

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>B08002989</b> <b>PERMIT NUMBER</b>			
Building Address <u>12950 Gyekefield Dr</u> <u>Highland MD 20777</u>		Property Owner's Name <u>Joel &amp; Karen Richman</u> Address <u>12950 Gyekefield Dr</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>301-253-3832</u> Phone <u>3832</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>Isabel P. Osnaga</u> <u>4012 Woodland Dr.</u> <u>Fairfax, VA 22030</u> Phone _____ Fax <u>301-253-3718</u>					
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Contractor Company <u>Coleman &amp; Lawrence Inc</u> Contact Person <u>Bill Coleman</u> Address <u>24212 Ridge Rd</u> City <u>Damascus</u> State <u>MD</u> Zip Code <u>20822</u> License No. <u>37666</u> Phone _____ Fax <u>301-253-9616</u> <u>301-253-3718</u>					
Existing Use <u>SFT</u> Proposed Use <u>Same w/ addition</u> Estimated Construction Cost \$ <u>100,000</u> Description of Work <u>26'x20' Two</u> <u>story addition</u> Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company <u>TERCAN INC</u> Contact Person <u>Isabel Osnaga</u> Address <u>6051 E Arlington Blvd</u> City <u>Falls Church</u> State <u>VA</u> Zip Code <u>22044</u> Phone <u>571-244-3221</u> Fax <u>703-532-0606</u>					
<b>BUILDING DESCRIPTION - COMMERCIAL</b>			<b>BUILDING DESCRIPTION - RESIDENTIAL</b>				
<b>Building Characteristics</b> 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		<b>Utilities</b> 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		<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>11</u> Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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		<b>Utilities</b> 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"/> 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 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.							
<u>Isabel Osnaga</u> Applicant's Signature <u>Agent / Tercan.</u> Title/Company		<u>Isabel Osnaga</u> Print Name <u>10/07/09</u> Date					
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -							
AGENCY <input checked="" type="checkbox"/> Land Development DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Officials <input checked="" type="checkbox"/> Dev. Engineering DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE <u>10/11/09</u>		SIGNATURE APPROVAL <u>[Signature]</u>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____		PROPERTY ID# Filing fee \$ <u>25.00</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>1298</u> Validation # _____ Accepted by <u>[Signature]</u>			
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T: forms/buildings permit application							

adding  
1 bedroom

Tercan, Inc



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Peter L. Beilenson, M.D., M.P.H., Health Officer

October 27, 2008

Joel and Karen Richon  
12950 Byefield Rd.  
Highland, Maryland 20777

RE: B08002989  
12950 Byefield Rd.

Dear Mr. and Mrs. Richon,

Building permit application #B08002989 for the referenced property has been reviewed by our office and has been placed on hold. Please submit floor plans of the proposed renovations to the Health Department and include the number of bedrooms being added, if applicable. The *Howard County Code Subtitle 8, Section 3.805* requires a Perc Certification Plan for the addition of living space greater than 250 square feet.

In addition, the *Howard County Code Subtitle 8, Section 3.805* requires a property to have a 10,000 ft<sup>2</sup> septic area established if the property was created after March 1972 or have a septic area large enough to support an initial and two replacement septic systems if the property was created prior to March 1972.

In order to move forward, percolation testing must be performed to demonstrate adequate area is available for future on-site sewage disposal. An application for testing, fee of \$506, and a Perc Application Plan must be submitted to the Health Department. Once testing has been completed the Perc Certification Plan must be submitted to illustrate the sewage disposal area. Information is enclosed with guidelines for these plans. The septic system may require an upgrade depending on further review of the requested information. The well may need to be brought up to current code, which will be determined at time of percolation testing.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

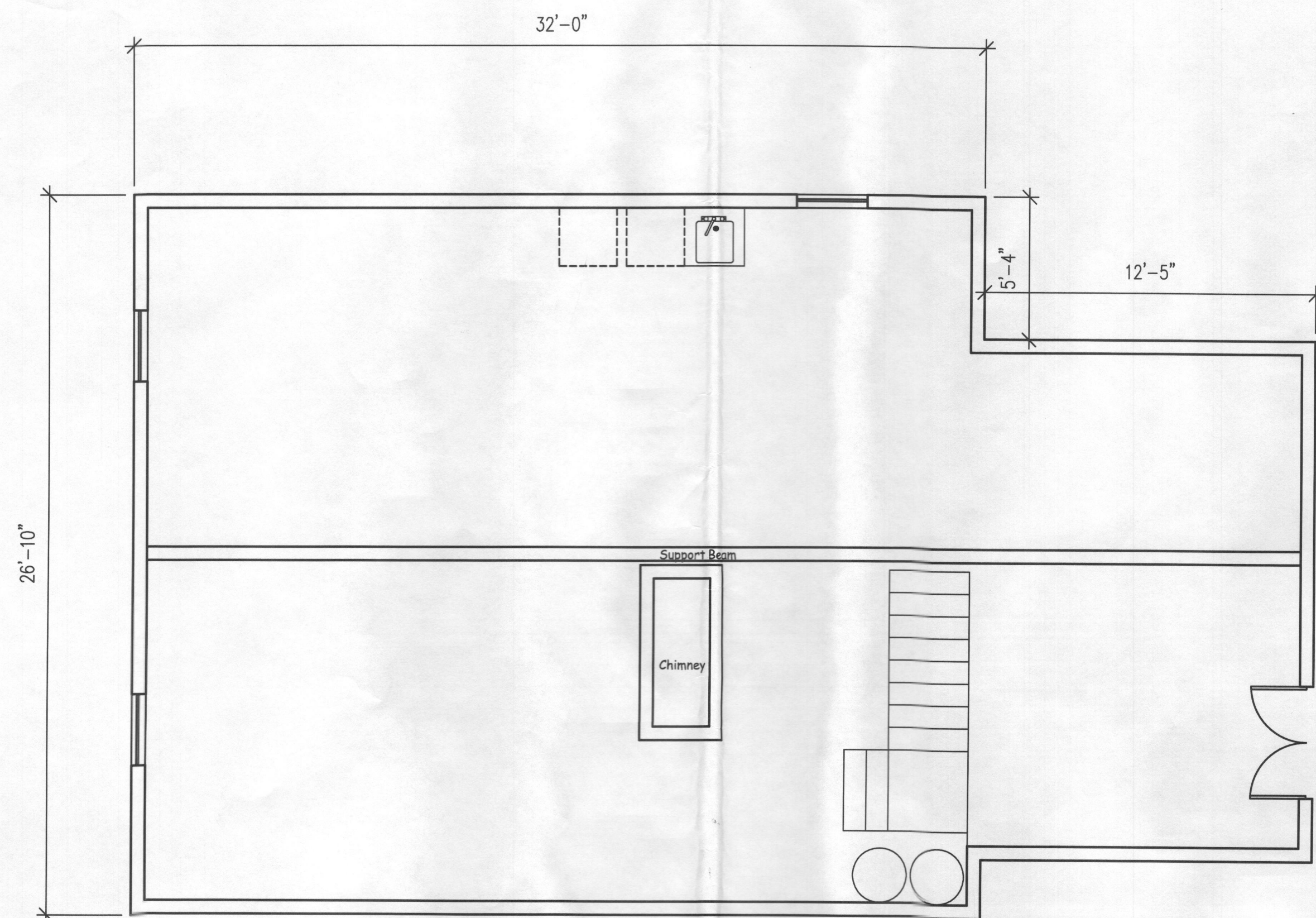
[http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth\\_WaterSewerage.htm](http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm)

Sincerely,

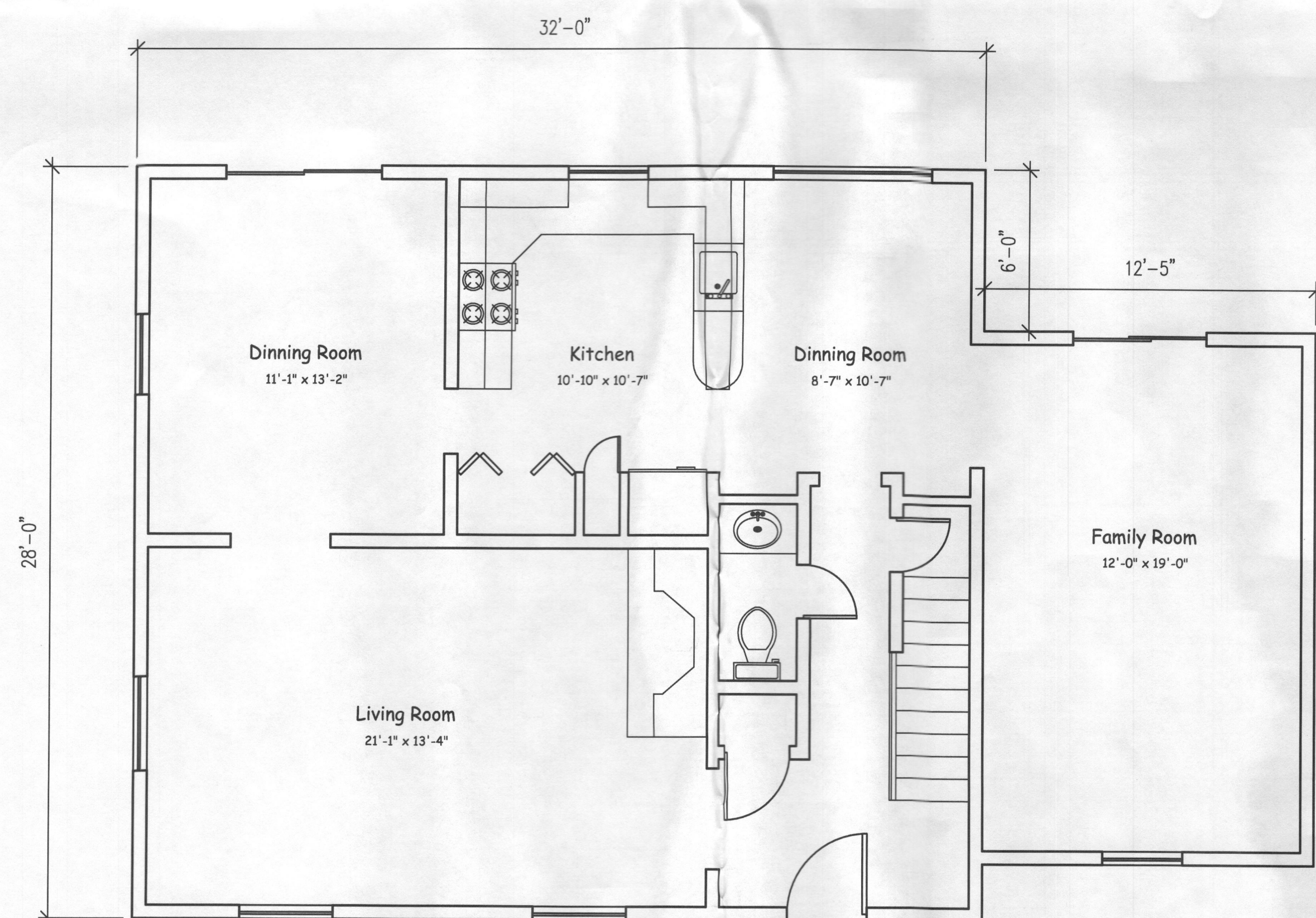
Sara Sappington, R.S.  
Well and Septic Program

Enclosures

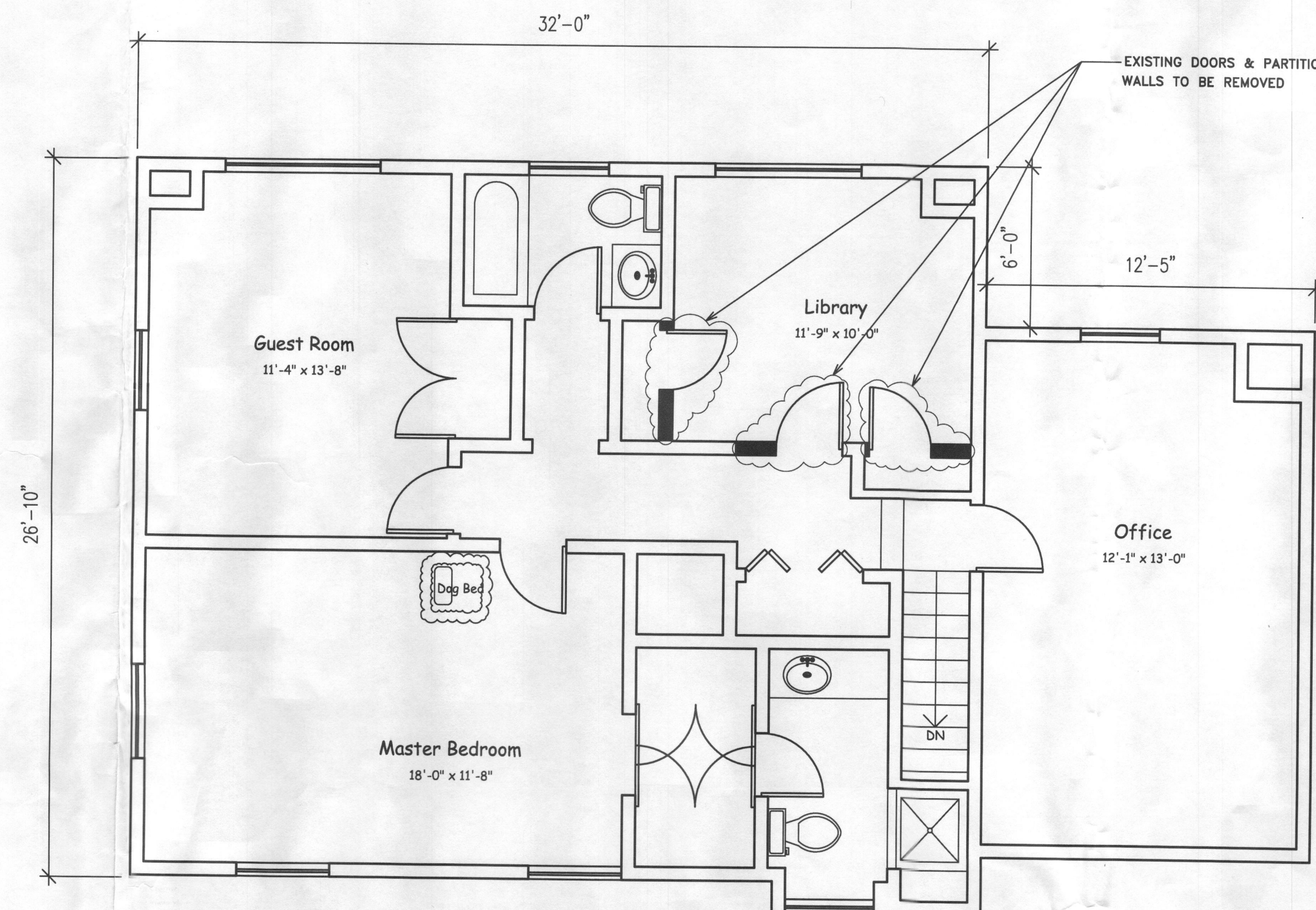




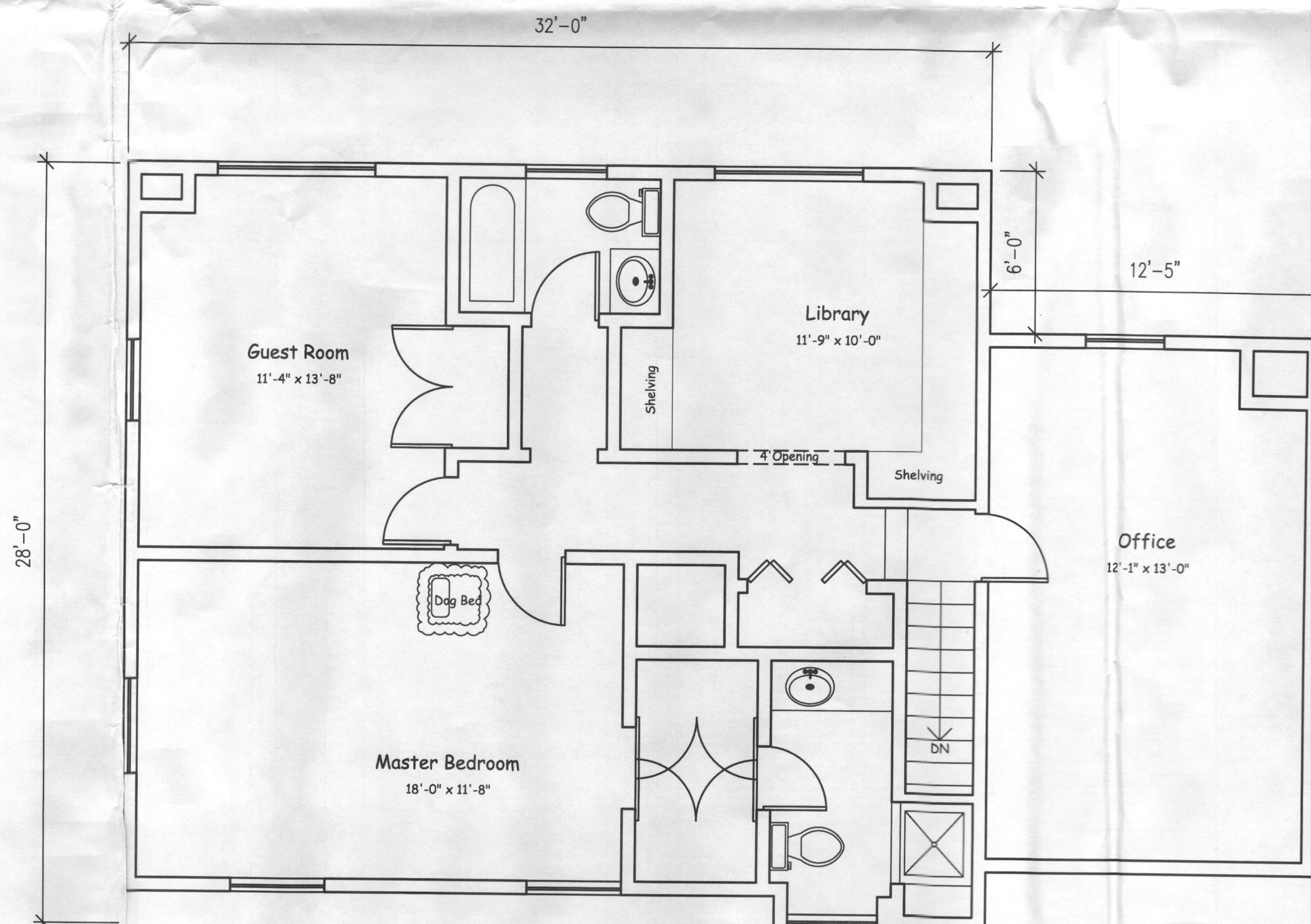
**1** EXISTING BASEMENT TO REMAIN  
A-04 SCALE: 1/4" = 1'



**2** EXISTING FIRST FLOOR TO REMAIN  
A-04 SCALE: 1/4" = 1'



**3** EXISTING ATTIC LAYOUT TO HAVE MINOR CHANGES  
A-04 SCALE: 1/4" = 1'



**4** PROPOSED ATTIC LAYOUT  
A-04 SCALE: 1/4" = 1'

OWNER:	RICHON RESIDENCE
ADDRESS:	12950 Byefield Dr.
CONTRACTOR:	COLEMAN LAURIENZO INC.

SHEET TITLE:  
(MINOR CHANGES)  
LIBRARY AREA OF  
EXISTING HOUSE

KEY NOTES:  
EXISTING PARTITION  
WALLS TO BE REMOVED

GENERAL NOTES:

DATE	REVISION

INTERIOR DESIGNER:

GENERAL CONTRACTOR:

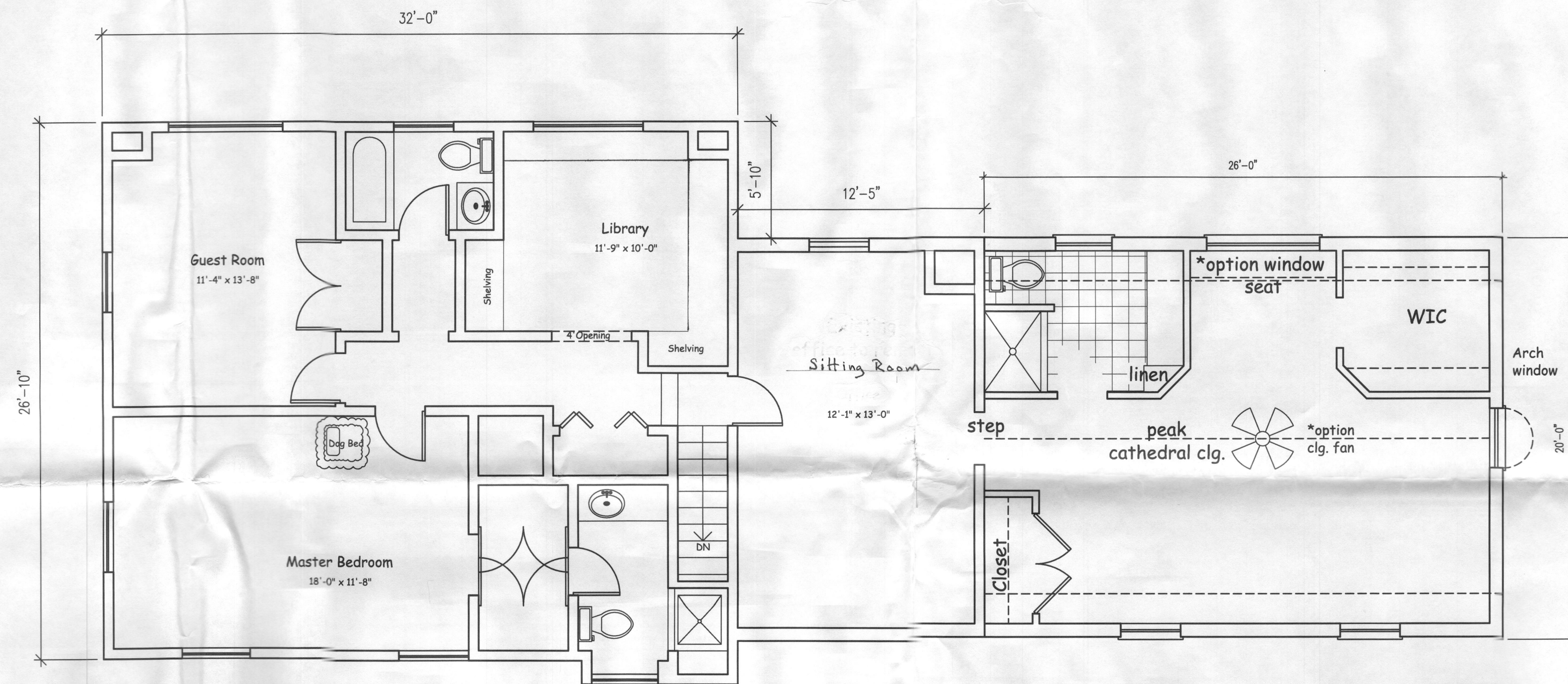
DRAW BY:  
Isabel Osinaga (971) 244 3221

SCALE:  
1/4" = 1'

A-04

REFERENCE: IRC 2003





**1** PROPOSED ATTIC LAYOUT  
A-05 SCALE: 1/4" = 1'

OWNER:	RICHON RESIDENCE
ADDRESS:	12950 Byefield Dr.
CONTRACTOR:	COLEMAN LAURIENZO INC.

SHEET TITLE:  
(MINOR CHANGES)  
LIBRARY AREA OF  
EXISTING HOUSE

KEY NOTES:

GENERAL NOTES:

DATE	REVISION

INTERIOR DESIGNER:

GENERAL CONTRACTOR:

DRAW BY:  
Isabel Osinaga (071) 244 3221

SCALE:  
1/4" = 1'

A-05

REFERENCE: IRC 2003