



# 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: 11/17/17

Permit No.: B17004108

Building Address: 8431 OLD COLUMBIA RD  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SPD  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: Carpent  
construct 30x24  
 Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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"/> <b>Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No. : \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input 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 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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 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 )		
Health	<u>12/27/17</u>	<u>H. Oswald</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check #	

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

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Wednesday, December 27, 2017 3:29 PM  
**To:** TIMMYROARTY@YAHOO.COM  
**Subject:** B17004108\_8431 Old Columbia Road

Hi Mr. Roarty:

At this time, your waiver request to the percolation certification plan requirement has been approved by the Health Department. The building permit (B17004108) for this project has been approved as well. With that said, please be aware that any future building permit will likely require connection to public water and the well abandoned prior to Health Departments approval.

Should you have any questions or concerns, please don't hesitate to contact me.

Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

### CONFIDENTIALITY NOTICE

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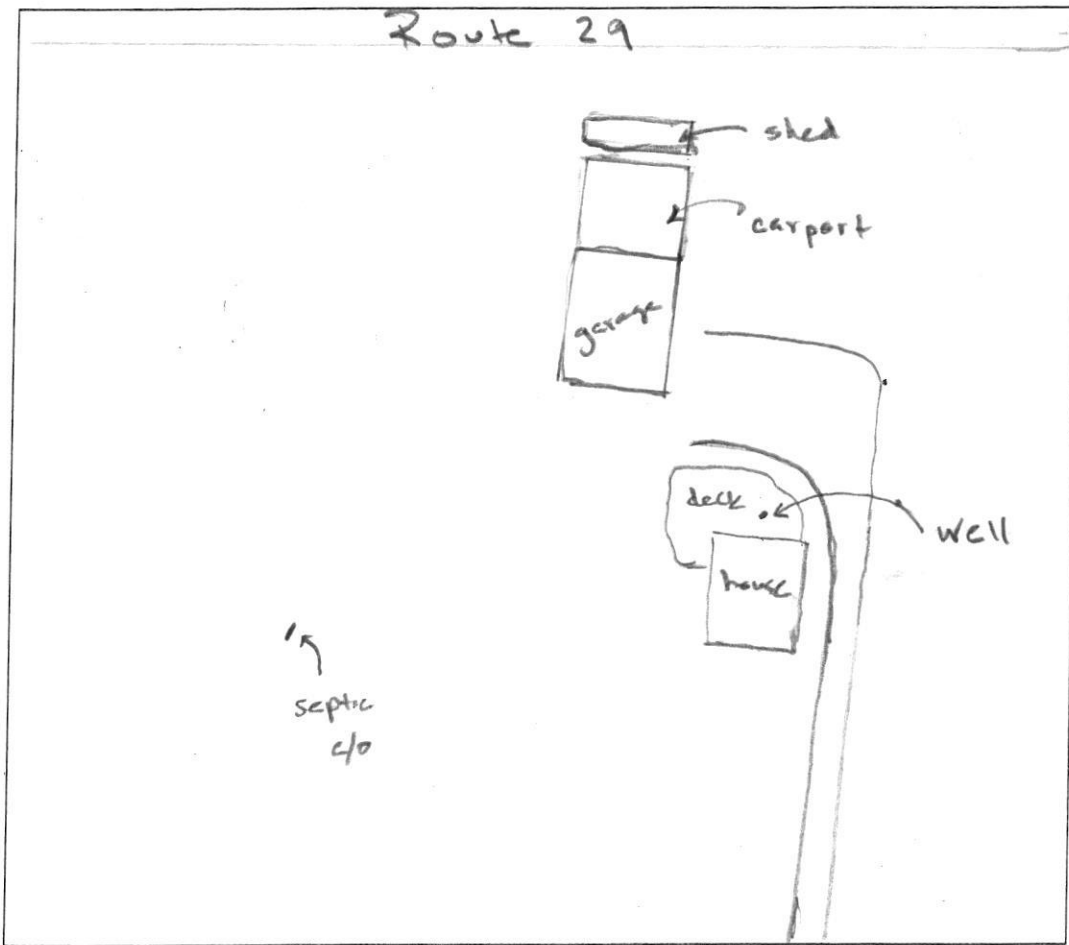
**In reference to building permit #B17004108 ,  
8431 Old Columbia Rd. Laurel MD. 20723.  
I am requesting a waiver to the percolation  
certification, the existing septic system will  
not be compromised by the proposed carport  
addition, the proposed addition meets all well  
& septic setback requirements. I have  
attached a plot plan of the property with the  
well and septic locations. Fyock Septic service  
did an inspection and clean out on  
June 13,2016 for settlement purposes,  
everything passed the inspections.**

*Thank you,  
Timmy Roarty  
timmyroarty@yahoo.com  
240-299-1912*

SITE INSPECTION SHEET

OWNER: Timmy Roarty PHONE #: \_\_\_\_\_  
ADDRESS: 8431 Old Columbia Rd CONTRACTOR: \_\_\_\_\_  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Building permit for a carport (30'x24') & Shed

LOCATION DIAGRAM



COMMENTS: Old Columbia Rd  
The well is located in  
a vault beneath deck, covered by a  
concrete slab. PVC septic tank check out. No  
sign of septic issue.

DATE: 12/8/17 INSPECTOR: H

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Wednesday, December 13, 2017 12:02 PM  
**To:** TIMMYROARTY@YAHOO.COM  
**Subject:** B17004108\_Waiver Status

Hello Mr. Roarty:

It looks like the your waiver request to the perc cert plan requirement will be approved once the Health Department has received the following;

- 1.) Provide a current and clear pic of the pit well located underneath the concrete slab beneath the deck.
- 2.) Provide a recent well water bacteria sample report. If you don't have one in your records, please contact our Community Hygiene Program @ 410-313-1773 to schedule an appointment to collect a bacteria sample. I believe the cost of the sample is \$44.

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

Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
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**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: December 6, 2017

To: Anette Merson / Dan Swinder  
(Person's Name and Division)

From: Francis Roarty (240) 299-1912  
(Your Name, Company Name and Telephone Number)

Subject: Project name \_\_\_\_\_  
Project site address 8431 Old Columbia Rd. Laurel MD.  
Permit # B17004108 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

RECEIVED  
DEC 11 2017  
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 Revised plot plan (be specific). Shed measurements 9'x20'  
and Garage measurements 29'x69'
- 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)**

Please Print Name \_\_\_\_\_ Telephone No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**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 AKH

PER DPZ  
CC: DPZ  
DED  
Health

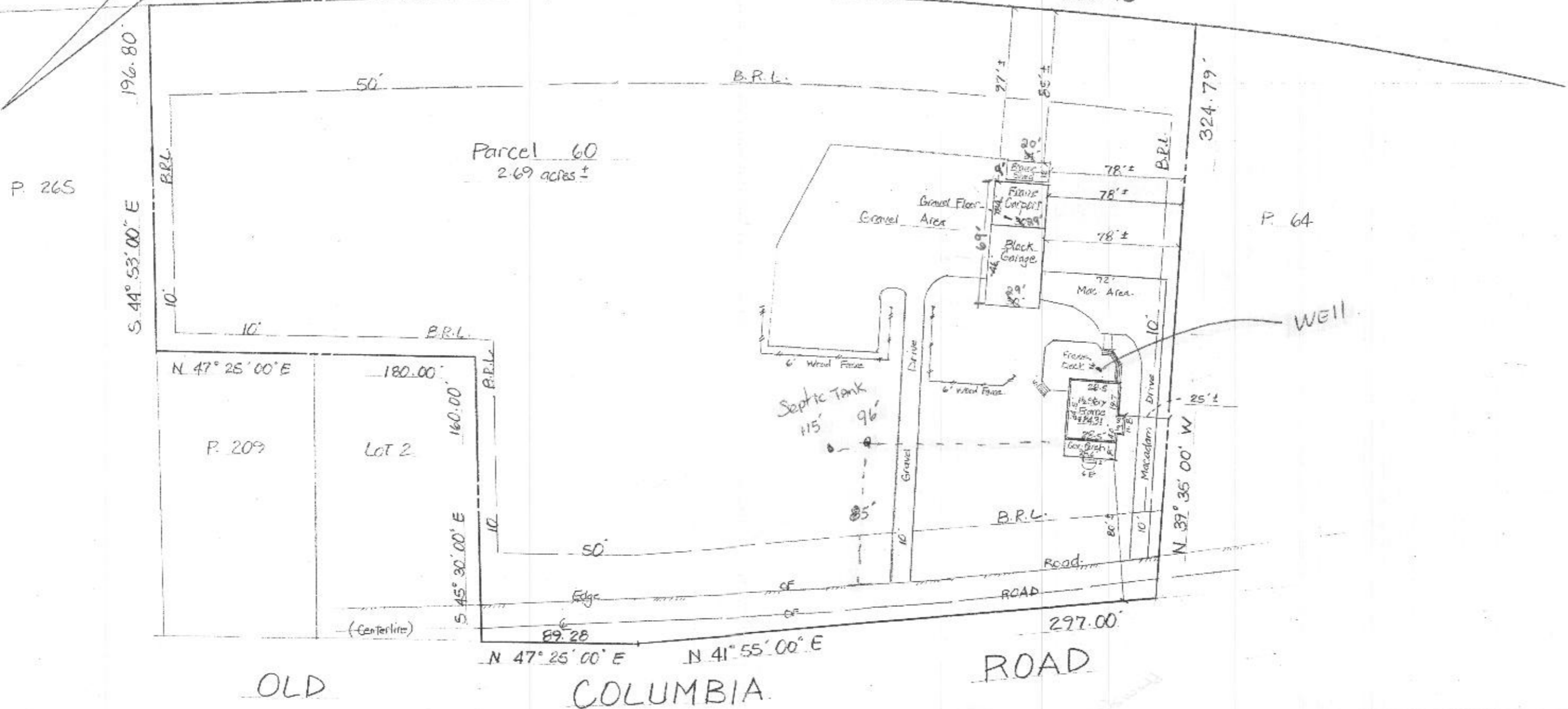
# COLUMBIA (Route 29) PIKE

## NOTES:

1. THIS SURVEY HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT AND IS SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.
2. THE PROPERTY SHOWN HEREON IS LOCATED WITHIN ZONE \_\_\_\_\_ AS SHOWN ON F.E.M.A. FLOOD INSURANCE RATE MAP COMMUNITY PANEL No. \_\_\_\_\_ OF \_\_\_\_\_ COUNTY, MARYLAND.
3. FOR TITLE PURPOSES ONLY.
4. THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES, BUT PREPARED FOR THE EXCLUSIVE USE OF THE PRESENT PROPERTY OWNERS OF RECORD AND/OR THOSE WHO PURCHASE, MORTGAGE OR QUARENTER THE TITLE WITHIN SIX MONTHS FROM THE DATE HEREOF AND AS TO THEM I WARRANT THIS HOUSE LOCATION PLAT.
5. PROPERTY CORNERS HAVE NOT BEEN SET WITH THIS SURVEY. PROPERTY INFORMATION WAS TAKEN FROM BEST AVAILABLE RECORDS.
6. THIS LOCATION PLAT IS NOT TO BE USED FOR THE CONSTRUCTION OF FENCES OR OTHER IMPROVEMENTS. A BOUNDARY SURVEY AND LOT STAKEOUT WOULD HAVE TO BE PERFORMED TO DETERMINE THE LOCATION OF ALL PROPERTY LINES AS SHOWN.

S 45° 04' 00" W 226.69 R = 2699.79

A = 379.93'



OLD COLUMBIA ROAD

### SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY SURVEYED BY ME OR DIRECTLY UNDER MY SUPERVISION AND THAT THEY ARE LOCATED AS SHOWN. THIS IS NOT A BOUNDARY SURVEY.

11-13-17

DATE

*[Signature]*

GREGORY C. BENEFIEL  
REGISTERED PROFESSIONAL  
LAND SURVEYOR No. MD. 10994

DRAWN BY T.O.  
CHECKED BY B.K.  
DATE 11-11-17  
SCALE 1" = 60'  
JOB NO. 1262-4617  
CASE NO. Roarty



### HOUSE LOCATION PLAT

8431 Old Columbia Road

~~LOTS~~ Parcel 60 ~~BLOCK~~ Map 46-9

ROARTY PROPERTY

Sixth (6TH) ELECTION DISTRICT  
Howard COUNTY, MARYLAND  
PLAT BOOK = PLAT = DWG No. 5238

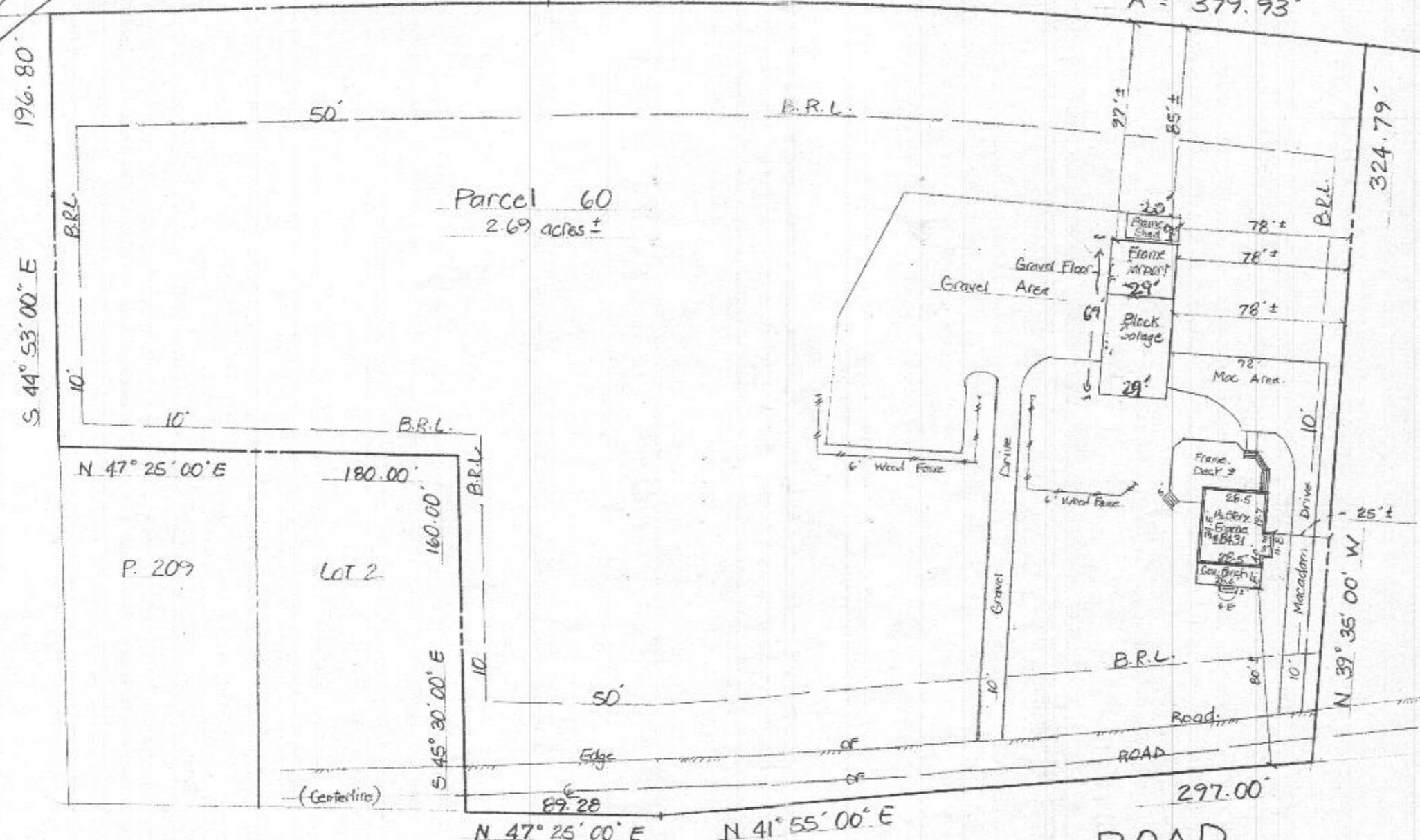
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S 45° 04' 00" W 226.69 R = 2699.79

A = 379.93'



REVISED  
 Date: 12/6/17  
 Comments: B17004108  
 CHANGE SIZE OF SHED  
 TO 9' x 20' + GARAGE  
 TO 29' x 69'

### SURVEYOR'S CERTIFICATE

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11-13-17

DATE

*Gregory C. Benefiel*  
 GREGORY C. BENEFIEL  
 REGISTERED PROFESSIONAL  
 LAND SURVEYOR No. MD. 10994

DRAWN BY T.O.  
 CHECKED BY B.K.  
 DATE 11-11-17  
 SCALE 1" = 60'  
 JOB NO. 1269-4417  
 CASE NO. Roarty



### HOUSE LOCATION PLAT

8431 Old Columbia Road  
~~LOTS~~ Parcel 60 ~~BLOCK~~ Map 46-9

ROARTY PROPERTY

Sixth (6TH) ELECTION DISTRICT  
 Howard COUNTY, MARYLAND  
 PLAT BOOK = PLAT = DWG No. 5238

OLD COLUMBIA ROAD