



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.: _____

Building Address: 6216 Second Ave
City: Hanover State: Md. Zip Code: _____
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: _____
Estimated Construction Cost: \$ 2,000
Description of Work: Construct Handicap Accessramp

Occupant or Tenant: Janet Ross
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: Janet Ross
Address: _____
City: 410 379-0743 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 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	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: Janet Ross
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address (If other than stated herein)
Applicant's Name: James Bobb
Address: 1046 Dockser dr.
City: Crownsville State: Md. Zip Code: 21032
Phone: 443 871-1858 Fax: _____
Email: jimaclass

Contractor Company: A Class Renovations
Contact Person: James Bobb
Address: 1046 Dockser dr.
City: Crownsville State: Md Zip Code: 21032
License No.: 125747
Phone: 443 871-1858 Fax: _____
Email: jimaclass@verizon.net

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

Utilities
Water Supply
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input 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.

James Bobb
Applicant's Signature
jimaclass@verizon.net
Email Address
Owner
Title/Company

Print Name James Bobb
Date 9-2-15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>9/2/15</u>	<u>H. Oswald</u>

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	\$
Permit Fee	\$ <u>50.00</u>
Tech Fee	\$ <u>5.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>55.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials

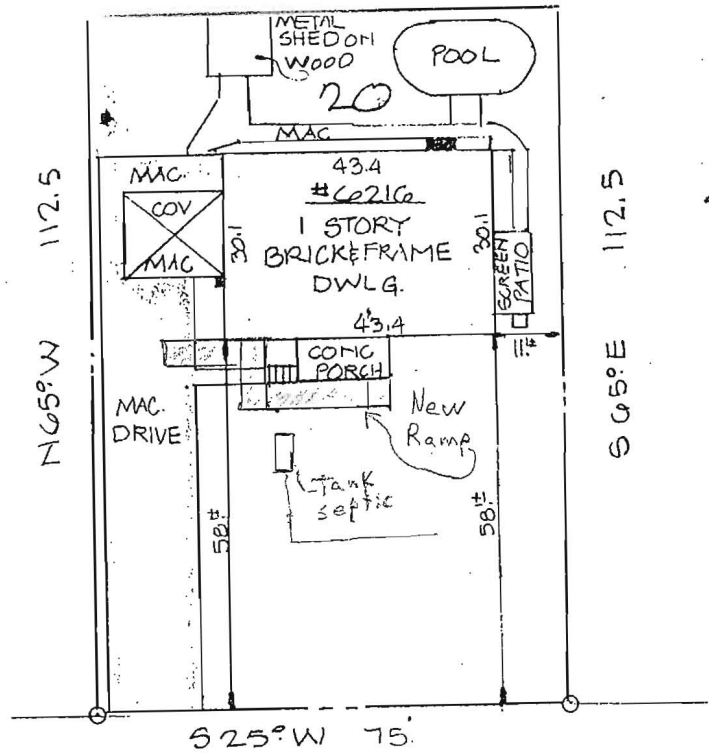
Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

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APPROVED

WALKTHRU BUILDING PERMIT

BP# A#

APP. SAN A. O'Sullivan DATE: 9/2/15

DESC. OF WORK: Construct

handicap access ramp.

SECOND AVENUE

NOTE: I ALSO KNOWN AS LOT 20 AS SHOWN ON PLAT OF
 " PLAT OF THE SUBDIVISION OF THE PROPERTY OF
 HENRY W. FLOREY" RECORDED IN HOWARD CO.
 MD. IN PLATBOOK 1 FOLIO 92

I HEREBY CERTIFY THAT I HAVE MADE A
 SURVEY OF THIS LOT FOR THE PURPOSE OF
 LOCATING THE IMPROVEMENTS THEREON AND
 THAT THEY ARE LOCATED AS SHOWN.

THIS PLAT IS NOT INTENDED FOR USE IN
 ESTABLISHING PROPERTY LINES.

10-22-86

John C. Mellema

REG. NO. 107



LOCATION SURVEY

6216 SECOND AVENUE · HOWARD CO MD

SCALE

1"=30'

JOHN C. MELLEMA SR., INC.
 LAND SURVEYORS

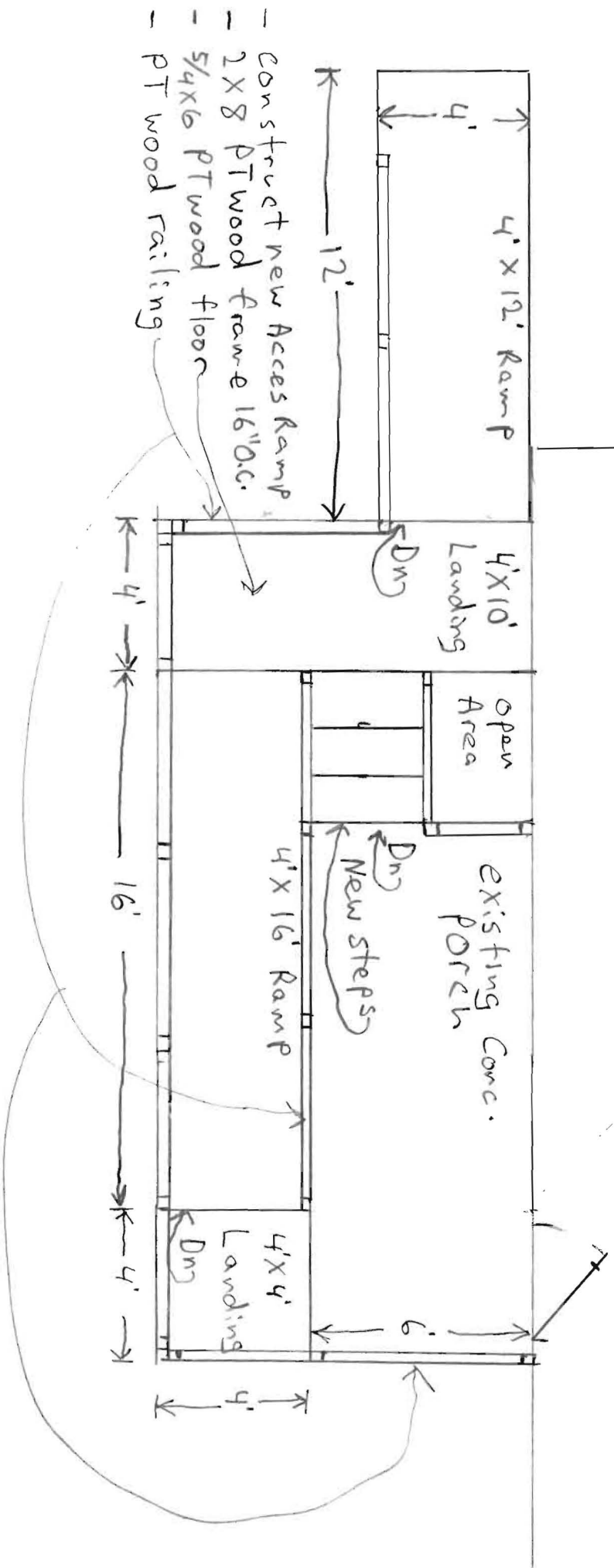
6100 BALTIMORE NATIONAL PIKE - BALTIMORE, MARYLAND 21228

DATE

10-22-86

JOB NO.

862153





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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

September 2, 2015

Janet Ross
6216 Second Avenue
Hanover, MD 21076

RE: Variance Approval
6216 Second Avenue
Hanover, MD 21076

Ms. Ross:

This letter is being issued in response to your waiver request dated September 2, 2015. This agency will grant **approval** of the waiver to the required structure setback to the septic tank required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed structure is required for the health and safety of the building occupants. Please note that any future addition of living space or other property improvements will likely require testing and a percolation certification plan. Any deviations from the site plan submitted with the building permit will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis
Assistant Director
Bureau of Environmental Health

Attn: Mike Davis

9-2-15

Please Give Me a waiver for
Setback from Septic tank
to allow construction of Access
ramp.

Thank you,

James Bobb
443 871-1858

Property address
6216 Second Ave.
Hanover, Md.

9/2/15
Approved
Michael J. Davis

