



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: 8/13/13

CB130950

Permit No.: B13003097

Building Address: 13886 Clarksville Pike
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: 40 Area: 40 Lot: _____
 Tax Map: 40 Parcel: 40 Grid: 15
 Zoning: RL DOE Map Coordinates: _____ Lot Size: 20 ACRE

Property Owner's Name: Omar El Sawi
 Address: 13886 Clarksville Pike
 City: Highland State: MD Zip Code: 20777
 Phone: (301) 928-6627 Fax: _____
 Email: oelsawi@verizon.net

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 200 K
 Description of Work: Demo whole house. Replace electric/plumbing/HVAC. Relocate walls + Bathrooms. Change location of stair
 Occupant or Tenant: Occupant + Add 1 Bathroom
 Was tenant space previously occupied? • Add 9x10 Laundry Room
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: Bedroom 2nd floor
 Email: _____

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

Contractor Company: Homeowner
 Contact Person: Omar El Sawi
 Address: 13886 Clarksville Pike
 City: Highland State: MD Zip Code: 20777
 License No.: _____
 Phone: (301) 928-6627 Fax: _____
 Email: oelsawi@verizon.net

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse
No. of stories: _____	<input type="checkbox"/> Bath <input type="checkbox"/> Width
Gross area, sq. ft./floor: _____	1 st floor: <u>385 sq ft</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>450 sq ft</u>
Use group: _____	Basement: <u>750 sq ft</u>
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Crawlspace
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> State Certified Modular	<input checked="" type="checkbox"/> Multi-Family Dwelling
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
<input type="checkbox"/> Roadside Tree Project Permit # _____	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Engineer/Architect Company: Brattian Company Architects
 Responsible Design: Carrie Beer
 Address: 8333 Main Street 2nd floor
 City: Ellicott City State: MD Zip Code: 21043
 Phone: (410) 313-8319 Fax: _____
 Email: _____

<input type="checkbox"/> Public	<input type="checkbox"/> Water Supply
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Sewerage Disposal
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input 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: _____
 Email Address: oelsawi@verizon.net
 Title/Company: _____

Print Name: OMAR M. EL SAWI
 Date: 8/13/13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

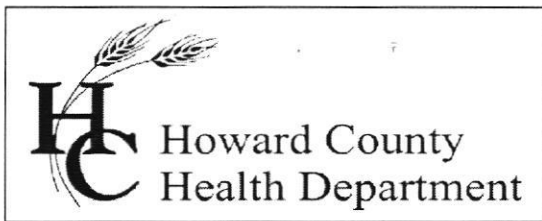
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>H/Heather Bricker</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100.00</u>
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>CASH</u>

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

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

Date: August 28, 2013

TO: Omar El Sawi, owner/applicant
oelsawi@verizon.net

FROM: Robert Bricker, REHS/R.S. 
Environmental Sanitarian, Well and Septic Program

RE: Building Permit Application B13003097, 13886 Clarksville Pike; Percolation
Certification Plan required

Dear Mr. El Sawi,

The referenced building permit application cannot be approved by the Health Department at this time. The Code of Maryland Annotated Regulations [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a sewage disposal easement having "adequate area for an initial septic system and two 2 repairs".

The Howard County Health Department requires that you have an approved Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application (B13003097) and any subsequent building permit applications.

Percolation tests must be conducted in order to establish a septic easement. Usually the percolation test data are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval.

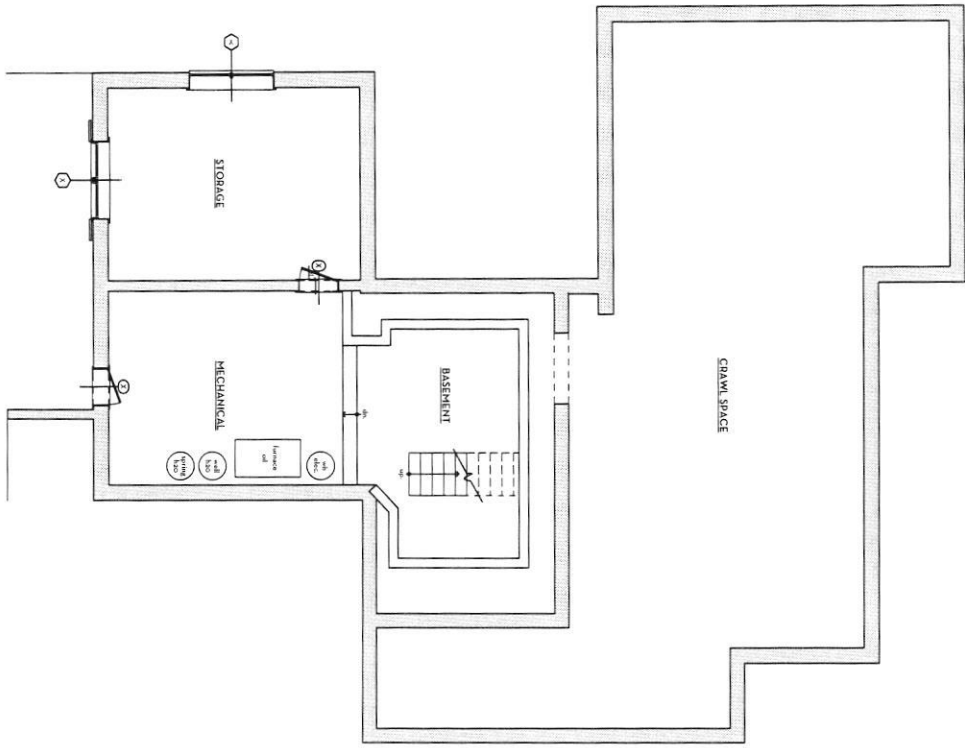
Health Department records from April 17, 1964, indicate that a septic system would be installed in "unsatisfactory ground" by the owner (at the time, Mr. Wiesinger). The Health Department has no records indicating the location or characteristics of the septic system installed. A field evaluation of the existing septic system will be required. Certification of the existing on-site sewage disposal system is accomplished by exposing, and documenting the condition of, the components of the septic system. If an existing distribution trench or dry well appears suitable for continued use, a soil profile observation is dug nearby to describe and prove that an adequate soil buffer extends 4 feet deeper [COMAR 26.04.02.04.C(1)] than the bottom of the trench or dry well. An Environmental Sanitarian records data of these evaluations.

Please be advised that the existing septic tank is too near to the living area in the residence. The septic tank will have to be relocated.

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents. Lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County are attached with this notice.

RB
Copy: file

RECTIFIED
PERC CERT 02/04/2014



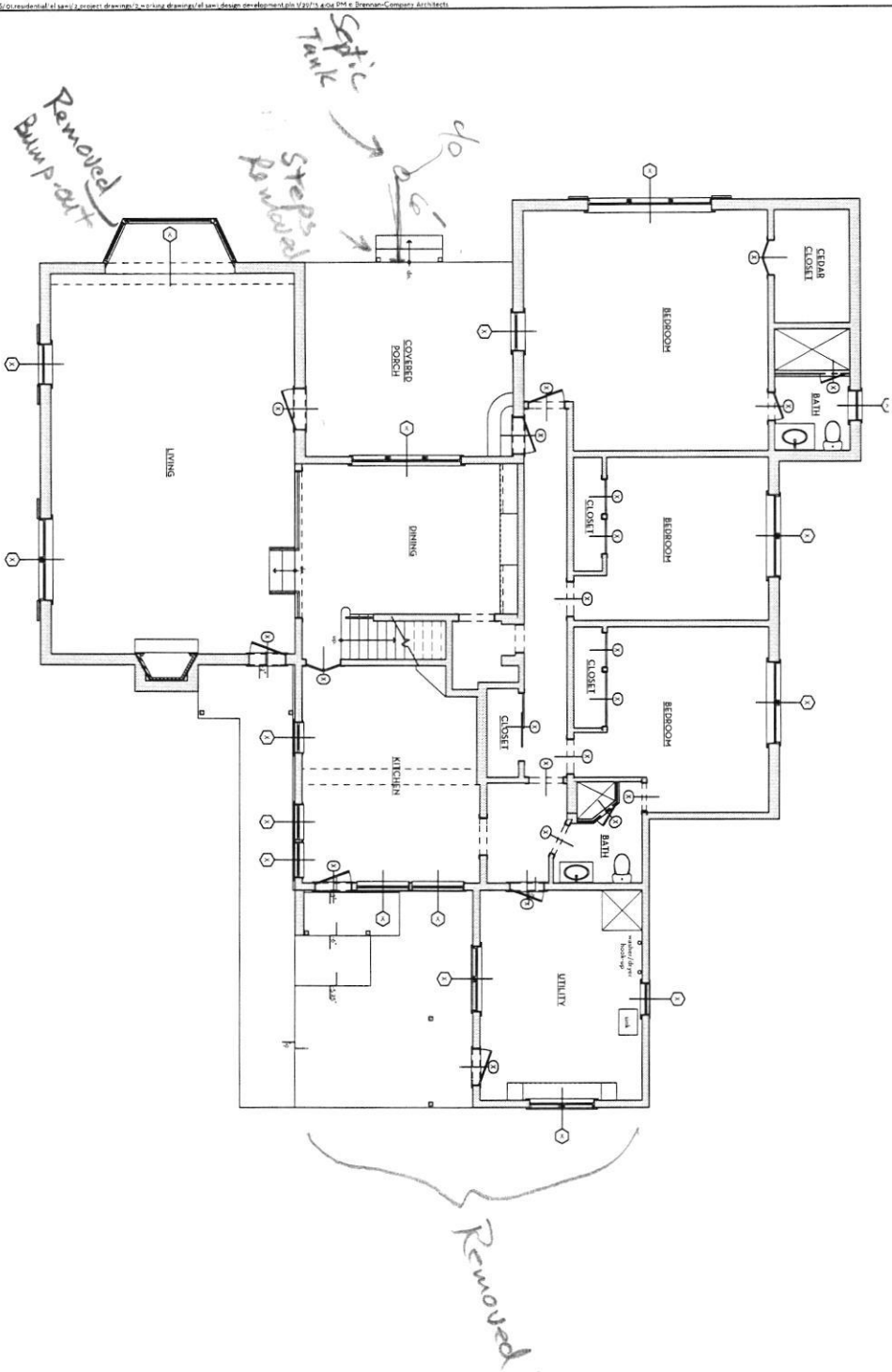
1 basement floor plan: existing
SCALE: 1/8" = 1'-0"

	Drawing Basement Floor Plan existing	Date 02/01/15	Project El Sawi Residence
	Drawing Basement Floor Plan existing	Date 02/01/15	Project El Sawi Residence

EL SAWI RESIDENCE
 13860 Clarksville Pike
 Highland, Maryland 20777

	Project El Sawi Residence 13860 Clarksville Pike Highland, Maryland 20777
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A1



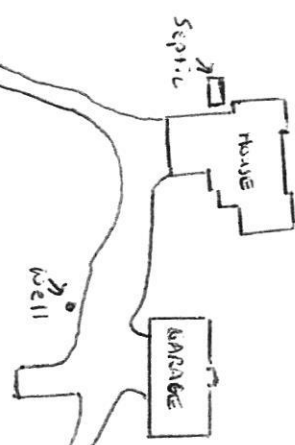
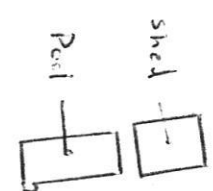
1 first floor plan: existing
SCALE: 1/4" = 1'-0"



DIMAR EL SAADI
13886 Clarksville P.k.e
Highland Md 20777
(301) 938-6637

TAX MAP 40
GZJM 15
Parcel 40

Approved by
Howard County Health Department
B13003097
Renovate SFD
see approved RPT
R. Buecker
5-Bedroom capacity
4/16/2014
Site Plan for details



CLARKSVILLE P.K.E (Rt 108)

SCALE: 1" = 100'

13886 Clarksville Pike (Rte 108)
A 43076-B
P 08303

