



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: 11-5-14

Permit No.: B14004024

Building Address: 3720 Running Springs Rd
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 20 Parcel: 101 Grid: 15
Zoning: _____ Map Coordinates: _____ Lot Size: 11,980
Existing Use: STD
Proposed Use: STD w/ proposed tank
Estimated Construction Cost: \$ 60,000
Description of Work: 1050 gallon underground
ground propane tank
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Stephen Shub
Address: 3720 Running Springs Rd
City: Ellicott City State: MD Zip Code: 21042
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Jeremy Clancy
Address: 1560 D.D. Carter Center Dr
City: Bethesda State: MD Zip Code: 20817
Phone: 443-400-2794 Fax: _____
Email: _____

Contractor Company: T&S
Contact Person: Jeff Kuncy
Address: 1560 D.D. Carter Center Dr
City: Bethesda State: MD Zip Code: 20817
License No.: 63164
Phone: 443-400-2794 Fax: _____
Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	Multi-family Dwelling
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
☐ Yes ☐ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities
Water Supply
☐ Public
☐ Private
Sewage Disposal
☐ Public
☐ Private
Electric: ☐ Yes ☐ No
Gas: ☒ Yes ☐ No
Heating System
☐ Electric ☐ Oil
☐ Natural Gas ☐ Propane Gas
☐ Other:
Sprinkler System:
☐ Yes ☐ 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: 11/5/14

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	11/20/14	H. Oswald

DPZ-SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ 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	#

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

Plan approved as shown
for B14004024 (proper tank) - H.O., 11/20/14

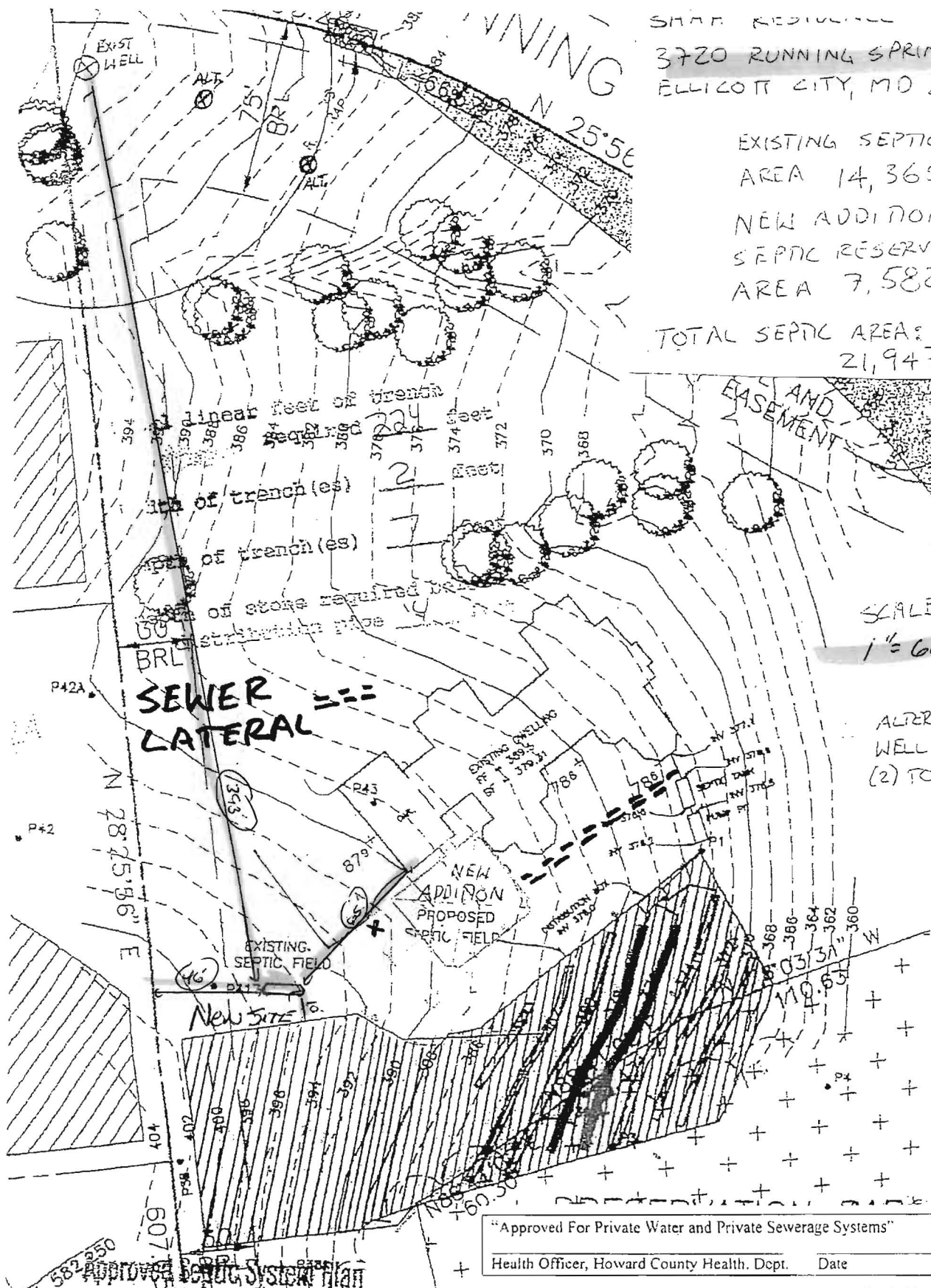
SHAN RESIDENCE
3720 RUNNING SPRINGS RD
ELLICOTT CITY, MO 21042

EXISTING SEPTIC
AREA 14,365 $\pm$
NEW ADDITIONAL
SEPTIC RESERVE
AREA 7,582

TOTAL SEPTIC AREA:
21,947 $\pm$

SCALE:
1" = 60'

ALTERNATE
WELL LOCATOR
(2) TOTAL



"Approved For Private Water and Private Sewerage Systems"	
Health Officer, Howard County Health Dept.	Date



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: _____

Permit No.: B13001721

Building Address: 3720 RUNNING SPRINGS RD.
City: ELLICOTT CITY State: MD Zip Code: 20833
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: QUARTERFIELD
Section: 2 Area: 1 Lot: PAR 3A
Tax Map: 23 Parcel: 101 Plat: 12243
Zoning: _____ Map Coordinates: _____ Lot Size: 11.98AC

Existing Use: RESIDENTIAL
Proposed Use: RESIDENTIAL
Estimated Construction Cost: \$ 150,000
Description of Work: ADDITION OF AN ACCESSORY APARTMENT - 3000 sq ft (1500 UP + 1500 DOWN, NOT COVERED)
Occupant or Tenant: OWNER (SEE OWNER INFO)
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: SYRAKES M. SHAH
Address: 3720 RUNNING SPRINGS RD.
City: ELLICOTT CITY State: MD Zip Code: 21042
Phone: 443 276 1900 Fax: NA
Email: csahan@cstaff.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: STIRLING HOMES (DAVE SADLER)
Address: 20901 NEW HAMPSHIRE AVE
City: BROOKVILLE State: MD Zip Code: 20833
Phone: 301 974 4899 Fax: NA
Email: dauidksadler@aol.com

Contractor Company: SAME AS APPLICANT
Contact Person: DAVE SADLER
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: AR GRAPHICS
Responsible Design Prof.: A. RANDALL CASSELL
Address: 113 GOTHARD ROAD
City: LUTHERVILLE State: MD Zip Code: 21093
Phone: 410 825 8734 Fax: NA
Email: argraft@aol.com

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>20 FT</u>	☒ SF Dwelling ☐ SF Townhouse
No. of stories: <u>1 + BASEMENT</u>	Depth: _____ Width: _____
Gross area, sq. ft./floor: <u>3000</u>	1 st floor: <u>37 FT</u> 40 FT
First floor: <u>Bas.</u>	2 nd floor: _____
Area of construction (sq. ft.): <u>3000</u>	Basement: _____
First floor: <u>Bas.</u>	☒ Finished Basement
Use group: <u>RESIDENTIAL</u>	☐ Unfinished Basement
Construction type:	☐ Crawl Space
☒ Reinforced Concrete	☐ Slab on Grade
☐ Structural Steel	No. of Bedrooms: <u>1</u>
☐ Masonry	Multi-family Dwelling
☒ Wood Frame	No. of efficiency units: _____
☐ State Certified Modular	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities
<u>Water Supply</u>
☐ Public
☒ Private
<u>Sewage Disposal</u>
☐ Public
☒ Private
Electric: ☒ Yes ☐ No
Gas: ☒ Yes ☐ No
<u>Heating System</u>
☐ Electric ☐ Oil
☐ Natural Gas ☒ Propane Gas
☐ Other:
<u>Sprinkler System:</u>
☐ Yes ☒ No
Grading Permit Number: _____
SEPTIC PERMIT # <u>44462</u>
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 AGREES TO ALLOW COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature
DAVE SADLER
Email Address
dauidksadler@aol.com

Print Name
DAVE SADLER
Date
5-1-13

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		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

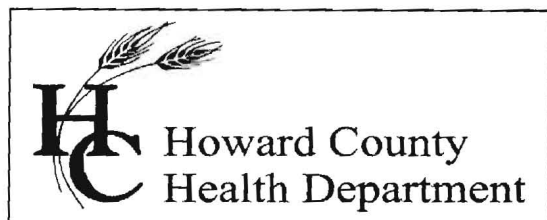
Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>1464</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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

June 11, 2013

To: David Sadler, Stirling Homes, Applicant
davidksadler@aol.com

From: Robert Bricker, REHS/R.S.
Environmental Sanitarian, Well and Septic Program

RE: B13001721, Building Permit Application for Accessory Apartment at 3720 Running Springs Road

The referenced Building Permit Application remains 'On Hold'.

The Accessory Apartment is determined to be a separate dwelling. Therefore, there are two dwellings on this parcel. In accordance with Code of Maryland Annotated Regulations (COMAR) 26.04.03.03 A.(1), there must be 10,000 sq.ft. of sewage disposal area for each dwelling. A revision of the Percolation Certification Plan is required. The revision must propose a sewage disposal area of at least 20,000 square feet.

The Approving Authority has determined that the combined discharge will be allowed. The trench area originally installed in April 2001 to accommodate estimated discharge from a 5-bedroom residence is adequate for the combined estimated discharge of the two dwellings (Howard County Code, Section 3.813).

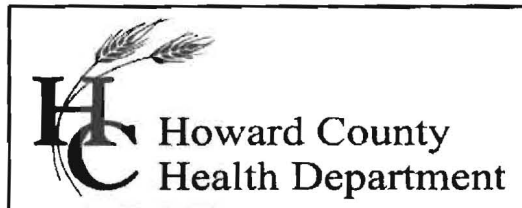
The 1500-gallon septic tank installed in 2001 does not meet the COMAR [26.04.02.05 E.] requirement of 1750-gallon capacity for combined flow from 6-bedrooms. An upgrade of the septic tank capacity is required. Rules implemented by Maryland Department of the Environment (MDE) on January 1, 2013, require that a best available technology (BAT) unit be installed as the septic system is being upgraded.

In addition to revision of the Percolation Certification Plan, submit to the Health Department two copies of a BAT unit Site Plan. I am attaching a document describing the content requirements for the BAT Site Plan.

The Approving Authority requires the following, in sequence, prior to Building Permit Application approval:

1. Signature approval of the Percolation Certification Plan Revision.
2. Approval of the BAT Site Plan.
3. Installation of the BAT unit, and approval of installation by the manufacturer and the attending Environmental Sanitarian.

Copy: Jeff Williams, Supervisor, Well and Septic Program
file



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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

MEMO

Date: May 30, 2013

To: David Sadler, Applicant
davidksadler@aol.com

From: Robert Bricker, REHS/R.S.
Environmental Sanitarian, Well and Septic Program

RE: B13001721, Building Permit Application for new construction at 3720 Running Springs Road

The referenced Building Permit Application is 'On Hold'. The Health Department requires additional information for review.

Please submit the following as 'Reply' to email bearing this memo.

1. A set of floor plans for the proposed 'Accessory Apartment' structure.
2. On a version of the Plot Plan, demonstrate how wastewater is to be conveyed from the proposed structure and where that wastewater is disposed. Include pipe invert elevations and ground elevations for the house sewer out and connection to existing or proposed septic system.
3. Label the portion connecting the proposed structure to the existing garage according to its characteristics. (In essence, is this a breezeway?)

You may submit these documents as PDFs to me, via email.

Copy: file

NOTE

ALL WORK IS TO BE DONE IN ACCORDANCE WITH 2009 IBC CODE FOR ONE & TWO FAMILY DWELLINGS, AND IN ADDITIONAL CODES ENACTED FOR THE LOCAL JURISDICTION.

CONTRACTOR SHALL VERIFY ALL CONDITIONS AT THE SITE BEFORE BEGINNING CONSTRUCTION

RESOLVE ANY DISCREPANCIES PROMPTLY

WINDOWS & INSULATION

1. WINDOW AREA 20%
2. WINDOW U-FACTOR .35
3. SKYLIGHTS U-FACTOR .55
4. CEILING R-49
5. EXTERIOR WALLS R-20
6. FOUNDATION TYPE:
FLOOR R-19 IF UNCONDITIONED
SLATS PERIMETER R-10
BASEMENT WALLS R-10

MATERIALS

1. CONCRETE - 3000 PSI 28 DAY TEST
6x10 10"x10" WOT
2. STEEL - A36 STRUCTURAL GRADE
60 (40) GRADE PLATE
3. WOOD - #2 HEM FIR OR BETTER
~~#2 SYP~~ SHEET PILING
TREATED 42 VP FOR HULLS
& EXPOSED FRAMING

NOTE

MATCH EXISTING ARCHITECTURAL ELEMENTS & FINISHES WHEN POSSIBLE.

ROOF

ASPHALT COMPOSITE SHINGLES
15# FELT
2" OSB WITH "H" CLIPS
TP1 CERTIFIED TRUSSES
15# FUEL TRUSS ENDURANCE
FOR R-49

GUTTER & DOWNSPOUTS
1X8 FASCIA
1/2" AC. PLANK
SOFFIT W/ VENTS
1X8 SUB FASCIA
W/ BRACKING

2X6 FLOORING 16" O.C.
1/2" STRUCTURAL SHEATHING
VAPOR BARRIER
BRICK CHIMNEY
4 BRICK VENTILATOR

2X6 TREATED SILL PLATE
3/4" DIA. ANCHOR BOLTS
6" O.C. 1" AS SPOKES
See Detail 1/51 for
anchor bolts

BRICK VENTILATOR
OVER HANG 1"

10x24 @ 3' ONS @ 2'4" @ 5' BARS
BACK TO GRADE
8" x 20" wall footing
with (2) #4 cont

PRE-ENGINEERED TRUSSES
DESIGNED AND MFG BY
LICENSED TRUSS MFG. IN
THE STATE OF MD.
SHOP DETAILS TO
BE SUBMITTED
FOR APPROVAL
TO DISAPPEAR
AT INSPECTION

PAINTED HEM FIR
SHOWN ON ELEVATION
SHEET 1

12
7

12-49 BATT INSULATION

1/2" DRY WALL FINISH PAINTED

CABINET PER KITCHEN DES.

3/4" T&G OX GLUED AND NAIL

PSI 40 11.8 16" O.C.

2X6 @ 16" O.C.
FLOOR JOIST PROVIDER
TO PROVIDE SPAN &
LOAD DATA FOR
APPROVAL TO BE
AVAILABLE INSPECTION

4" REINFORCED
3000 PSI SLAB
6x6 @ 4' O.C. WALL

6 MIL VAPOR BARRIER
OVER 4" COMPACTED
GRAVEL

DESIGN LOADS

- ROOF - 30 PSI
- FLOORS - 40 PSI
- SLEEPING AREA - 30 PSI
- Garage - 30 PSI
- Wind Speed (3 SEC GUST) - 90 MPH
- SEISMIC DESIGN CAT - B
- SEISMIC SITE CLASS - C
- SOIL - 15000

REINFORCING FOR 8' PAIRS

- CONCRETE WALLS 9" HIGH
- HORIZONTAL - (4) #4 @ 2' O.C.
- VERTICAL - BASED ON SOIL LOAD OF 45#/FT
- 4' O.C. LESS - (4) #4 @ 4' O.C.
- 5' - (4) #4 @ 8' O.C.
- 6' - (4) #4 @ 10' O.C.
- 7' - (4) #4 @ 12' O.C.
- 8' - (4) #4 @ 14' O.C.
- 9' - (4) #4 @ 16' O.C.

SHALL RESIDENCE

SCALE: 3/8" = 1'-0"

APPROVED BY:

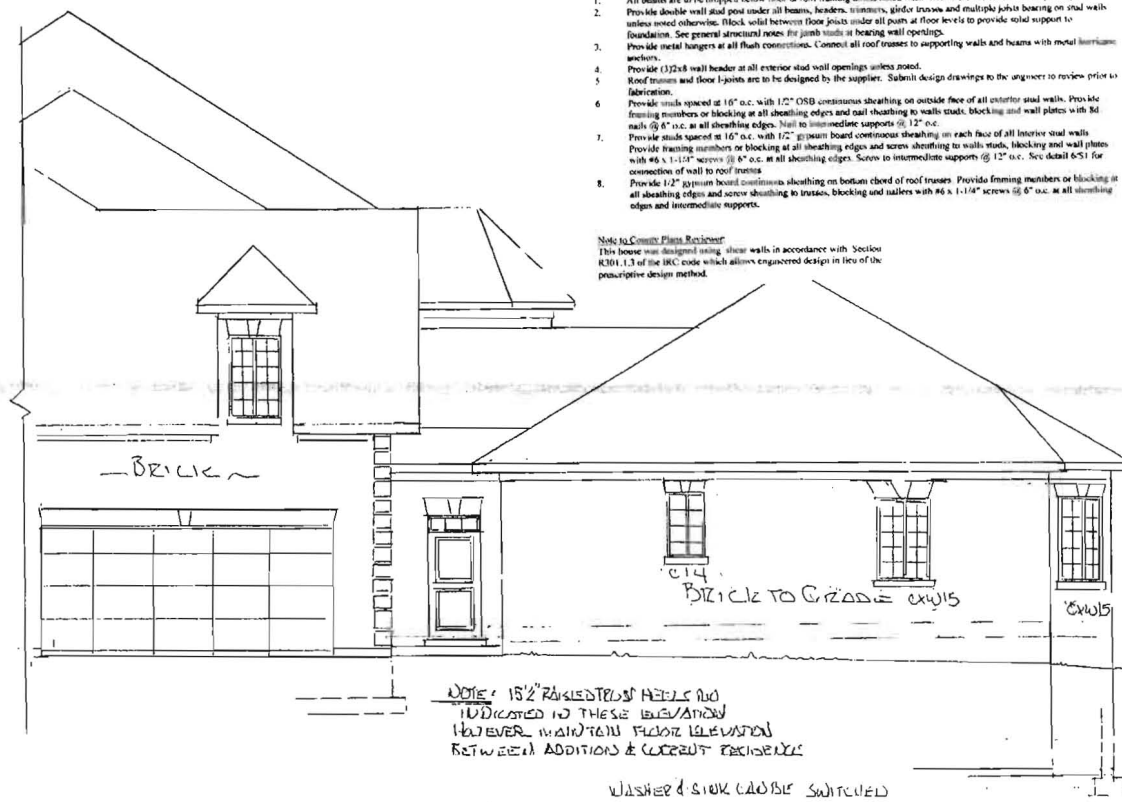
DATE: 4-13-13

SECTION & ROOF PLAN

Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland.



Sweeney Engineering P.C.
Consulting Structural Engineers
1918 Oak Lodge Road
Baltimore, MD 21228
(410) 719-7446 Fax (410) 719-7446



1. All beams are to be dropped below floor or roof framing unless noted. Beams are to have full depth ends.
2. Provide double wall studs under all floors, beams, joists, girders, and multiple joist bays bearing on steel walls.
3. Provide intermediate blocking. Block walls between joists under all joist bays at floor levels to provide solid support to foundation. See structural annotations for joist widths at bearing wall openings.
4. Provide metal hangers at all flush connections. Connect all roof trusses to supporting walls with metal hurricane anchors.
5. Provide 1/2x8 wall header at exterior stud wall openings unless noted.
6. Roof trusses and floor joists are to be designed by the supplier. Submit design drawings to the engineers to review prior to construction.
7. Provide studs spaced at 16" o.c. with 1/2" OSB continuous sheathing on outside face of all exterior stud walls. Provide blocking at blocking at all sheathing edges and nail sheathing to walls studs, blocking and wall plates with 8d nails.
8. Provide studs spaced at 16" o.c. with 1/2" gypsum board continuous sheathing on each face of all interior stud walls.
9. Provide framing members or blocking at all sheathing edges and screws sheathing to walls studs, blocking and wall plates with 11-14" screws at all sheathing edges. Screws in intermediate supports @ 12" o.c. See Detail 6-S1 for connection of wall to roof trusses.
10. Provide 1/2" gypsum board continuous sheathing on bottom edge of roof trusses. Provide framing members or blocking at all sheathing edges and screws sheathing to trusses, blocking and nailers with #6 x 1-1/4" screws @ 8" o.c. at all sheathing edges and intermediate supports.

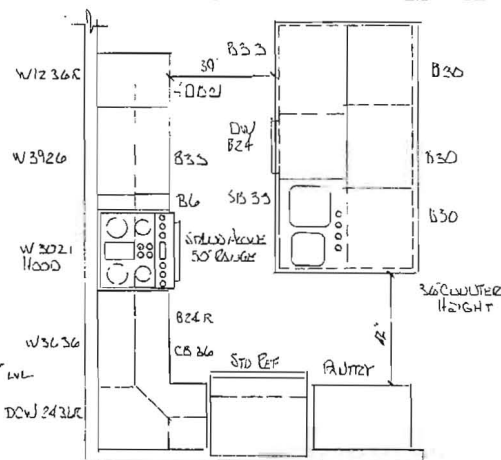
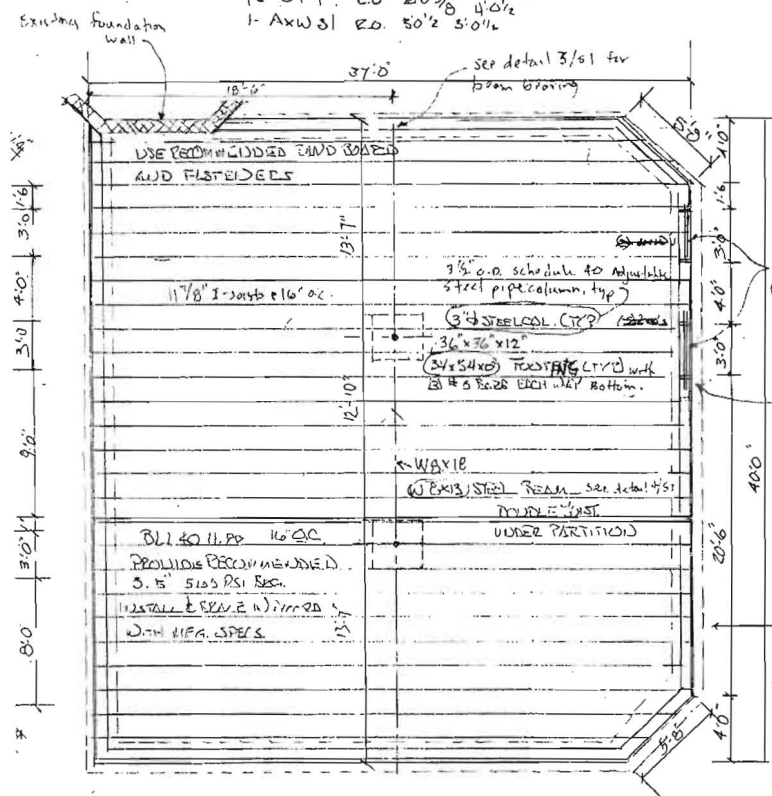
Note to County Plans Reviewer:
This house was designed using shear walls in accordance with Section R301.1.3 of the IRC code which allows engineered design in lieu of the prescriptive design method.

NOTE: 15'2" RAISED STEEL BEAMS AND INDICATED IN THESE ELEVATIONS HOWEVER MAINTAIN FLOOR ELEVATION BETWEEN ADDITIONS & EXISTING TACKING.

WASHER DRYER CABLE SWITCHED

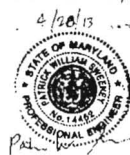
WINDOW SIZES

- 6 - CW 15 R.O. $3'0\frac{1}{2}$ x $5'0\frac{7}{8}$
7 - AW 31 R.O. $50\frac{1}{2}$ x $2'17\frac{1}{8}$
1 - C14 R.O. $2'0\frac{7}{8}$ $4'0\frac{1}{2}$
1 - AW 31 R.O. $50\frac{1}{2}$ $5'0\frac{1}{4}$



Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland.

Examination No. 14102 Date of Examination 5/31/00



Sweeney Engineering P.C.
Consulting Structural Engineers
1918 Oak Lodge Road
Baltimore, MD 21222
(410) 719-7446 Fax (410) 719-7446

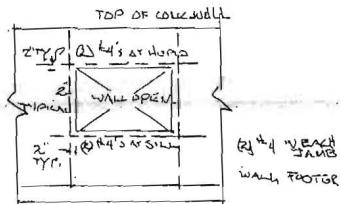
DO NOT SCALE FOR CONSTRUCTION

SHAW RESIDENCE

SCALE: $1/4" = 1' - 0"$ APPROVED BY:

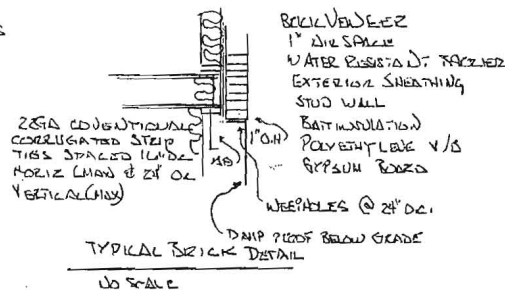
DATE: 4-19-13

ELEVATIONS & PLANS



WALL OPENINGS INCL DOORS WINDOWS & OTHER OPENINGS
WHERE TWO BARS AROUND OPENINGS, LOCATE
1 BAR 2" FROM INSIDE FACE AND 1 BAR 2" FROM
OUTSIDE SPACE.

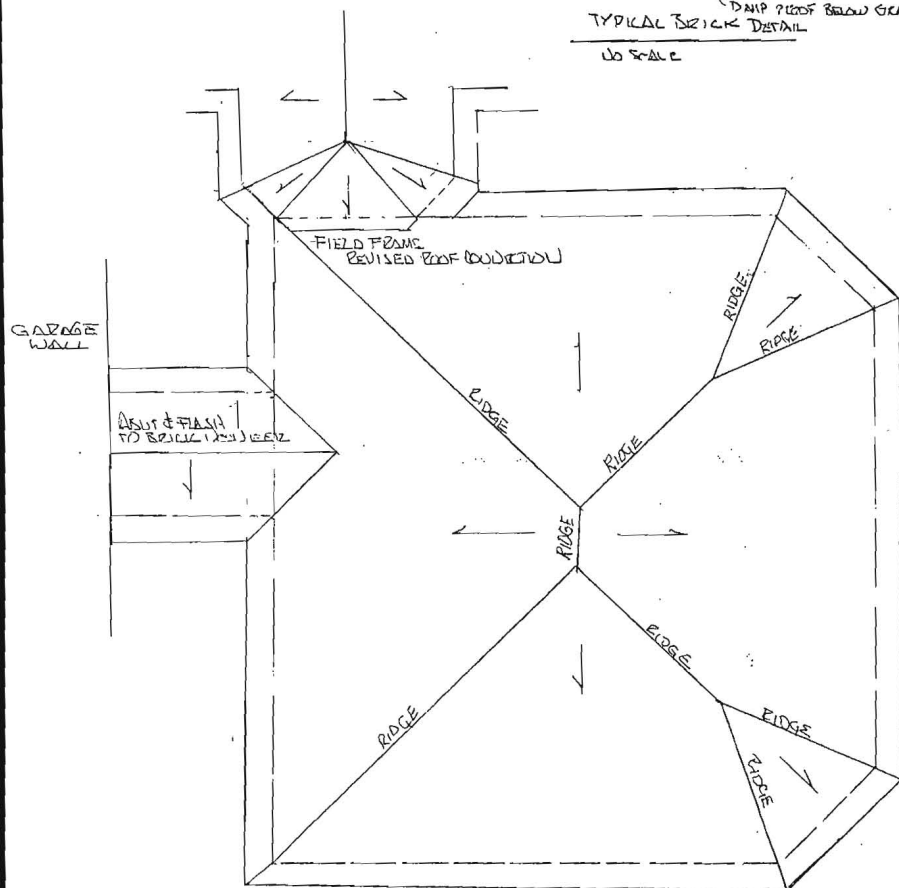
TYPICAL WALL REINFORCING
AT WALL OPENINGS
NO SCALE



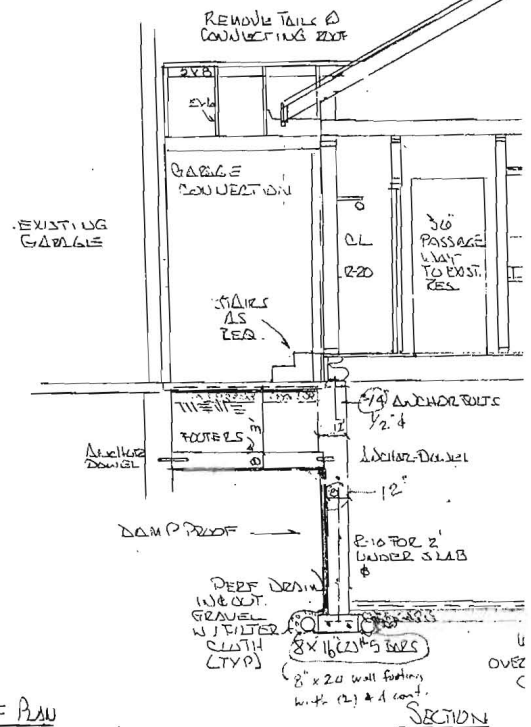
TYPICAL BRICK DETAIL
NO SCALE

- WINDOW
1. WIND
 2. WIND
 3. SKYLIC
 4. CGLIC
 5. EXTER
 6. FOUR
 - FOUR
 - SLAB
 - BAS

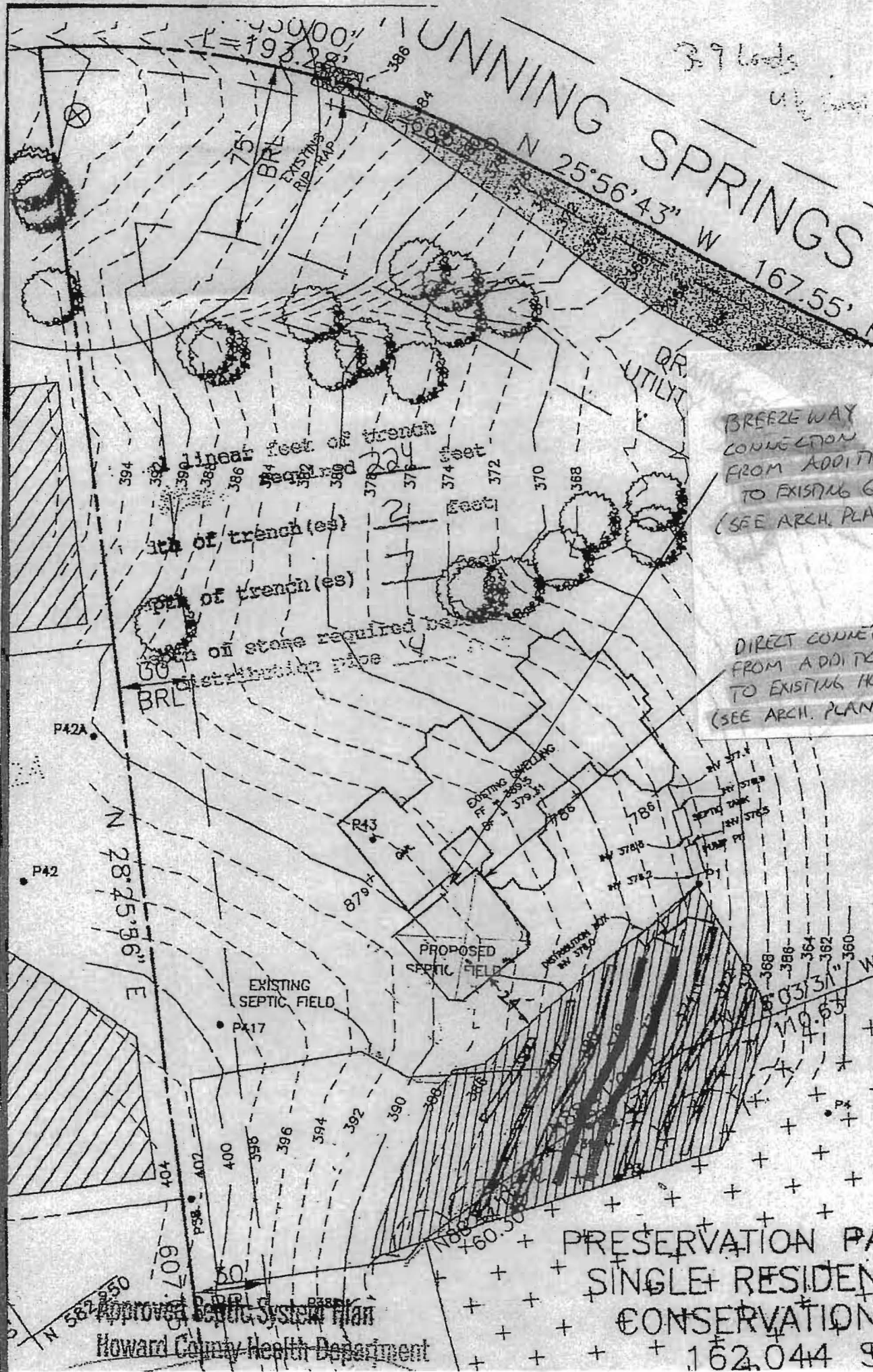
PRE-ENG
DESIGN
LICENSED
THE EXH
SHOP DEPL
BE SUBMIT
FOR APPROV
TO DEFEND
AT IN SPEC



ROOF PLAN



SECTION



NOTE: ADDITION
LUMBERING TO BE
CONNECTED TO
EXISTING HOUSE
LUMBERING ON
INTERIOR OF
HOME

SHAH
ADDITION
3720
RUNNING
SPRINGS RD.

PROPOSED
ADDITION

SCALE:
1" = 50'

Approved Septic System Plan
Howard County Health Department

PRESERVATION PA
SINGLE RESIDEN
CONSERVATION
162,044 9