



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: 13734 Briaridge ct
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 10,000
 Description of Work: Finishing basement
Adding a playroom, a bathroom

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

Property Owner's Name: Alexander Garmew
 Address: 13734 Briaridge ct,
 City: Highland State: MD Zip Code: 20777
 Phone: 703-898-1088 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Josue Escobar
 Address: 7919 spiceberry cir
 City: Gaithersburg State: MD Zip Code: 20877
 Phone: 240-644-6455 Fax: _____
 Email: _____

Contractor Company: Basement Masters
 Contact Person: Pavel Abaev
 Address: 1680 E Gude dr, STE 313
 City: Rockville State: MD Zip Code: 20850
 License No.: 102925
 Phone: 443-224-0484 Fax: _____
 Email: Pavel@basementmasters.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 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	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input checked="" 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.

Josue Escobar
 Applicant's Signature
Josue.e@basementmasters.com
 Email Address

 Title/Company

Josue Escobar
 Print Name
04/25/16
 Date

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)		

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	#

How many approvals required for issuance? Yes No
 CONSTRUCTION START

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

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, May 05, 2016 9:35 AM
To: Josue Escobar (josue.e@basementmasters.com)
Subject: Waiver Request_13734 Briaridge Court_BAT Plan
Attachments: BAT Site Plan Requirements.pdf

Josue Escobar:

This office has granted the waiver to the percolation certification plan requirements but the existing septic system is currently undersized for (4) bedrooms (150 gallons/day/bedroom). The existing system barely meets 200 gallons per day at 0.6 loading rate. Therefore, the septic trenches have to be upgraded and include a BAT unit sized for 4 bedrooms prior to Health approval of the building permit.

It is possible for the owner to apply for funding through Bay Restoration Fund for these upgrades but we won't know about funding availability until June. At this time, we will need to see a BAT Plan designed by an Engineer. By the time we review the BAT plan, we will know about the funding. Please see BAT requirements attached.

Should you have any questions, please don't hesitate to ask.

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

04/26/2016

To Howard County Health Department,

I am applying for a permit to finish my existing unfinished basement located at 13734 Briaridge Ct, Highland, MD 20777. We are not adding any additional space to the house. My septic tank capacity is 1500 gallons and is the appropriate size for supplying my entire house. My well is 165 feet deep.

Attached is documentation showing the last time the septic tank was pumped clean and stating the volume of the tank to be 1500 gallons.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Garmew', with a long horizontal flourish extending to the right.

Alexander Garmew
Home Owner

- Upgrade to BAT
- Ext. Trenches
- BAT Plan
- Bay fund in July

- 0.6 rule
 $\approx 200 \text{ gal/day}$
- * Area ^{barely} enough for (3) BR
 have (4) BR
- * Perc Cert / Testing
 Upgrade w/ BAT

- we are waiting perc cert, but system needs to be upgraded - trenches for 4 bedrooms + BAT. It is possible that BRF money will be available, but we won't know until June - They will need BAT plan, by the time we do that, we may know about BRF

Fogle's Septic Clean, Inc.

580 Obrecht Road
 Sykesville, MD 21784
 410-795-5670

WORK ORDER

Date	2/4/2013
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JOB LOCATION

JACK BURK
 13734 BRIARIDGE CT
 HIGHLAND, MD 20777

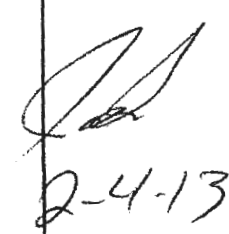
Name / Address

JACK BURK
 13734 BRIARIDGE CT
 HIGHLAND, MD 20777

Customer Phone	443 506-6514
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A finance charge of 1.5% will be charged monthly on unpaid balances. And any actual and reasonable collection fees may be added if delinquent. There is a \$25 fee for a returned check.

We are not responsible for your cleanout cap if we break it when we remove it. We are not responsible for any damages to your driveway.

Description	Qty	Cost	Total
PUMP SEPTIC		255.00	255.00
PAID CC			
CALL AHEAD!! JOHN 410 707-4878			
			
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> TO ENSURE PROPER CLEANING, FOGLE'S SEPTIC RECOMMENDS PUMPING FROM THE MANHOLE AND NOT THE 6" CLEANOUT </div>			
Thank you for your business.		Total	\$255.00

Customer Signature _____

HOWARD COUNTY DEPT. OF PUBLIC WORKS
BUREAU OF UTILITIES
LITTLE PATUXENT WATER RECLAMATION PLANT
8900 GREENWOOD PLACE, SAVAGE, MD 20763
(410) 880-5810 FAX (410) 880-5812

MANIFEST ID #

0611

HAULED WASTEWATER DISCHARGE MANIFEST

WASTEWATER STREAM IDENTIFICATION (Sections 1A, 1B, & 1C MUST be completed by the Generator or Hauler)

WASTEWATER STREAM IDENTIFICATION (Sections 1A, 1B, & 1C must be completed by the Generator or Hauler)

SOURCE:

1. Residential
2. Commercial
3. Restaurant
4. Industrial
5. Municipal
6. Other (Specify) _____

B. TYPE:

1. Septage
2. Holding Tank
3. Portable Toilet
4. Grease
5. Other (Specify) _____

C. VOLUME: 1810

GALLONS

D. % TSS: _____

FOR LPWRP ONLY

2. GENERATOR OF WASTEWATER (Sections 2A, 2B, & 2C must be completed by the Generator or Hauler)

A. Complete Name (print or type): Jack Burk B. Telephone #: 410 717 4313

C. Complete Pickup Address: 3254 Pennsylvania Ave NE #102 NW

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of hauled wastewater identified above and subject to this manifest. SECTION D, GENERATOR SIGNATURE, REQUIRED FOR ALL NON-DOMESTIC LOADS.

D. Generator Signature: _____ Date: _____

3. HAULER OF WASTEWATER (Section 3A, 3B, 3C, 3D & 3E must be completed by the Hauler)

A. Company Name (print or type): Jack Burk
B. LPWRP Permit #: _____ C. Truck Tag #: _____ D. Pump Out Date: 4/13

ALL WASTEWATER DISCHARGED ARE SUBJECT TO THE RULES AND REGULATIONS AND TERMS AND CONDITIONS OF THE LITTLE PATUXENT WATER RECLAMATION PLANT.

The above described wastewater was pumped, hauled and discharged to the Little Patuxent Water Reclamation Plant by the undersigned.

I certify under penalty of perjury that the foregoing is true and correct.

E. Hauler Signature: _____

F. Origin (County) of Wastewater: _____

4. ACCEPTANCE BY LITTLE PATUXENT WATER RECLAMATION PLANT (Must be completed by the Disposer when required/ requested)

The above Hauler delivered the above identified wastewater to this facility. A. Disposal Date: _____
B. Sample ID#: _____ C. Disposer Signature: _____ (if required)

WHITE SHEET - LITTLE PATUXENT WATER RECLAMATION PLANT

YELLOW SHEET - HAULER

PINK SHEET - GENERATOR

REVISED 12/12

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, April 26, 2016 11:40 AM
To: 'Josue Escobar'
Subject: RE: REQUESTING BEDROOM DESCRIPTION DEFINITION.

Hi Josue:

Based on the floor plans submitted, you are adding living space to the house by finishing the basement which would require a percolation certification plan to be on record. With that said, we would need to conduct percolation testing to establish a septic disposal area and confirm adequacy of the existing system prior to building permit approval. Alternatively, you may request a Waiver to this requirement by submitting a letter with explanation to our Deputy Director Mike Davis along with hard copies of the floor plans of the existing dwelling plus proposed changes.

Should you have any questions, please don't hesitate to ask.

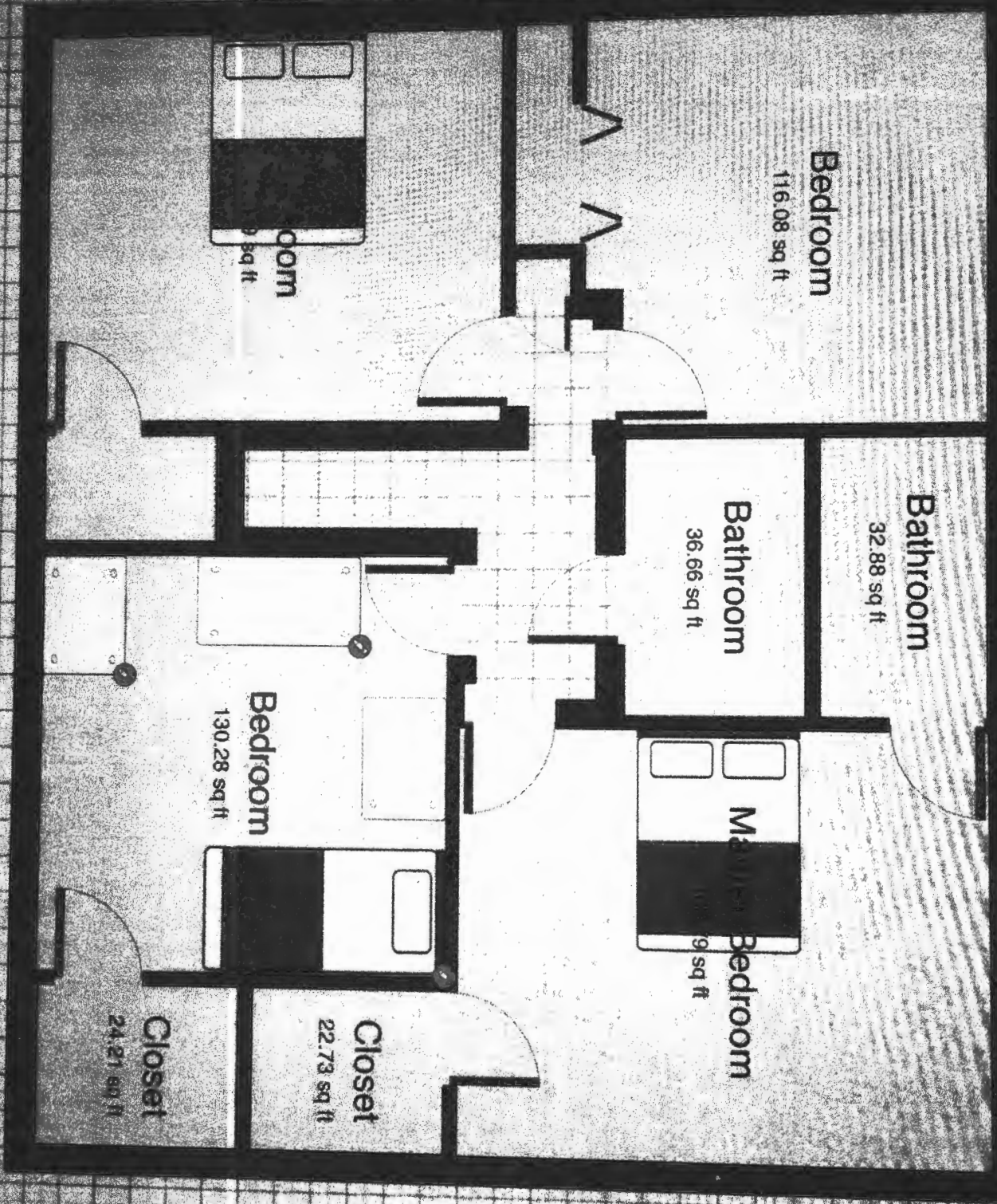
Hank

From: Josue Escobar [<mailto:josue.e@basementmasters.com>]
Sent: Tuesday, April 26, 2016 10:57 AM
To: Oswald, Hank
Subject: REQUESTING BEDROOM DESCRIPTION DEFINITION.

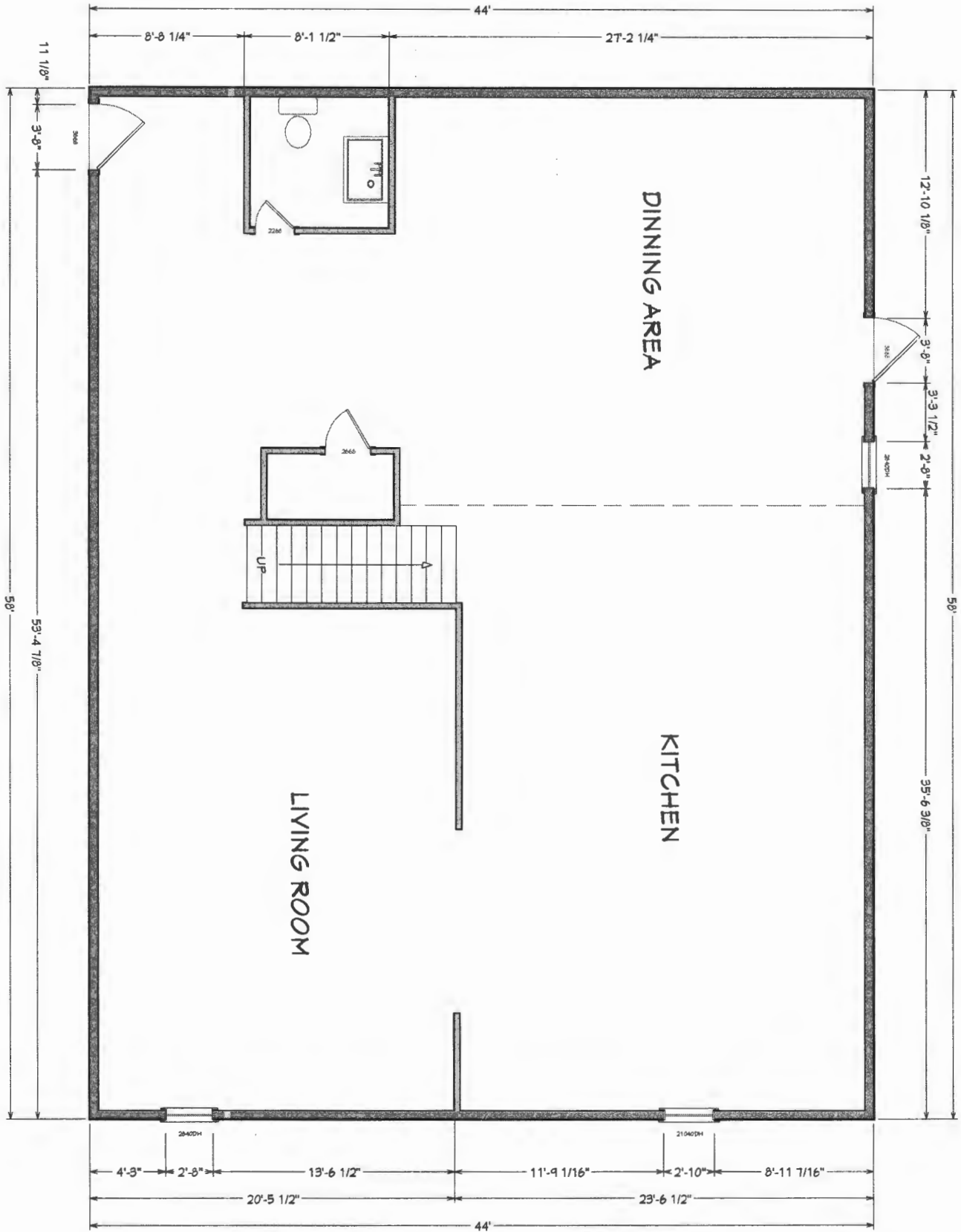
ALSO HERE IS THE FLOOR PLAN

BASEMENT (HOW IT WILL LOOK WHEN FINISHED IF APPROVED)

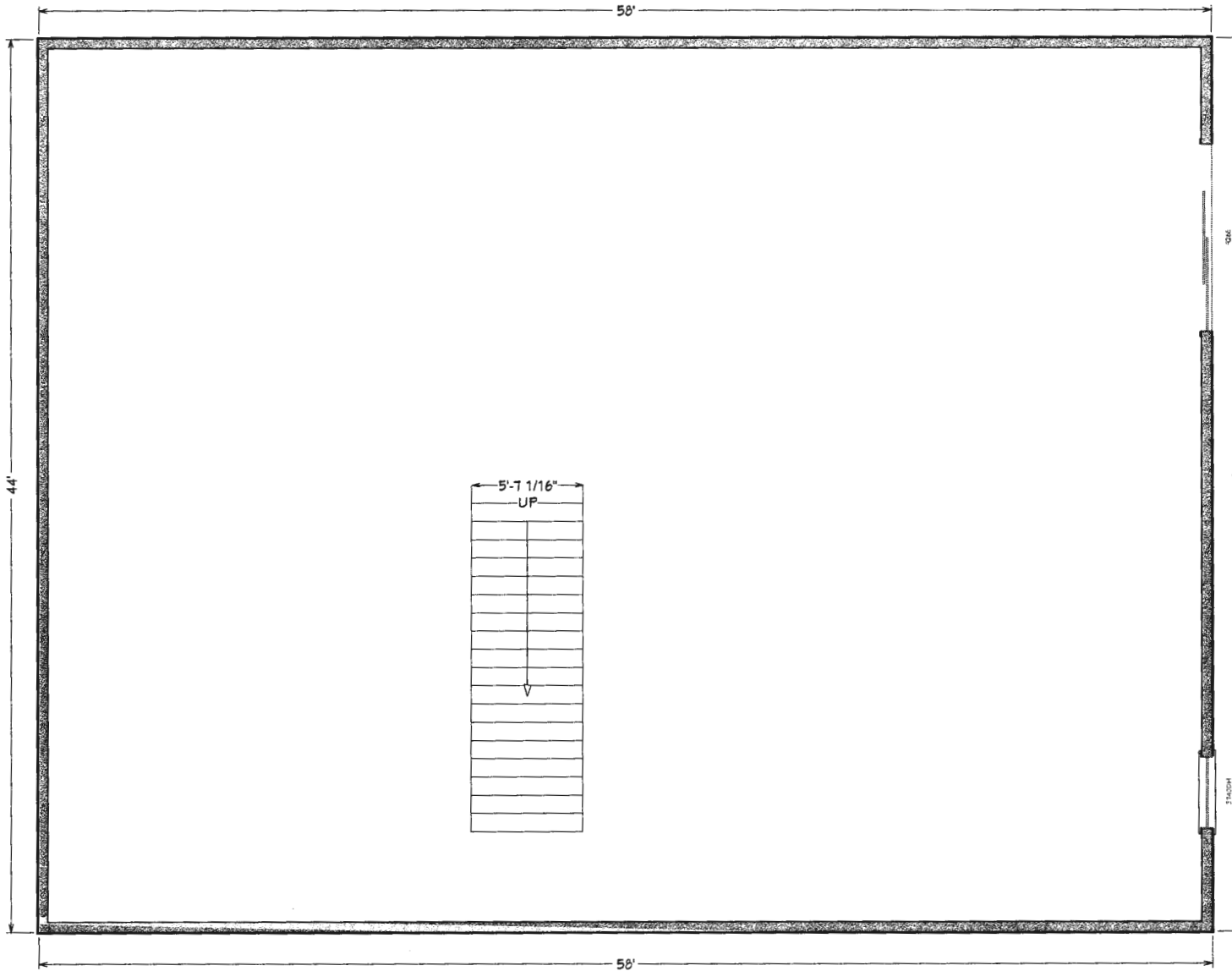
FIRST FLOOR



2nd floor



1st Floor



- HOUSE WAS BUILT IN : 1973
- SPRINKLERS: NO
- INSULATION: UNFACED R-13
- WALLS CONSTRUCTIONS 2X14 16" O.C., T
- REATED SILL PLATE

- CEILING HEIGHT - OVER 7'-4"
- CEILING HEIGHT UNDER BULKHEADS - 6'-7"
- 1/2 DRYWALL ALL WALLS AND CEILING
- BASEMENT SQ FT TOTAL: 500
- SCALE 1/4 IN - 1 FT

ADDRESS: 13734 BRIARIDGE CT, HIGHLAND, MD, 20777

NAME: ALEXANDER L GARMEW