



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.: B19001311

ANC
(B181001)

Building Address: 15190 Bushy Park Rd.
City: Woodbine State: Md Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: Village of Three Keys
Lot: 4 Tax Map: 8 Parcel: 393

Property Owner's Name: Jason Taylor
Address: 15190 Bushy Park Road
City: Woodbine State: Md Zip Code: 21797
Phone: _____ Fax: _____
Email: _____

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

Existing Use: Residential home
Proposed Use: new single family home
Estimated Construction Cost: \$ 400,000
Description of Work: rebuild new single family home in place of one destroyed by fire. structural bracing finished 3/2018

Contractor Company: Carroll Thomas
Contact Person: Michael Kelly
Address: 4812 Eastling Ct.
City: Fulton State: Md Zip Code: 21028
License No.: 308
Phone: 410-577-8907 Fax: _____
Email: carrollthomas@comcast.net

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:	1st floor: <u>32</u>	<u>35</u>
	2nd floor: <u>12</u>	<u>35</u>
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: <u>4</u>	
<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 type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	<u>3E</u>
<input checked="" type="checkbox"/> Private	<u>B19000571</u>
Sewage Disposal	
<input type="checkbox"/> Public	<u>FOR DEMO</u>
<input checked="" type="checkbox"/> Private	<u>PERMIT</u>
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:	<u>G19000102</u>
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: Michael Kelly
Email Address: Michael.Kelly@carrollthomas.com
Title/Company: Project Manager

Print Name: Michael Kelly
Date: 5-2-19

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>5/24/19</u>	<u>J. Brice</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 checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>4518</u>

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: 5-21-19
To: Health Dept.
(Person's Name and Division) Carrigan
From: Owen Kelly Homes 410-977-8927
(Your Name, Company Name and Telephone Number)
Subject: Project name Taylor
Project site address 15190 Bushy Park Road.
Permit # B19001311 SDF# _____
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 3 sets
- 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 _____

*Revised Floor Plan
Sheet A2
'ok' reB
5/24/19*

Contact Person Information: (Required)

Owen Kelly
Please Print Name

Telephone No: 410-977-8927

E-Mail Address: Carriganhomes@Comcast.net

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

MAY 21 2019

LICENSES & PERMITS DIVISION

Received by _____

(Signature)

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

May 15, 2019

TO: Kelly Owen, Carrigan Homes, Applicant

RE: Building Permit Application B19001311; 15190 Bushy Park Road, bedroom count and septic system requirements

Dear Ms. Owen,

I have reviewed the Plot Plan and the floor plans for the proposed reconstruction of a residence at 15190 Bushy Park Road (Village of Three Keys, Lot 4). Six (6) rooms are identified in the floor plans as fitting the Howard County Code [3.801(B)] description for bedroom. In addition to the four bedrooms identified on the 2nd floor, the 'Library' on the 1st Floor and the 'Work Out Room' in the Basement count as bedrooms. I have attached a PDF which content is the Code definition for bedroom.

The septic tank capacity required for six bedrooms is 1750 gallons. This size septic tank is not available, and due to Code requirements for septic tank design, the most efficient option for adequate septic tank capacity is to replace the existing 1500-gallon septic tank with a 2000-gallon septic tank.

An installation plan, an Onsite Sewage Disposal System Design Plan (OSDS Plan), is required to illustrate details for installation of the replacement septic tank. As Howard County Code [3.805(A)(2)(10)] requires that the sewage disposal area be large enough to accommodate an initial septic system drainfield, plus two replacement drainfields properly designed to accept the estimated maximum daily volume of wastewater generated by the structure being served, the OSDS Plan content also shall include illustration of the existing drainfield trenches' locations, and two replacement drainfield systems adequate for discharge from a six-bedroom residence, all trenches being illustrated within the existing sewage disposal area. The OSDS Plan must be approved prior to approval of the Building Permit proposal by the Health Department.

As an alternative to replacing the existing septic tank and submitting an OSDS Plan, the entrance to either the Library or the Work Out Room may be modified so that the entrance is at least four (4) feet wide and without doors.

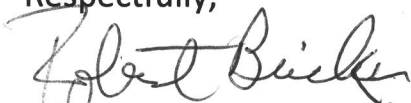
Maura J. Rossman, M.D., Health Officer

Should revision of one or more room entrance be desired, a revision of the Floor Plan is required and the revised sheet(s) must be submitted to the Department of Inspections, Licenses and Permits (DILP) along with a formal revision sheet and copies for the Health Department as well as other reviewing agencies.

The septic tank location is not identified on the Plot Plan. A revision of the Plot Plan that includes the septic tank location must be submitted with a formal revision sheet to DILP. If the septic tank is not 20 feet from the foundation of the proposed structure, a waiver for the septic tank location must be obtained from the Bureau of Environmental Health.

Should you have further questions about these requirements, you may contact me by email (rbricker@howardcountymd.gov) or by phone, (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: Jason Taylor, owner

Jeffrey Williams, Supervisor, Well & Septic Program
property file

101 - Single Family Houses Detached

BUILDING INFORMATION

BUILDING INFORMATION

Capital Project-No Fee * Yes No
 Capital Project Number
 Fee Exempt * Yes No
 Guaranty Fund Required * Yes No
 Roadside Tree Project Permit Yes No

Roadside Tree Project Permit #
 Condominium Yes No
 Existing Use Vacant Lot
 1st Floor Width FT
 1st Floor Depth FT

2nd Floor Width FT
 2nd Floor Depth FT
 Basement Width FT
 Basement Depth FT
 Height FT
 Total Square Footage * SQFT
 Occupiable Square Footage * SQFT
 Bedrooms *

Full Baths
 Half Baths
 Foundation Full Basement
 Basement Unfinished
 Other Structure --Select--
 Building Construction Type --Select--

W&S Fees Paid * Yes No
 Water Supply * Private
 Sewage Disposal * Private
 Utilities * Electric
 Heating System * Electric
 Sprinkler System * NFPA #13D

No of Fireplaces
 Type of Fireplace --Select--
 Entrance Permit Required Yes No
 Road Frontage County
 Location Survey Approval Date
 Expiration Date 11/3/2019

U&O Issued On
 U & O Comments

[check spelling](#)

GRADING INFORMATION

Grading Permit No G19000102
 Grading Certification Required Yes No
 Grading Certification Received in DILP On
 Grading Certification Received in CID On

Grading Certification Comments
 Seasonal Surety Comments

[check spelling](#) [check spelling](#)

Seasonal Grading Surety Depositor
 Driveway Apron Surety Depositor
 Stormwater Surety Depositor

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal
 Check List Points Achieved
 Date of Certification

PAYMENT INFORMATION

Check 1
 Payee 1
 Check 2
 Payee 2
 SAP Doc No
 SAP Entered

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1 Yes No
 Permeable Pavements A2 Yes No
 Reinforced Turf A3 Yes No

Disconnection of Rooftop Runoff N1
 Disconnection of Non Rooftop Runoff N2 Yes No
 Sheetflow to Conservation Areas N3 Yes No

Rainwater Harvesting M1
 Submerged Gravel Wetlands M2
 Landscape Infiltration M3
 Infiltration Berms M4

Dry Wells M5
 Micro Bioretention M6
 Rain Gardens M7
 Swales M8
 Enhanced Filters M9
 PSWM Certification Received in CID on

Related Records

1

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
G19000102	Residential Grading Permit	Issued	15190	BUSHY PARK	05/02/2019	15190 BUSHY PARK ROAD/ GRADING & SEDI
B19001311	Residential New Single Family Dwelling Permit	Review In Process	15190	BUSHY PARK	05/02/2019	SFD/ CUSTOM/ **RE-BUILD HOME DESTROYED

1

Submit Cancel

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/New/SFD	B19001311	05/02/2019
Description of Work		
SFD/ CUSTOM/ **RE-BUILD HOME DESTROYED BY FIRE**		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
15190	BUSHY PARK	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.04097	39.31867
City	State	Zip Code	Primary
WOODBINE	MD	21797	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
909969	383	1.37	216200	517800	301600	RURAL
Legal Description						
IMPSLOT 4 1.3769 A[]15190 BUSHY PARK RD R/W[]VILLAGE OF THREE KEYS						

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
9999	4	604001	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1404360060	VILLAGE OF THREE KEYS					
Section	Area	Tax Map					
		8					
Grid	Zoning District	ADC Map					
8-21	RC-DEO	4692-D10					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
12877							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2001	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-05	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *		
JASON M TAYLOR		
Address Line 1		
15190 BUSHY PARK ROAD		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
WOODBINE	MD	21797
Phone	Primary	

410-977-8927	Yes
E-mail	
JMTAYLOR71@VERIZON.NET	
Cell Number	Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
358	CARRIGAN HOMES, INC.		
License Type *	First Name	Middle Name	Last Name
Home Bldr	OWEN		KELLY
Primary	Address Line 1		
Yes	9812 CAITLINS COURT		
	Address Line 2		
	City	State	ZIP Code
	ELLCOTT CITY	MD	21042
	Phone 1	Phone 2	Fax
	410-465-7755		410-465-5608
	E-mail		
	CARRIGANHOMES@COMCAST.NET		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	OWEN		KELLY
Relationship	Full Name		
Applicant	OWEN KELLY		
Primary	Organization Name		
No	CARRIGAN HOMES, INC.		
	Street Address		
	9812 CAITLINS COURT		
	Address Line 2		
	City	State	Zip Code
	ELLCOTT CITY	MD	21042
	Phone	Cell	Fax
	410-465-7755		410-465-5608
	E-mail *		
	CARRIGANHOMES@COMCAST.NET		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	OWEN		KELLY
Relationship	Full Name		
Licensed Professiona	OWEN KELLY		
Primary	Organization Name		
Yes	CARRIGAN HOMES, INC.		
	Street Address		
	9812 CAITLINS COURT		
	Address Line 2		
	City	State	Zip Code
	ELLCOTT CITY	MD	21042
	Phone	Cell	Fax
	410-465-7755		410-465-5608
	E-mail		
	CARRIGANHOMES@COMCAST.NET		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
400000	1	1	No
Construction Type			

Real Property Data Search (w1)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 04 Account Number - 360060								
Owner Information										
Owner Name:		TAYLOR JASON M TAYLOR JUDITH M E T/E			Use:		RESIDENTIAL			
Mailing Address:		15190 BUSHY PARK RD WOODBINE MD 21797-8308			Principal Residence:		YES			
					Deed Reference:		/05611/ 00614			
Location & Structure Information										
Premises Address:		15190 BUSHY PARK RD WOODBINE 21797-0000			Legal Description:		LOT 4 1.3769 A 15190 BUSHY PARK RD R/W VILLAGE OF THREE KEYS			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	12877
0008	0021	0383		0000		9999	4	2017	Plat Ref:	
Special Tax Areas:					Town:		NONE			
					Ad Valorem:		100			
					Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
						1.3700 AC		000000		
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
Value Information										
			Base Value	Value	Phase-in Assessments					
				As of	As of		As of			
				01/01/2017	07/01/2018		07/01/2019			
Land:			216,200	216,200						
Improvements			0	0						
Total:			216,200	216,200	512,700		216,200			
Preferential Land:			0		0					
Transfer Information										
Seller: WILLIAMSBURG GROUP LLC				Date: 08/07/2001			Price: \$381,811			
Type: ARMS LENGTH IMPROVED				Deed1: /05611/ 00614			Deed2:			
Seller: RAULIN FREDERICK W				Date: 11/02/2000			Price: \$128,000			
Type: ARMS LENGTH VACANT				Deed1: /05248/ 00312			Deed2:			
Seller:				Date:			Price:			
Type:				Deed1:			Deed2:			
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Homestead Application Information										
Homestead Application Status: Approved 04/30/2008										
Homeowners' Tax Credit Application Information										
Homeowners' Tax Credit Application Status: No Application					Date:					

-
1. This screen allows you to search the Real Property database and display property records.
 2. Click **here** for a glossary of terms.
 3. Deleted accounts can only be selected by Property Account Identifier.
 4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

Building Address 15190 Bushy Park Road
Woodbine MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 4

Tax Map 8 Parcel 383 Grid 21

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code 21797

Phone _____ Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410-371-2717 Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____

Description of Work _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code 21797
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code 21797
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code 21797
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement

Craw space Slab on Grade
 No. of Bedrooms _____
 Height: _____
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____

Other Structure: _____
 Dimensions: _____
 Footings: _____
 Roof Height: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

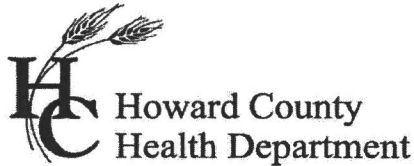
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 _____
 Title/Company _____

Print Name DEANUS MATREVI
 Date 9/17/06

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
Land Development, DPZ			Front: _____	Filing fee \$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____	
Health	<u>10-9-06</u>	<u>Diana Burchard</u>	All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____	
			Historic District?	Validation \$ _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone		
			SDP/Red-line approval date _____	Accepted by _____	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
7 Forms PERMIT.FRM					



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 9, 2008

Jason Taylor
15190 Bushey Park Rd.
Woodbine, MD 21797

RE: **Variance Approval**
15190 Bushey Park Rd.
Woodbine, MD 21797

Dear Mr. Taylor,

The Department of Health has received your variance request dated August 27, 2008 for the above referenced property. This agency will grant **approval** of the variance provided that the proposed new underground propane tank is constructed no closer to the well than the existing propane tank; forty-three feet. A general variance for wells to be located twenty feet from an addition has been enclosed. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request. Any deviations from the site plan submitted with the request 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,

Michael J. Davis, R.S.

Assistant Director

Bureau of Environmental Health

cc: File

August 27, 2008

Howard County Health Department
7178 Columbia Gateway Drive
Columbia Maryland 21046
Attn. Mr. Mike Davis


Ref: Propane Tank and Well Variance

Dear Mr. Davis,

Attached to this letter is a copy of the proposed sunroom addition for my house at 15190 Bushy Park Road in Woodbine. In the course of developing these plans I discovered that my propane tank is currently located approximately 43 feet from the well and that the corner of the proposed addition would just fall inside the 30 foot well building restriction radius. I called my propane supplier and they indicated that the tank can be no more than 120' from where the service delivery truck is parked so that it can be reached by hose without the truck leaving a paved surface. I asked if the tank could be filled from Bushy Park Road and the propane supplier said that they cannot use Bushy Park for parking/delivery services as it would be a safety hazard to do so. The attached plan shows the proposed new location for the tank increasing the distance from approximately 43 feet to approximately 69 feet while still maintaining the appropriate distance from the paved driveway and falling between several very large shade trees.

The attached plan also shows that a very small piece of the sunroom addition would cross the 30 foot well building restriction radius. Before moving forward and spending money on architectural services I would like to run both of these variance requests past you for your review. Originally I thought the addition would be closer to the front of the house but moved it as far back as possible while still allowing good access between the sunroom and the house. If you have any questions I would be happy to discuss this with you by phone at 443.786.3747 or through an e-mail to Jason.M.Taylor@verizon.com.

Sincerely

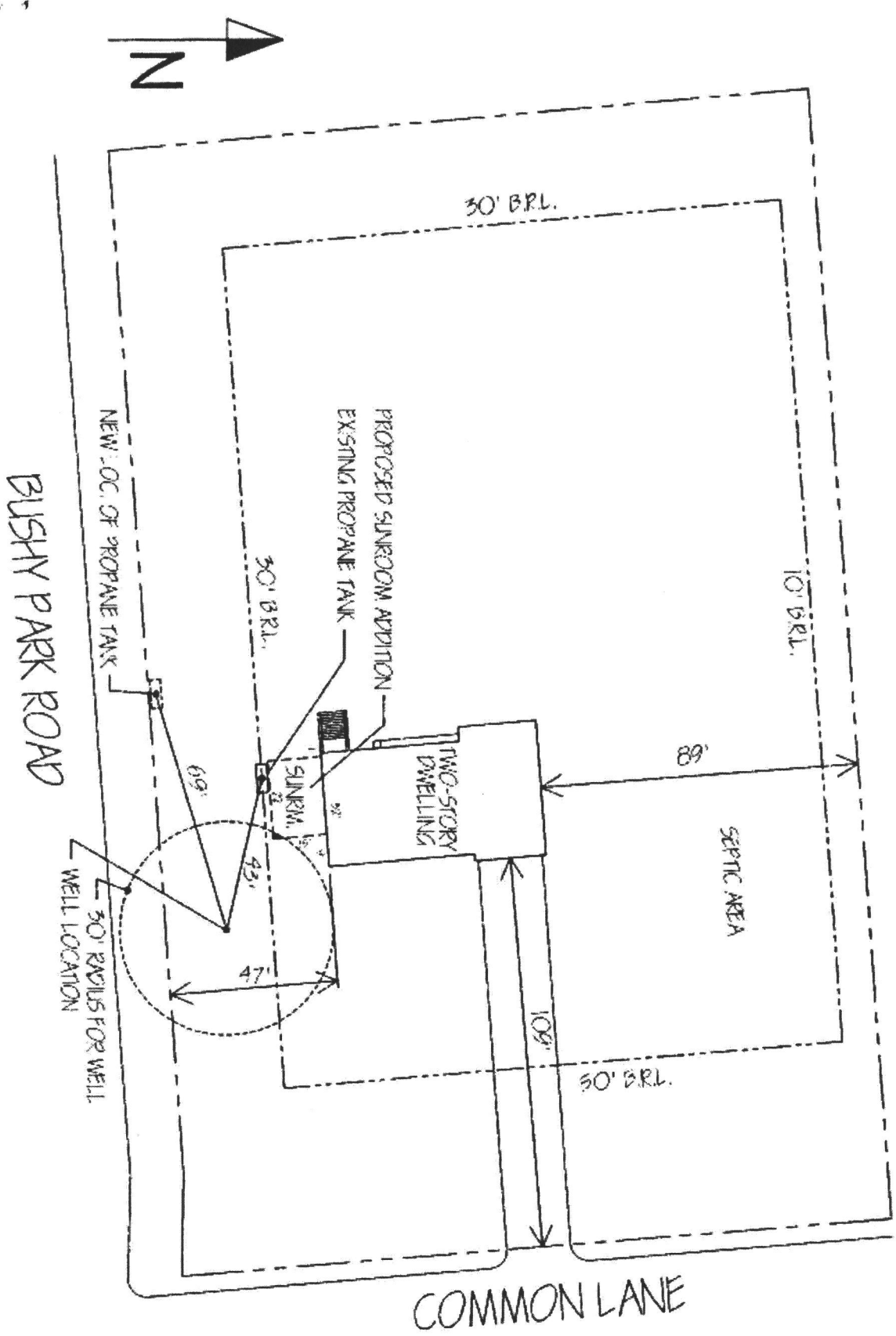


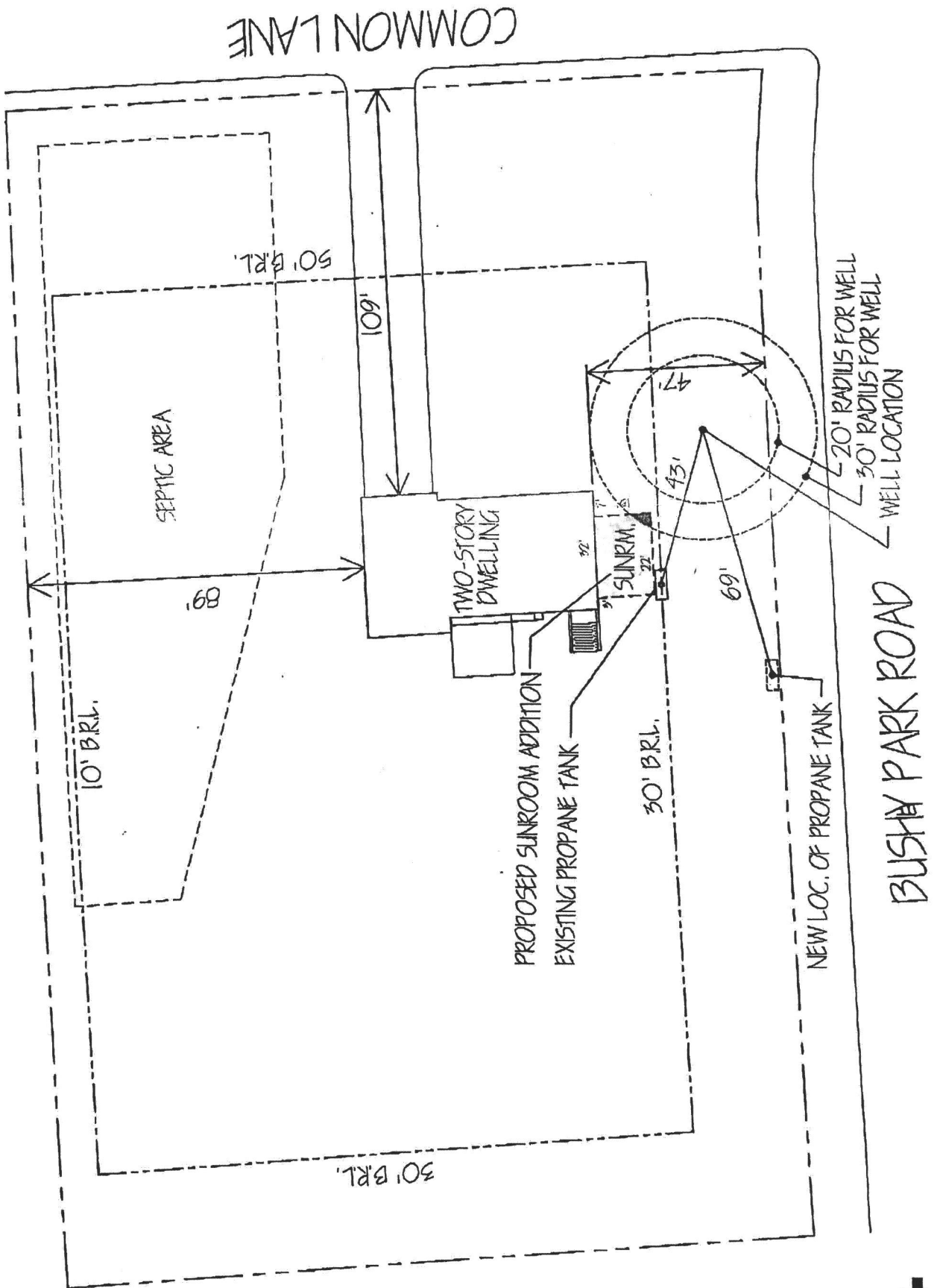
Jason Taylor

12077

A 50264-C

514988-C





**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

200136032

Building Address 15190 Bushy Park RD
Woodbine md 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6010 Subdivision Village of 3keys
 Section _____ Area _____ Lot 4
 Tax Map 8 Parcel 383 Grid 21
 Zoning RI-P00 Map Coordinates 3313 Lot size _____

Property Owner's Name Jason & Judy Taylor
 Address 15190 Bushy Park RD
 City Woodbine State md Zip Code 21797
 Home Phone 410-489-0042 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use S/P
 Proposed Use 20x12 Screen porch 12x7 open deck
 Estimated Construction Cost \$ 20,000
 Description of Work 20x12 screen porch REAR
cable roof + 12x7 open deck w/hy

Contractor Company Class Act Design
 Contact Person Wayne Fuller
 Address PO box 569
 City Pasadena State md Zip Code 21123
 License No. 118355
 Phone 410-242-7771 Fax 410-439-1850

Occupant or Tenant Jason & Judy Taylor
 Contact Name same
 Address 15190 Bushy Park RD
 City Woodbine State md Zip Code 21797
 Phone 410-489-0042 Fax 410-439-4492

Engineer or Architect Company Class Act
 Contact Person Wayne Fuller
 Address same as above
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>324SF</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: <u>240</u> Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

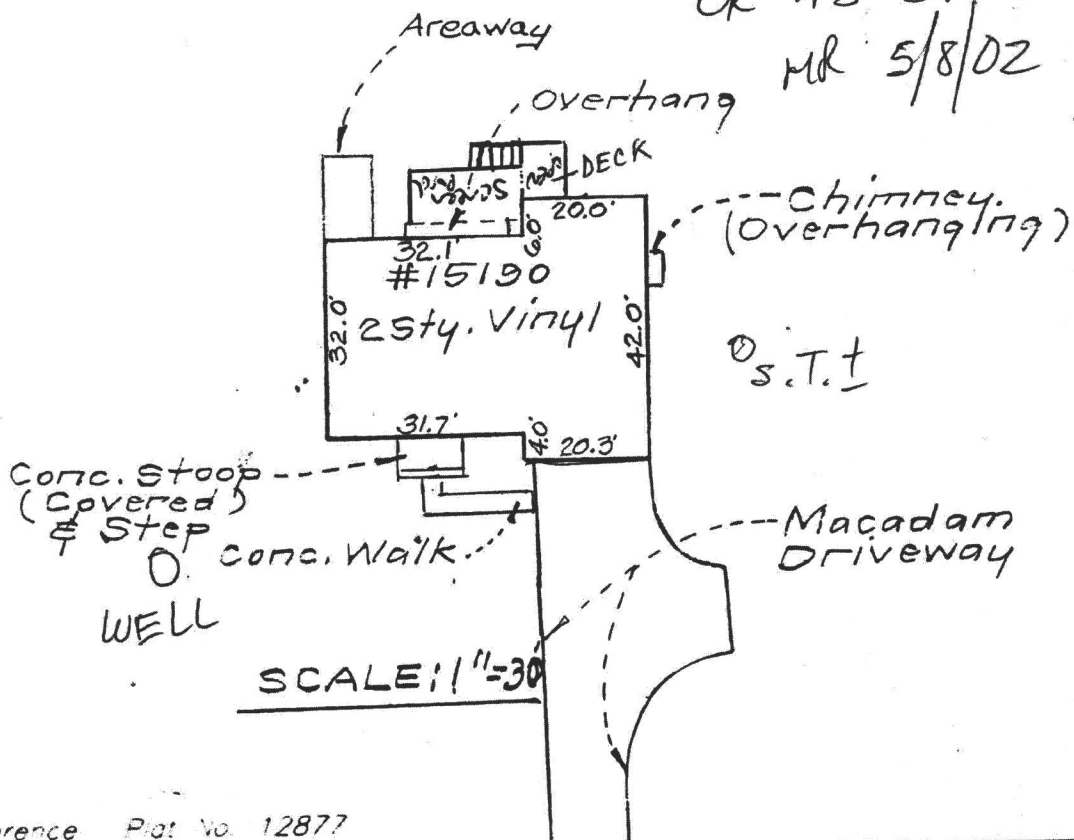
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Wayne Fuller
 Applicant's Signature
Class Act Contractors
 Title/Company
5/8/02

Wayne Fuller
 Print Name
5/8/02
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

DECK & PORCH
OK AS SHOWN
MR 5/8/02



Plot Reference Plot No. 12877



CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.

DESIGNED	BOUNDARY SURVEY 15190 BUSHY PARK ROAD LOT 4 VILLAGE OF THREE KEYS LOTS 1 THRU 4 AND PRESERVATION PARCEL 'A' ELECTION DISTRICT No. 4 HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN MA		DRAWING
CHECKED P.A.S		JOB NO. 99-206
DATE 6-06-01		FILE NO. 99-206-0

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 000126855

Building Address 15190 BUSHY HOLE RD.
WOODBINE, MD 21777
 Suite/Apt. #: --- SDP/WP/Petition #: 21-10
 Census Tract 6040 Subdivision VILLAGE OF THREE KEYS
 Section N/A Area N/A Lot 4
 Tax Map 8 Parcel 59 Grid 21
 Zoning RC Map Coordinates 3213 Lot size 59,977

Property Owner's Name WILLIAMSBURG GROUP LLC
 Address P.O. Box 1018
 City COLUMBIA State MD Zip Code 21044
 Home Phone _____ Work Phone 410/777-8110
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use SFB
 Estimated Construction Cost \$100,000
 Description of Work MODEL GEO. SLIVER 1/3
DSTRY, FULL BMT, 10K, 3FB, 1HB,
FP, GARAGE, (4 BR) w/OPT. FIN. BMT.

Contractor Company AME AS OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant AME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company LESLAR ARCH. GROUP
 Contact Person CARLOS
 Address 26030 WESTWOODS CENTER DR.
 City VIENNA State VA Zip Code 22122
 Phone 703/760-7344 Fax 703/760-7326

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas _____ Propane Gas _____
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>47</u> Depth <u>52</u> Width <u>47</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>43</u> Depth <u>47</u> Width <u>47</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>43</u> Depth <u>47</u> Width <u>47</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas _____ Propane Gas _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (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 THE PROPERTY FOR THE PURPOSE OF VERIFYING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company _____

Print Name SUZANNE P. DAVIS
 Date _____

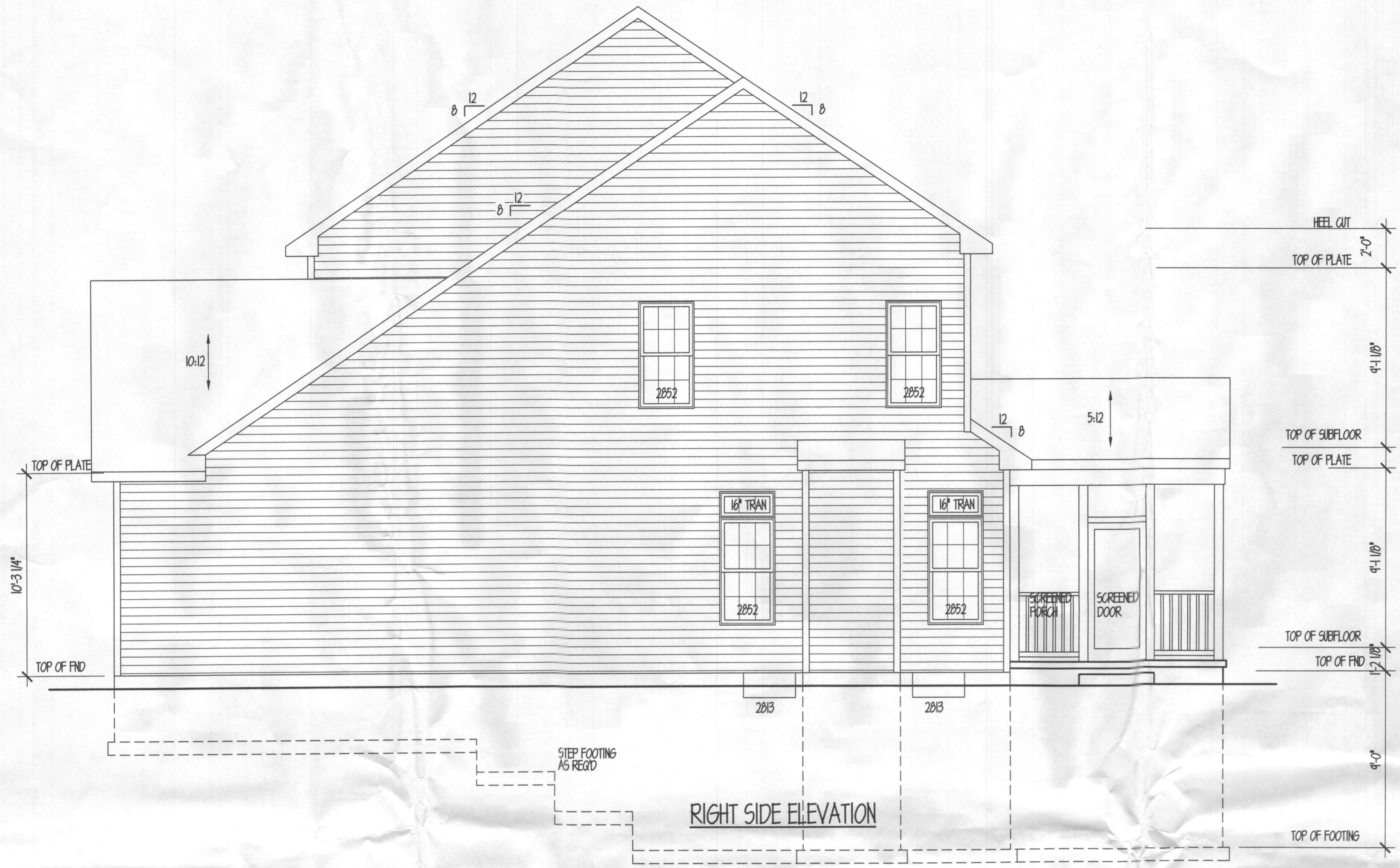
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY FEE
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Sub-total fees \$ _____
Health	<u>10/24/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add 1 permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

Approved Septic System Plan
 Howard County Health Department
 Floor Plans approved
 with revisions of Sheet A2
B. Buck
 Signature Date 5/24/2019
 B19001311
 15190 Busby Park Road.



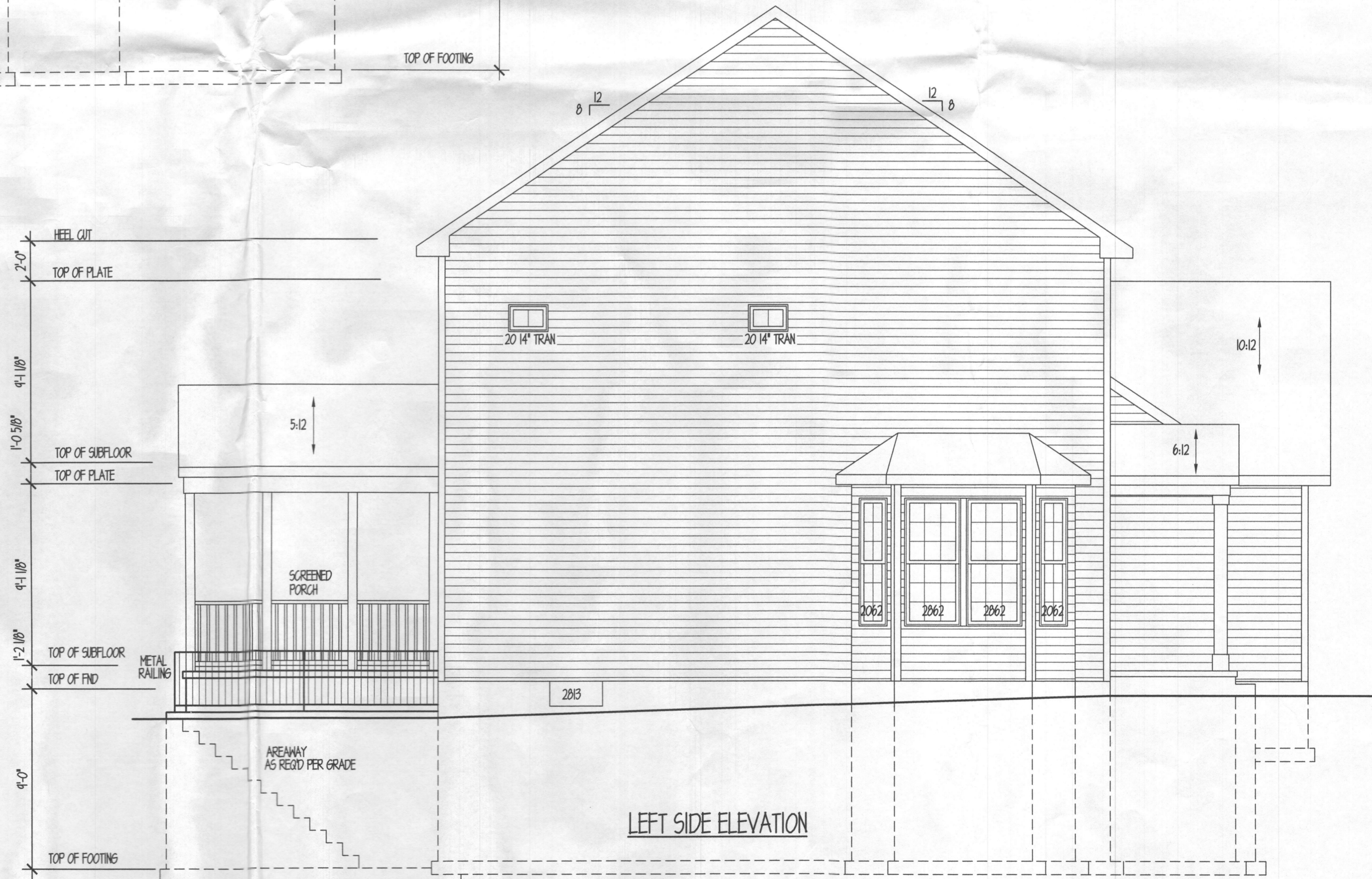
CONTENT	FRONT ELEVATION REAR ELEVATION
TITLE	CARRIGAN HOMES TAYLOR RESIDENCE
SCALE	1/4" = 1'-0"
DATE	APRIL 25, 2014
SHEET NUMBER	A-1a



RIGHT SIDE ELEVATION

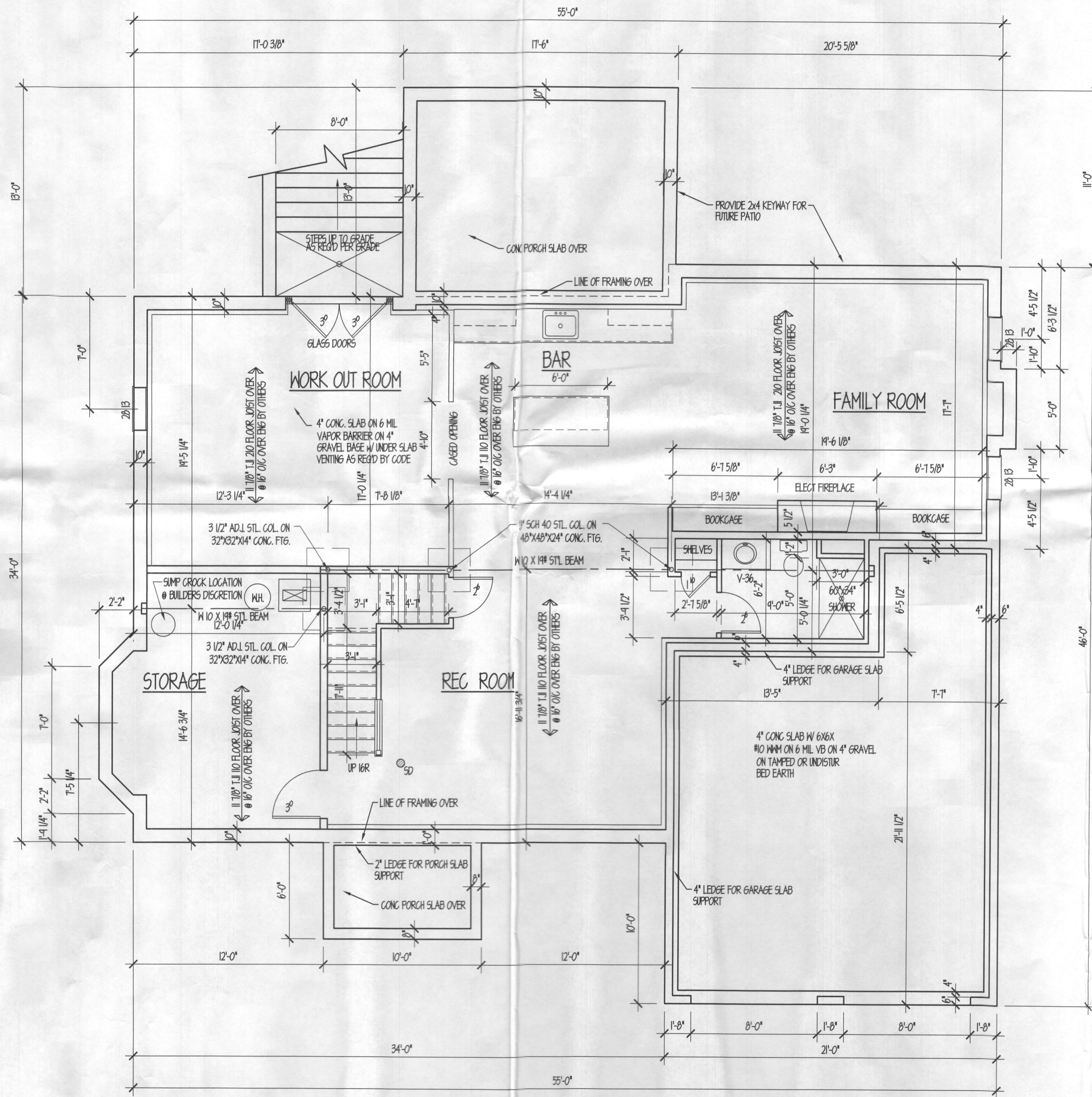
RIGHT SIDE ELEVATION

'OK' reB 5/21/2019
 15190 Beasley Park Rd
 B19001311



LEFT SIDE ELEVATION

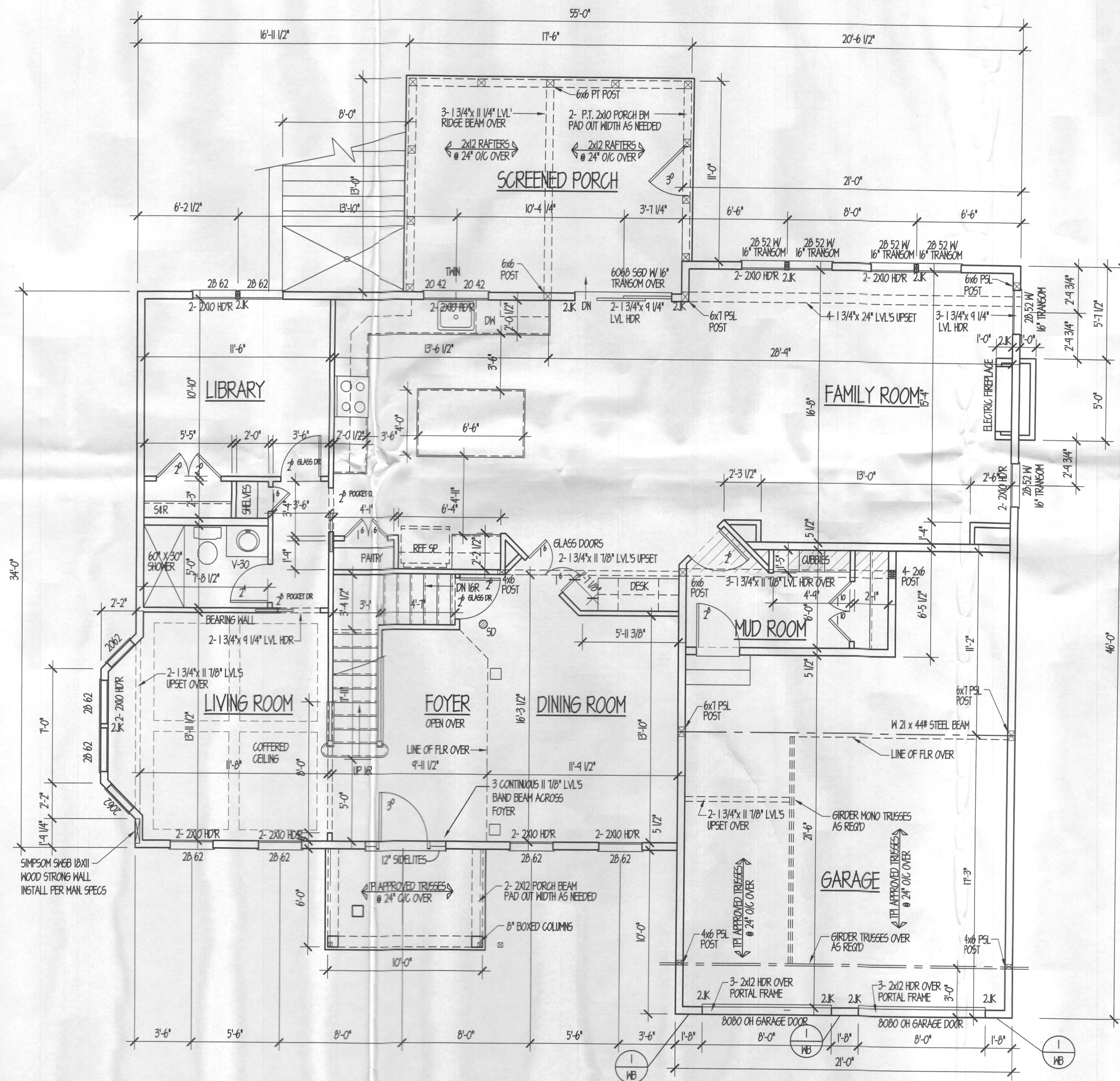
CONTENT	LEFT SIDE ELEVATION RIGHT SIDE ELEVATION
TITLE	CARRIGAN HOMES TAYLOR RESIDENCE
SCALE	1/4" = 1'-0"
DATE	APRIL 25, 2014
SHEET NUMBER	A-1b



OK! ref 5/24/2019
 15190 Bushy Park Rd.
 B19001311

NOTICE:
 DUE TO THE CRITICAL NATURE OF THE INFORMATION SHOWN ON THIS DRAWING THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND UNIT OPTIONAL SELECTIONS PRIOR TO STARTING CONSTRUCTION. ANY DISCREPANCIES SHOULD BE REPORTED IMMEDIATELY TO CARRIGAN HOMES

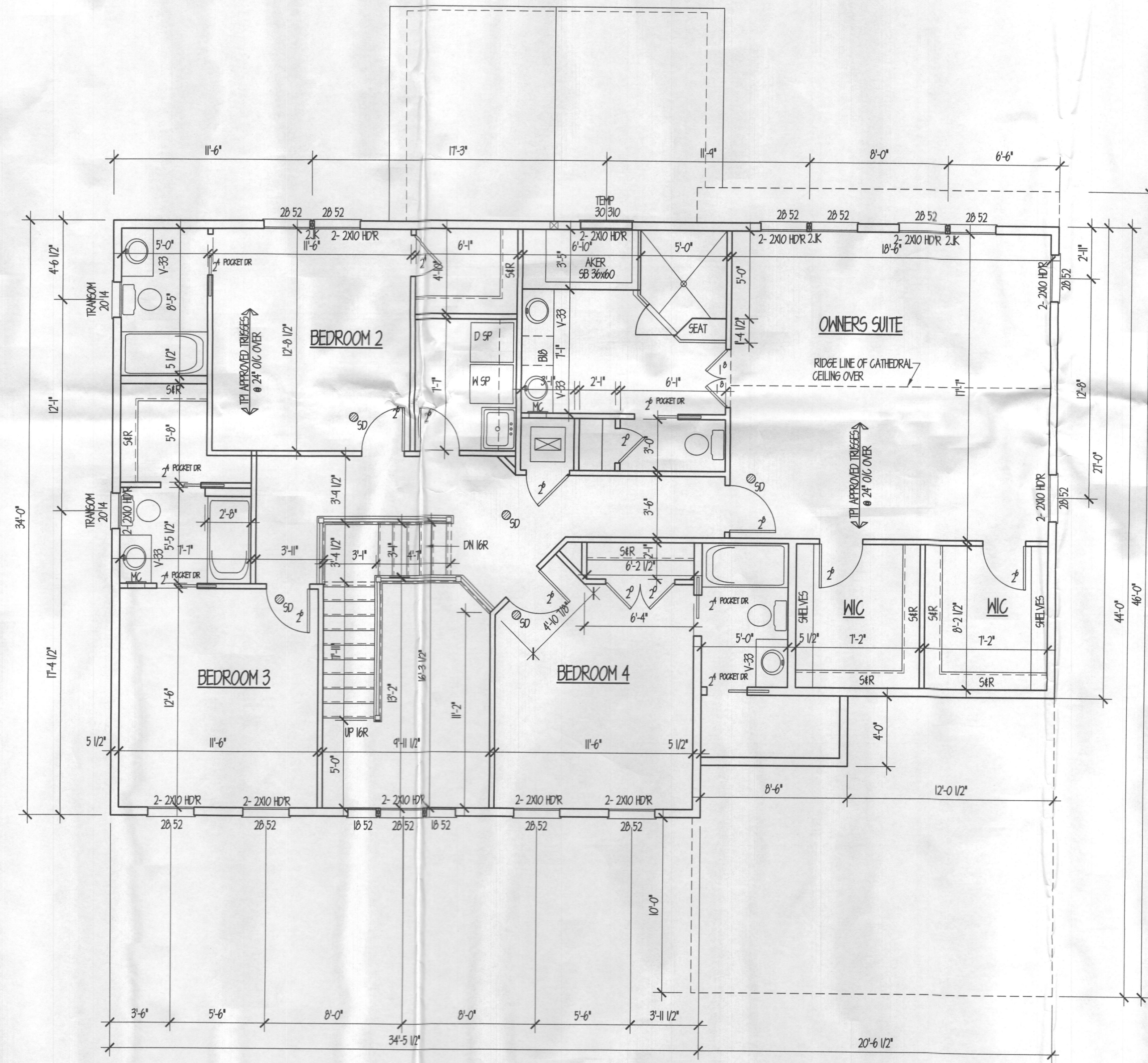
CONTENT	FOUNDATION PLAN
TITLE	CARRIGAN HOMES TAYLOR RESIDENCE
SCALE	1/4" = 1'-0"
DATE	APRIL 25, 2019
SHEET NUMBER	A-2



OK' rev. 5/21/2019
 15190 Bushy Park Rd.
 JB 19001311

NOTICE:
 DUE TO THE CRITICAL NATURE OF THE INFORMATION SHOWN ON THIS DRAWING THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND UNIT OPTIONAL SELECTIONS PRIOR TO STARTING CONSTRUCTION. ANY DISCREPANCIES SHOULD BE REPORTED IMMEDIATELY TO CARRIGAN HOMES

CONTENT	FIRST FLOOR PLAN
TITLE	CARRIGAN HOMES TAYLOR RESIDENCE
scale	1/4" = 1'-0"
date	APRIL 25, 2019
SHEET NUMBER	A-3



OK, RB, 5/24/2019
 15190 Bushy Park Rd.
 B/19001311

NOTICE:
 DUE TO THE CRITICAL NATURE OF THE INFORMATION SHOWN ON THIS DRAWING THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND UNIT OPTIONAL SELECTIONS PRIOR TO STARTING CONSTRUCTION. ANY DISCREPANCIES SHOULD BE REPORTED IMMEDIATELY TO CARRIGAN HOMES

CONTENT	SECOND FLOOR PLAN
TITLE	CARRIGAN HOMES TAYLOR RESIDENCE
SCALE	1/4" = 1'-0"
DATE	APRIL 25, 2019
SHEET NUMBER	A-4