

PERMIT NUMBER: B 23072915

DATE ACCEPTED: 06/28/2023



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: 6542 Mink Hollow Rd.		Unit: D/A
City: Highland	State: MD	Zip Code: 20777
Subdivision/Village/Complex Name: Douglas Woods		SDP/WP/BA #:
Lot: 4	Tax Map: 32	Parcel: 000380
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use: CARPORT	Estimated Cost: \$ 15000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None Build detached carport as per plans.		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): James Potts	Primary Residence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner's Street Address: 1708 Woodstock Rd	
City: Woodstock	State: MD
Phone: 443-250-9046	Email: Potts.jim@aol.com
Zip Code: 21163	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name: James Potts
Street Address: 1708 Woodstock Rd	
City: Woodstock	State: MD
Phone: 443-250-9046	Email: Potts.jim@aol.com
Zip Code: 21163	

CONTRACTOR INFORMATION REQUIRED

Business Name:	
Licensee's Name: TBD	License #:
Street Address:	
City:	State:
Phone:	Email:
Zip Code:	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Simex Design	Name: ROXY SIMEX
Street Address: 3600 Foundry ST.	
City: Spoope	State: MD
Phone: 301-776-8785	Email:
Zip Code: 20963	

BUILDING CHARACTERISTICS REQUIRED

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

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

Model Name & Options:					
# 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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> 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.


 APPLICANT'S ORIGINAL SIGNATURE

 DATE SIGNED: June 28, 2023

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>R/E 11/26/2024</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES:	PAYMENT: Check # 1777	ACCEPTED BY: [Signature]
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SITE INSPECTION SHEET

OWNER: Jim Potts PHONE #: _____

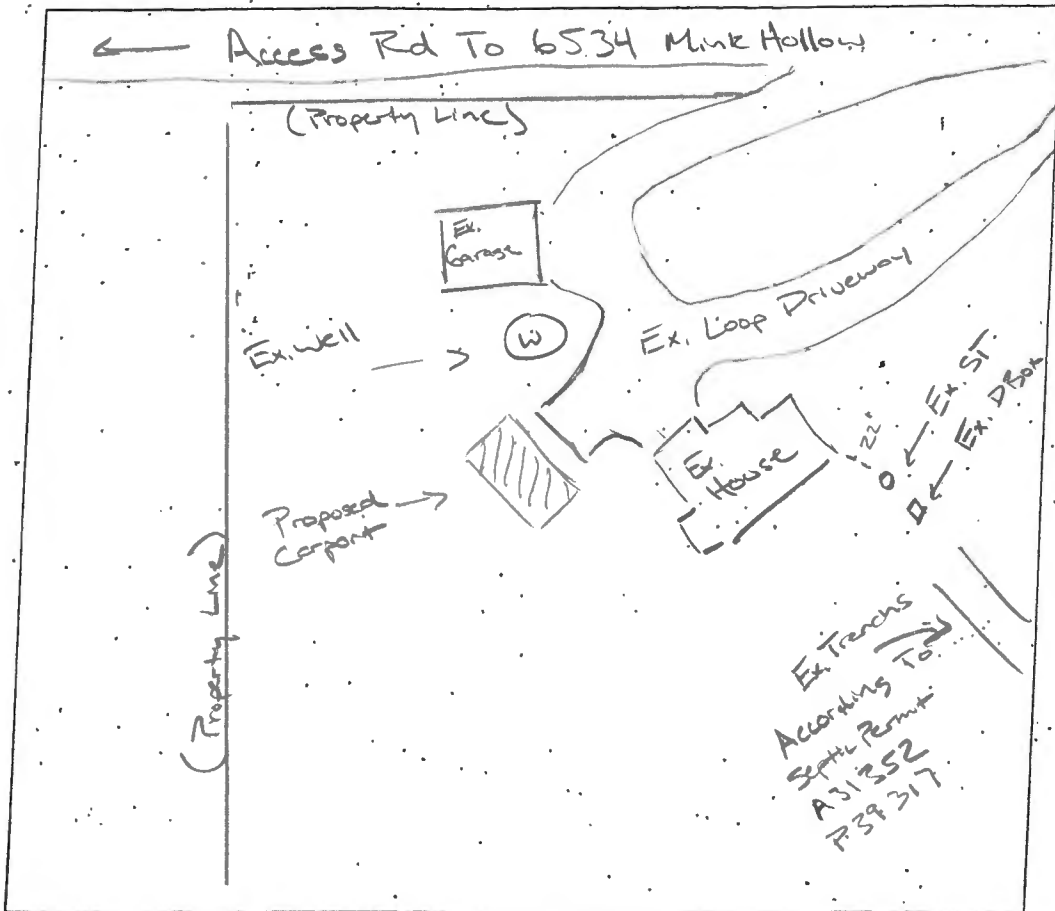
ADDRESS: 6542 Mink Hollow CONTRACTOR: _____

Rd. Highland MD 20777 WELL TAG #: HO-73-4284

SUBDIVISION: _____ LOT: _____ COUNTY #: Howard

PROPOSAL: B23002456 proposing carport near ex. well;

Asking for waiver to PC requirement. Records can
LOCATION DIAGRAM possibly count as PC equivalent.



COMMENTS: Well appears to be in good condition. (2 pcs
secure cap). OSDS appears to be functioning with
no signs of failure. Carport will be within 100'
of existing well.

DATE: 11/19/2024 INSPECTOR: RSF

Name of Requestor: _____

Street Address: _____

City, State, Zip: _____

Date: _____

Amendment, Permit # B23002456

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

RECEIVED

JUN 3 2024
LICENSE PERMITS
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B23002456 at

6542 Mich Hollow Rd to
(Site Address)

Enclosed:

- _____ Fee: _____
- _____ Plot Plans
- _____ Sets of Construction Drawings
- _____ Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,

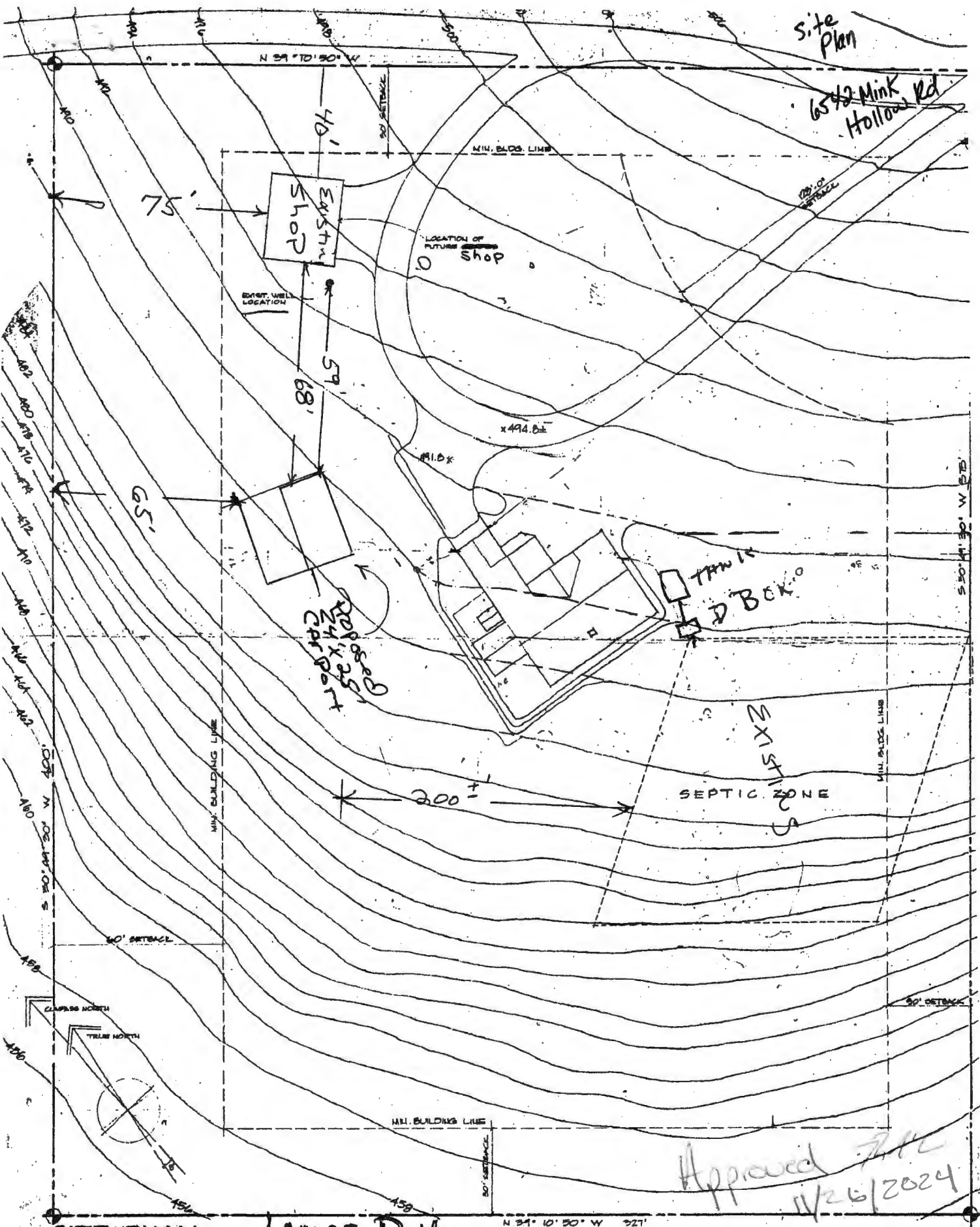
Name: _____

Title: _____

Phone and/or Email: _____

Site Plan

6542 Mink Hollow Rd



SITE PLAN

JAMES Potts
6542 MINK HOLLOW RD

Approved [Signature]
11/26/2024

Howardco Permit # B23002456



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

APPLICATION FOR WAIVER

To Howard Co Code Subtitle 8: Onsite Sewage Disposal Systems and Subtitle 9: individual Potable Water Supply Systems

Date Submitted: 11/14/2024

Property Address: 6542 Mink Hollow Rd. Highland, MD 20777

Table with 6 columns: Subdivision, Lot, Tax Map, Grid, Parcel, Tax Account #. Row 1: Jocelyn Acres Section 1, 4, 0034, 0015, 0388, 1405392209

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

Building permit application B23002456 proposing carport (no living space or plumbing).

In the area below, list the specific section of the Howard Co Code to which a waiver is being requested and provide a brief summary of the regulation and an explanation of why the waiver is being requested (Attach a separate sheet if necessary).

Table with 2 columns: Regulation Section, Summary and Explanation. Row 1: 1. SEC. 3.805.(a)(ii), Property must have approved PC if proposing structure over 250sqft and is not a garage.

Handwritten signature of Property Owner

Property Owner's Signature

Health Department Use Only

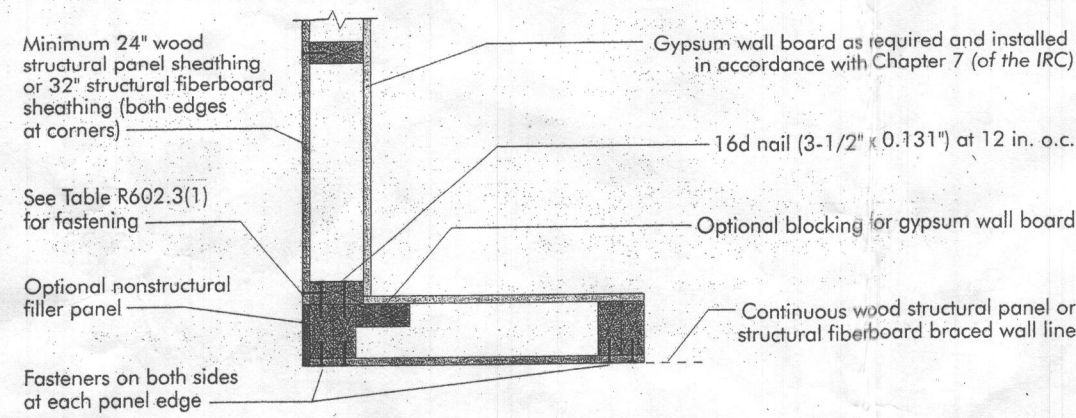
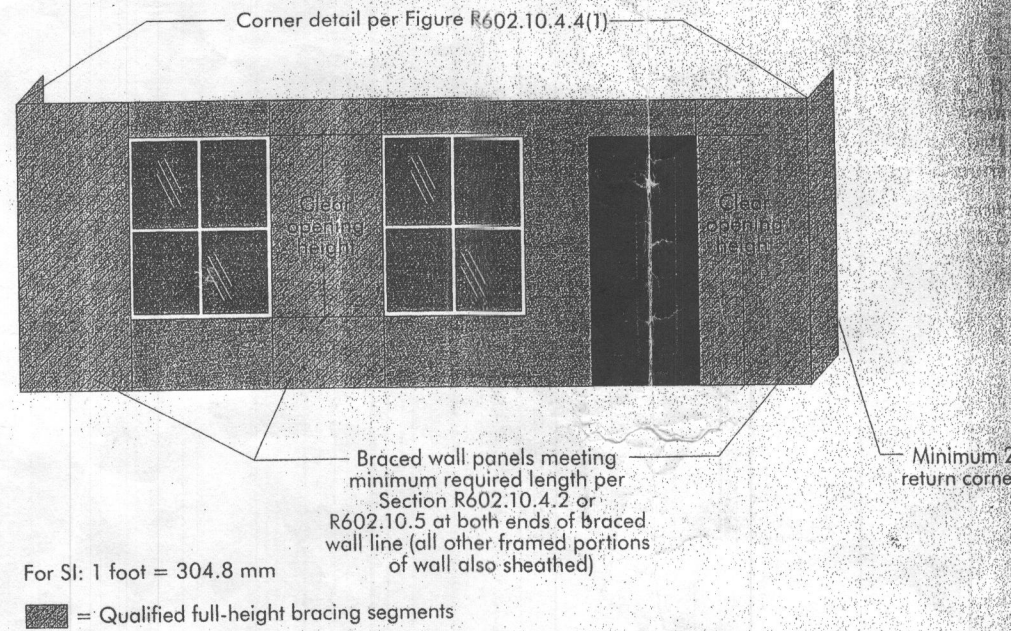
Reviewed by: HCHD Staff, Date: Comments/Conditions: install in location shown on plot plan for B23002456

Approved by: [Signature], BEH Deputy Director, Date: 11/26/24

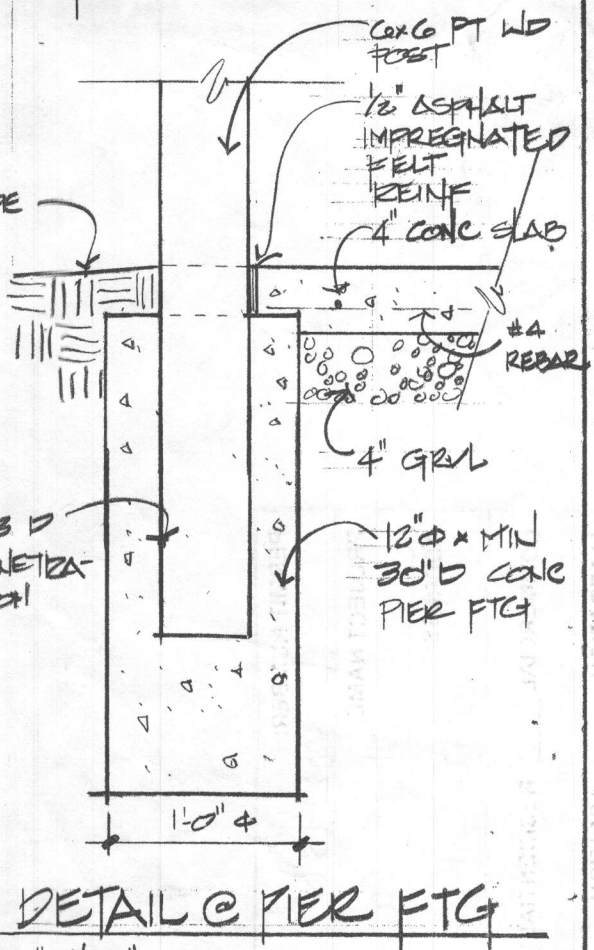
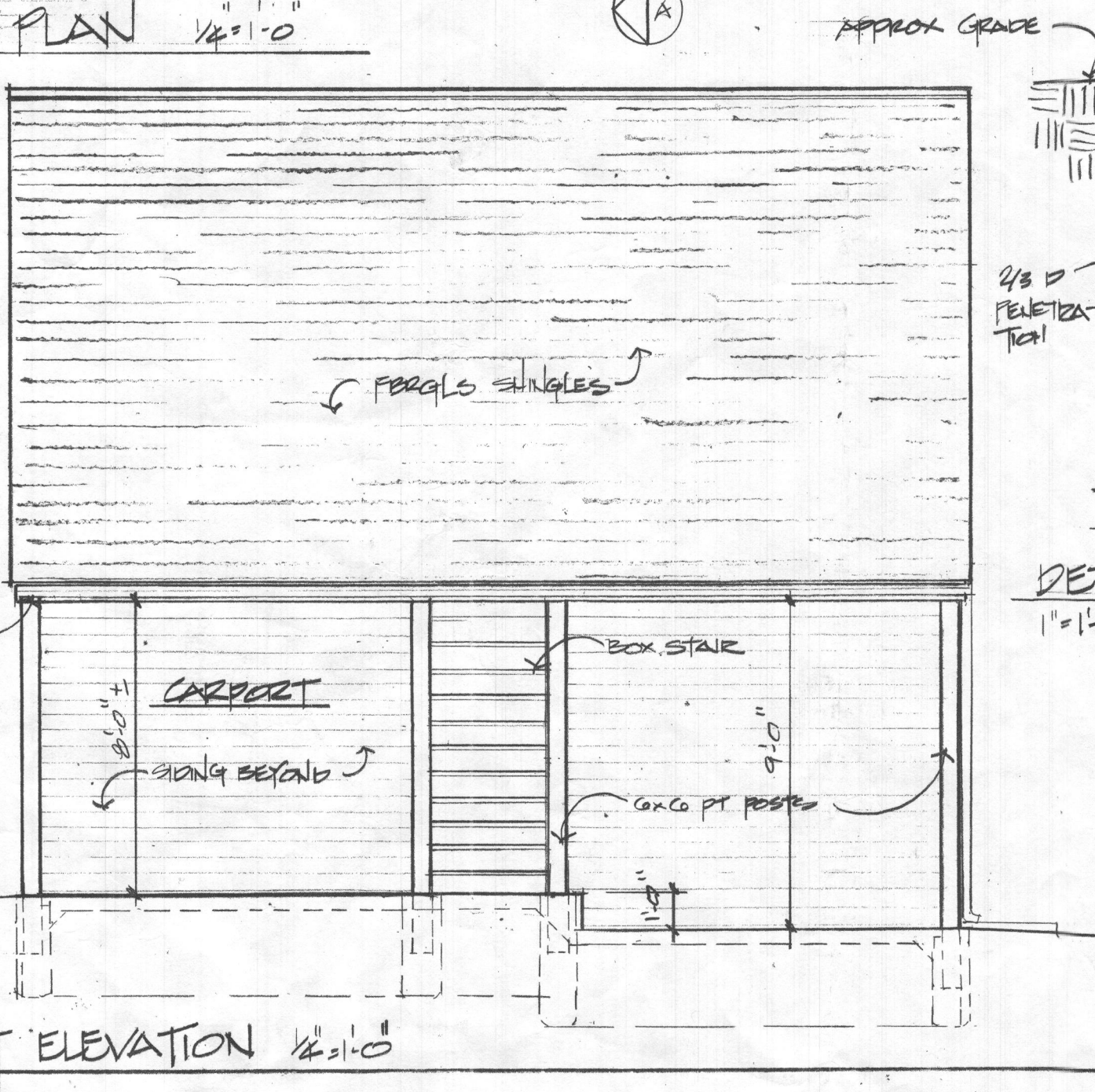
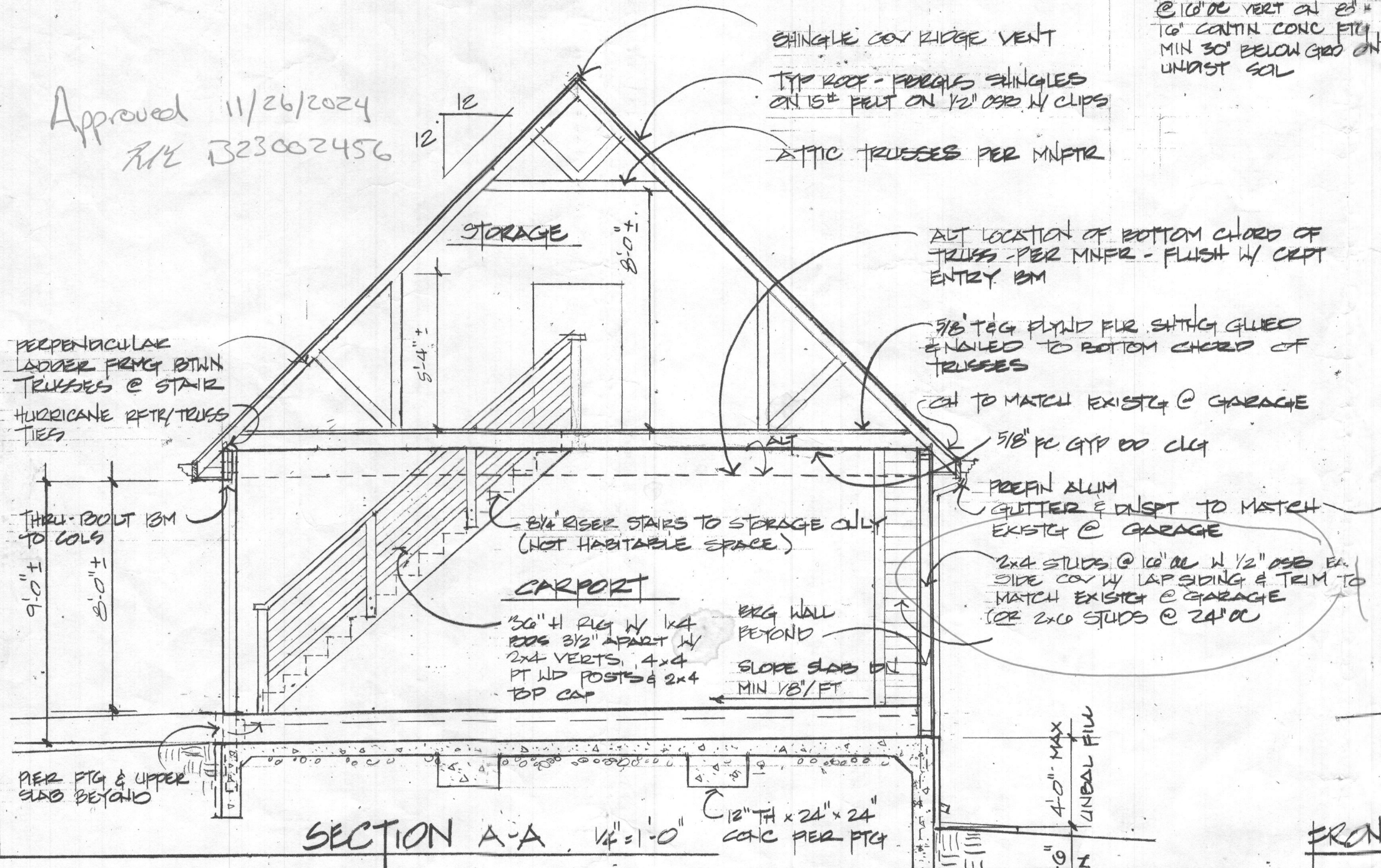
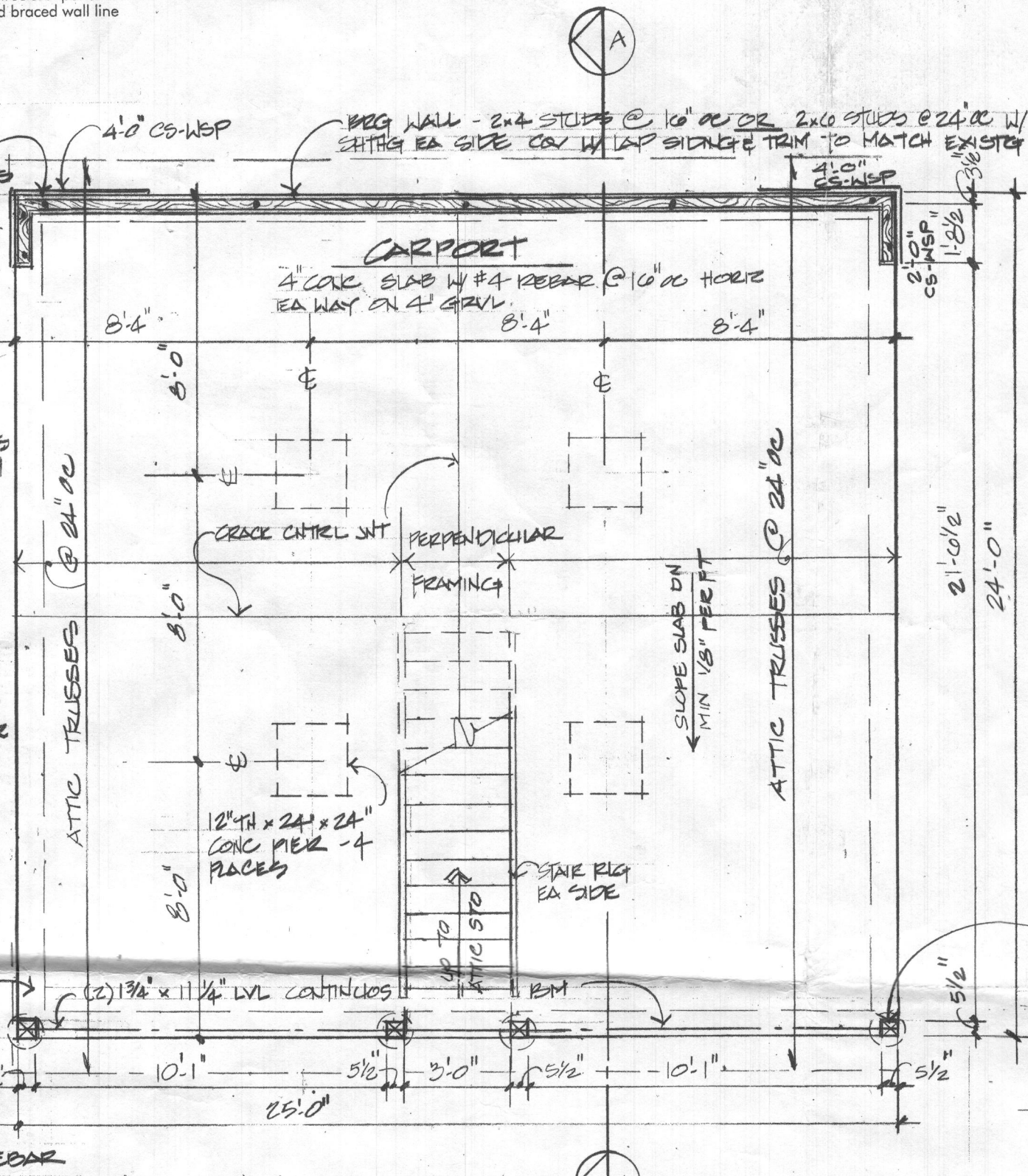
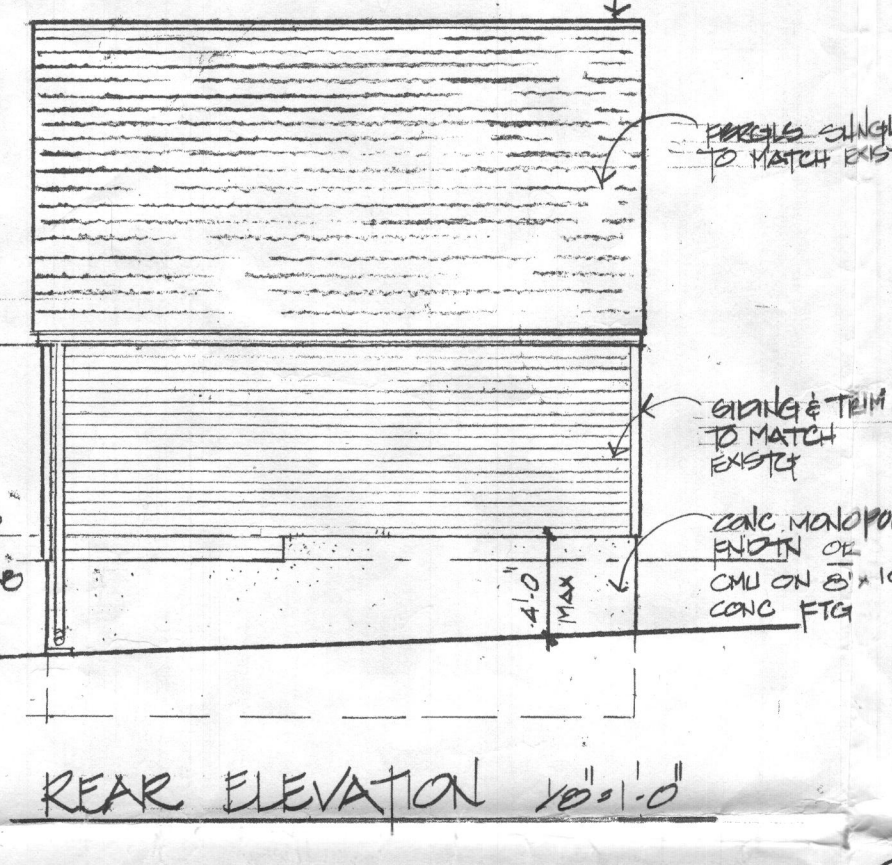
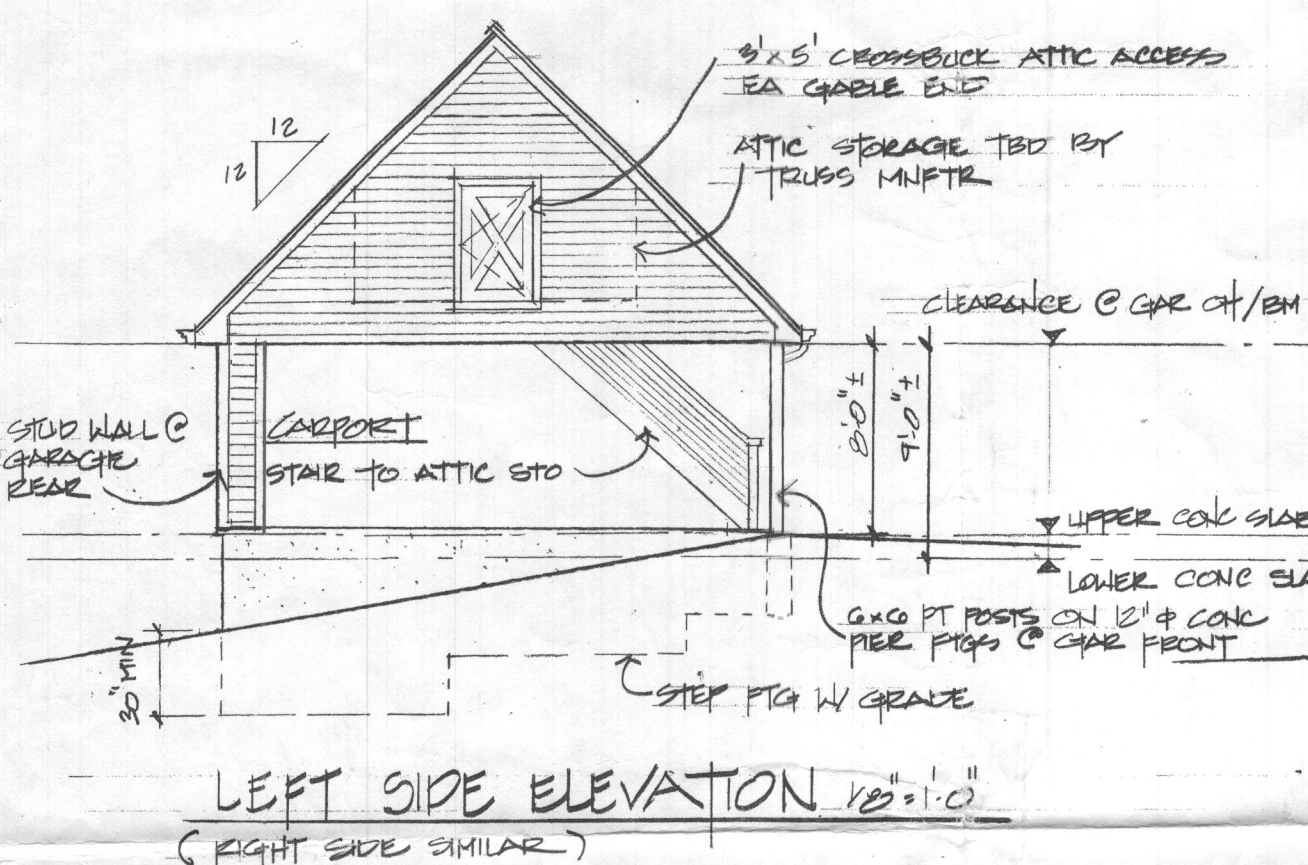
FIGURE 5.16

Continuous sheathing methods

IRC Figure R602.10.4.4(2) Braced wall line with continuous sheathing with corner return panel per IRC Section R602.10.4.4 or R602.10.5. Note that return corner must be 32 inches when using IRC Section R602.10.5, Method CS-SFB.



NOTE: WALL BRACING METHOD CS-WSP @ WALL



Approved 11/26/2024
R/E 323002456

RECEIVED
JUN 28 2023
LICENSES & PERMITS
DIVISION

SINEX DESIGN ARCHITECTS
2600 FARMWAY ST SAVAGE, MD 20786
301-770-8285
ARCHITECT

CARPET FOR
JIM POTTS
6842 MILK HOLLOW RD HIGHLAND, MD 20777
12.20.11
SHEET
1 OF 1