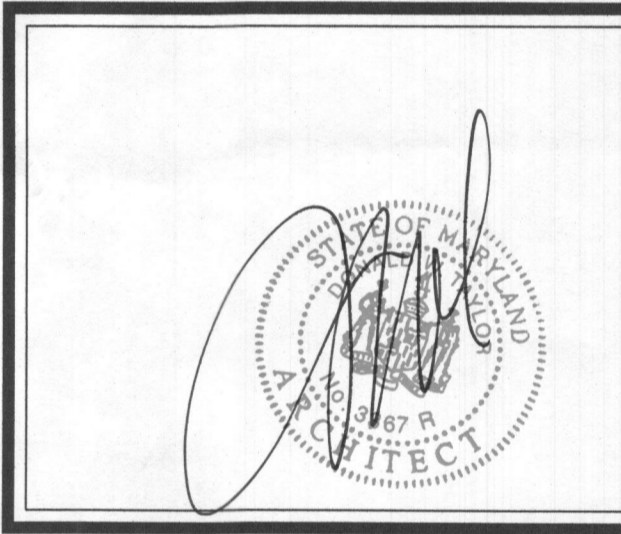
- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned are of a dwelling unit or accessory structure that:
(i) Is 90 square feet or greater in size;
(ii) May be used as a private sleeping area; and
(iii) Has at least one window and one interior door.
(2) If a home officè, 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

Handwritten signature and initials in a box



SECOND FLOOR PLAN
2,459 SF.

DRAWINGS PRINTED ON 11X17 ARE SHOWN
AT HALF OF THE NOTED SCALE.



PROFESSIONAL CERTIFICATION: I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DAILY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE # 3367-A, EXPIRATION DATE 10/31/19

dw taylor
associates inc
ARCHITECT

5024 DORSEY HALL DR. SUITE 203 ELLICOTT CITY, MD 21042
P (410) 964 1181 F (410) 997 2924 www.dwtaylor.com

BID & PERMIT ONLY

REVISIONS	
date	remarks

drawn by	ATH	checked by	
scale	1/4" = 1'-0"	date	04/09/11

PROJECT TITLE
**CAIRN CUSTOM HOMES
OJO RESIDENCE**

CONTENT
SECOND FLOOR PLAN

PROJECT NUMBER	DRAWING NUMBER
2625	A4.1