

PERMIT NUMBER: B 21000657

DATE ACCEPTED: 2/24/2021



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED
Street Address: 7305 Mink Hollow Road
City: Highland
State: MD
Zip Code: 20777

DESCRIPTION OF WORK REQUIRED
Existing Use:
Proposed Use: 150 sf dining room addition
Estimated Cost: \$25,000

PROPERTY OWNER INFORMATION REQUIRED
Owner(s) Name(s): David and Jennifer Baker
Owner's Street Address: 7305 Mink Hollow Road
City: Highland
State: MD
Zip Code: 20777

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION
Business Name: Home Owner
Contact Name: David Baker
Street Address: 7305 Mink Hollow RoadH
City: Highland
State: Md
Zip Code: 20777

CONTRACTOR INFORMATION REQUIRED
Business Name: Home Owner
Licensee's Name:
License #:
Street Address:
City:
State:
Zip Code:
Email: Dfbaker49@gmail.comHome

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE
Business Name: N/A
Name:
Street Address:
City:
State:
Zip Code:
Email:

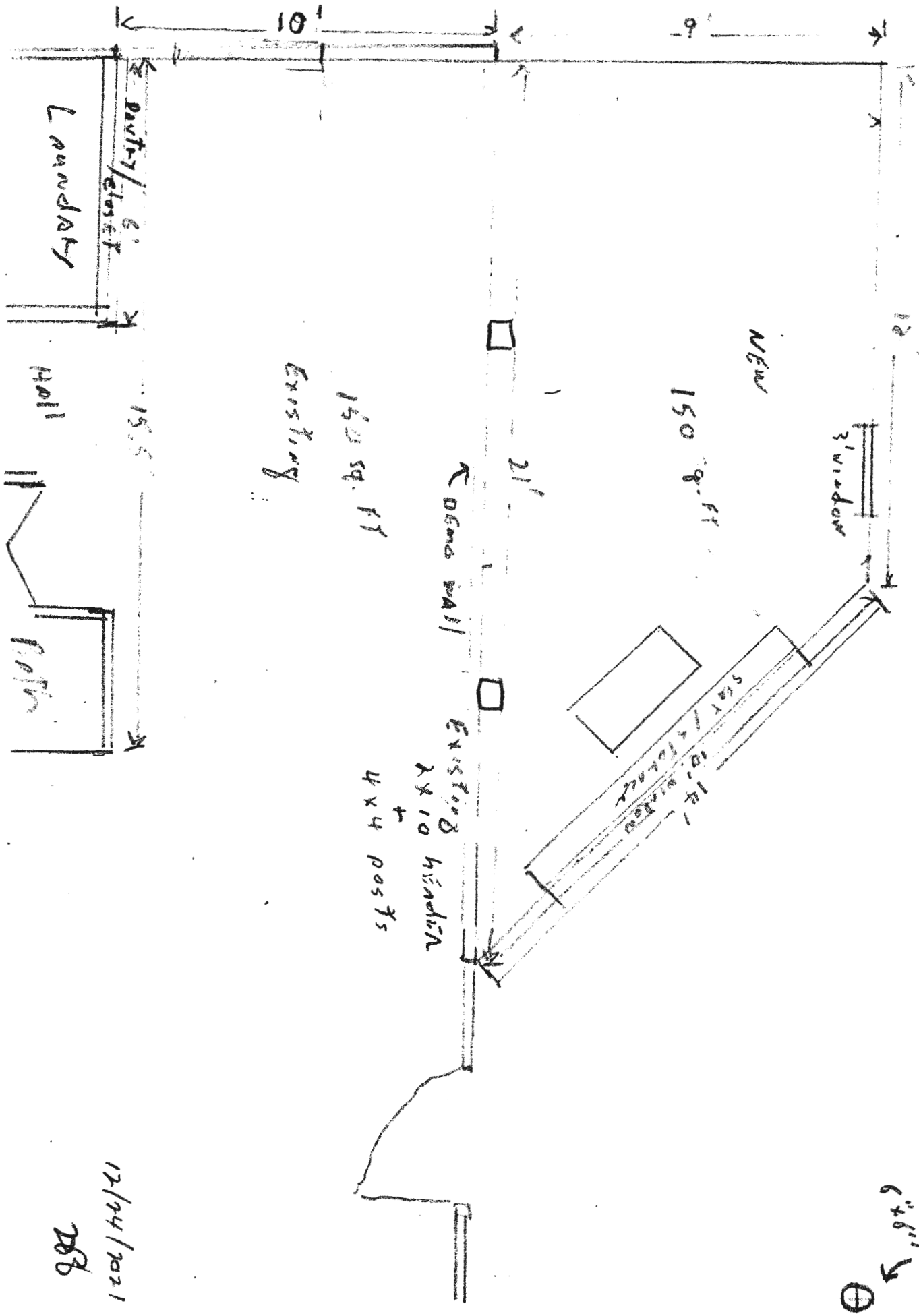
BUILDING CHARACTERISTICS REQUIRED
Primary Structure: SF Dwelling, SF Townhouse, SF Duplex, Mobile Home, Multi-Family Dwelling (MF*)
Utilities: Electric, Gas, Water Supply: Public, Private (Well), Sewage Disposal: Public, Private (Septic)

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)
Model Name & Options:
of Bedrooms (SF): 2
of efficiency units (MF*):
of 1 BR (MF*):
of 2 BR (MF*):
of 3 BR (MF*):

AGREEMENT / DISCALIMER REQUIRED
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 ORIGINAL SIGNATURE
DATE SIGNED: 2/23/2021

FOR OFFICE USE ONLY
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY
AGENCIES REQUIRED/APPROVALS:
PR, DPZ, DED, Health, SHA, CID
SUBMITTAL FEES:
PAYMENT:
ACCEPTED BY:

Addition OVERVIEW

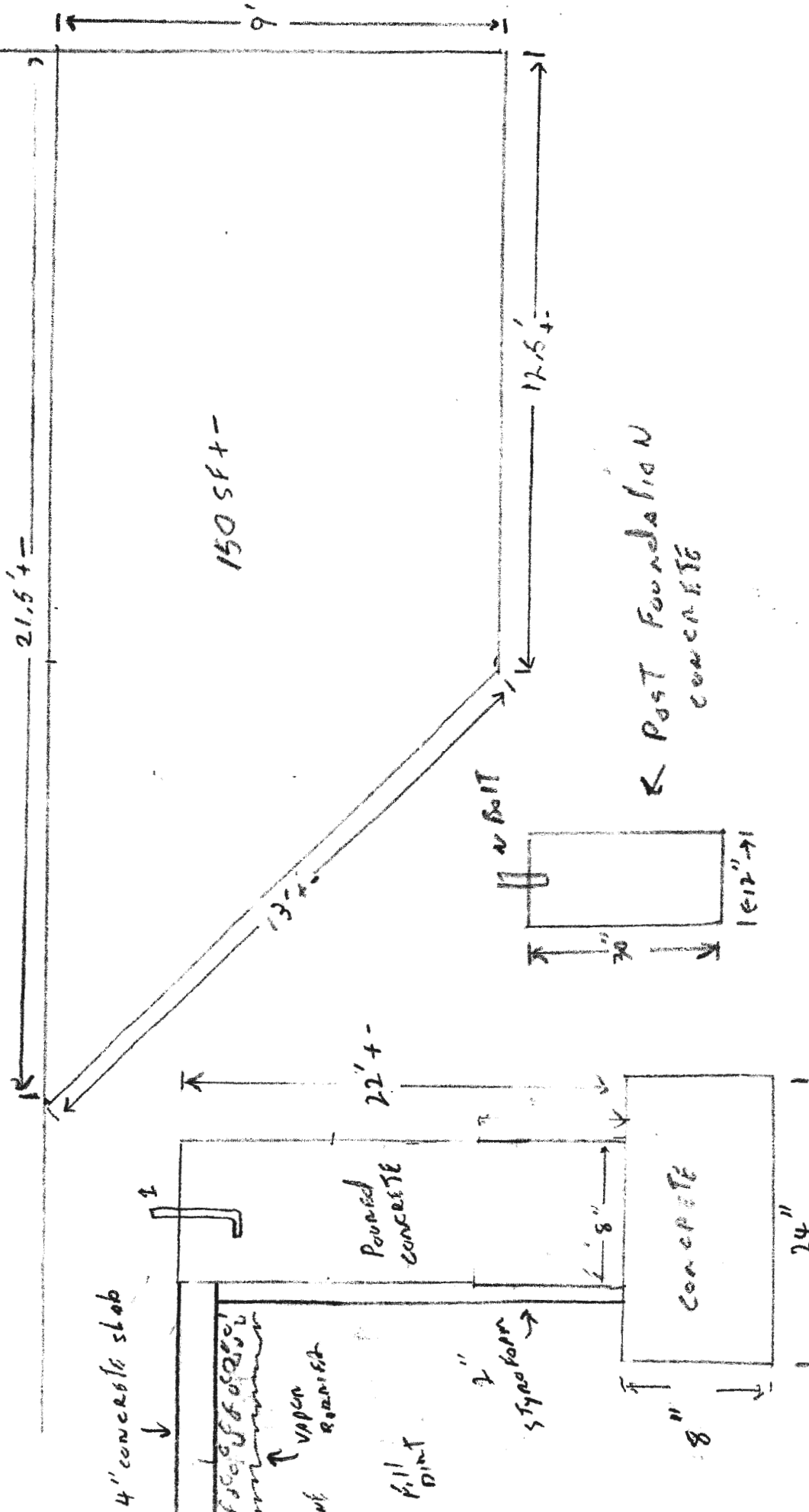


12/24/2021

DBB

Foundation Drawing For Addition

Existing House



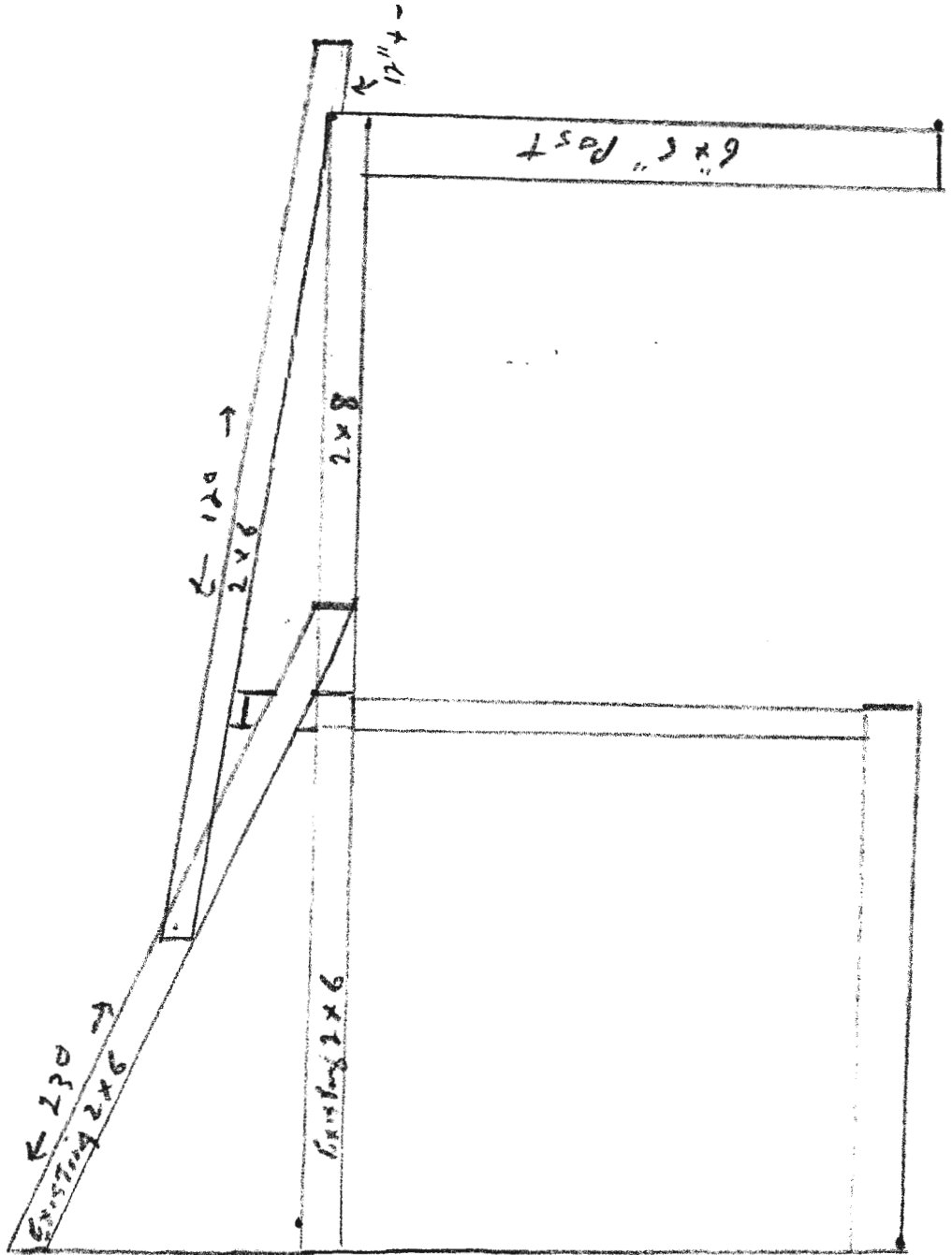
150 SF +/-

Post Foundation
concrete

- 1 Galvanized Foundation Bolt Every X' To Secure 2 by 8 wood plate
- 2 Existing Foundation Block to grade +/-

1/27/2021
285

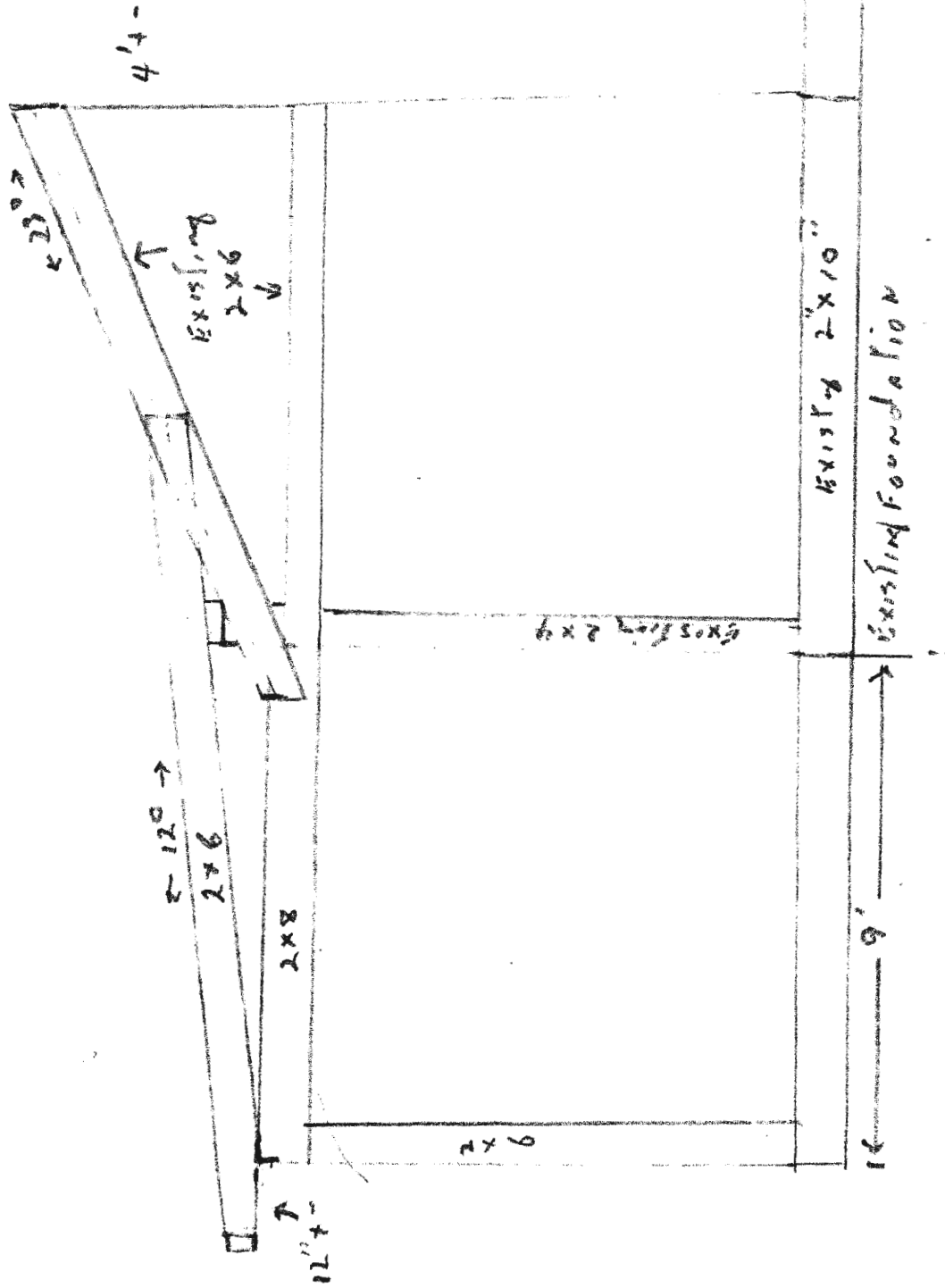
Roof-Left side DETAIL



5/8 OBS sheathing
OVER RAFTERS
THEN
Roofing FELT ASPHALT
THEN GSHINGLES
To match
existing.

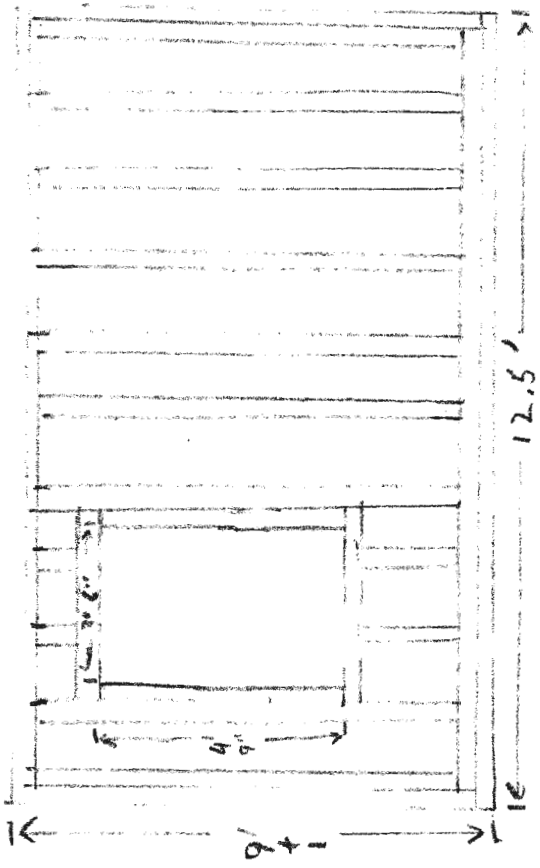
12/24/2021
-84

Roof Side Detail

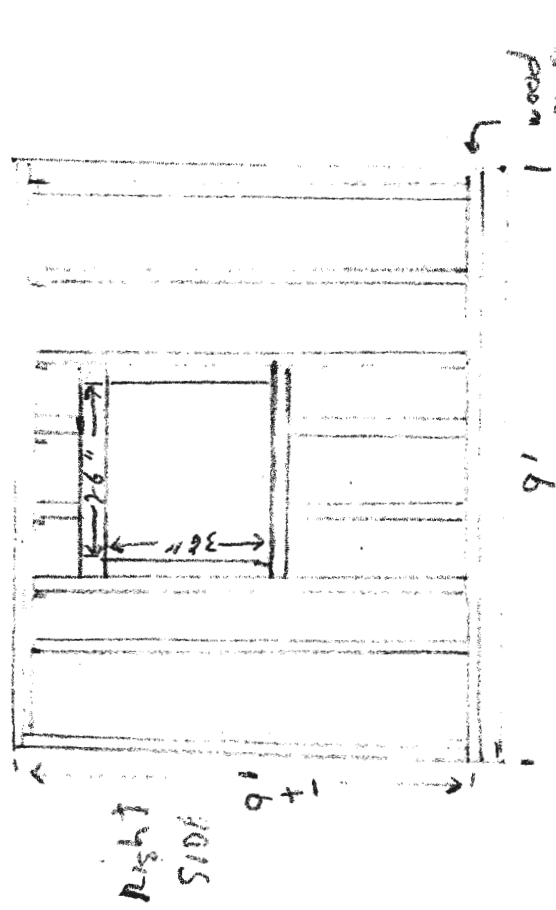


12/24/2021
JGA
JBB

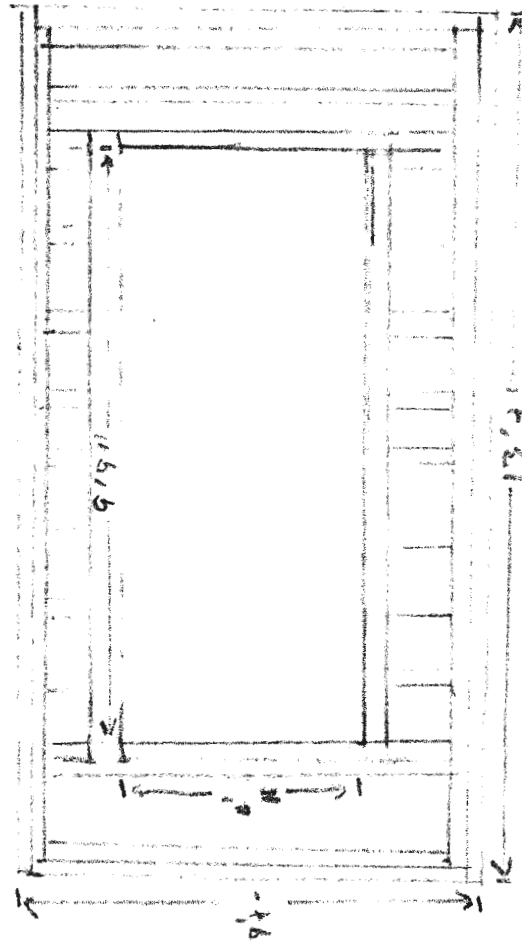
WALL Framing Detail



Anderson TW 3446 Double Hung.



Anderson Double Hung 2x8" Bot.



Anderson 30-5646-20 Bay Window

ALL HEADERS
2x6
FOR WINDOWS

2x6 Framing

1/2" OBS Sheathing

T&G CEDAR

Siding

VAPOR BARRIER

WRAP

400 SERIES

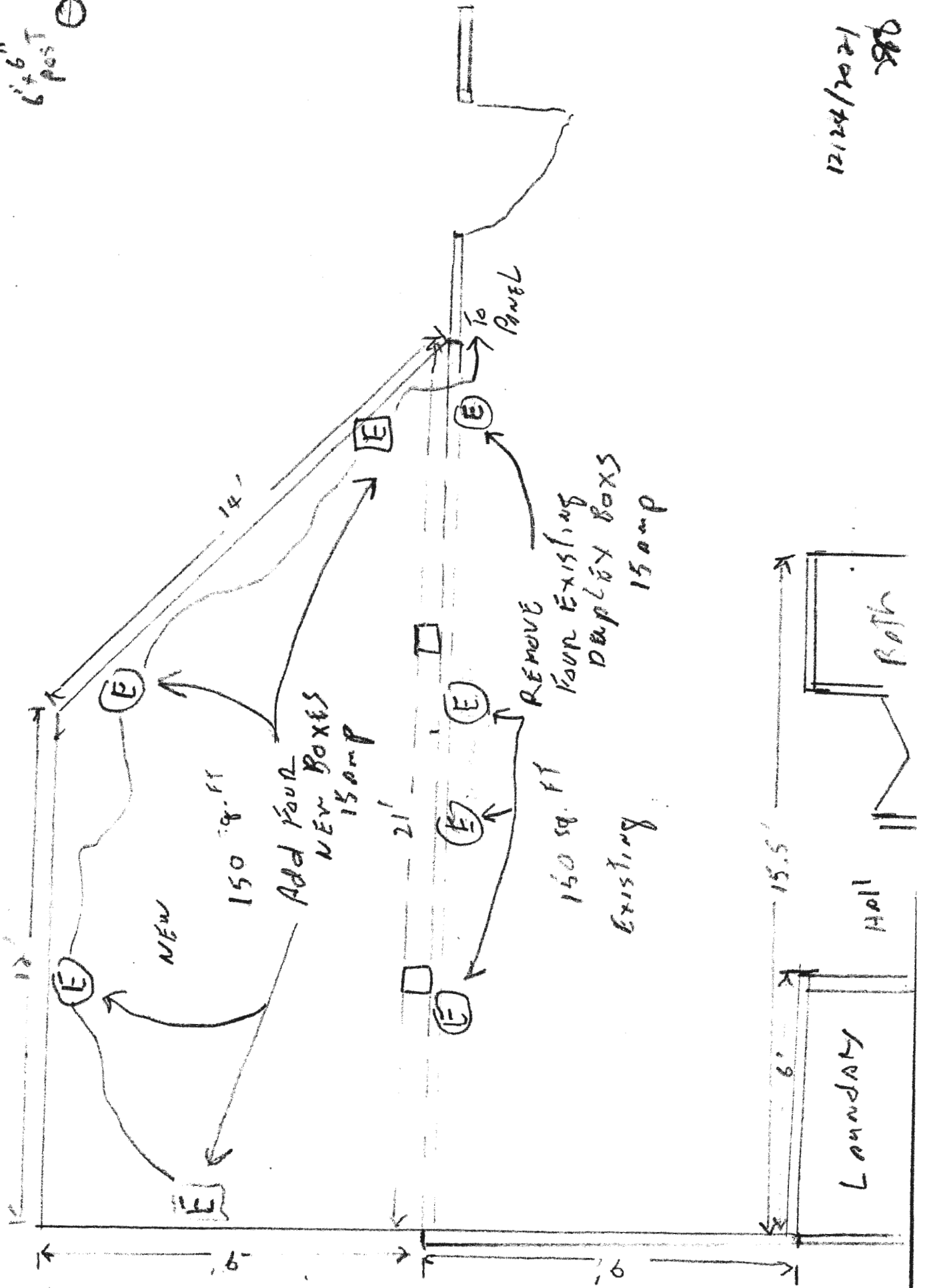
Anderson Windows

12/1/2011

ELECTRIC DETAIL

NEW
6" x 6"
POST

JK
12/24/2021





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

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

May 18, 2021

Jennifer and David Baker
7305 Mink Hollow Road
Highland, MD 20777

RE: Waiver Approval
7305 Mink Hollow Road
Highland, MD 20777

Mrs. and Mr. Baker,

This letter is being issued in response to your waiver request dated March 18, 2021. Your request for a waiver of the Howard County Code requirement for a percolation certification plan for the addition to the existing home with an on-site sewage disposal system designed for four (4) bedrooms (repair permit number P45199) has been **approved**. The proposed one hundred fifty (150) square foot dining room addition is within the one-hundred-foot setback to the existing well and has little to no impact on the area available for future on-site sewage disposal repairs.

Any deviations from the proposed work illustrated on the site plan submitted with the waiver request will be subject to further review by this department. Future proposed improvements to the property requiring a building permit will require perc testing and a percolation certification plan.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis
Assistant Director
Bureau of Environmental Health

*Approved B21000657
7/1/21 5/18/2021*

March 18, 2021

Mr. Mike Davis
Deputy Director
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045

Re: Building Permit B21000657

Dear Mr. Davis:

We are requesting a waiver to the Percolation Certification Plan for building permit B21000657. The address in question is 7305 Mink Hollow Road, Highland, MD 20777.

Our current septic system was installed in 1990 sized for a four bedroom house to be built. However, the house was never built and we still have our two bedroom house built in the 1950's. We will not be adding any bedrooms as part of this addition.

While it is within the 100 foot well arch, the addition is only 150 sqft and on the opposite side of the house. The well and septic systems are currently in good working order. We pump the septic tank at least every three years.

Thank you for consideration in this matter.

Sincerely,

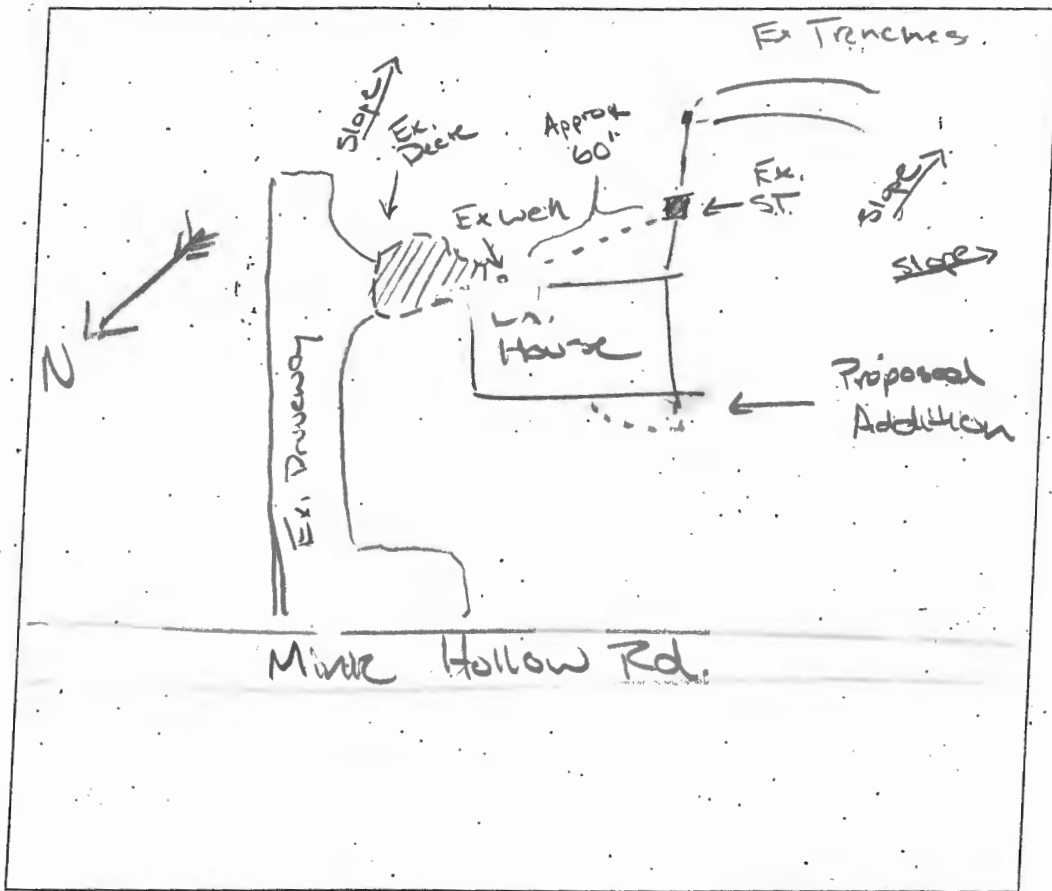
Jennifer and David Baker

Handwritten signatures of Jennifer and David Baker. The first signature is in cursive and appears to be 'Jennifer Baker'. The second signature is also in cursive and appears to be 'David Baker'.

SITE INSPECTION SHEET

OWNER: David Baker PHONE #: B21000657
ADDRESS: 7305 Mink Hollow CONTRACTOR: _____
Highland, MD 20777 WELL TAG #: None
SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
PROPOSAL: Proposing a 150 sqft expansion of the
existing dining room.

LOCATION DIAGRAM



COMMENTS: Septic is in acceptable condition. Septic tank
work water level: good. Well is acceptable with
1 piece secure cap. Well is just under the edge
of the crawl space, not the house. Well has
been GPS located. Well is less than 100' from proposed addition
and existing
septic system.

DATE: 3/26/2021

INSPECTOR: RSP



Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	800147277	07/2004
Description of Work		
SINGLE FAMILY HOME SAME WITH 1 STORY 40' x 20' ADDITION FOR 2 BR'S ON CRAWL SPACE		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
7305	MINK HOLLOW	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.99418	39.17284
City	State	Zip Code	Primary
HIGHLAND	MD	20777	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
000000061582	142					

Legal Description

--

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		605101					

Plan Area	State Tax Id	Subdivision Name

Section	Area	Tax Map
		40

Grid	Zoning District	ADC Map
7	RRDEO	13G13

SDP No.	Final Plan No.	WP File No.	Primary
			--Select--

Record Plat No.	WS Contract No.	FDP No.

Owner Occupied	Year Built	Historic District
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No

Historic District Registry No.	Stat Area	Flood Plain
		<input type="radio"/> Yes <input type="radio"/> No

Building No

Owner (This section is not required.)

Search Reset Clear

Name *	BAKER DAVID & JENNIFER	
Address Line 1	7305 MINK HOLLOW RD	
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
HIGHLAND	MD	20777
Phone	Primary	
	Yes	
E-mail		
Cell Number	Fax Number	
Home: 3018540387		

Professionals (This section is not required.)

- Building Permit For Addition Above Crawl Space.

- See Last Pages of Property Record. (Pages are #)

~~1st was Deck then was Addition Both approved by Health.~~

Search Reset Clear

License # *	Business Name		
License Type *	First Name	Middle Name	Last Name
--Select--			
Primary	Address Line 1		
Yes			
	Address Line 2		
	City	State	ZIP Code
	Phone 1	Phone 2	Fax
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant			
Relationship	Full Name		
--Select--	DAVID F BAKER		
Primary	Organization Name		
Yes			
	Street Address		
	Address Line 2		
	City	State	Zip Code
	Phone	Cell	Fax
	E-mail *		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact			
Relationship	Full Name		
--Select--			
Primary	Organization Name		
No			
	Street Address		
	Address Line 2		
	City	State	Zip Code
	Phone	Cell	Fax
	E-mail		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
30000			No
Construction Type			
--Select--			

APPROVALS HIST

Zoning	Proposed Minimum Front Setback
RRDEO	75'
(Text)	(Text)
Proposed Minimum Rear Setback	Proposed Minimum Side Setback
60'	30'
(Text)	(Text)
Proposed Minimum Side St Setback	Meets Minimum Required Setbacks
N/A	Y
(Text)	(Text)
Length of Building Facing Public Street	Width of Building Facing Public Street
<input type="radio"/> Yes <input checked="" type="radio"/> No FT	<input type="radio"/> Yes <input checked="" type="radio"/> No FT
Flood Plain	Storm Water MGMT Area
<input type="radio"/> Yes <input checked="" type="radio"/> No	NO
	(Text)
Easements	Public WS Connected

Yes No

N

(Text)

Public WS Required

N

(Text)

Public WS Applied

N

(Text)

Pipes

N

(Text)

Redlines

N

(Text)

BLDG HIST

Printing Location

A

(Text)

Use Initials

DLL

(Text)

Permit Closed Date

06/04/2005

(Text)

Estimated Construction Cost

30000

(Number)

Sprinkler

Yes No

State Certified

Yes No

Industrial Building

Yes No

Mobile Home

Yes No

Sewage

S

(Text)

Water Supply

W

(Text)

Heating

O

(Text)

Total Square Footage

200

(Number)

Occupiable Square Footage

200

(Number)

First Floor Length

20

(Number)

First Floor Width

10

(Number)

Central Air

Yes No

Electric

Yes No

Fireplace

Yes No

Plumbing

Yes No

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *

Yes No

Capital Project Number

Fee Exempt *

Yes No

Roadside Tree Project Permit

Yes No

Roadside Tree Project Permit #

No of Stories *

0

Foundation *

--Select--

Basement *

N/A

No of Rooms *

0

Full Baths *

0

Half Baths *

0

Existing Use

--Select--

Model *

check spelling

Other Structure *

None

Bedrooms *

0

Porch Deck *

N/A

No of Fireplaces *

0

Type of Fireplace

--Select--

Energy Code *

--Select--

W & S Fees Paid

Yes No

Water *

Public

Sewage *

Public

Utilities *

Electric

Heating System *

Electric

Sprinkler System *

None

1st Floor Width

0 FT

1st Floor Depth

0 FT

2nd Floor Width

0 FT

2nd Floor Depth

0 FT

Basement Width

0 FT

Basement Depth

0 FT

Height

0 FT

Total Square Footage *

0 SQFT

Occupiable Square Footage *

0 SQFT

Affordable Housing Funding

N/A

Foundation Measurement

Footings

Walls

Roof

Change In Use

Yes No

Grading Permit No

Additional Description Info

Expiration Date

check spelling

PAYMENT INFORMATION

Check 1

Payee 1

Check 2

Payee 2

SAP Doc No

SAP Entered


Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B00147277	Residential Addition Single Family Dwelling Permit	Completed	7305	MINK HOLLOW	04/07/2004	SINGLE FAMILY HOME SAME WITH 1 STORY 10 X 20 ADDITIC
E00052334	Residential Electrical Addition Alteration Permit	Completed	7305	MINK HOLLOW	01/06/2005	Project number: B00147277 SINGLE FAMILY DWELLING WIRE ,

Home Department

DPZ, Health and SHA Bu Review
HOWARD COUNTY, MD



My Navigation

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- Workflow History
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- Contacts
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- CAP Conditions
- Assess/Invoice Fees
- Payment Summary
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- Assign Tasks
- Address Info
- Parcel Info
- Sets
- Inspections
- Email Notification

Reports

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- IE Rental Housing
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- Reconciliation
- Rental License
- Statistics

Quicklinks

Menu Refine Search GIS Help Data Filter: Filter TMP's My Filters --Select-- Module Building

Showing 6-8 of 8

Permit #	Status	Record Type Alias	Street #	Street Name	Type	Unit Type	Unit #	City	Description
<input type="checkbox"/> B00158429	Completed	Residential Interior Alteration Single Family Dwelling Permit	7305	MINK HOLLOW	RD			HIGHLAND	SINGLE FAMILY DWELLING SAME W/BUIL...
<input type="checkbox"/> E00052334	Completed	Residential Electrical Addition Alteration Permit	7305	MINK HOLLOW	RD			HIGHLAND	Project number: B00147277 SINGLE F...
<input type="checkbox"/> B00147277	Completed	Residential Addition Single Family Dwelling Permit	7305	MINK HOLLOW	RD			HIGHLAND	SINGLE FAMILY HOME SAME WITH 1 RTD

Page 2 of 2

B00147277

Cancel Help

Go To Workflow History (18)

Task	Due Date	Assigned Date
Health Dept Assigned to Department	Assigned to	Status
HOWARD/III		Approved
Action by Department	Action By	Status Date
HOWARD/III		04/07/2004
Start Time	End Time	Hours Spent
		0.0
Billable	Overtime	Comments
No	No	
Time Tracking Start Date	Est. Completion Date	In Possession Time (hrs)
Display E-mail Address in ACA	Display Comment in ACA	Comment Display in ACA
No		<input type="checkbox"/> All ACA Users <input type="checkbox"/> Record Creator <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Contact <input type="checkbox"/> Owner
Estimated Hours	Action	Workflow Calendar
0.0		

My Tasks

My Task Searching

Menu Assign Help My Filters --Select--

Workflow Tasks (0) Document Review Tasks (0)

Tax ID 05-351757 11-29-89 Need House Connection JEN
File

11/29/89 AM
11/30/89
12:30 AM
12:31/90

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P. 45199

A. REPAIR

DISTRICT 5th

DATE 11/09/89

DATE SYSTEM APPROVED 1/3/90

INSPECTOR C.B.P.

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

W. Allen Brown Jack Fyock IS PERMITTED TO INSTALL ALTER X

ADDRESS 7305 Mink Hollow Road, Highland, Maryland PHONE 854-0913

SUBDIVISION ROAD 7305 Mink Hollow Road LOT

PROPERTY OWNER W. Allen Brown A. Michael Cottone David Baker

ADDRESS NEW ADDRESS 5010 EDDINGS DR. **BUILDING PERMIT SIGNED**

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. 4-7-01/00147277-2 BDRMS

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

AND RETURNED
229
TEBB
125.7 ft trench

REPAIR - PURPOSE - TO REPLACE FAILED SEPTIC SYSTEM WITH SYSTEM SUFFICIENT FOR 4 BEDROOM HOUSE.

CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

11-29-89 220 sqft / bdrms. 880 total sqft trench. 10 ft deep with inlet at 3.0 ft. JEN

PLANS APPROVED BY C. Williams DATE 11/14/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

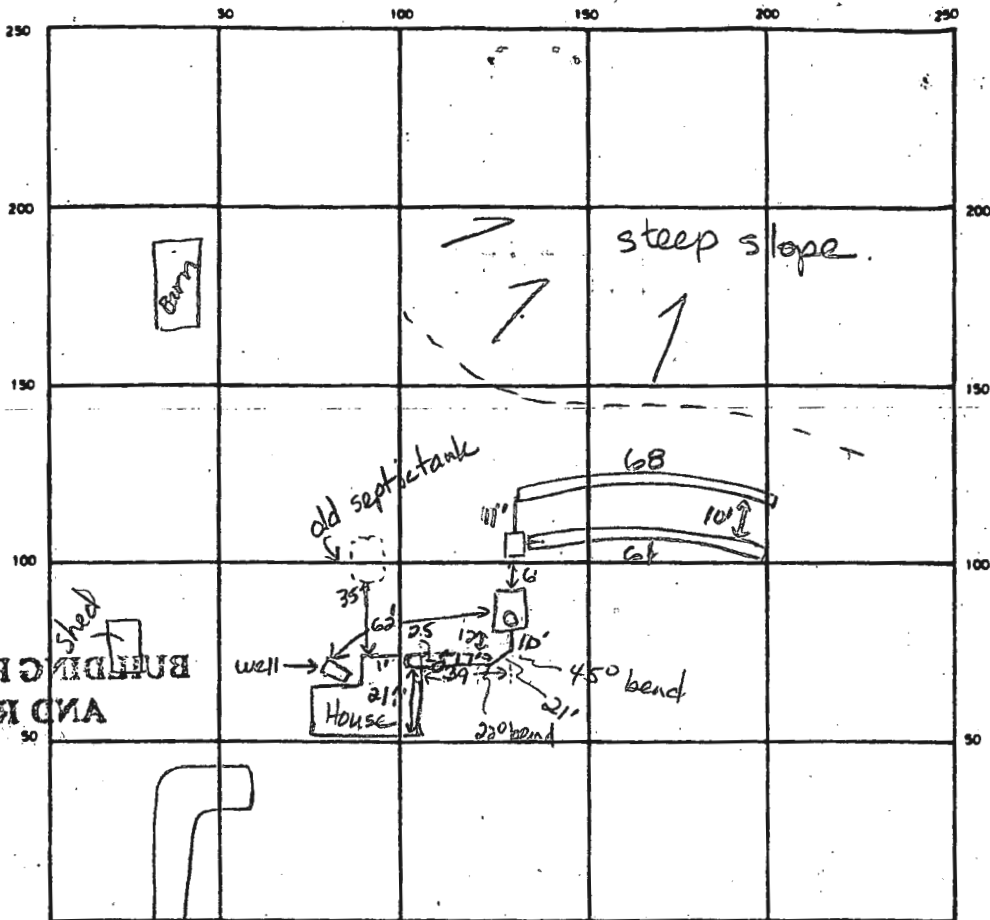
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BIDG. PERMIT SIGNED
AND RETURNED 6/1/90
Serial # 32963
Addition

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 451 09
60 1989



BUILDING PERMIT SIGNED AND RETURNED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Mink Hollow Road

SEPTIC TANK LEVEL 2000 gal CLEANOUTS 1 on septic tank, 1 at house

DISTRIBUTION BOX LEVEL ok w/ baffle

DRAIN FIELD/TILE FIELD DEPTH 10 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 25 25 FT.

EFFECTIVE GRAVEL DEPTH 7.5 7.5 FT. TOTAL LENGTH 68 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 457 510 SQ FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 967 SQ FT.

REMARKS 11-29-89 OK to cover all work. Needs house connection. Old existing septic tank was pumped and caved in w/ soil. JEN 1-2-90

Must drop sewer pipe from tank to house so slope within the last 10 ft is a max of 1/4 in drop per foot. JEN 1-2-90

House connection ok. Needs to be grouted. Sewer line slope ^{OK 1/3/90} still too steep JEN 1/3/90 LAST 10' OK AS PER ABOVE. FINAL LEFT

STICKER AT S.T.C.O. 1/3/90
DATE SYSTEM APPROVED _____ INSPECTOR Charles E. Ryan

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 4/22/89

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER W. Allen Brown

ADDRESS 7305 Mink Hollow Road PHONE 854-0913

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. _____

ROAD AND DESCRIPTION 7305 Mink Hollow Road

TAX MAP 40 PARCEL # 142

SIZE OF LOT 3.2 AC TYPE BLDG. SF

(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. W. Allen Brown

(SIGNATURE OF APPLICANT)

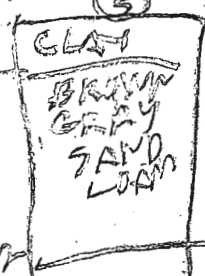
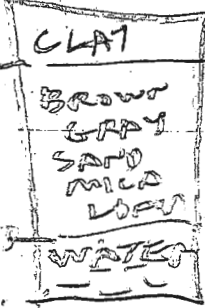
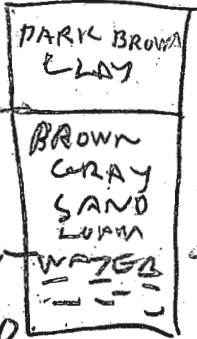
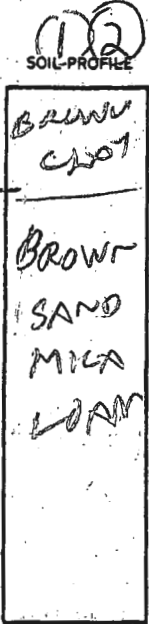
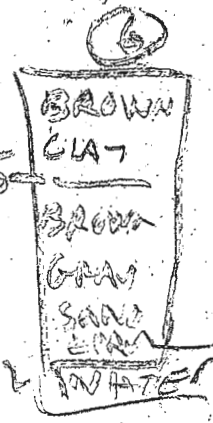
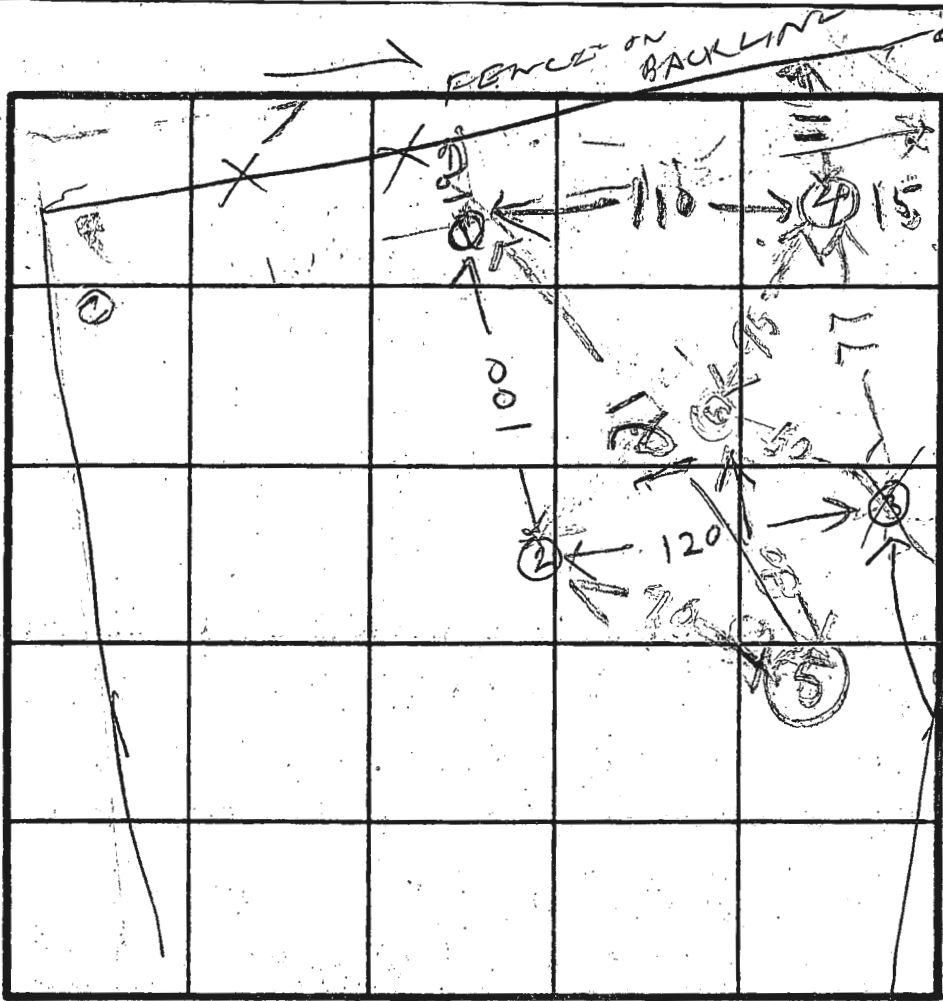
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/21/89	1	4.5	1102	1102	1103	1105	2	
	2	8	1103	1104	1107	1111	4	OK CW
	3	13	OK					
	4	4	1116	1127	1127	1136	9	
	5	7.5	1117	1123	1123	1130	7	OK CW
	6	13.5	OK					
	7	10	WATER GET UNSAT					FAIL CW
	8	9.5	1145	1146	1146	1149	3	
	9	5	1145	1147	1147	1149	2	
	10	11	WATER GET SHALLOW					QUESTIONABLE CW
	11	3.5	1201	1203	1203	1205	2	OK CW
	12	12	OK SHALLOW					OK CW

REMARKS: *Hollow Woods Hotel for Certificate of*
 EXISTING HOUSE IN FRONT TO BE RAZED
 TYPE OF SOIL: *NEW HOUSE BUILT IN BACK*
 TESTED BY: *B. Hodges* ALSO PRESENT: *BROWN OWENS*
 EXISTING SYSTEM IN FRONT IS OVERFLOWING *EDWARD BACKHOE*

HOUSE LOCATION SURVEY

7305 MINK HOLLOW ROAD

CLARKSVILLE (5TH) ELECTION DISTRICT

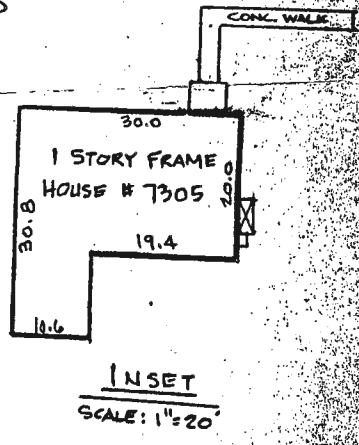
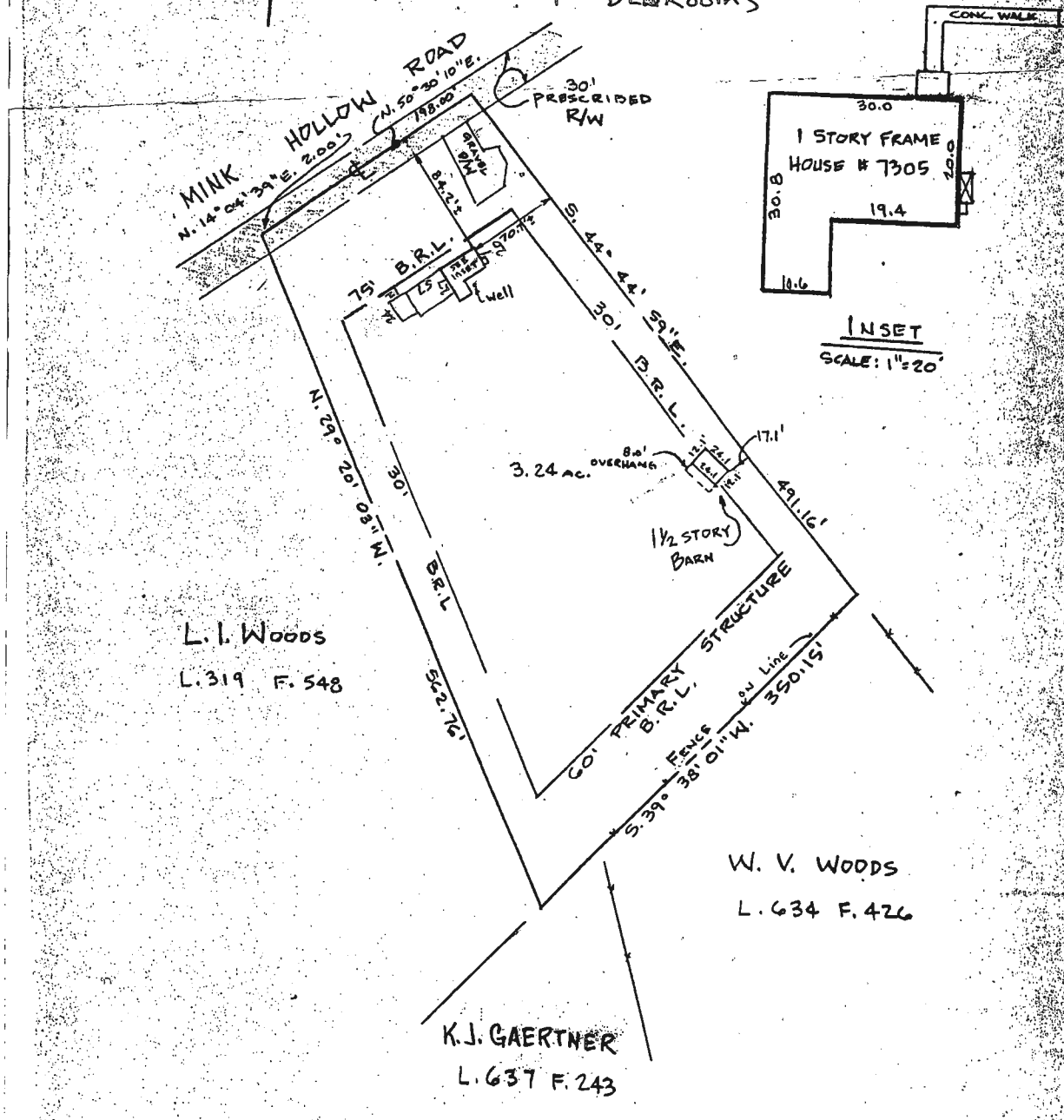
HOWARD COUNTY, MARYLAND

SCALE = 1" = 100'

APRIL, 1986



PROPOSED ADDITION
4 BEDROOMS



L. I. WOODS
L. 319 F. 548

W. V. WOODS
L. 634 F. 426

K. J. GAERTNER
L. 637 F. 243

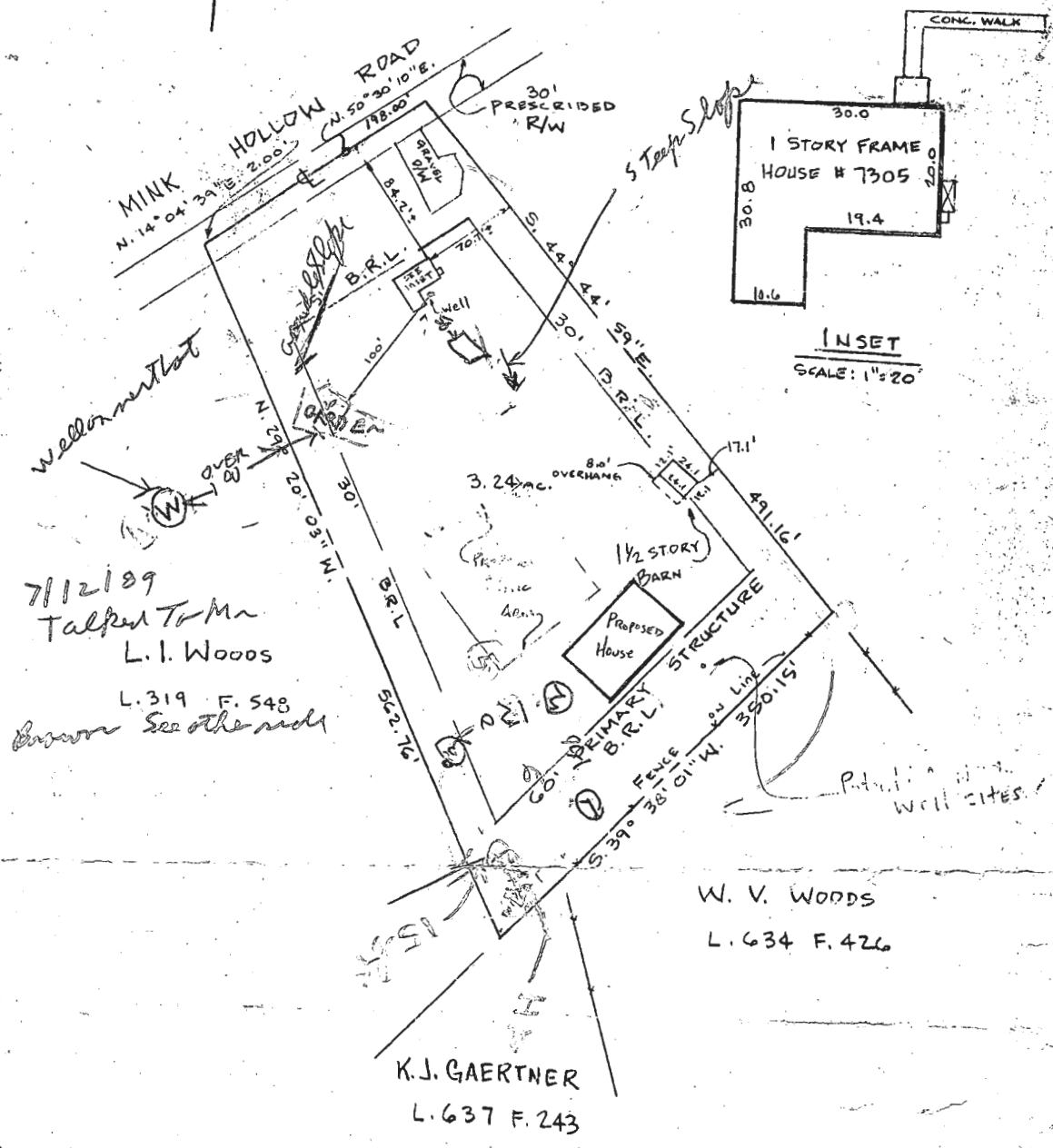
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN THERE ARE NO ENCROACHMENTS.

W. Allen Brown 4/10/86



HOUSE LOCATION SURVEY
 # 7305 MINK HOLLOW ROAD
 CLARKSVILLE (5TH) ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE = 1" = 100'
 APRIL, 1986



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS.

William Allen Brown 4/16/86

WILLIAM ALLEN BROWN, REG. PROPERTY LINE SURVEYOR, MD. # 299



7/12/89

I met with Mr Brown Hedgcock
steel tank which was not draining
properly. I recommended tank replacement
& per Visual hole to decide what type pipe
confined situation. Because of well near
House steep slope in back well on next
dot Spring head in back yard which
drains to Patuxent River. I suggested
per hole near garden & in woods in
back. Must discuss with Gray.

S 44° 39' E 496.00'

7305

3 285 ACRES

N 38° 55' E 2.00'

N 50° 55' E 198.00'

117

N 29° 37' W 575.50'
S 29° 37' E 575.50'

S 60° 00' E 360.00'

S 74° 19' E 574.19'

7325

4 291 ACRES

N 30° 55' E 298.00'

MINK HOLLOW ROAD

N 68° 55' E 350.00'

N 20° 51' W 619.11'
S 20° 51' E 619.11'

400.00' W
S 68° 55' W

3 374 ACRES

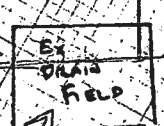
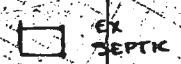
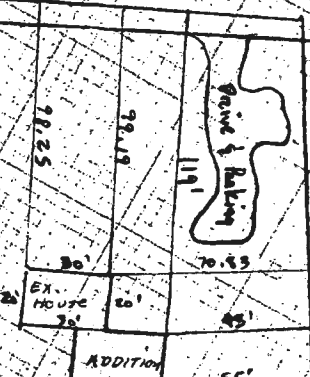
117

N 34° 22' W 557.96'

WANK HOLLOW ROAD
← To County Line 1400' ± 200'



LEONARD WOODS



STEEP SLOPE TO FLAT
LOW AREA
POOR PROBABILITY
OF SUITABLE
PERE SITE

Zoning

UNLIKELY THIS IS PERE AREA

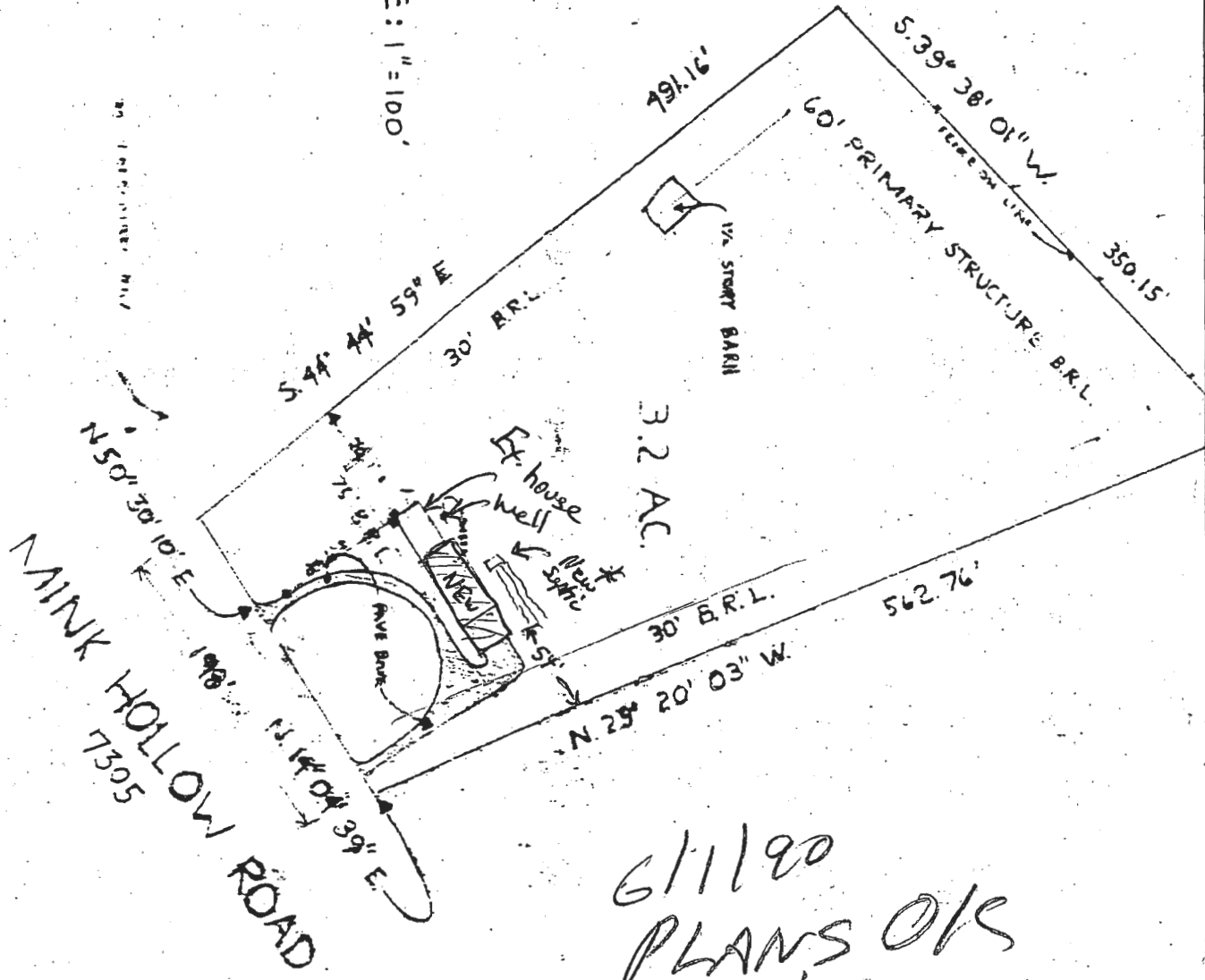
4-2-86
NO ONE HOME
NO VISIBLE SEPTIC SYSTEM NOTED
(NO G.O.'S SEEN)
NO VISIBLE WELL SEEN
RECOMMEND DISAPPROVAL TILL ABOVE IS SATISFIED.

350'

491'

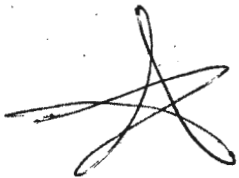
Health Dept

SCALE: 1" = 100'



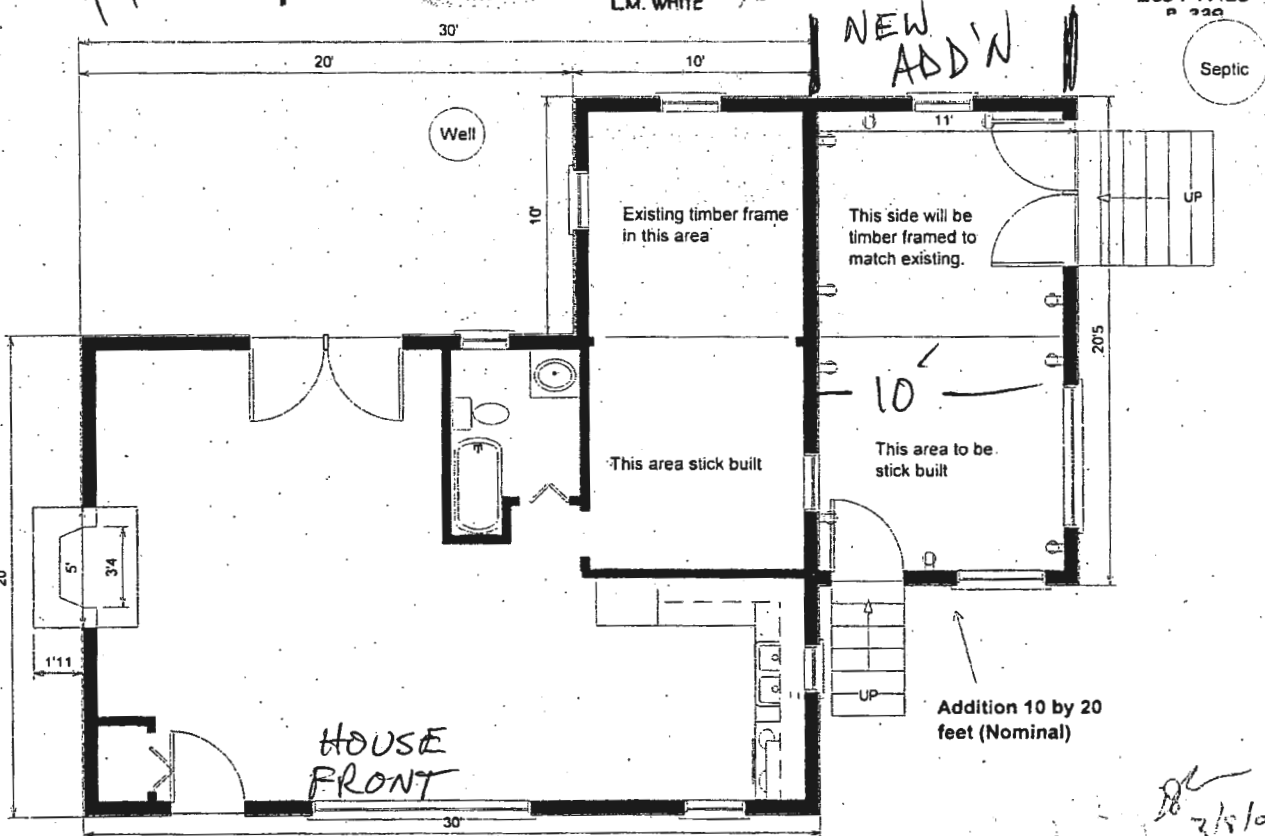
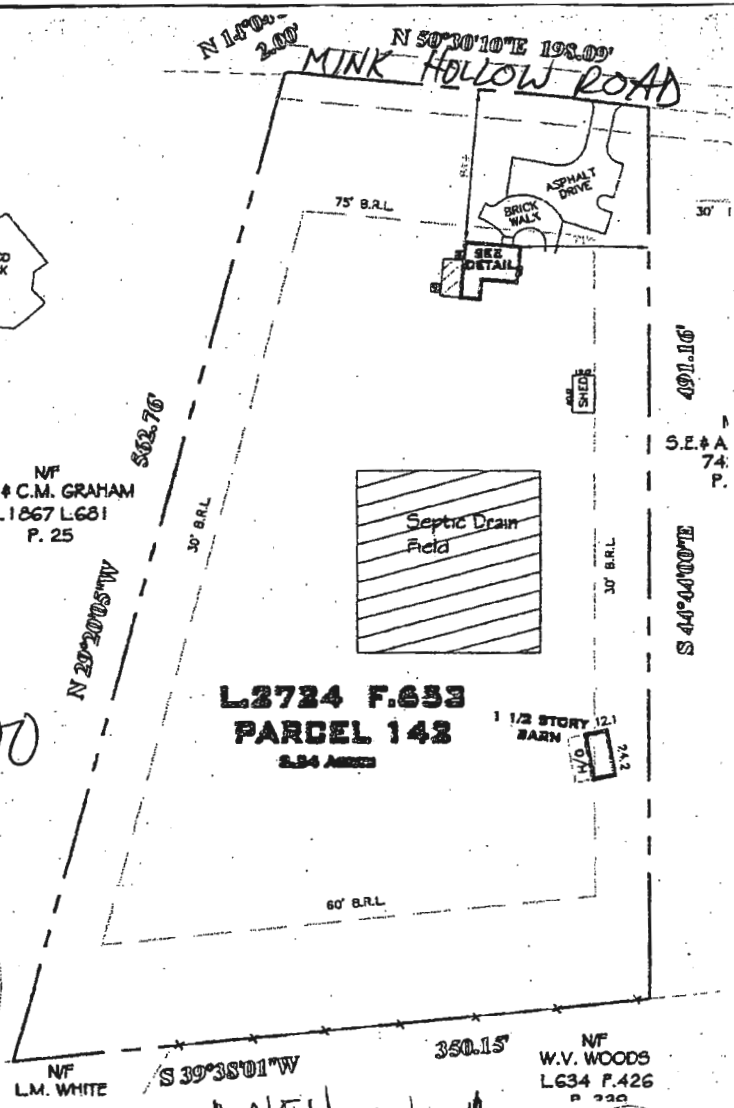
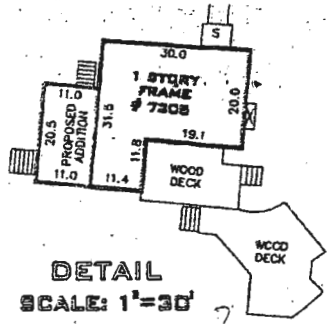
6/1/90
PLANS O.K.
RH

1 BR
ADD WOK
FOR
ADD'N TO
EX. 1 BR
HOUSE
MR 4/7/04



DETAIL
SCALE: 1"=30'
built in 50s
prev. Cottone
Grimes

1"=100'



3/15/04

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00147277

Building Address 7305 Mink Hollow Road
Highland, Md 20777
 Suite/Apt. #: _____ SDP/WF/Petition #: _____
 Census Tract 605101 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 40 Parcel 142 Grid 7
PROFD Zoning _____ Map Coordinates 13613 Lot size 3.24 acres

Property Owner's Name Dem. Baker + David Baker
 Address 7305 Mink Hollow Rd
 City Highland State Md Zip Code 20777
 Home Phone 301-854-0367 Work Phone 202-724-2285
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use Residential
 Proposed Use Residential
 Estimated Construction Cost \$ 30,000
 Description of Work 10' x 10' addition
for two bedrooms
on crawl space

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

Occupant or Tenant David Baker
 Contact Name David Baker
 Address 7305 Mink Hollow Road
 City Highland State Md Zip Code 20777
work 202 724-7285
 Phone 301 854 0367 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: 1 story
 No. of stories: 1
 Gross area, sq. ft. per floor: 700 sq. ft.
 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: 30' by 40'
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 2
 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

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.

David Baker
 Applicant's Signature

David F. Baker
 Print Name

7/7/04
 Title/Company

3/7/04
 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 ID#:

61582

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B00158429

Building Address 7105 West Hollow Road
Hightland, MO 64117
 Suite/Apt. # NA SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel 1-1-2 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name David & Deborah Baker
 Address 7105 West Hollow Road
 City Hightland State MO Zip Code 64117
 Home Phone 316-894-9289 Work Phone 316-894-9289
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Residential
 Proposed Use Residential
 Estimated Construction Cost \$ 5000
 Description of Work Service Road and
Driveway Addition

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

Occupant or Tenant Occupant
 Contact Name David Baker
 Address 7105 West Hollow Road
 City Hightland State MO Zip Code 64117
 Phone 316-894-9289 Fax _____

Engineer or Architect Company NA
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 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 _____

Residing Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement:
 Finished Basement Unfinished Basement
 Crawlspace 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
 NFA #13D
 NFA #13K
 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

David Baker

David Baker

Applicant's Signature

Print Name

Title/Company

Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	3-7-16	<u>Aggie</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
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 _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA