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

February 2, 2021

Jennifer Anukem
12435 Hill Crest
Fulton, MD 20759

Sent via email to: assistant@janukemlaw.com

RE: B21000169
12435 Hill Crest
Fulton, MD 20759

Dear Ms. Anukem:

This letter is in response to building permit B21000169. The application describes a detached garage conversion to living space. A living space addition of this type triggers 2 main requirements; an approved perc cert plan to be on record, and certification of the existing septic system.

Upon review of the septic record for this property, the record did contain an approved perc cert plan. It was also determined that the existing septic system was designed for a 4-bedroom residence. I've attached a copy of the septic record for reference.

Upon review of the garage floor plan, the proposed layout shows 2 additional bedrooms. To determine septic system upgrade requirements, please submit a copy of the existing (simplified) floor plan for the residence directly to the Health Department. If the bedroom count exceeds 4 bedrooms, then an Onsite Sewage Disposal Design Plan will be required from an engineer. Any septic system upgrades will also be required prior to building permit approval.

If the bedroom count remains at 4, then this office will just need a revised building permit site plan drawn to appropriate scale (1:30 and 1:100). The plan must include the well and septic system components along with the new sewer connection (with elevations) from garage to line prior to the existing septic tank. A septic permit for this connection will also be required by this office.

I've attached information about our building permit review process along with a copy of local code bedroom definition. At this time, building permit approval has been placed on hold. Should you have any questions, please don't hesitate to contact me.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well and Septic Program

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, February 2, 2021 9:49 AM
To: assistant@janukemlaw.com
Subject: B21000169_12435 Hill Crest_Garage Conversion
Attachments: Building Permit Application Process.pdf; Section 3.801 Bedroom Definition.pdf; BP Response_Garage Conversion_2.2.2021.pdf

Hello Ms. Anukem:

Attached, please find information about our building permit requirements. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
(410) 313 - 1786
hoswald@howardcountymd.gov

JAN 19 2021

PERMIT NUMBER: B 21000169

DATE ACCEPTED:

LICENSES & PERMITS DIVISION

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: 12435 Hill Crest
City: Fulton
State: MD
Zip Code: 20759
Subdivision/Village/Complex Name:
SDP/WP/BA #:
Lot: 3
Tax Map:
Parcel: 0065
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Detached Garage
Proposed Use: Home Office/ Detached Garage
Estimated Cost: \$25,000.00
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None

Converting a portion of the detached garage into a home office. No portion of the primary home structure will be modified

1,176 sq ft change in use (see plans)

SEE RH17000659

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Adeniyi O. Adelakun / Jennifer Anukem
Primary Residence: Yes
Owner's Street Address: 12435 Hill Crest
City: Fulton
State: Maryland
Zip Code: 20759
Phone: (301) 310-8626
Email: assistant@janukemlaw.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:
Contact Name: Jennifer Anukem
Street Address: 12435 Hill Crest
City: Fulton
State: Maryland
Zip Code: 20759
Phone: (301) 310-8626
Email: assistant@janukemlaw.com

CONTRACTOR INFORMATION REQUIRED

Business Name:
Licensee's Name: Jennifer Anukem
License #: N/A (Home Owner)
Street Address: 12435 Hill Crest
City: Fulton
State: Maryland
Zip Code: 20759
Phone: (301) 310-8626
Email: assistant@janukemlaw.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: JB Engineering
Name:
Street Address: 207 Rushley Road
City: Arnold
State: Maryland
Zip Code: 21012
Phone: (410) 647-2094
Email: jbengr@msn.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling
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:
of Bedrooms (SF): 6
of efficiency units (MF*):
of 1 BR (MF*):
of 2 BR (MF*):
of 3 BR (MF*):
Rooms:
Full Baths: 9
Half Baths: 2
Fireplaces: 2
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: 10,725 sq ft
Occupiable Area: 10,725 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.

APPLICANT'S ORIGINAL SIGNATURE
DATE SIGNED 1/8/2021

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

AGENCIES REQUIRED/APPROVALS:
SUBMITTAL FEES: \$25.00
PAYMENT: CK# 2308
ACCEPTED BY: DROPOX

PLANS RECEIVED

Health Depart
AN 2 5 2021
Environmental Health

MILBERG, BOENDER & ASSOC., INC.
 Engineers, Planners, Surveyors
 5872 Spring Hill Road, Suite 202, District of Columbia, Maryland 20022
 (410) 527-1200

12435 S LIME KILN ROAD
 ZIMMERMAN PROPERTY, LOT 5 (PLAT #8278)
 FIFTH ELECTION DISTRICT
 TAX MAP 40 - PARCEL 55 - BLOCK 5 - LOTS 4 THRU 7
 HOWARD COUNTY, MARYLAND

PLAT PLAN
 POINT OF CONTACT: OUYE CALAZZO
 (410) 463-5577 (COMM)
 ITI CONSTRUCTION SERVICES, LLC
 8223 South Road
 Green City, Maryland 21040



GENERAL NOTES:

1. ALL DIMENSIONS SHALL BE TO FACE UNLESS OTHERWISE NOTED.
2. EXISTING UTILITIES ARE SHOWN BY DASHED LINES AND SHALL BE MAINTAINED.
3. THE LOCATION, DEPTH AND CHARACTER OF ALL UTILITIES SHALL BE VERIFIED BY THE CONTRACTOR PRIOR TO CONSTRUCTION.
4. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPLICABLE AGENCIES.
5. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.
6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING TREES AND LANDSCAPE FEATURES.
7. THE CONTRACTOR SHALL MAINTAIN THE EXISTING EROSION CONTROL MEASURES THROUGHOUT CONSTRUCTION.
8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
9. THE CONTRACTOR SHALL MAINTAIN THE EXISTING EROSION CONTROL MEASURES THROUGHOUT CONSTRUCTION.
10. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
11. THE CONTRACTOR SHALL MAINTAIN THE EXISTING EROSION CONTROL MEASURES THROUGHOUT CONSTRUCTION.
12. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
13. THE CONTRACTOR SHALL MAINTAIN THE EXISTING EROSION CONTROL MEASURES THROUGHOUT CONSTRUCTION.
14. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
15. THE CONTRACTOR SHALL MAINTAIN THE EXISTING EROSION CONTROL MEASURES THROUGHOUT CONSTRUCTION.

LEGEND

- 1. EX. POLE
- 2. EX. BURN
- 3. EX. WALL
- 4. EX. LOCATED OBJECT
- 5. EX. EXISTING BENCH MARK
- 6. EX. EXISTING CONSTRUCTION
- 7. EX. EXISTING CONSTRUCTION ENTRANCE
- 8. EX. EXISTING DRIVE
- 9. EX. EXISTING DRIVE
- 10. EX. EXISTING DRIVE
- 11. EX. EXISTING DRIVE
- 12. EX. EXISTING DRIVE
- 13. EX. EXISTING DRIVE
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- 19. EX. EXISTING DRIVE
- 20. EX. EXISTING DRIVE

SOILS DESCRIPTION

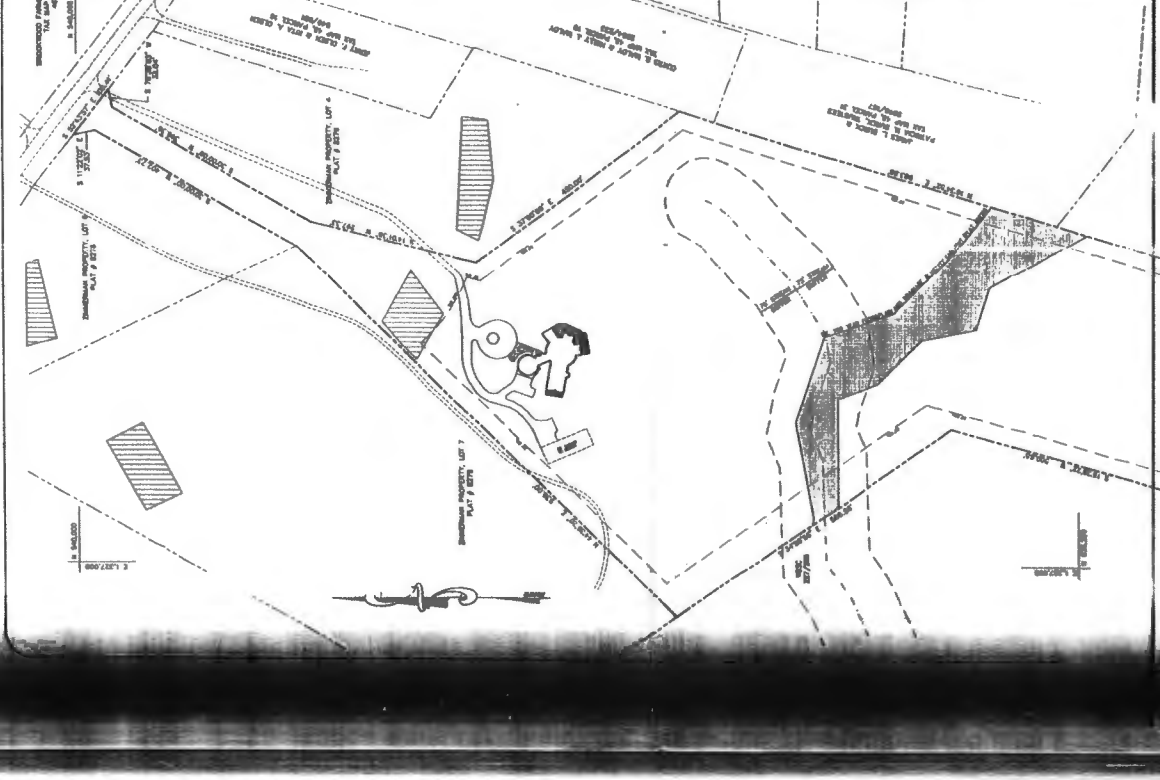
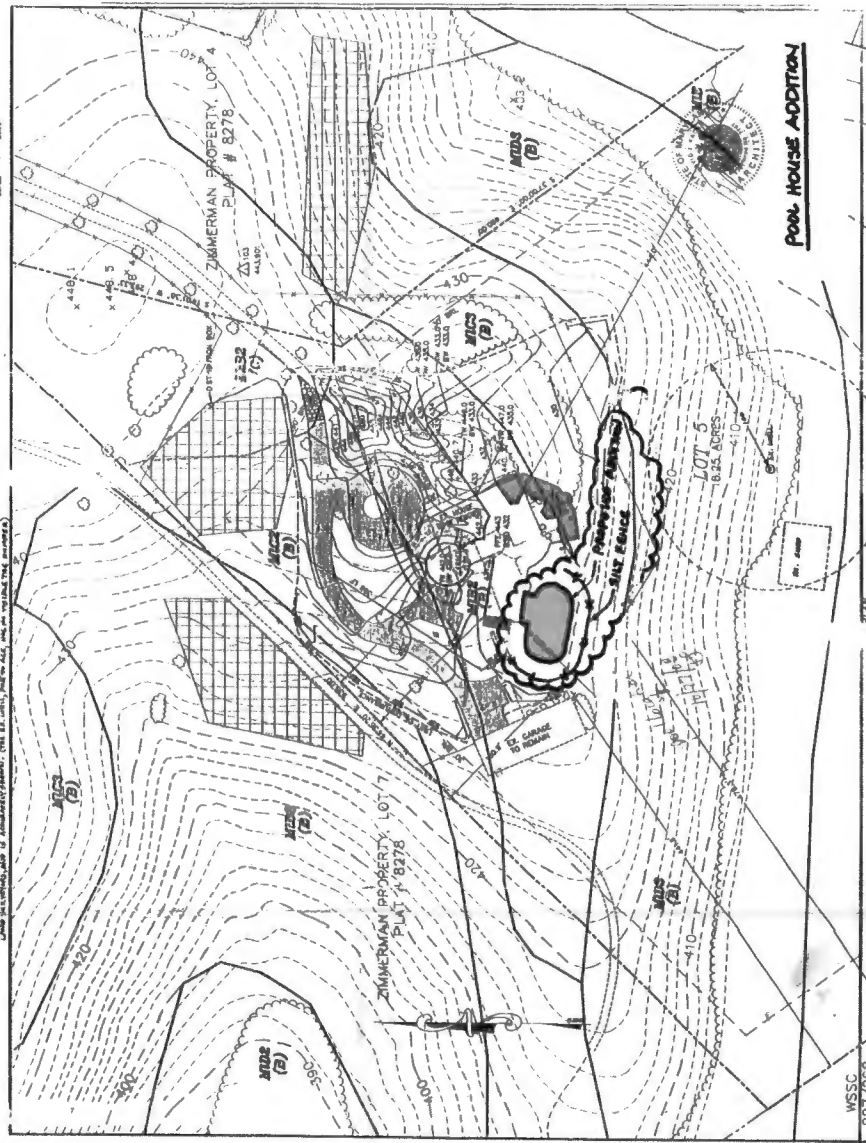
1. **TYPE 1** - 0 to 10% clay, 10 to 20% silt, 70 to 80% sand, medium to fine sand, non-plastic, well sorted, uniform grain size, clean, medium to fine sand, non-plastic, well sorted, uniform grain size, clean.

2. **TYPE 2** - 0 to 10% clay, 10 to 20% silt, 70 to 80% sand, medium to fine sand, non-plastic, well sorted, uniform grain size, clean, medium to fine sand, non-plastic, well sorted, uniform grain size, clean.

3. **TYPE 3** - 0 to 10% clay, 10 to 20% silt, 70 to 80% sand, medium to fine sand, non-plastic, well sorted, uniform grain size, clean, medium to fine sand, non-plastic, well sorted, uniform grain size, clean.

4. **TYPE 4** - 0 to 10% clay, 10 to 20% silt, 70 to 80% sand, medium to fine sand, non-plastic, well sorted, uniform grain size, clean, medium to fine sand, non-plastic, well sorted, uniform grain size, clean.

5. **TYPE 5** - 0 to 10% clay, 10 to 20% silt, 70 to 80% sand, medium to fine sand, non-plastic, well sorted, uniform grain size, clean, medium to fine sand, non-plastic, well sorted, uniform grain size, clean.



POOL HOUSE ADDITION

WSSC 2277268

STREET CREDITS:

1.00	1.00
2.00	2.00
3.00	3.00
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96.00	96.00
97.00	97.00
98.00	98.00
99.00	99.00
100.00	100.00

OWNER: J. OUYE
 12435 S LIME KILN ROAD
 GREEN CITY, MARYLAND 21040

DATE: 5/21/14

PREPARED BY: J. OUYE

SCALE: 1" = 100'

PLAT
 SCALE: 1" = 100'

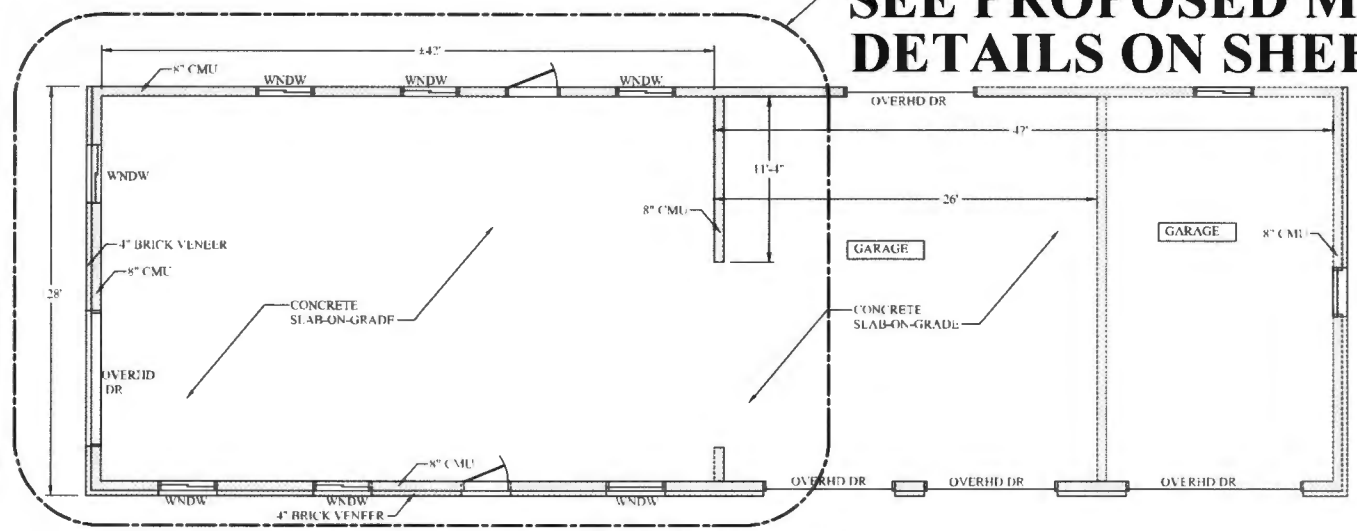
DATE: 5/21/14

PREPARED BY: J. OUYE

SCALE: 1" = 100'

HoCo Health Depart
JAN 25 2021
Environmental Health

SEE PROPOSED MODIFICATION DETAILS ON SHEET 3



FLOOR PLAN (EXISTING)

STRUCTURAL NOTES:

- THIS DRAWING SPECIFIES SPECIFIED STRUCTURAL ELEMENTS FOR RENOVATION OF AN EXISTING BUILDING IN FULTON, MARYLAND (HOWARD COUNTY). ALL OTHER DETAILS IN THIS BUILDING (BEAMS, POSTS, CONNECTIONS, ETC.) NOT SPECIALLY NOTED ARE BY OTHERS AND ARE NOT THE RESPONSIBILITY OF THE ENGINEERING FIRM.

THE DRAWING SET WITH THE MOST RECENT DATE SHALL SUPERCEDE ALL PREVIOUS DRAWINGS WHICH ARE THEREFORE OBSOLETE AND VOIDED.
- ALL DIMENSIONS AND ELEVATIONS SHOWN ON THE STRUCTURAL DRAWINGS SHALL BE CROSS CHECKED WITH ALL OTHER DRAWINGS FOR THIS PROJECT AND SHALL BE VERIFIED IN THE FIELD WITH EXISTING CONDITIONS BEFORE PROCEEDING WITH SHOP DRAWINGS AND/OR CONSTRUCTION.
- DESIGN LOADING:

ROOF TRUSSES -	
ROOF LIVE	30 PSF
ROOF DEAD	10 PSF
CEILING LIVE	0 PSF
CEILING DEAD	10 PSF
FIRST FLOOR -	
FLOOR LIVE	40 PSF
- AN ALLOWABLE SOIL BEARING CAPACITY OF 2000 PSF WAS USED IN THIS DESIGN. ASSUMED BEARING CAPACITY MUST BE VERIFIED BY OTHERS.
- ALL ADDED CONCRETE SHALL BE NORMAL TRANSIT MIX CONCRETE OF MAXIMUM 150 PCF IN ACCORDANCE WITH ASTM C-94 USING TYPE I PORTLAND CEMENT AND OBTAINING A COMPRESSIVE STRENGTH OF 3000 PSI AT 28 DAYS.

ALL CONCRETE WORKS SHALL BE CARRIED OUT IN ACCORDANCE WITH ACI 318.
- ALL CONCRETE MASONRY, MORTAR AND GROUT WORKS SHALL BE PERFORMED IN ACCORDANCE WITH ACI 530.
- HOLLOW CMU SHALL BE TYPE N-1 PER ASTM C90 WITH A NET AREA COMPRESSIVE STRENGTH OF 1980 (MINIMUM) FORMING MASONRY WALLS WITH A SPECIFIED COMPRESSIVE STRENGTH (Fm) OF 1540 PSI AT 28 DAYS.

MORTAR TYPE M OF 2500 PSI 28-DAY COMPRESSIVE STRENGTH SHALL BE USED IN ACCORDANCE WITH ASTM C-270.

HORIZONTAL JOINT REINFORCEMENT (DOWEL BARS) SHALL BE INSTALLED EVERY SECOND COURSE.

ANCHOR 2X8 #2 P.T. SILL PLATE TO TOP OF FOUNDATION WITH 1/2" DIAMETER ANCHOR BOLTS SPACED 4' O.C. THROUGHOUT. BOLTS TO HAVE 16" EMBEDMENT IN GROUT-FILLED CMU.
- MORTAR SHALL BE TYPE M OR S OF 2500 PSI AVERAGE COMPRESSIVE STRENGTH AT 28 DAYS USED IN ACCORDANCE WITH:

STANDARD SPECIFICATION FOR "MORTAR FOR UNIT MASONRY" (ASTM DESIGNATION C270)
- GROUT SHALL BE USED IN ACCORDANCE WITH:

STANDARD SPECIFICATION FOR "GROUT FOR MASONRY" (ASTM DESIGNATION C476).

GROUT TO HAVE 2500 PSI AVERAGE COMPRESSIVE STRENGTH AT 28 DAYS.
- ALL WOOD FRAMING SHALL BE SECURELY FASTENED AND ANCHORED AS NECESSARY TO RESIST BOTH DESIGN AND CONSTRUCTION LOADS PER IRC 2015, TABLE R602.3 (1).
- ALL PRESERVATIVE TREATED LUMBER SHALL BE PRESSURE TREATED IN ACCORDANCE WITH AMERICAN WOOD PRESERVERS ASSOCIATION, AWPA STANDARDS.
- ALL LUMBER SHALL BE KILN DRIED TO A MAXIMUM MOISTURE CONTENT OF 19%. SURFACE GREEN LUMBER IS NOT ACCEPTABLE.
- CONNECTION HARDWARE:

FILL ALL HOLES WITH FASTENERS SPECIFIED BY MANUFACTURER (SIMPSON STRONG-TIE)

SHEET
1
OF
3

FILE NO.:
5868

DATE:
1-12-21

SCALE:
1/8"=1'
U.O.N
SH-48

Structure - Framing Modifications
12435 Hillcrest Road
Fulton, MD (Howard County)

JENNIFER ANUKEM
Fulton, Maryland

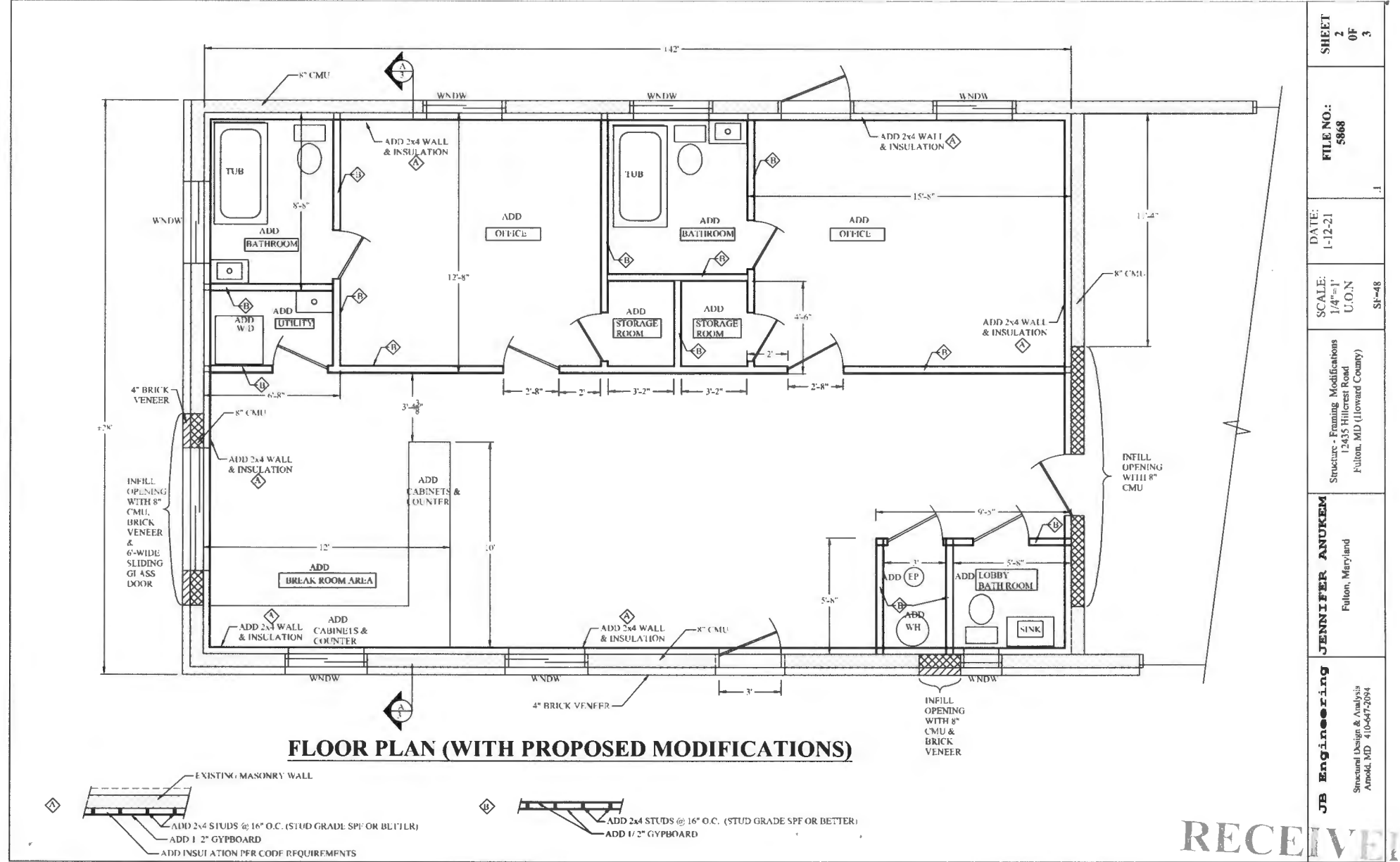
JB Engineering
Structural Design & Analysis
Annapolis, MD 410-647-2094

RECEIVED

JAN 19 2021

LICENSES & PERMITS
DIVISION

HoCo Health Depart
JAN 25 2021
Environmental Health



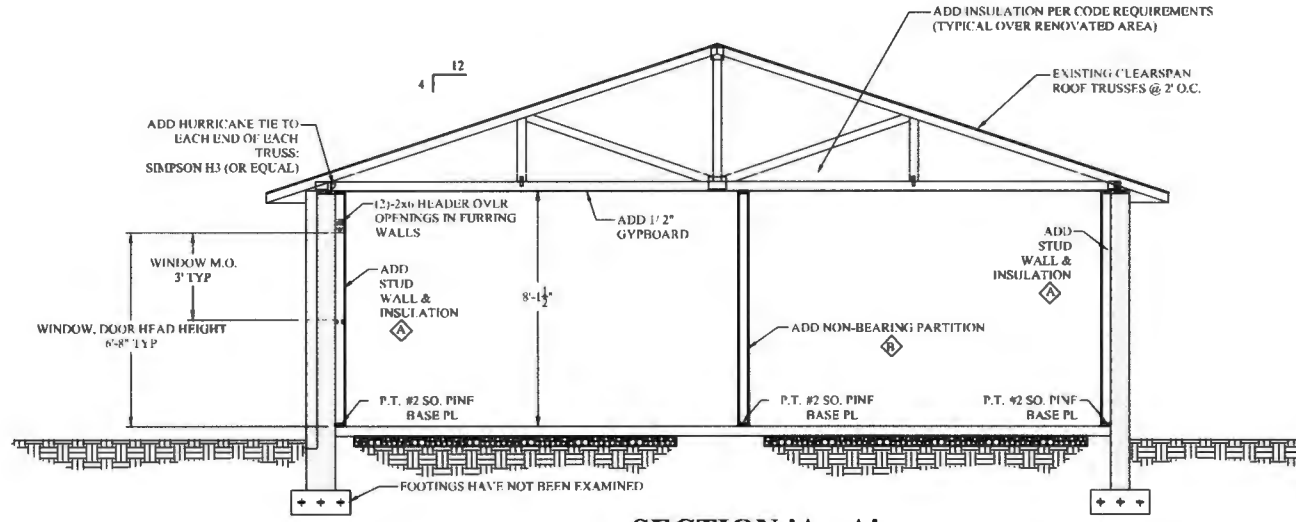
JB Engineering Structural Design & Analysis Annapolis, MD 410-647-2094	JENNIFER ANUKEM Fulton, Maryland	Structure - Framing Modifications 12435 Hillcrest Road Fulton, MD (Howard County)	SCALE: 1/4"=1' U.O.N	DATE: 1-12-21	FILE NO: 5868	SHEET 2 OF 3
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RECEIVED

JAN 19 2021

LICENSES & PERMITS
DIVISION

Environmental Health
JAN 23 2021
Oregon Health Department



SECTION 'A - A'

JB Engineering Structural Design & Analysis Annapolis, MD 410-447-2004	JENNIFER ANUKEM Fulton, Maryland	Structure - Framing Modifications 12415 Hillcrest Road Fulton, MD (Howard County)	SCALE: 1/4"=1' U.O.N SF=48	DATE: 1-12-21	FILE NO.: 5868	SHEET 3 OF 3
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RECEIVED

JAN 19 2021

LICENSES & PERMITS
D.V.C.O.

Environmental Health
JAN 25 2021
HOG Health Reports

SET 3 OF 3

PERMIT NUMBER: B21000109	1/19/2021
PROJECT NAME: ADELAKUN/ANUKEM RESIDENCE	
ADDRESS: 12435 HILL CREST	
COMMERCIAL _____ RESIDENTIAL <input checked="" type="checkbox"/> _____ LOT # _____ NEW _____	
ALTERATION <input checked="" type="checkbox"/> _____ ADDITION _____ MISC _____ OTHER _____	

CHANGE IN USE

CONVERSION OF DETACHED GARAGE

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

D-8-03-03

Building Address 12435 LIME KILL RD
FULTON, MD. 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision ZUMMERTON RD
 Section _____ Area _____ Lot 5
 Tax Map 45 Parcel _____ Grid _____
 Zoning RR DEP Map Coordinates _____ Lot size 18.25 ACRES

Property Owner's Name SANDRA & GEORGE MILL
 Address 12435 LIME KILL RD
 City FULTON State MD Zip Code 20759
 Phone 301 470 0705 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
P.O. BOX 574 FULTON MD 20759
 Phone _____ Fax _____

Existing Use SINGLE FAMILY
 Proposed Use POOL
 Estimated Construction Cost \$ 275,000
 Description of Work BUILD ENCLOSED SWIMMING POOL

Contractor Company CLASSIC DESIGN RESTORATION
 Contact Person ANDY LLC
OLIVER HILL AND
 Address 11637 TERRACE DR SUITE 202
 City WALDORF State MD Zip Code 20602
 License No. 951 OR 121931
 Phone 301 470 6378 Fax 301 870 6419

Occupant or Tenant OWNER
 Contact Name SANDRA MILL
 Address LIME KILL RD
 City FULTON State MD Zip Code 20759
 Phone 301 470 0705 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: <u>Pool House</u> Dimensions: <u>6' x 36'</u> Footings: <u>CONCRETE</u> Roof Height: <u>1-9'</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

R. Michael Hilland
 Applicant's Signature
OWNER
 Title/Company

R. MICHAEL HILLAND
 Print Name
10/14/08
 Date

Setback 04/28

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07003178

Building Address 12435 Lymekiln Rd.
Fulton, MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Ummernan

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Sandra Hill

Address 12435 Lymekiln Rd.

City Fulton State MD Zip Code 20759

Home Phone 301-776-8360 Work Phone 240-976-9149

Applicant's Name & Mailing Address, (if other than stated hereon):
Suburban Propane
31 Derwood Cr. Rockville, MD 20850
Phone 301-251-0608 Fax 301-251-0608

Existing Use SF Dwelling

Proposed Use Same

Estimated Construction Cost \$ 5,000

Description of Work Burying propane
tank and gas line and
connecting to house and
generator.

Contractor Company Suburban Propane

Contact WS - LHM McKenny

Address Building permit - 2008

City _____ State _____ Zip Code 20850

Phone 301-251-0608

Occupant or Tenant _____

Contact Name Sandra Hill

Address 12435 Lymekiln Rd.

City Fulton State MD Zip Code 20759

Phone 301-776-8360 Fax _____

Eng _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space 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

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.

Applicant's Signature _____
Mary Suburban Propane
Title/Company

Print Name James McKenny
7-25-07
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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>5/21/08</u>	<u>[Signature]</u>	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"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

D-3003003

Building Address <u>12435 LIME KILN RD</u> <u>FULTON, MD. 20759</u>	Property Owner's Name <u>SANDRA & GEORGE HILL</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>12435 LIME KILN RD</u>
Census Tract _____ Subdivision <u>ZIMMERMAN RD</u>	City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u>
Section _____ Area _____ Lot <u>5</u>	Phone <u>301 470 0905</u> Phone _____
Tax Map <u>45</u> Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>F.O. BOX 594 FULTON MD 20759</u>
Zoning <u>RR DEP</u> Map Coordinates _____ Lot size <u>18.25 ACRES</u>	Phone _____ Fax _____

Existing Use <u>SINGLE FAMILY</u>	Contractor Company <u>CLASSIC DESIGN REQUIRING</u>
Proposed Use <u>POOL</u>	Contact Person <u>MIKE HOLLAND</u>
Estimated Construction Cost \$ <u>275,000</u>	Address _____
Description of Work <u>BUILD ENCLOSED SWIMMING POOL</u>	City <u>WALDORF</u> State <u>MD</u> Zip Code <u>20602</u>
	License No. <u>951</u> OR <u>121931</u>
	Phone <u>301 470 6375</u> Fax <u>301 870 6417</u>

Occupant or Tenant <u>OWNER</u>	Engineer or Architect Company _____
Contact Name <u>SANDRA HILL</u>	Contact Person _____
Address <u>F.O. BOX 594</u>	Address _____
City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u>	City _____ State _____ Zip Code _____
Phone <u>301 470 0905</u> Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
_____ State Certified Modular	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	_____ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: _____	_____ NFPA #13D _____ NFPA #13R _____ Other: _____
		No. of efficiency units: _____	
		No. of 1 BR units: _____	
		No. of 2 BR units: _____	
		No. of 3 BR units: _____	
		Other Structure: <u>Pool House</u>	
		Dimensions: <u>65 x 36</u>	
		Footings: <u>CONCRETE</u>	
		Roof Height: <u>17'</u>	
		_____ State Certified Modular _____ Manufactured Home	

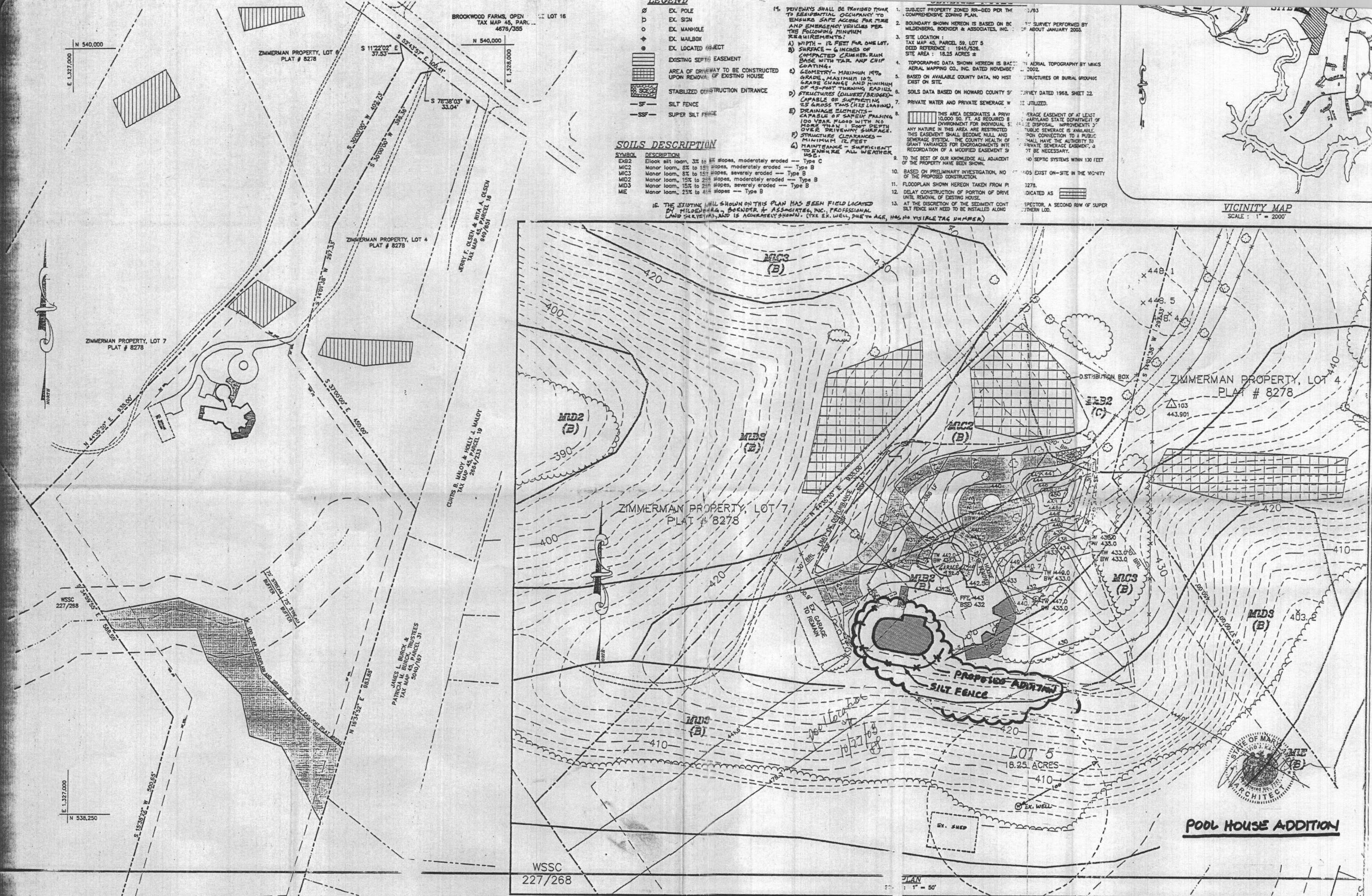
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Applicant's Signature R. Michael Holland Print Name R. MICHAEL HOLLAND
 Title/Company _____ Date 10/14/08

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 INFO
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>10/27/08</u>	<u>[Signature]</u>	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 # _____
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Distribution of Copies -	White: Building Official	Green: LDD, DPZ	LoF Coverage for New Town Zone _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	
Normal PERMIT.FRM				

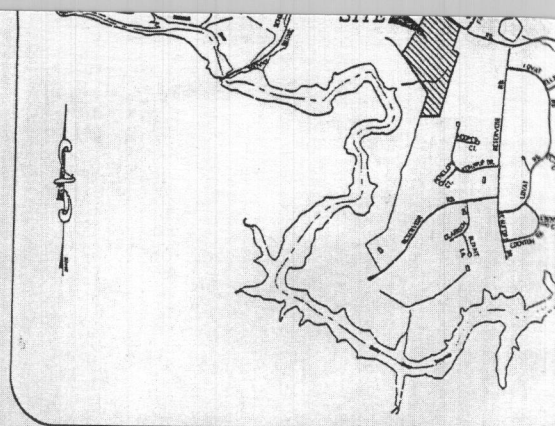


SOILS DESCRIPTION

SYMBOL	DESCRIPTION
EKS2	Elook silt loam, 3% to 8% slopes, moderately eroded -- Type C
MIC2	Manor loam, 8% to 15% slopes, moderately eroded -- Type B
MIC3	Manor loam, 8% to 15% slopes, severely eroded -- Type B
MID2	Manor loam, 15% to 25% slopes, moderately eroded -- Type B
MID3	Manor loam, 15% to 25% slopes, severely eroded -- Type B
ME	Manor loam, 25% to 45% slopes -- Type B

IF THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY MILDENBERG, BOENDER & ASSOCIATES, INC., PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN, (THE EX. WELL, DUE TO AGE, HAS NO VISIBLE TAG NUMBER)

1. SUBJECT PROPERTY ZONED RR-DEO PER THE COMPREHENSIVE ZONING PLAN.
2. BOUNDARY SHOWN HEREON IS BASED ON BC MILDENBERG, BOENDER & ASSOCIATES, INC. SURVEY PERFORMED BY ABOUT JANUARY 2003.
3. SITE LOCATION: TAX MAP 45, PARCEL 59, LOT 5 DEED REFERENCE: 1945/528. SITE AREA: 18.25 ACRES.
4. TOPOGRAPHIC DATA SHOWN HEREON IS BASED ON AERIAL PHOTOGRAPHY BY MIC'S AERIAL MAPPING CO., INC. DATED NOVEMBER 2002.
5. BASED ON AVAILABLE COUNTY DATA, NO HISTORIC STRUCTURES OR BURIAL GROUNDS EXIST ON SITE.
6. SOILS DATA BASED ON HOWARD COUNTY'S PRIVATE WATER AND PRIVATE SEWERAGE DISTRICT UTILIZED.
7. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE SYSTEMS. ANY NATURE IN THIS AREA ARE RESTRICTED TO THE SEWERAGE SYSTEM. THE COUNTY HEALTH DEPARTMENT SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO RECORDATION OF A WRITTEN EASEMENT IF NECESSARY.
8. NO SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
9. TO THE BEST OF OUR KNOWLEDGE ALL ADJACENT OF THE PROPERTY HAVE BEEN SHOWN.
10. BASED ON PRELIMINARY INVESTIGATION, NO OTHERS EXIST ON-SITE IN THE VICINITY OF THE PROPOSED CONSTRUCTION.
11. FLOODPLAIN SHOWN HEREON TAKEN FROM PL 3278.
12. DELAY CONSTRUCTION OF PORTION OF DRIVE UNTIL REMOVAL OF EXISTING HOUSE.
13. AT THE DISCRETION OF THE SEDIMENT CONTROL SILT FENCE MAY NEED TO BE INSTALLED ALONG OTHER LOD.



project	date	engineer	approved
02-078	AUG 20	SJD	JRM
illustration		SJD	
scale		scale	
		date	

PLOT PLAN
 POINT OF CONTACT: GUY CAIAZZO
 (410) 465-5572 (Office)
 (443) 858-4585 (Cell)



12435 S LIME KILN ROAD
 ZIMMERMAN PROPERTY, LOT 5 (PLAT #8278)
 BLOCK 5 - LOTS 4 THRU 7
 HOWARD COUNTY, MARYLAND
 FIFTH ELECTION DISTRICT

MILDENBERG, BOENDER & ASSOC., INC.
 Engineers Planners Surveyors
 5025 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland, 21042
 (410) 587-0296 Fax, (301) 621-6527 Res. (410) 997-0298 Fax

SEPTIC SYSTEM DATA

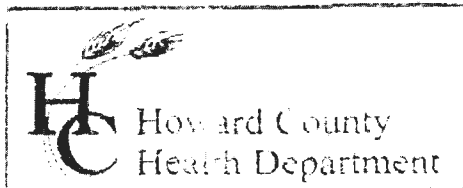
FIRST FLOOR EL.	443.0
BASEMENT EL.	432.0
INV. OUT OF HOUSE	427.0
INV. IN SEPTIC TANK	426.4
INV. OUT SEPTIC TANK	426.15
INV. IN PUMP PIT	426.03
EXIST EL. @ SEPTIC TANK	432.0
PROP EL. @ SEPTIC TANK	430.5
EXIST EL. @ PUMP PIT	431.2
PROP EL. @ PUMP PIT	430.0
EXIST EL. @ DIST. BOX	444.0
INV. IN DIST. BOX	441.0

OWNER
 GEORGE W. HILL & SANDRA E. HILL
 12435 S LIME KILN ROAD
 ELICOTT CITY, MD 21042

I HEREBY CERTIFY THAT ALL DEVELOPMENT WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY CONSTRUCTION ENDORSEMENT AT A DEPARTMENT OF THE ENVIRONMENT AND EROSION CONTROL DISTRICT.
 DEVELOPER'S SIGNATURE: Gretan A. Carizzo
 DATE: 8/24/04

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
 ENGINEER'S SIGNATURE: R. Jacob Hixmat
 DATE: 8/24/04

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS.
 DATE: 8/24/04
 THIS DEVELOPMENT PLAN IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE SOIL CONSERVATION DISTRICT.
 DATE: 8/24/04



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 23, 2004

Lt. Joseph Sanchez
Howard County Fire & Rescue
6751 Columbia Gateway Drive
Columbia, Maryland 21046

RE: Training Open Burn Permit
SITE: Zimmerman Property, Lot 5
12435 Lime Kiln Road
Fulton, Maryland 20759
Nighttime #: (410) 313-2929

Dear Lt. Sanchez:

Maryland Regulations for the control of air pollution allows permits to be issued for fires set in the course of a training exercise or accepted forestry practices (COMAR 26.11.07). Therefore, permission is granted for controlled open burning at the above referenced property.

Part of the permit application process requires that the application be filed with the Building Permits Office ((410) 313-2455) and corresponding fee (if required), be paid at the Cashiers Office, both located in the George Howard Building.

This permit is subject to the following conditions and requirements:

1. This permit is designed to raze the existing residential structure on the property.
2. The site is to be sufficiently staffed to ensure that surrounding residences and landscaping are not adversely affected throughout the burning exercise.
3. When burning activities are completed, the remaining debris is to be fully extinguished with water and/or dirt.
4. A water supply (i.e., tanker truck) is to be on-site and operational throughout the controlled burn.
5. Burning is restricted to daylight hours only. Burning is to occur between 7:30 a.m. and 6:00 p.m.

- 6 No burning is to occur when wind speeds are expected to exceed 12 m.p.h.
- 7 Burning is contingent upon successful and proper abandonment (or adequate containment/separation) of the existing well and septic system, plus removal to the extent possible, any perceived hazardous material PRIOR TO any burning related activities. (Note: Demolition Permit B00150265 was applied for and approval recommended by this office on September 9, 2004).
- 8 This permit will be in effect beginning Saturday September 25, 2004 and will expire at the end of the burning day on Sunday October 10, 2004. Any revision to this date will require the issuance of a new permit.

Contact Howard County Central Communications at (410) 313-2929 prior to initiating any burning activities.

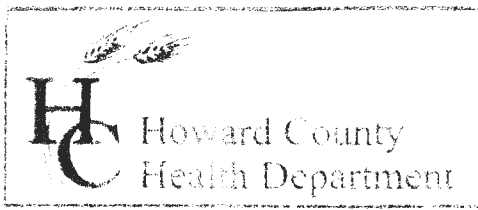
Sincerely,



Bert Nixon, Assistant Director
Bureau of Environmental Health

BN/bn

cc: Central Communications
Fire & Rescue
Battalion Chief, Station 11 (Scaggsville/Laurel)



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