



# 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.: B/320/807

Building Address: 1032 Saint Michaels Road  
City: Mt. Airy State: MD Zip Code: 21771  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: E  
Tax Map: 0007 Parcel: 0024 Grid: 0002  
Zoning: Res. Map Coordinates: \_\_\_\_\_ Lot Size: 25AC

Existing Use: Residential  
Proposed Use: Residential  
Estimated Construction Cost: \$ 35,000  
Description of Work: New Second floor with new roof structure.

Occupant or Tenant: \_\_\_\_\_  
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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth: _____ Width: _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: <u>30</u> 2 <sup>nd</sup> floor: <u>40</u>
Area of construction (sq. ft.): _____	Basement: <input checked="" type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement
Construction type: _____	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Structural Steel	No. of Bedrooms: <u>2</u>
<input type="checkbox"/> Masonry	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Wood Frame	No. of efficiency units: _____
<input type="checkbox"/> State Certified Modular	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Kelley Kelsey  
Address: 1032 Saint Michaels Rd  
City: Mt Airy State: MD Zip Code: 21771  
Phone: 301-271-2391 Fax: \_\_\_\_\_  
Email: N/A

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

Contractor Company: Diversified Applications  
Contact Person: Eric Hinerman  
Address: 14818 N. Franklinville Rd  
City: Thurmont State: MD Zip Code: 21788  
License No.: 124933  
Phone: 301-271-7808 Fax: 301-271-2250  
Email: info@diversifiedapplications.com

Engineer/Architect Company: Structural Engineering  
Responsible Design Prof.: Jeff Fertich  
Address: 216 N. Fourth Street  
City: Gettysburg State: PA Zip Code: 17325  
Phone: 717-337-1335 Fax: \_\_\_\_\_  
Email: jeff@serila.us

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System</u>	
<input type="checkbox"/> Yes <input checked="" 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: info@diversifiedapplications.com  
Title/Company: Diversified Applications / President

Print Name: Eric Hinerman  
Date: 5/21/13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

FOR OFFICE USE ONLY

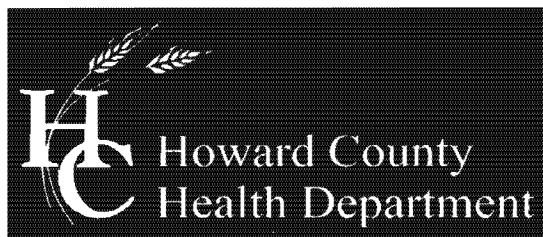
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <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	\$ <u>25</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ <u>3207</u>
Check #	_____

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: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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May 29, 2013

Connie Kelsey  
1032 Saint Michaels Rd.  
Mount Airy, MD 21771

**Re: Building Permit #B13001807  
1032 Saint Michaels Road**

Dear Mrs. Kelsey

This office has received the above referenced building permit application for a second story addition. At this time we are unable to recommend approval of your application. The following items must be addressed prior to Health Dept. approval:

- Floor plans must be submitted for review to determine the total number of bedrooms in the completed structure. Design flow of the septic system is based on the number of bedrooms. The existing septic tank capacity is 750 gallons and does not meet the current minimum capacity requirements for a 3 bedroom house. The existing drywell will not support an increase in flow; additional bedrooms will require a septic tank upgrade and an upgrade of the existing drywell to standard, sub-surface trenches sized accordingly.
- Prior to issuing a building permit the Health Department requires an approved Percolation Certification Plan for a proposed structure that is over 250 sq. ft. The content of this plan and the supporting data serve as Health Department's justification for approving the current building permit application and any subsequent building permit applications. There is no record of an approved septic reserve area on the property or percolation tests. Percolation testing is required to identify an adequate septic reserve area. Code of Maryland [26.04.02.02] requires that each lot created prior to March 1972 have a septic area large enough to accommodate one initial system and one replacement. Usually the data for the Percolation Certification Plan are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval.

This building permit will remain on hold until all Health Dept. requirements are met. If you have any questions regarding this evaluation you may contact me at the Bureau of Environmental Health at 410-313-6287 or by e-mail at [hscott@howardcountymd.gov](mailto:hscott@howardcountymd.gov).

Sincerely,

Heidi Scott, R.S.  
Development Coordination Section  
Well & Septic Program

# MILLENNIUM ENGINEERING, LLC

6805 COOLRIDGE DRIVE SUITE 205 TEMPLE HILLS, MARYLAND 20748

301-455-4488 301-433-0897 FAX  
Email: millennengin@aim.com