



CB11211

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: 11/7/17

Permit No.: B17003971

Building Address: 11245 Old Frederick Rd
 City: Marriottsville State: MD Zip Code: 21104
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Lian ZALD
 Address: 11245 Old Frederick Rd
 City: Marriottsville State: MD Zip Code: 21104
 Phone: 443-420-0082 Fax: _____
 Email: _____

Existing Use: SEB
 Proposed Use: SBI
 Estimated Construction Cost: \$ 270,000
 Description of Work: Finish basement storage room
 Full Bath - Entrance room
 approx 800 SF

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Lian ZALD
 Address: 11245
 City: Marriottsville State: MD Zip Code: _____
 Phone: 443-627-5410 Fax: _____
 Email: _____

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

Contractor Company: Ouzner
 Contact Person: Michael Coleman
 Address: 2380 BATTLES MILL RD
 City: Westminster State: MD Zip Code: 21158
 License No.: NA
 Phone: 443-623-5418 Fax: _____
 Email: Colemanm93@gmail.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: _____	_____
Area of construction (sq. ft.): _____	2 nd floor: _____	_____
Use group: _____	Basement: _____	_____
	<input type="checkbox"/> Finished Basement	_____
	<input type="checkbox"/> Unfinished Basement	_____
Construction type: _____	<input checked="" type="checkbox"/> Crawl Space	_____
	<input type="checkbox"/> Slab on Grade	_____
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	_____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	_____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	_____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____	_____
	No. of 3 BR units: _____	_____
	Other Structure: _____	_____
	Dimensions: _____	_____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	_____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	_____
	<input type="checkbox"/> Manufactured Home	_____

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Applicant's Signature: Michael Coleman Print Name: Michael Coleman
 Email Address: Colemanm93@gmail.com Date: 11-7-17
 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	4/10/17	Rust [Signature]
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION

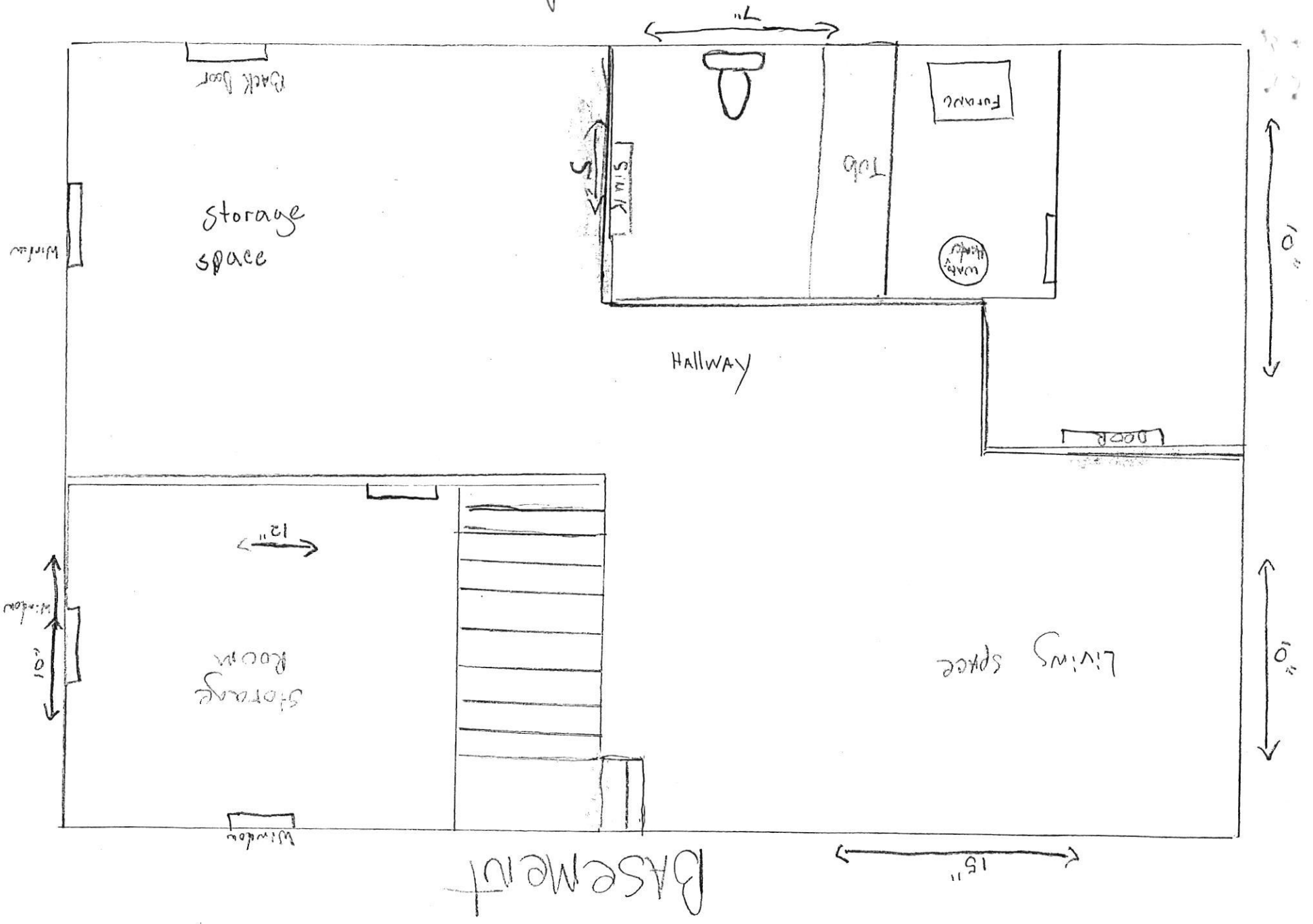
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

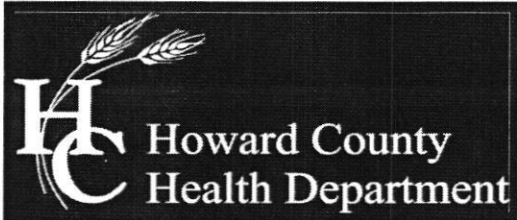
Filing Fee	\$ 75.00
Permit Fee	\$ 100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ NO Investigative
Add'l per Fee	\$
Total Fees	\$ 185
Sub-Total Paid	\$ 185
Balance Due	\$
Check	NO 47-050074369

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

f:\Operations\Updated Forms\Building applmp 09.13.2016.docx * Mail to owner's address once issued *

Approved B17003571
M.P.S
4/12/17





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: Michael Coleman
2880 Arters Mill Rd
Westminster, MD 21157

FROM: Robert Freemon *RF*
Well & Septic Program

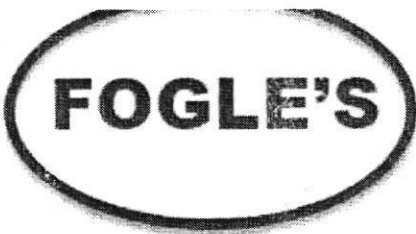
RE: 11245 Old Frederick Rd.
Marriottsville, MD 21104
"Before BP Approval"

DATE: 11/22/2017

I have reviewed building permit B17003971 and prior to approval the following are required.

- ✓ • The existing well on the property must be properly abandoned by a licensed well driller with documentation sent to the Health Dept. The Health Dept. must receive original abandonment documentation.
- ✓ • Connection to public sewer.
- ✓ • The existing septic system on the property must be pumped out and properly abandoned by a certified septic contractor. The Health Dept. must receive documentation of the pumping out and abandonment of the on-site sewage disposal system.

Fogle's Septic Clean, Inc.
 580 Obrecht Road
 Sykesville, MD 21784
 410-795-5670



WORK ORDER

Date	3/17/2018
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JOB LOCATION	
LIAN ZUALI 11245 FREDERICK RD MARRIOTTSVILLE, MD 21004	
Customer Phone	443 900-0082
Customer Alt. Phone	

BILLING INFORMATION
LIAN ZUALI 11245 FREDERICK RD MARRIOTTSVILLE, MD 21004

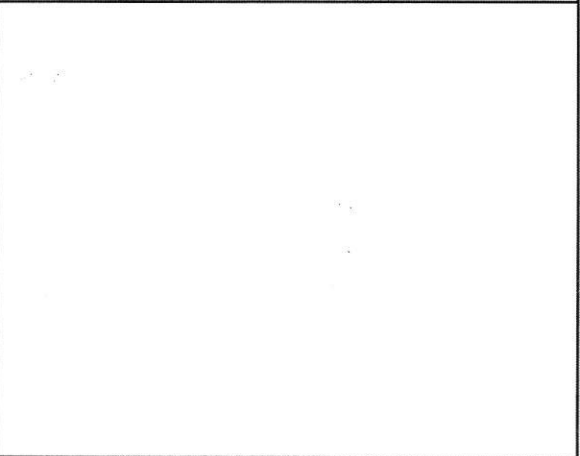
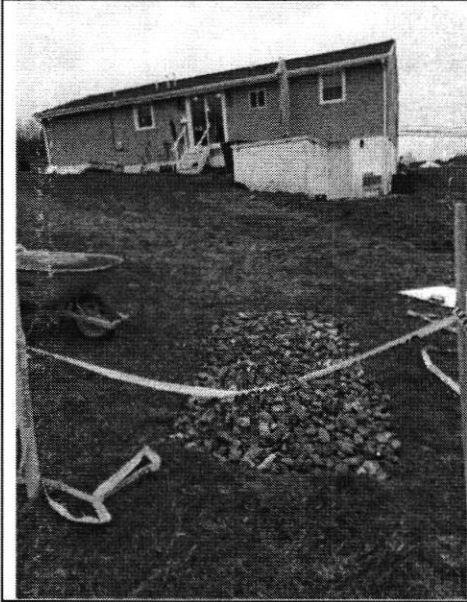
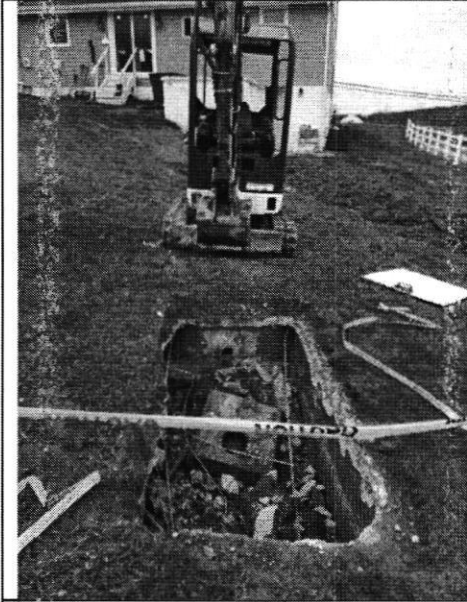
A finance charge of 1.5% will be charged monthly on unpaid balances.
 And any actual and reasonable collection fees may be added if delinquent.
 There is a \$25 fee for a returned check.

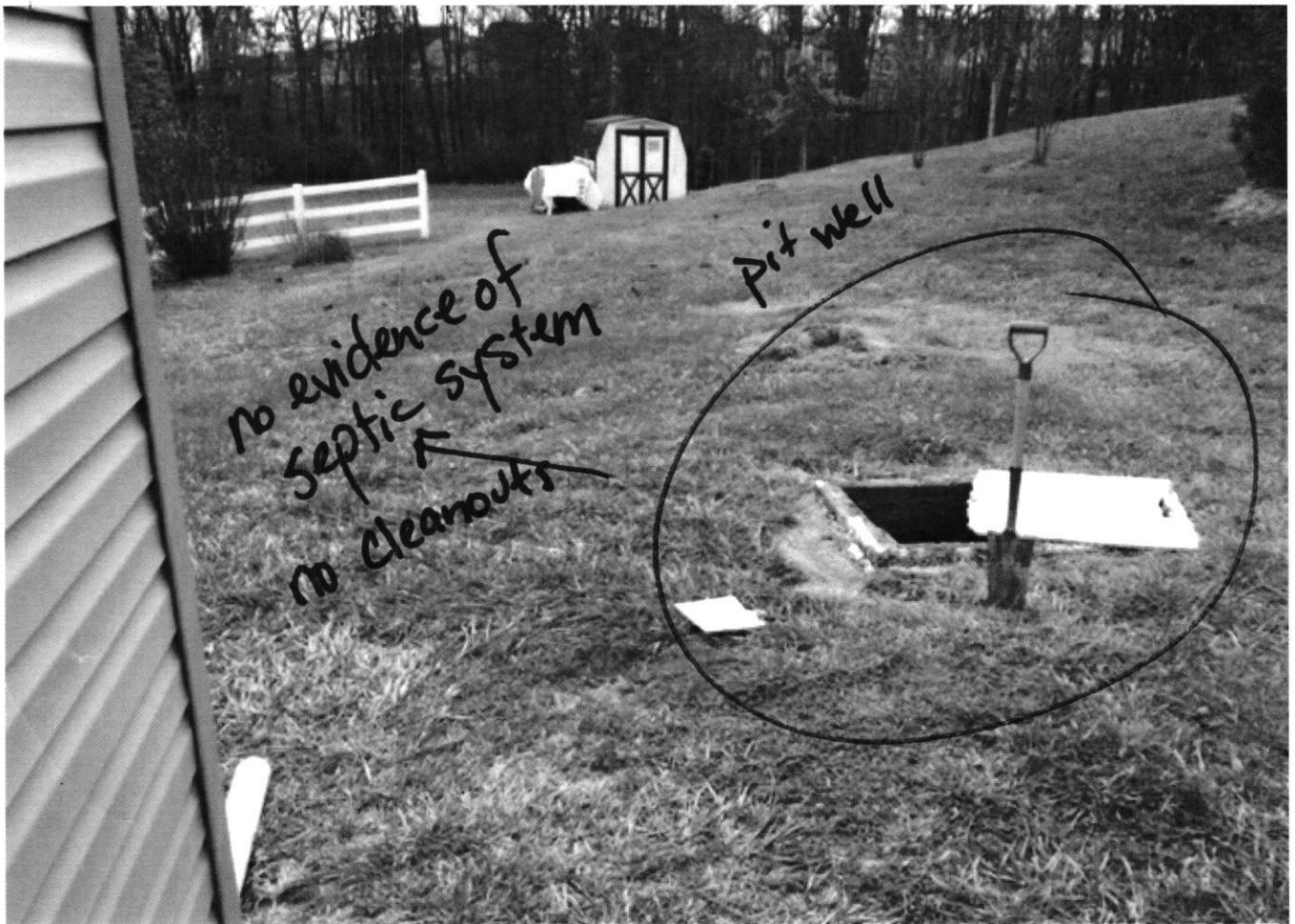
We are not responsible for your cleanout cap if we break it when we remove it. We are not responsible for any damages to your driveway.

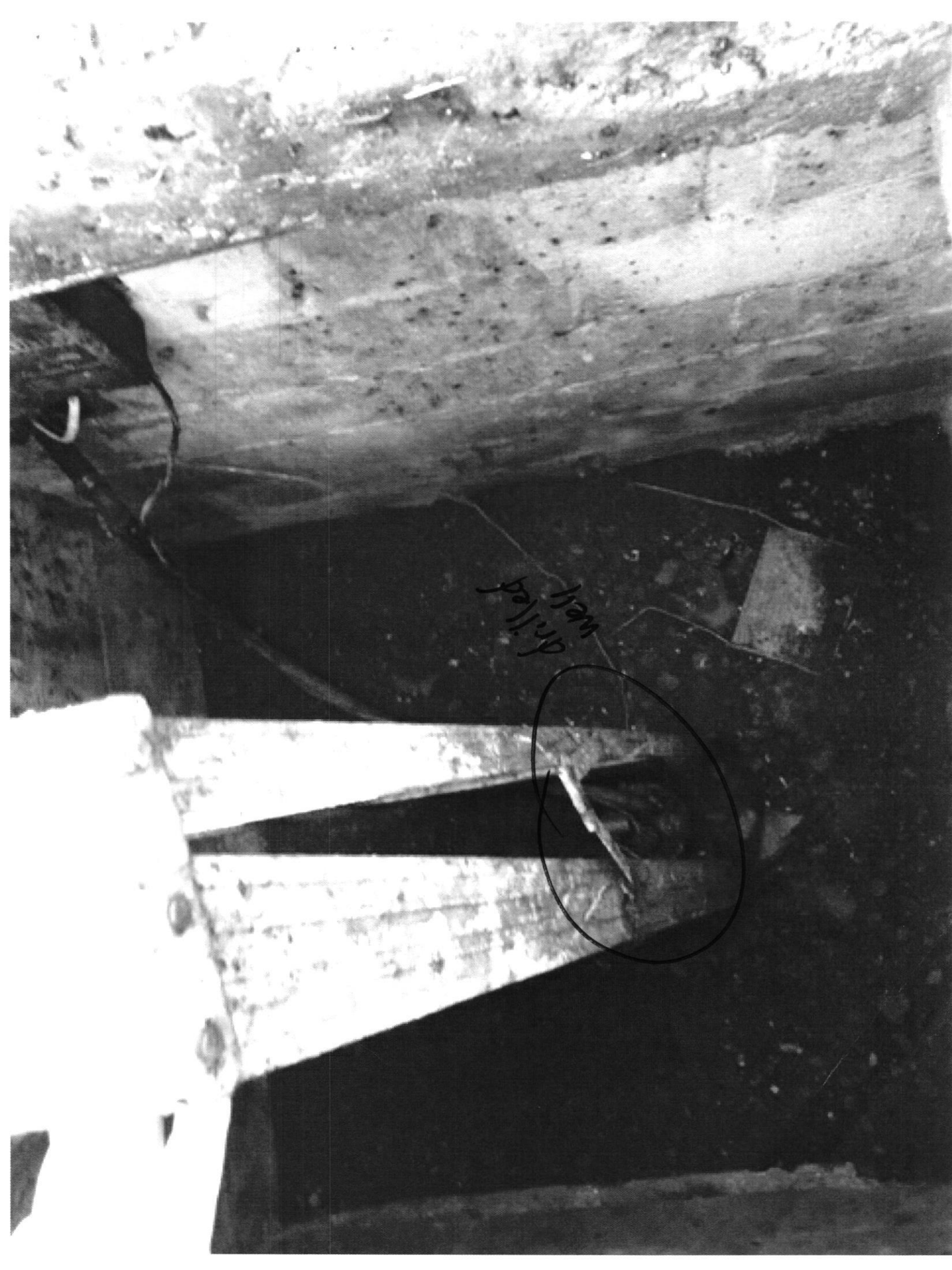
Description	Qty	Cost	Total															
EMPTY SEPTIC TANK FOR ABANDONMENT TANK - BACK OK TO USE DW C.O.D.		215.00	215.00															
<table border="1"> <tr> <th>TANK ACCESS</th> <th>TANK LEVEL</th> <th>TANK CONDITION</th> </tr> <tr> <td>Manhole: Y ___ N ___</td> <td>___ Normal</td> <td>___ Good</td> </tr> <tr> <td>Cleanout: Y ___ N ___</td> <td>___ Overfull</td> <td>___ Heavy Solids</td> </tr> <tr> <td>Tank Depth _____</td> <td>___ Low</td> <td>___ Roots</td> </tr> <tr> <td></td> <td></td> <td>___ Wipes ___ Other:</td> </tr> </table>	TANK ACCESS	TANK LEVEL	TANK CONDITION	Manhole: Y ___ N ___	___ Normal	___ Good	Cleanout: Y ___ N ___	___ Overfull	___ Heavy Solids	Tank Depth _____	___ Low	___ Roots			___ Wipes ___ Other:			
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Tank Depth _____	___ Low	___ Roots																
		___ Wipes ___ Other:																
TO ENSURE PROPER CLEANING, FOGLE'S SEPTIC RECOMMENDS PUMPING FROM THE MANHOLE AND NOT THE 6" CLEANOUT																		
CALL OFFICE TO SCHEDULE: ___ Snake inlet line ___ Other: ___ Snake outlet line																		

	Total	\$215.00
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Customer Signature:







drilled well