

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2499 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3600	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B07001501
Building Address <u>12237 Carroll Mill Rd</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: _____ SDP/MWP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Barbara + Ernest Baker</u> Address <u>12237 Carroll Mill Rd</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>240-755-0029</u> Work Phone <u>N/A</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____	
Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>8,750</u> Description of Work <u>Renovations: Demolition/convert</u> <u>existing 2 BR's into 1 master suite + 2</u> <u>baths into 1.</u>	Contractor Company <u>B Square Construction Inc</u> Contact Person <u>Nancy Boone</u> Address <u>2420 Altes Dr</u> City <u>New Windsor</u> State <u>MD</u> Zip Code <u>21776</u> License No. <u>86372</u> Fax <u>410-635-6414</u> Phone <u>410-635-6511</u>	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Ronald Johnston + Associates</u> Contact Person <u>Ron Johnston</u> Address <u>11407 Barber Field Way</u> City <u>Marrattsville</u> State <u>MD</u> Zip Code <u>21104</u> Phone <u>410-442-3167</u> Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> 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	<u>Utilities</u> 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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	<u>Building Characteristics</u> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlf space <input type="checkbox"/> Slab on Grade <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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 THEREON; (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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Nancy M. Boone
 Applicant's Signature
of Mrs. B Square
 Title/Company

Nancy M. Boone
 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	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>4/24/07</u>	<u>John T...</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 \$ _____
			Historic District?	Violation \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for Rear/Corner Zone	
			SDP/MWP approval date _____	Accepted by _____
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA

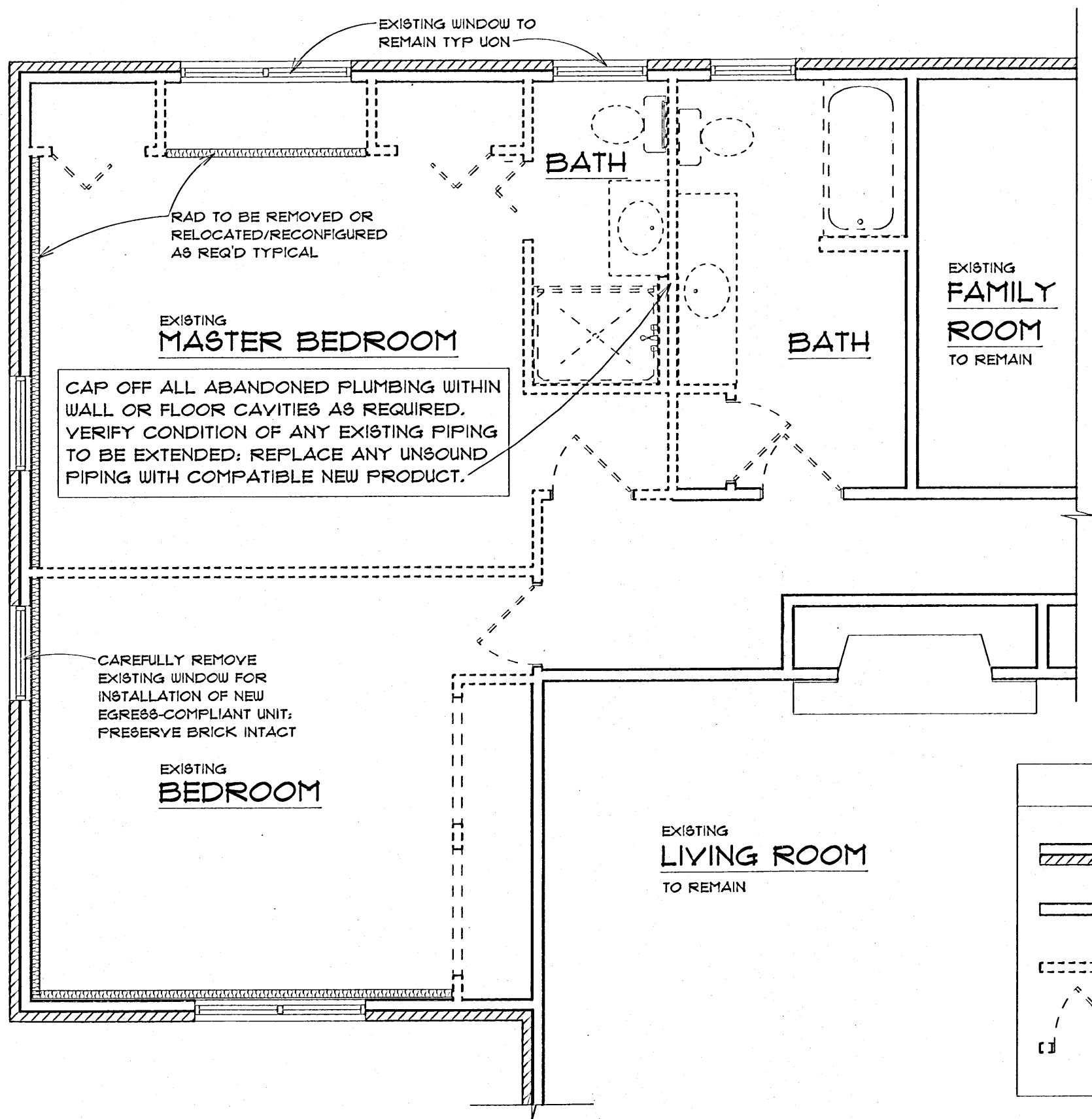
BAKER RESIDENCE

PERMIT SET

03-17-07

2

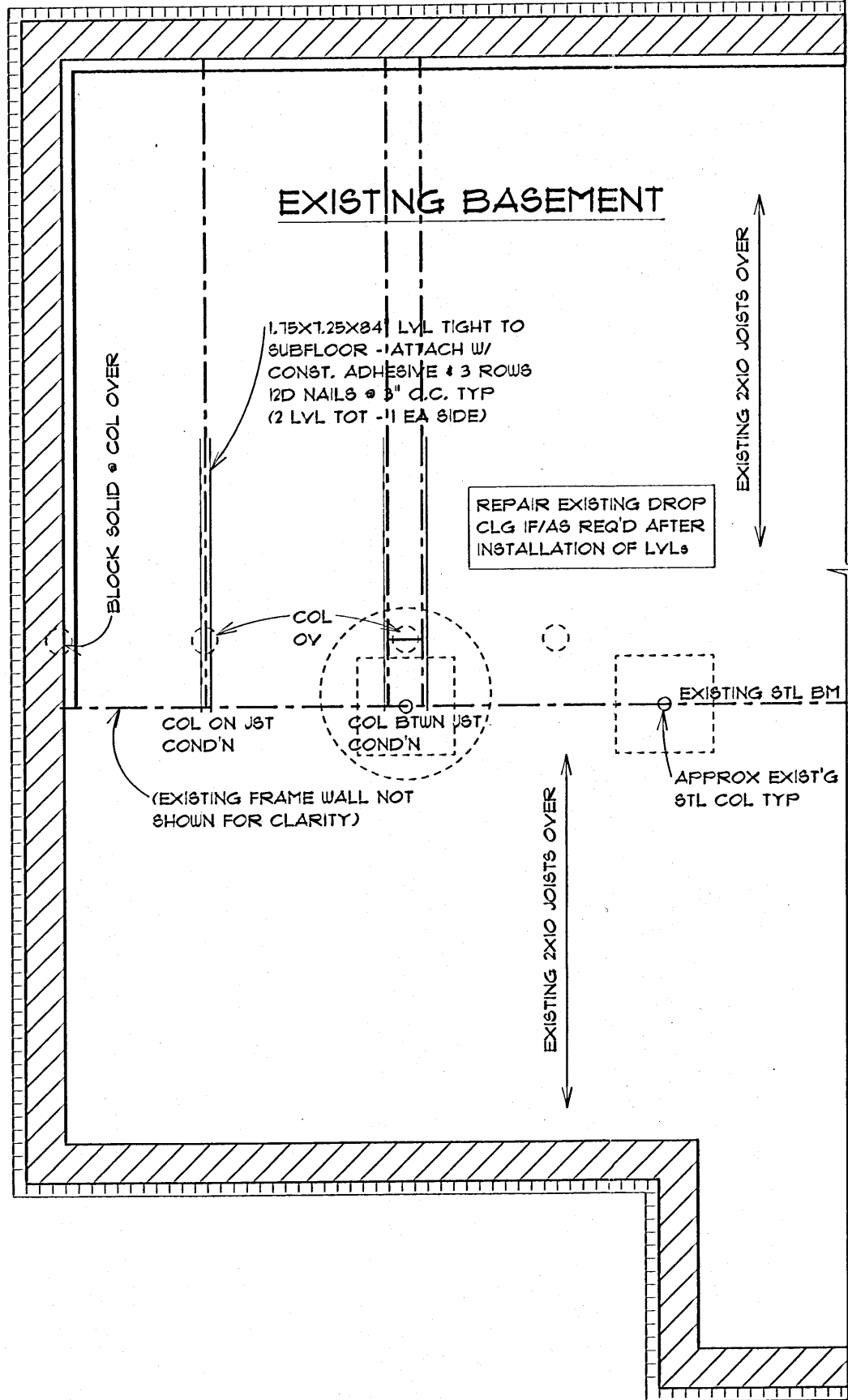
1/4" = 1'-0"



FIRST FLOOR DEMOLITION PLAN

GENERAL CONSTRUCTION NOTES

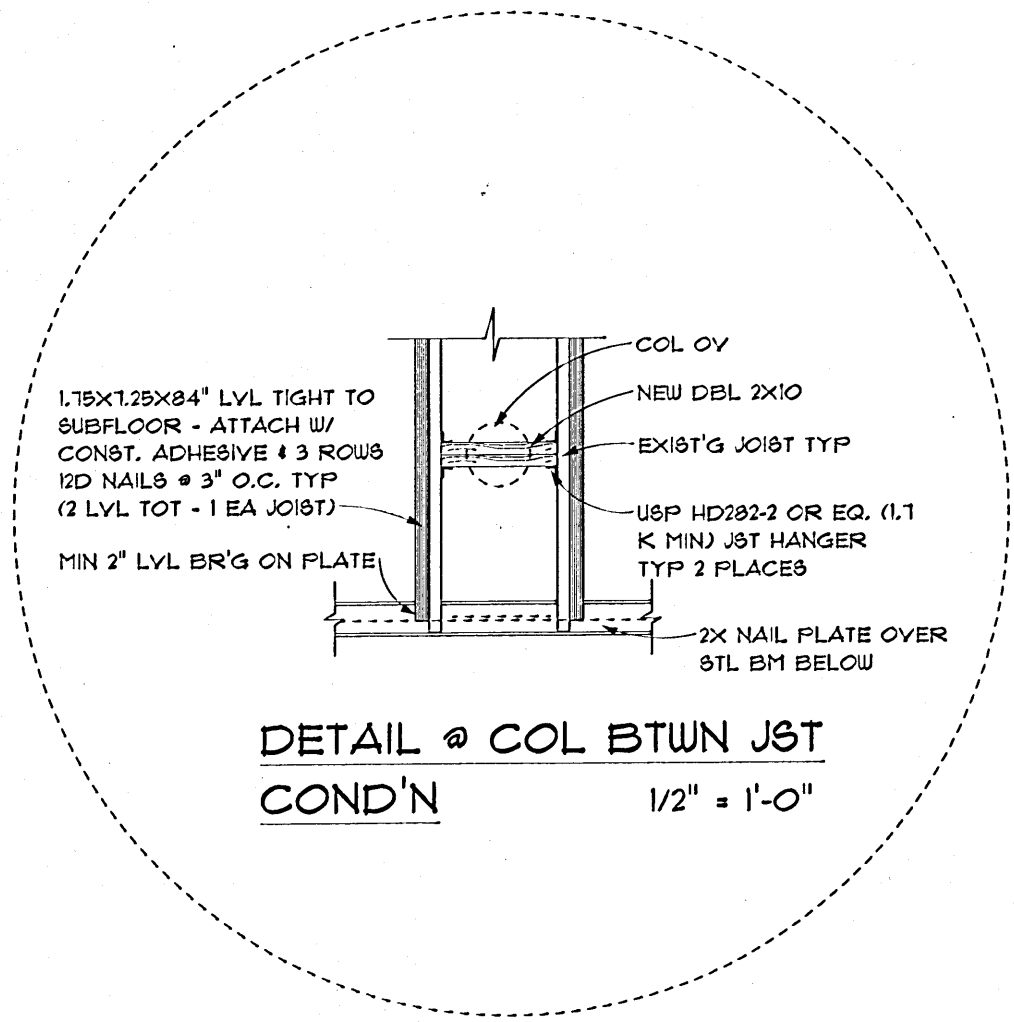
1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE. CONSTRUCTION SHALL COMPLY WITH INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO: ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME; ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN; AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.
3. ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #2 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIED BY THE CONTRACTOR.
4. ALL MATERIAL AND EQUIPMENT SUPPLIED AND INSTALLED SHALL BE NEW AND OF THE QUALITY SPECIFIED OR IMPLIED IN THESE DRAWINGS AND/OR THE CONTRACT SPECIFICATIONS. ALL WORK SHALL BE PERFORMED IN A WORKMANLIKE MANNER AND IN ACCORDANCE WITH THE STANDARDS ADOPTED AND PUBLISHED BY THE TRADE ASSOCIATION GOVERNING THE WORK.
5. IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.
6. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.
7. THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED.
8. COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE, UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.
9. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS. CONTRACTOR SHALL VERIFY ADEQUACY OF EXISTING STRUCTURE TO RECEIVE NEW CONSTRUCTION.
10. PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, CABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.



PARTIAL FOUNDATION PLAN

NOTE: NO EXHAUSTIVE OR INVASIVE INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR SHALL FIELD-VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07001501 A# P515 304A
 APP. SAN AT DATE: 4/26/07
 DESC. OF WORK: *CONVERT EX. BR into 1 master Suite + 2 Baths into 1*



RONALD JOHNSTON & ASSOCIATES, ARCHITECTS

BAKER RESIDENCE

PERMIT SET
 03-17-07
1
 1/4" = 1'-0"

PERMIT

03-279456

P 515364A

SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

A _____

ISSUE DATE _____

INDEXED

APPROVAL DATE _____

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Woodmark LOT NUMBER 22 ADDRESS 12237 Carroll Mill Road

Block B, Sec 2

PROPERTY OWNER _____ PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

515364A