

RECEIVED

PERMIT NUMBER: B 20003405

DATE ACCEPTED: SEP 23 2020



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: **13185 Highland Rd** Unit: **A**
 City: **Highland** State: **MD** Zip Code: **20777**
 Subdivision/Village/Complex Name: **None** SDP/WP/BA #:
 Lot: **21** Tax Map: **34** Parcel: **237** Grading Permit #: **#G20000134**

DESCRIPTION OF WORK REQUIRED

Existing Use: **None** Proposed Use: **Pole Barn** Estimated Cost: **\$ 30,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Pole Barn - 30'x50' pole barn - existing permit for house build under permit #B20000269. Grading permit includes pole barn. No water supply or sewage disposal. Exterior of pole barn to match siding and doors on new house build.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): **Robert Pinto** Primary Residence: Yes No
 Owner's Street Address: **10945 Price Manor Way Apt 162**
 City: **Laurel** State: **MD** Zip Code: **20723**
 Phone: **(224) 374-6754** Email: **rp.electric@comcast.net**

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: **None** Contact Name: **Robert Pinto**
 Street Address: **10945 Price Manor Way**
 City: **Laurel** State: **MD** Zip Code: **20723**
 Phone: **(224) 374-6754** Email: **rp.electric@comcast.net**

CONTRACTOR INFORMATION REQUIRED

Business Name: **Robert Pinto (home owner) Same as above**
 Licensee's Name: License #:
 Street Address:
 City: State: Zip Code:
 Phone: Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: **Delmarva Pole Building** Name: **Buddy Coblentz**
 Street Address: **317 N Layton Ave**
 City: **Wyoming** State: **DE** Zip Code: **19934**
 Phone: **(302) 961-9831** Email: **buddycoblentz@ilovepolebuildings.com**

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: **NA**
 # of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
 # Rooms: # Full Baths: # Half Baths: # Fireplaces:
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft

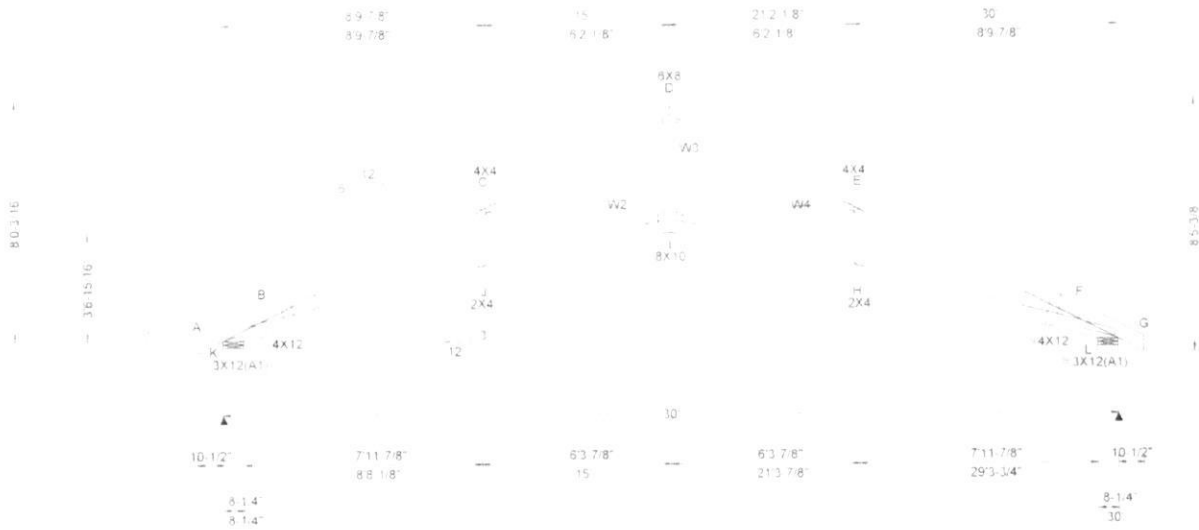
AGREEMENT/ DISCALIMER REQUIRED

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.

[Signature] DATE SIGNED: **9/23/20**
 APPLICANT'S ORIGINAL SIGNATURE

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health *10/22/20* SHA CID
 SUBMITTAL FEES: PAYMENT: ACCEPTED BY:



Loading Criteria (psf)

TCLL	30.00
TCDL	5.00
BCLL	0.00
BCDL	5.00
Des Ld	40.00
NCBCLL	10.00
Soffit	2.00
Load Duration	1.15
Spacing	48.0"

Wind Criteria

Wind Std	ASCE 7-10
Speed	125 mph
Enclosure	Closed
Risk Category	II
EXP C	Kzt NA
Mean Height	16.05 ft
TCDL	3.0 psf
BCDL	3.0 psf
MWFRS Parallel Dist	0 to h/2
C&C Dist a	3.00 ft
Loc from endwall	Any
GCpr	0.18
Wind Duration	1.60

Snow Criteria (Pg Pft in PSF)

Pg	30.0	Ct	1.2	CAT	II
Pf	25.2	Ce	1.0		
Lu	-	Cs	1.00		
Snow Duration	1.15				

Code / Misc Criteria

Bldg Code	IBC 2015
TPI Std	2014
Rep Fac	No
FT/RT/PT	2(0)/2(0)/2(0)
Plate Type(s)	WAVE

Defl/CSI Criteria

PP Deflection in loc L/defl L/#	
VERT(LL)	0.501 I 712 240
VERT(CL)	0.677 I 526 180
HORZ(LL)	0.352 H - -
HORZ(TL)	0.476 H - -
Creep Factor	2.0
Max TC CSI	0.958
Max BC CSI	0.970
Max Web CSI	0.648

VIEW Ver: 18.02.01A.0205.19

▲ Maximum Reactions (lbs)

Loc	Gravity			Non-Gravity		
	R+	/R-	/Rh	/Rw	/U	/RL
K	2577	-	-	840	671	393
L	2577	-	-	840	671	-

Wind reactions based on MWFRS
 K Brg Width = 8.3 Min Req = 2.5
 L Brg Width = 8.3 Min Req = 2.5
 Beannings K & L are a rigid surface
 Members not listed have forces less than 375#

Maximum Top Chord Forces Per Ply (lbs)

Chords	Tens		Comp	
	Tens	Comp	Tens	Comp
B - C	3316	-7156	D - E	2464 -5408
C - D	2477	-5408	E - F	3305 -7156

Maximum Bot Chord Forces Per Ply (lbs)

Chords	Tens		Comp	
	Tens	Comp	Tens	Comp
B - J	6467	-2701	I - H	6472 -2720
J - I	6472	-2697	H - F	6467 -2725

Maximum Web Forces Per Ply (lbs)

Webs	Tens		Comp	
	Tens	Comp	Tens	Comp
C - J	375	0	I - E	1129 -1651
C - I	1131	-1651	H - E	375 0
D - I	3729	-1509		

Lumber

Top chord 2x6 SP #1
 Bot chord 2x6 SP SS Dense
 Webs 2x4 SPF Stud W2, W4 2x4 SPF 2100f-1 8E
 W3 2x6 SP #1
 Lt Wedge 2x6 SP #1 Rt Wedge 2x6 SP #1

Purlins

In lieu of structural panels or rigid ceiling use purlins to laterally brace chords as follows

Chord	Spacing(in oc)	Start(ft)	End(ft)
TC	24	-0.88	30.88
BC	81	0.15	29.85

Apply purlins to any chords above or below fillers at 24" OC unless shown otherwise above

Loading

Bottom chord checked for 10.00 psf non-concurrent bottom chord live load applied per IBC-15 section 1607
 Truss designed for unbalanced snow loads

Wind

Wind loads based on MWFRS with additional C&C member design



07/05/2019

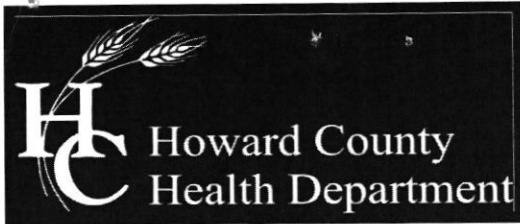
****WARNING**** READ AND FOLLOW ALL NOTES ON THIS DRAWING!
****IMPORTANT**** FURNISH THIS DRAWING TO ALL CONTRACTORS INCLUDING THE INSTALLERS

Trusses require extreme care in fabricating, handling, shipping, installing and bracing. Refer to and follow the latest edition of BCSI (Building Component Safety) information by TPI and SBCA for safety practices prior to performing these functions. Installers shall provide temporary bracing per BCSI. Unless noted otherwise top chord shall have properly attached structural sheathing and bottom chord shall have a properly attached rigid ceiling. Locations shown for permanent lateral restraint of webs shall have bracing installed per BCSI sections B3, B7, or B10 as applicable. Apply plates to each face of truss and position as shown above and on the Joint Details, unless noted otherwise. Refer to drawings 160A-Z for standard plate positions.

Alpine, a division of ITW Building Components Group Inc. shall not be responsible for any deviation from this drawing any failure to build the truss in conformance with ANSI/TPI 1 or for handling, shipping, installation and bracing of trusses. A seal on this drawing or cover page listing this drawing, indicates acceptance of professional engineering responsibility solely for the design shown. The suitability and use of this drawing for any structure is the responsibility of the Building Designer per ANSI/TPI 1 Sec. 2.



13723 Riverport Drive
 Suite 200
 Maryland Heights, MO 63043



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: Robert Pinto Jami Dunbar
10945 Price Manor Way
Laurel, MD 20723

FROM: Robert Freemon *RF*
Well & Septic Program

RE: **Building Permit B20000269**
13185A Highland Rd.
Highland, MD 20777

DATE: 2/18/2020

*Important
Keep with file*

I have reviewed the floor plans in support of Building Permit **B20000269** for a new home at **13185A Highland Rd.** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing **4** bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

Freemon, Robert

From: Freemon, Robert
Sent: Tuesday, February 18, 2020 3:47 PM
To: rp.electgric@comcast.net
Cc: Rob Vogel; Jeremiah Reynolds
Subject: 13185A Highland Rd.
Attachments: 13185A Highland Rd..pdf

Hi,

After review of building permit B20000269 in conjunction with 13185A Highland Rd. attached are my comments. If you choose not to up size the septic system to accommodate a potential future 5th bedroom that is fine I just need something in writing from you stating you have read and understood the memo. This can be an email directly to me it does not need to be a formal letter. As of now the current approved septic design is for 4 bedrooms. Once I receive the email or an approvable updated septic plan I can go ahead and approve the building permit.

Robert "Spencer" Freemon

Howard County Health Department

8930 Stanford Blvd. Columbia, MD 21045

Bureau of Environmental Health

Well and Septic Program

Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>

Freemon, Robert

From: Robert Pinto <rp.electric@comcast.net>
Sent: Wednesday, February 19, 2020 11:27 AM
To: Freemon, Robert
Subject: Re: 13185A Highland Rd.

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Robert,

I will not be adding a fifth bedroom to my property at 13185A Highland Rd, Highland MD.

Thanks,
Robert Pinto

Sent from my iPhone

On Feb 18, 2020, at 15:55, Freemon, Robert <rffreemon@howardcountymd.gov> wrote:

Robert "Spencer" Freemon
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
Bureau of Environmental Health
Well and Septic Program
Phone: 410-313-6357
Email: rffreemon@howardcountymd.gov
Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>

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Sent: Tuesday, February 18, 2020 3:47 PM
To: rp.electgric@comcast.net
Cc: Rob Vogel <Rob.Vogel@timmons.com>; Jeremiah Reynolds <Jeremiah.Reynolds@timmons.com>
Subject: 13185A Highland Rd.

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Robert "Spencer" Freemon

Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
Bureau of Environmental Health
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Email: rfreemon@howardcountymd.gov
Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>

<13185A Highland Rd..pdf>

WHH 441 50133 611

APPLICATION

A 10935

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5

Septic 750 gal

DATE 9/21/65

Dry Well - 17 ft deep (ret block and top 12 ft diameter and fill rest of pit with gravel) and 7 ft deep below inlet pipe. Inlet pipe no deeper than 3 ft below grade.

Place Dry Well about 76 ft from edge of dirt road and about 75 ft to right of S.E. Pole # 303 111 (electric line) in run when facing S.E. from dirt road.

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

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

PROPERTY OWNER John F. & Patricia R. Sullivan

ADDRESS P. O. Box 79 - Olney, Md. PHONE SP 4-0517

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Highland Rd - 1 mile from Highland towards 277 ft Sully Rd - sign says Sullivan + Gambrell

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT approx. 2 acres TYPE BLDG. 3 NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Patricia E. Sullivan

APPROVED BY DW Manning FOR By (10/21/65) DATE 10/21/65

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

DEPARTMENT OF INSPECTION, LICENSES AND PERMITS 3400 COUNTY EXECUTIVE DRIVE ELLETTT CITY, MD 21041 PHONE: 410-331-2400 EXT. 2100 FAX: 410-331-1810 AUTOMATED INFORMATION SYSTEM 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00159907	
Building Address <u>13185 Highland RD</u> <u>Highland, MD 20777</u>			Property Owner's Name <u>John F. Sullivan</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>13185 Highland RD</u>		
Census Tract <u>605101</u> Subdivision _____			City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u>		
Section _____ Area _____ Lot _____			Home Phone <u>301-254-3749</u> Work Phone _____		
Tax Map <u>34</u> Parcel <u>237</u> Grid <u>21</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning <u>RR-DEC</u> Map Coordinates <u>13K11</u> Lot size <u>11,754</u>			Phone _____ Fax _____		
Existing Use <u>Single Family Home</u>			Contractor Company <u>Crower</u>		
Proposed Use <u>Some of required work shop</u>			Contact Person _____		
Estimated Construction Cost \$ <u>5000.00</u>			Address _____		
Description of Work <u>fire damage 1-16-06</u>			City _____ State _____ Zip Code _____		
<u>70 work shop area - add new studio</u>			License No. _____		
<u>clean up work & full bath room & cross sq. ft</u>			Phone _____ Fax _____		
<u>576 - already existing area</u>			Engineer or Architect Company _____		
Occupant or Tenant <u>interior work only</u>			Contact Person _____		
Contact Name _____			Address _____		
Address _____			City _____ State _____ Zip Code _____		
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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> 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: _____ <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 Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

John F. Sullivan
 Applicant's Signature
Crower
 Title/Company

John F. Sullivan
 Print Name

 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	5/26/06	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			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
T:\forms\PERMIT.FRM				Gold: SHA

6/28/66

PERMIT

P 11879

SEWAGE DISPOSAL SYSTEM

A 10935

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5

INDEXED

DATE 6/6/66

Elwood Scaggs IS PERMITTED TO INSTALL ALTER

ADDRESS Murphy Rd., Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 13185 Highland Rd. LOT _____

PROPERTY OWNER John F. & Patricia R. Sullivan

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 17 ft. sq. (set block and top for 12 ft. diameter and fill rest of pit with gravel) and 7 ft. deep below inlet pipe. Inlet pipe no deeper than 3 ft. below grade.

Place dry well about 76 ft. from edge of dirt road and about 75 ft. to right of G. E. Pole #363111 (electric line) as seen when facing lot from dirt road.

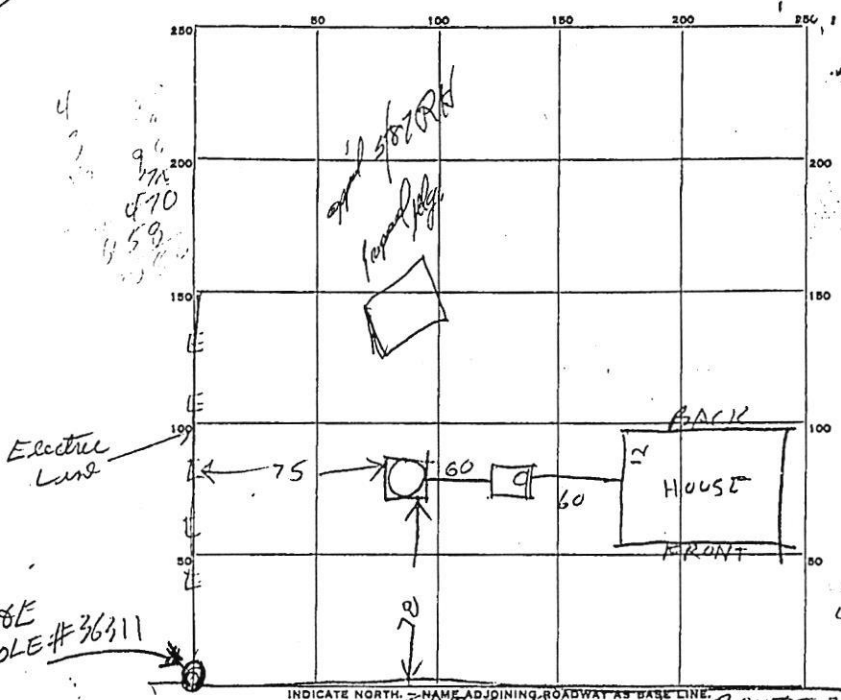
PLANS APPROVED BY D. W. Monaghan DATE 10/21/65

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED
AND RETURNED 5/22/67
Suzanne H. 11/03
Car Port Storage Shop

A 10935



13
20
16
18
57

17
6
47

37
25
135
259
2175

67
52
1469
5025

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.
 DIRT RD TO ROUTE 216

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 175.0 concrete CLEANOUTS OK
 TO FEET IS 3 1/2 FT. below grade

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 7.5 FT.
476 sq. ft. Required 2 1/2 inch concrete
 ABSORBENT AREA 502 SQ. FT. concrete stone

REMARKS 6/28/66 11:00 AM Dry Well T. at 3 ft. below grade
Perimeter of dry well is 67 ft

DATE SYSTEM APPROVED 6/28/66 INSPECTOR Thompson/Hodge

Keep w/ Lot 3 File

Fogle's Septic Clean Inc.

Fogle's Portable Toilets • Fogle's Well Drilling LLC • Fogle's Excavating, LLC



October 17, 2018

Howard Co Dept of Environmental Health
8930 Stanford Blvd
Columbia, Md 21045

To Whom it may concern,

On October the 15th 2018 Fogle's Septic Clean Inc, has pumped, crushed and filled in the septic tank and drywell when do a septic repair located at 3185 Highland Rd for Pat Sullivan. The septic repair consisted of install a Hoot Pre-treatment tank and 2-50 ft trenches. If you have any questions please call me at the office 410-795-5670.

Sincerely,

Kim Fogle
Fogle's Septic Clean, Inc.

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 4/8/20

To: ~~ROBERT PINTO~~ DAW SWINDER
(Person's Name and Division)

From: ROBERT PINTO (224) 374 6754
(Your Name, Company Name and Telephone Number)

Subject: Project name HIGHLAND

Project site address 13185A HIGHLAND RD MZGLAND

Permit # B20000269 SDP # _____

Other information pertinent to this project _____

RECEIVED
APR 08 2020
PLAN REVIEW DIVISION

✓ 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
- 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 _____

Contact Person Information: (Required)

ROBERT PINTO
Please Print Name

Telephone No: 224 374 6754

E-Mail Address: RP.ELECTRICO@COMCAST
NE

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 by _____

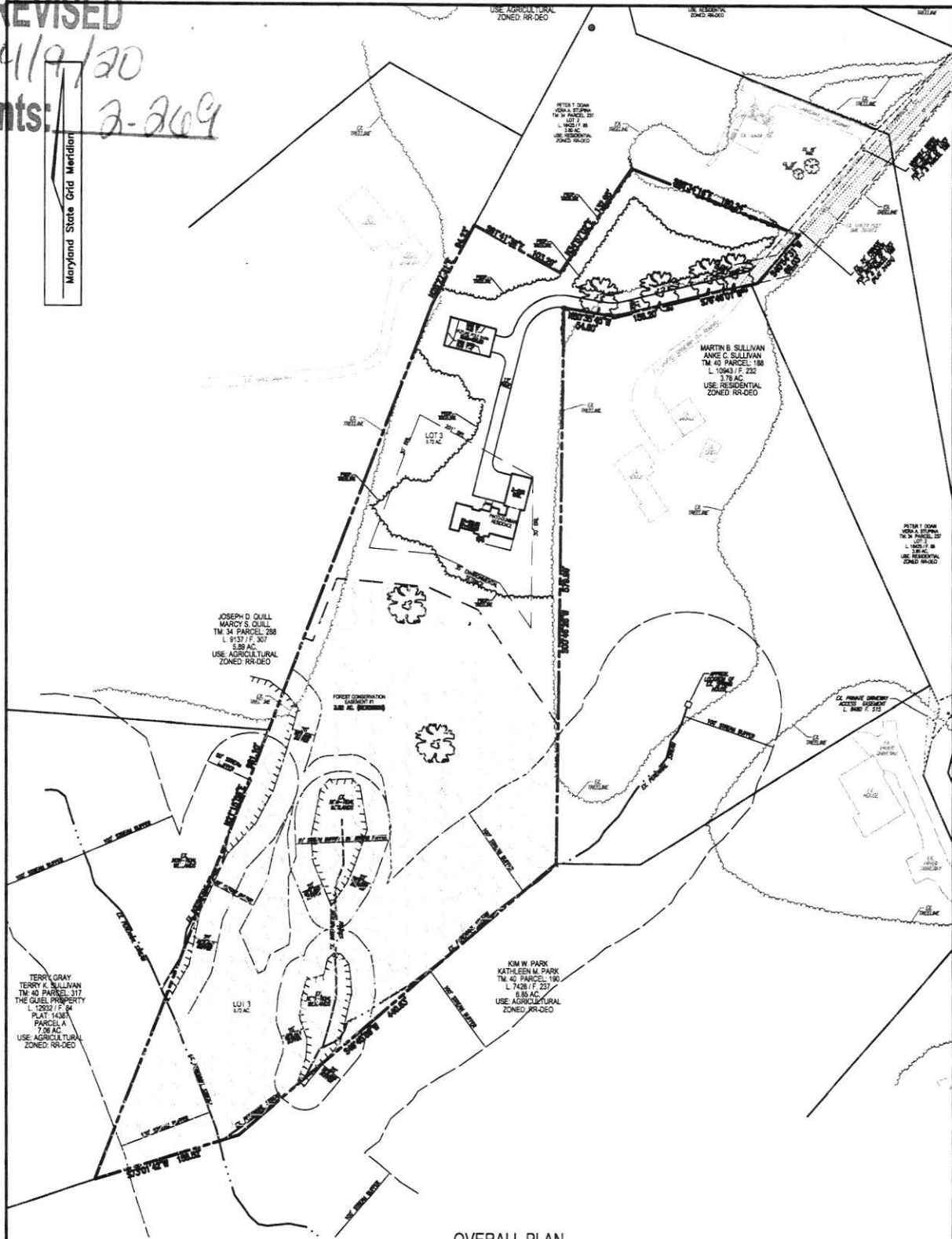
CC: P+Z
Health

REVISED

Date: 1/19/20

Comments: 2-209

Maryland State Grid Meridian

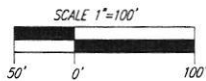


OVERALL PLAN
SCALE: 1"=100'

VOGEL ENGINEERING

TIMMONS GROUP

3300 NORTH RIDGE ROAD, SUITE 110, ELLICOTT CITY, MD 21043
P: 410.461.7666 F: 410.461.8961 www.timmons.com



OWNER

JAMI DUNBAR REVOCABLE TRUST
& ROBERT PINTO
10945 PRICE MANOR WAY, APT. 162
LAUREL, MD 20723
224-374-6754

SCALE	AS SHOWN
DRAWN BY	JMR
CHECKED BY	RHV
DATE	JANUARY, 2020
W. O. #	15-00
SHEET#	1 OF 5

5TH ELECTION DISTRICT
TAX MAP: 34 GRID: 21

PLOT PLAN
PINTO-DUNBAR RESIDENCE
PARCEL 3 OF THE SULLIVAN PROPERTY

13185-A HIGHLAND ROAD
HIGHLAND, MD 20777
5.72 AC.

PARCEL: 237
ZONED: RR-DEO
HOWARD COUNTY, MARYLAND



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: 1/23/2020

Permit No.: B20000269

Building Address: 113185A HIGHLAND RD
 City: HIGHLAND State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: VACANT LAND
 Proposed Use: HOME SITE
 Estimated Construction Cost: \$ 550K
 Description of Work: BUILD 2 STORY HOUSE W/ 11 ROOMS, 3 BEDROOMS, 1-1/2 BATH, 2-FULL BATHS, ATTACHED 3 CAR GARAGE, FIREPLACE UNFINISHED BASEMENT & ENERGY METHOD
 Occupant/Tenant Name: GSF
 Was tenant space previously occupied? Yes No
 Contact Name: OGSF
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ROBERT PINTO SAME DUBAR
 Address: 10945 PRICE MANOR WAY #1602
 City: LIVEREY State: MD Zip Code: 20783
 Phone: 224 374 6754 Fax: _____
 Email: R.P.ELECTRIC@COMCAST.NET

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

Contractor Company: HOMEOWNER ABOVE
 Contact Person: ROBERT PINTO
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: 224 374 6754 Fax: _____
 Email: R.P.ELECTRIC@COMCAST.NET

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: <u>52</u>	<u>68</u>
Area of construction (sq. ft.):	2 nd floor: <u>66</u>	<u>42</u>
Use group:	Basement: <u>32</u>	<u>68</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 type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>3</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
Roadside Tree Project Permit	No. of efficiency units:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units:	
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	

Utilities		
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>LP</u>
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 type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas		
<input type="checkbox"/> Other:		
Sprinkler System:		
<input checked="" type="checkbox"/> Yes <input 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: [Signature] Print Name: ROBERT PINTO
 Email Address: R.P.ELECTRIC@COMCAST.NET Date: 1-15-20
 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	<u>5/1/2020</u>	<u>[Signature]</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>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>107</u>