

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

612001301

Building Address: 2253 DANIELS RD.
ELLCOTT CITY MD 21043

Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: 6021 Subdivision: COLLINS PERRY
Section: _____ Area: _____ Lot: _____
Tax Map: 18 Parcel: 350 Grid: 1
Zoning: R20 Map Coordinates: _____ Lot Size: 2.054 A

Existing Use: SFD
Proposed Use: ADDITION
Estimated Construction Cost: \$ 150 K
Description of Work: ADDITON WITH FAMILY ROOM
BED ROOM & BATH, OFFICE AND
GARAGE IN BASEMENT BENEATH 1473F

Occupant or Tenant: OWNER
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: HOLLY PENN
Address: SAME
City: _____ State: _____ Zip Code: _____
Phone: 410-608-6394 Fax: _____
Email: ybnormalhol@verizon.net

Property Owner's Name: BRUCE + HOLLY PENN
Address: 2253 DANIELS RD.
City: ELLCOTT CITY State: MD Zip Code: 2104
Home Phone: 410-461-5727 Work Phone: 410 608-6394
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: _____ Fax: _____
Email: _____

Contractor Company: OWNER
Contact Person: HOLLY PENN
Address: SAME
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

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

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: <u>763</u>	<input checked="" type="checkbox"/> Private
Area of construction (sq. ft.): <u>763</u>	<u>Sewage Disposal</u>
<input type="checkbox"/> Public	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	Sprinkler System:
<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 st floor: <u>23'-3"</u> 30'-3"	<input checked="" type="checkbox"/> Private
2 nd floor: <u>N/A</u>	<u>Sewage Disposal</u>
Basement: <u>YES</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms: <u>1</u>	<input type="checkbox"/> Electric
Multi-family Dwelling	<input checked="" type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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.

Holly Penn
Applicant's Signature
ybnormalhol@verizon.net
Email Address

HOLLY PENN
Print Name

Date

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		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		
Fire Protection		

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

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>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Check 9866

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
T:\Operations\Updated Forms\New building app 11.10.2010.docx

2253 DANIELS RD.
ELLCOTT CITY MD.

Howard County Health Department

May 22, 2012

To Whom It May Concern:

We spoke today with a member of your staff (Jeff) regarding why our building permit review had not been completed yet. We have learned that the reviewer had to take leave somewhere around the 9th and left the review incomplete.

Jeff informed us that we would need to submit plans of our existing house to confirm number of bedrooms and that we may additionally need to increase the size of our septic tank or get a variance.

We are willing to do either to continue in the permit process. We have submitted with this letter a copy of our house floor plan. We would of course desire that a variance be granted if possible. Yet we are willing to change out the tank upon request of the Health Department.

Please let us know if there is anything else we can do to expedite this process.

Sincerely,

Handwritten signatures of Bruce and Holly Penn in cursive script.

Bruce and Holly Penn

B12001309
2253 DANIELS RD
ELLICOTT CITY MD.

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:
B120013011

Building Address: 2253 Daniels Road
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: 6021 Subdivision: COLLINS PROPERTY
Section: _____ Area: _____ Lot: _____
Tax Map: 18 Parcel: 350 Grid: 1
Zoning: R20 Map Coordinates: _____ Lot Size: 2.084
Existing Use: SFD
Proposed Use: ADDITION
Estimated Construction Cost: \$ 150K
Description of Work: ADDITION 10'x12' FRONT PORCH
REAR PORCH & BATH OFFICE AND
CONCRETE FASMENT REAR PORCH 14'x25'
Occupant or Tenant: OWNER
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: HOLLY PANN
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 410-608-6394 Fax: _____
Email: ylpannic@icloud.com

Property Owner's Name: BRUCE & JULY LEVIN
Address: 2253 DANIELS RD.
City: ELLCOTT CITY State: MD Zip Code: 21043
Home Phone: 410-461-5727 Work Phone: 410-608-6394
Applicant's Name & Mailing Address, (If other than stated herein): _____
Phone: _____ Fax: _____
Email: _____
Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____
Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: <u>763</u>	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): <u>763</u>	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>23'-3"</u> <u>30'-3"</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>N/A</u>	<u>Sewage Disposal</u>
Basement: <u>N/A</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>1</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input checked="" type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<input type="checkbox"/> Manufactured Home	

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.

X Holly Pann
Applicant's Signature
Email Address
Title/Company

HOLLY PANN
Print Name
Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

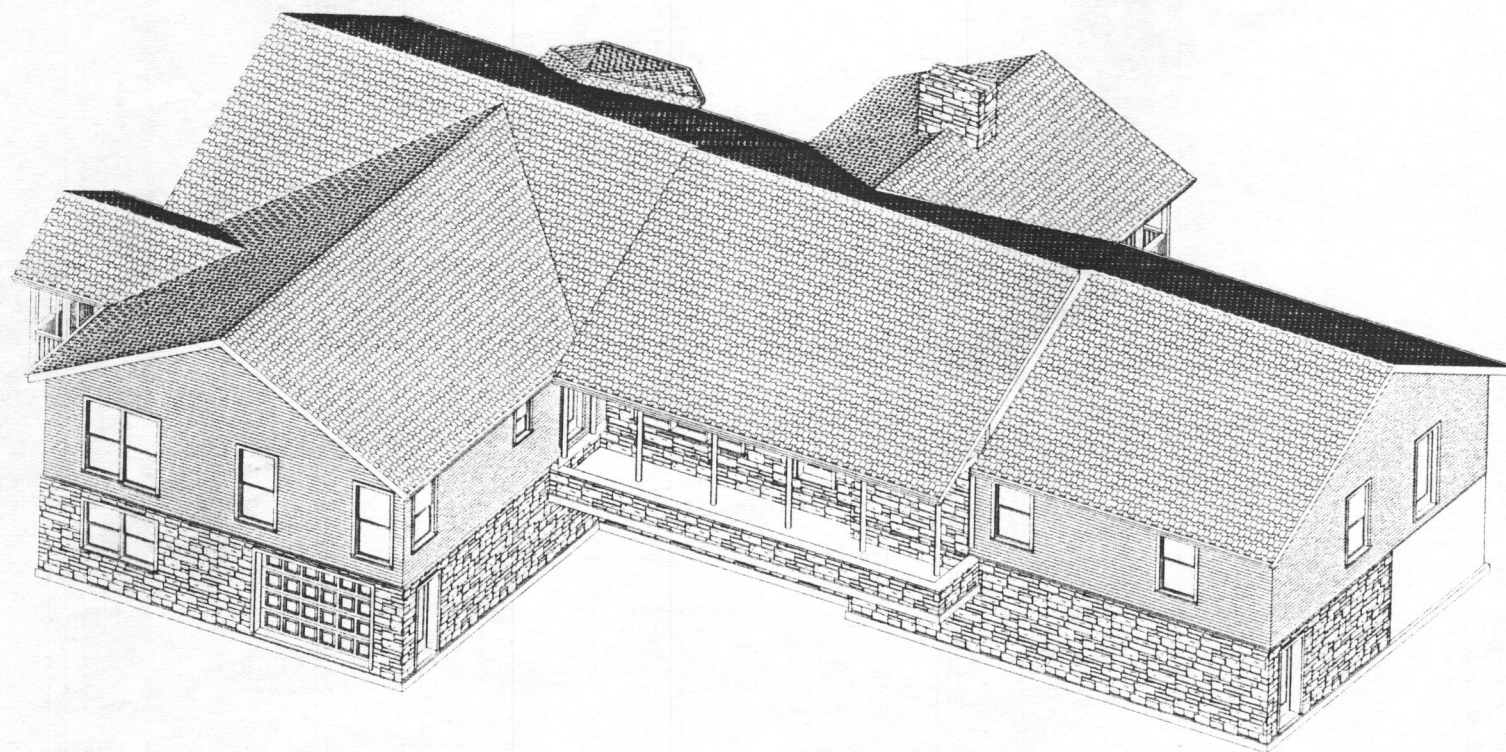
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

DPZ SETBACK INFORMATION

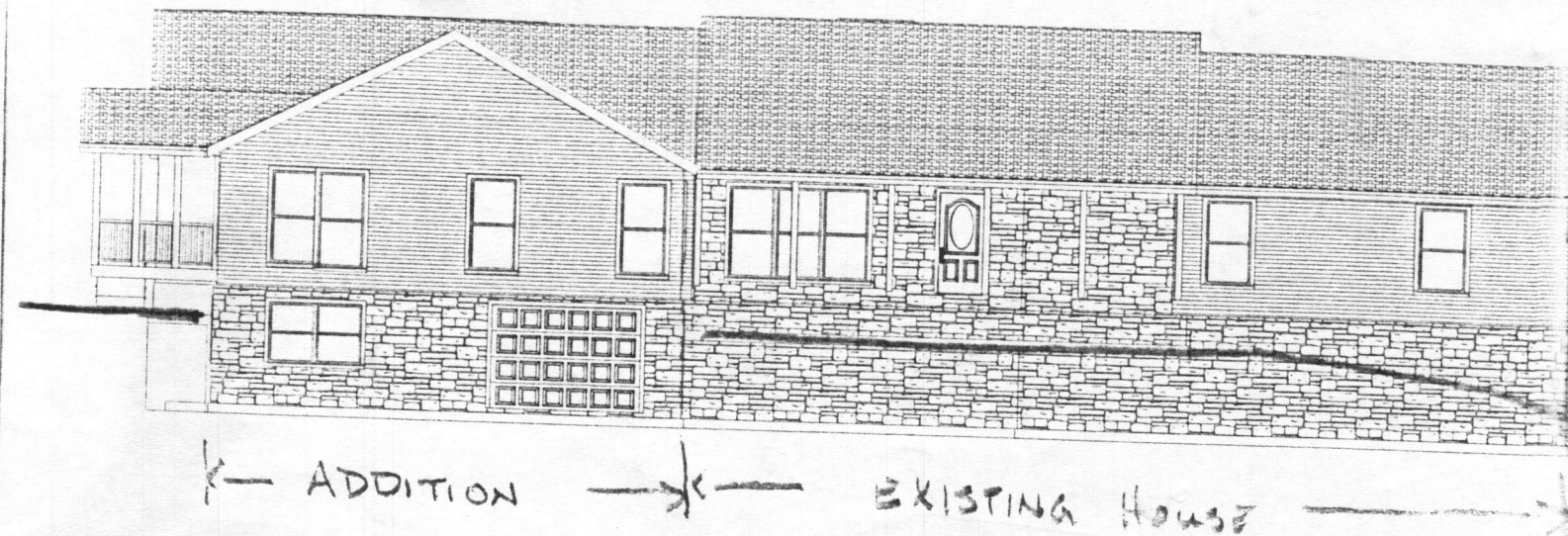
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

TAX MAP 18-

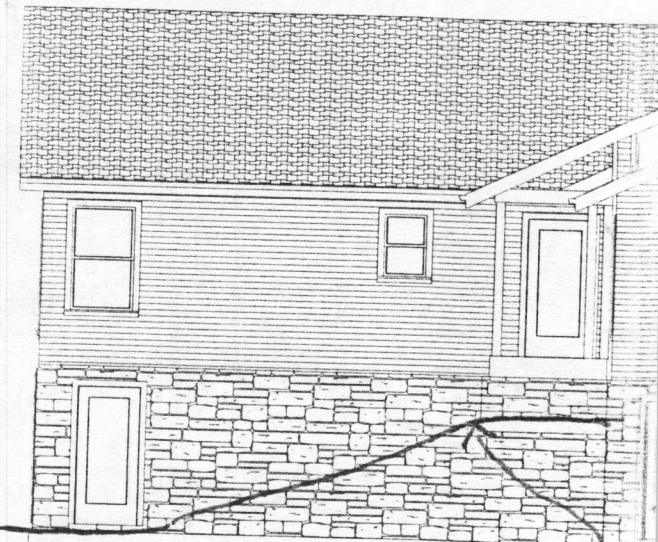


~ 716 ft²
 w/o garage area



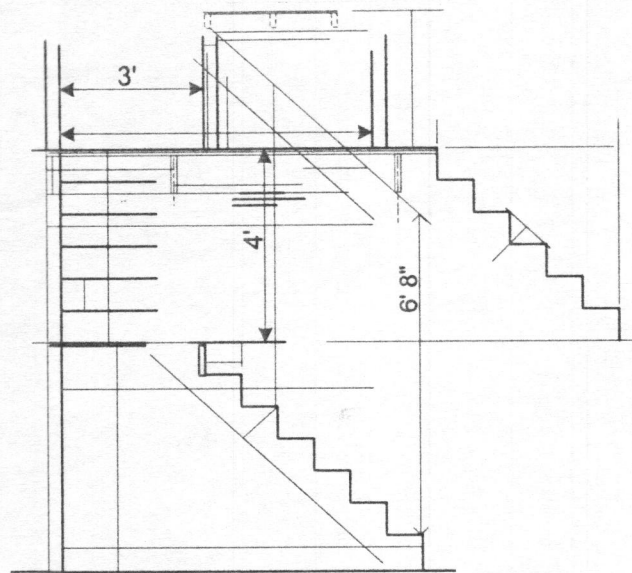
LEFT SIDE

8'-6"
 8'-11"
 8'-0"



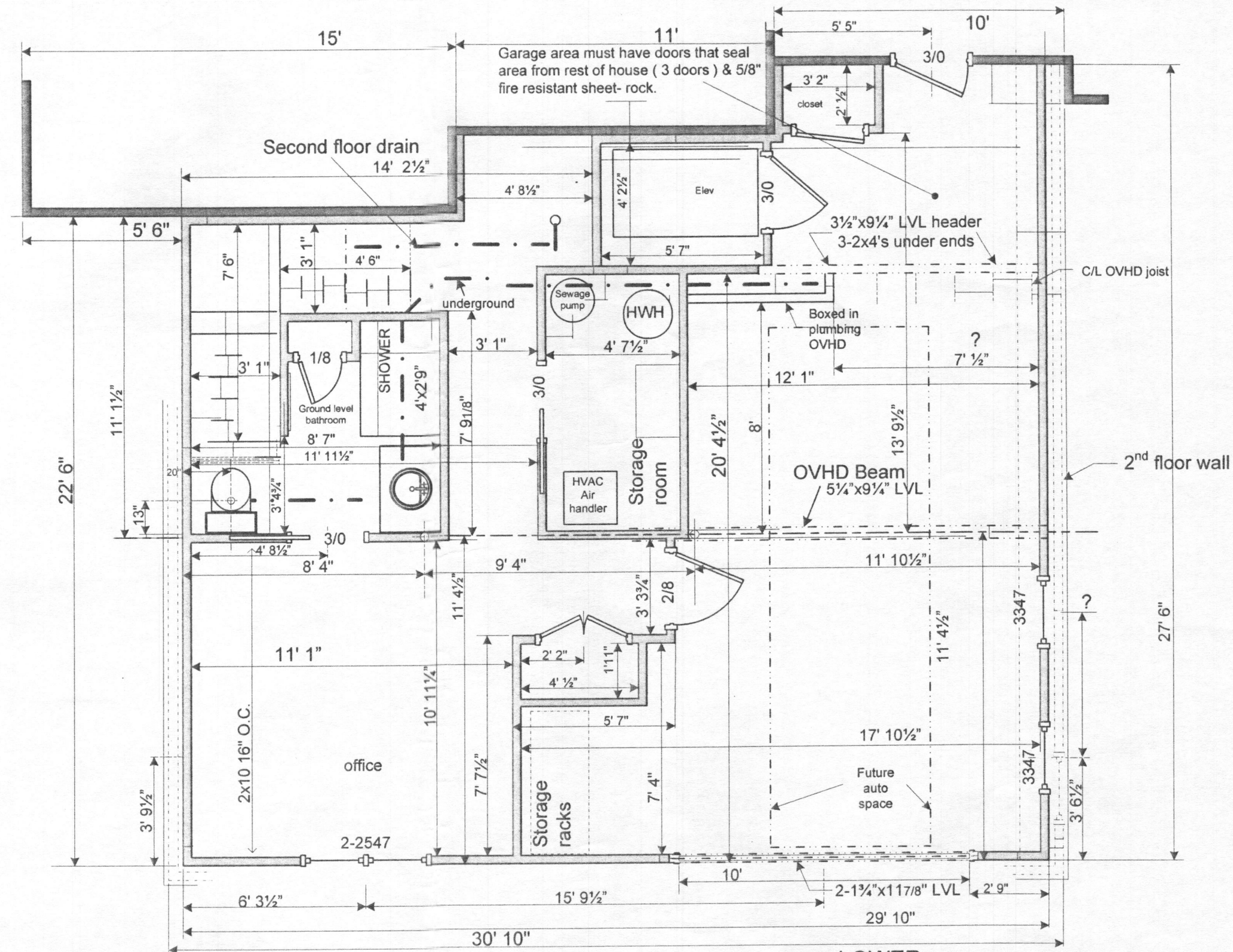
RIGHT SIDE

ELEVATION VIEWS

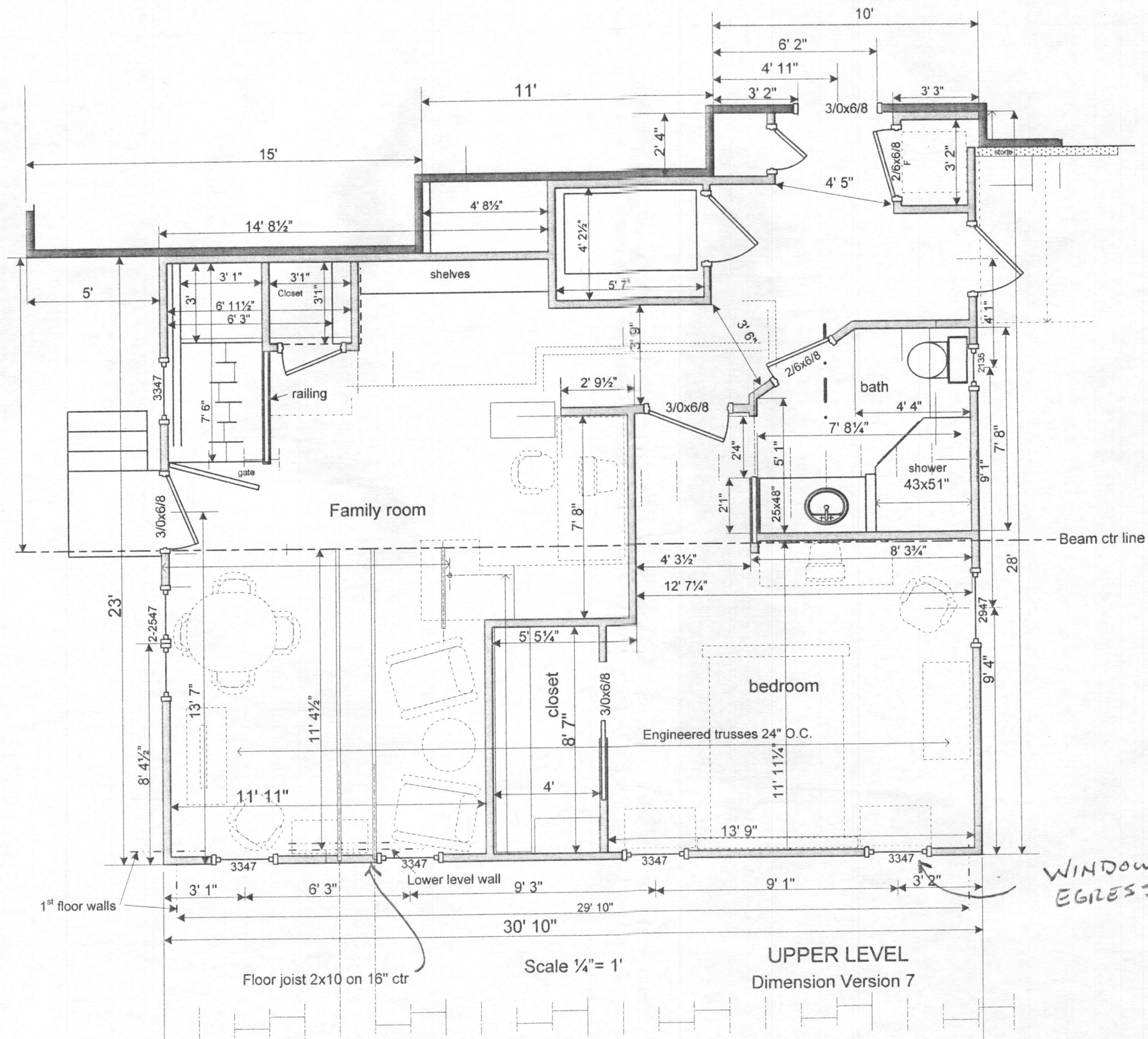


NOTES:

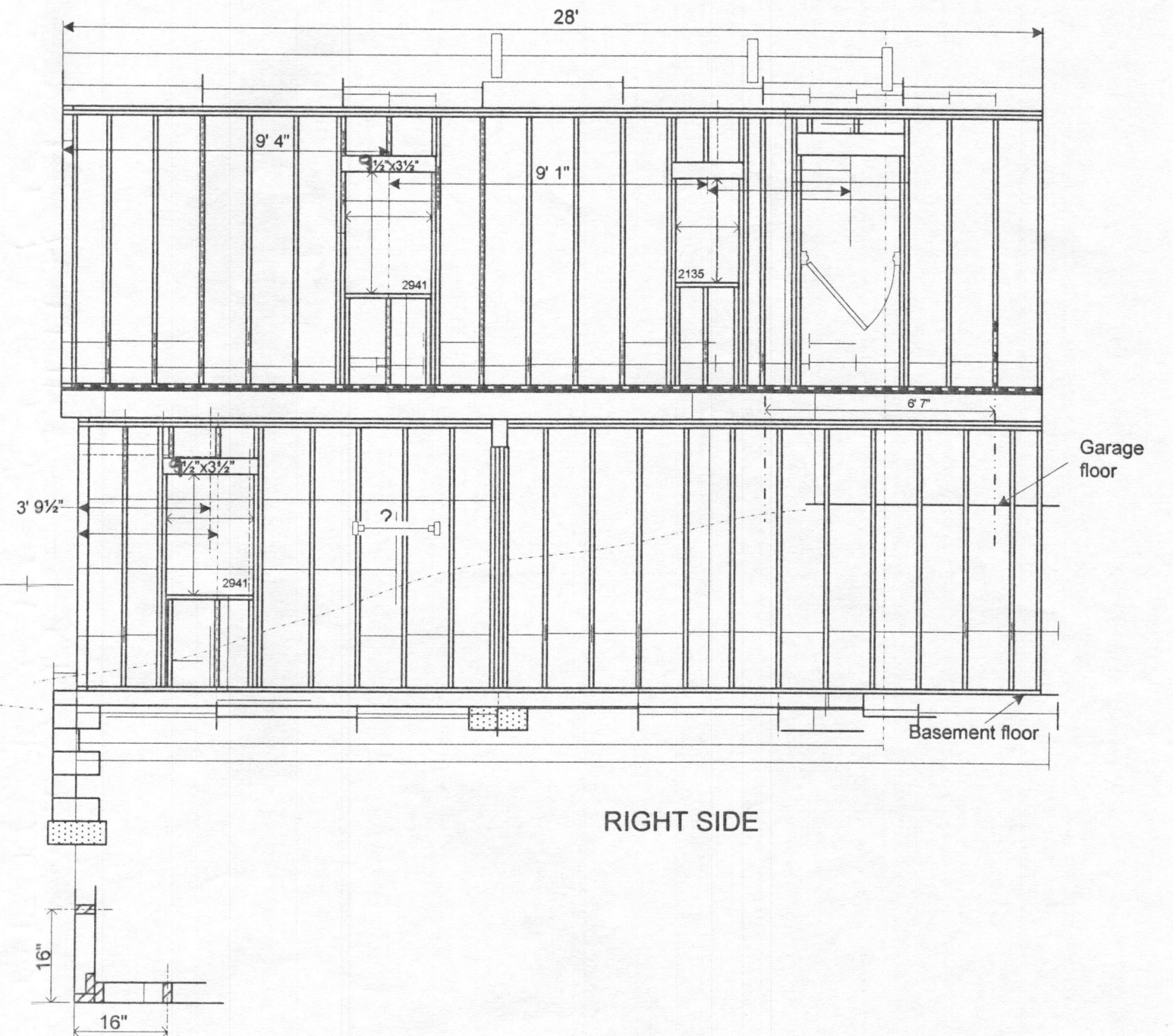
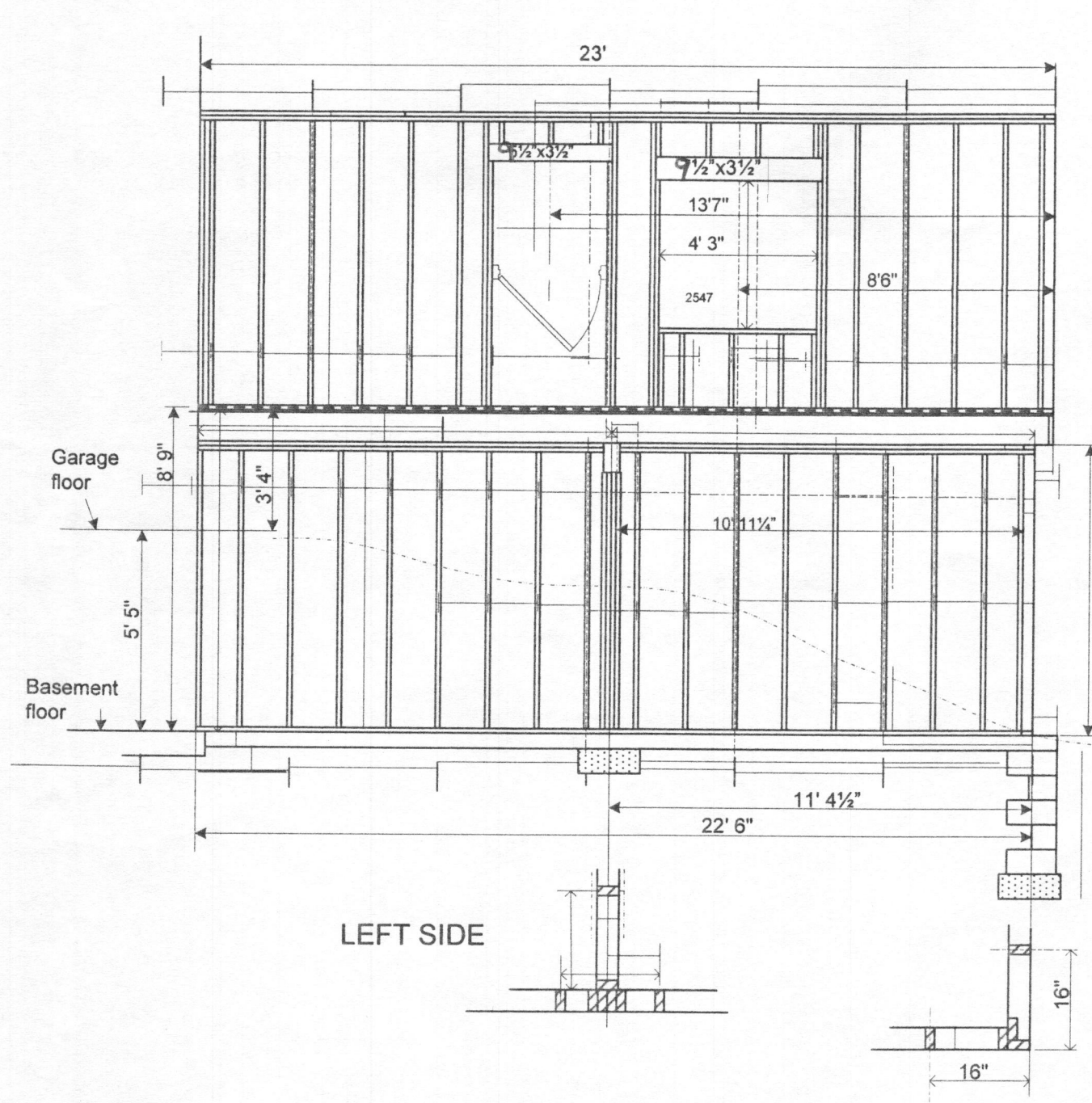
- ALL HEADERS TO BE 2-2x10 NAILED 16" O.C 3 ROWS 12d.
- ALL SUBFLOOR TO BE GLUED AND NAILED W/RING SHANK FASTENERS.



LOWER
LEVEL
(VERSION 11)
Scale 1/4" = 1'



WINDOWS TO MEET
EGRESS 3'-3" X 4'7"

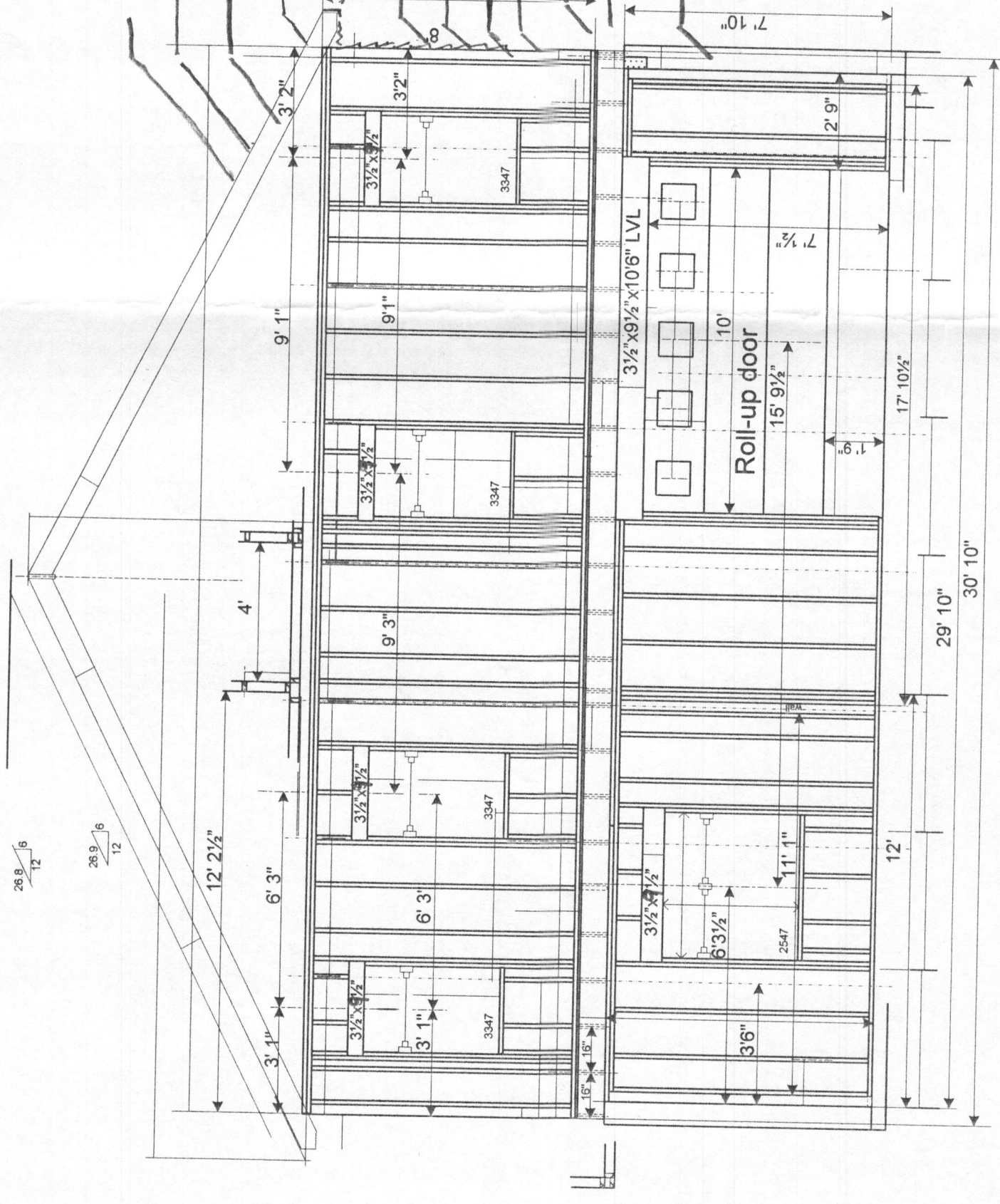


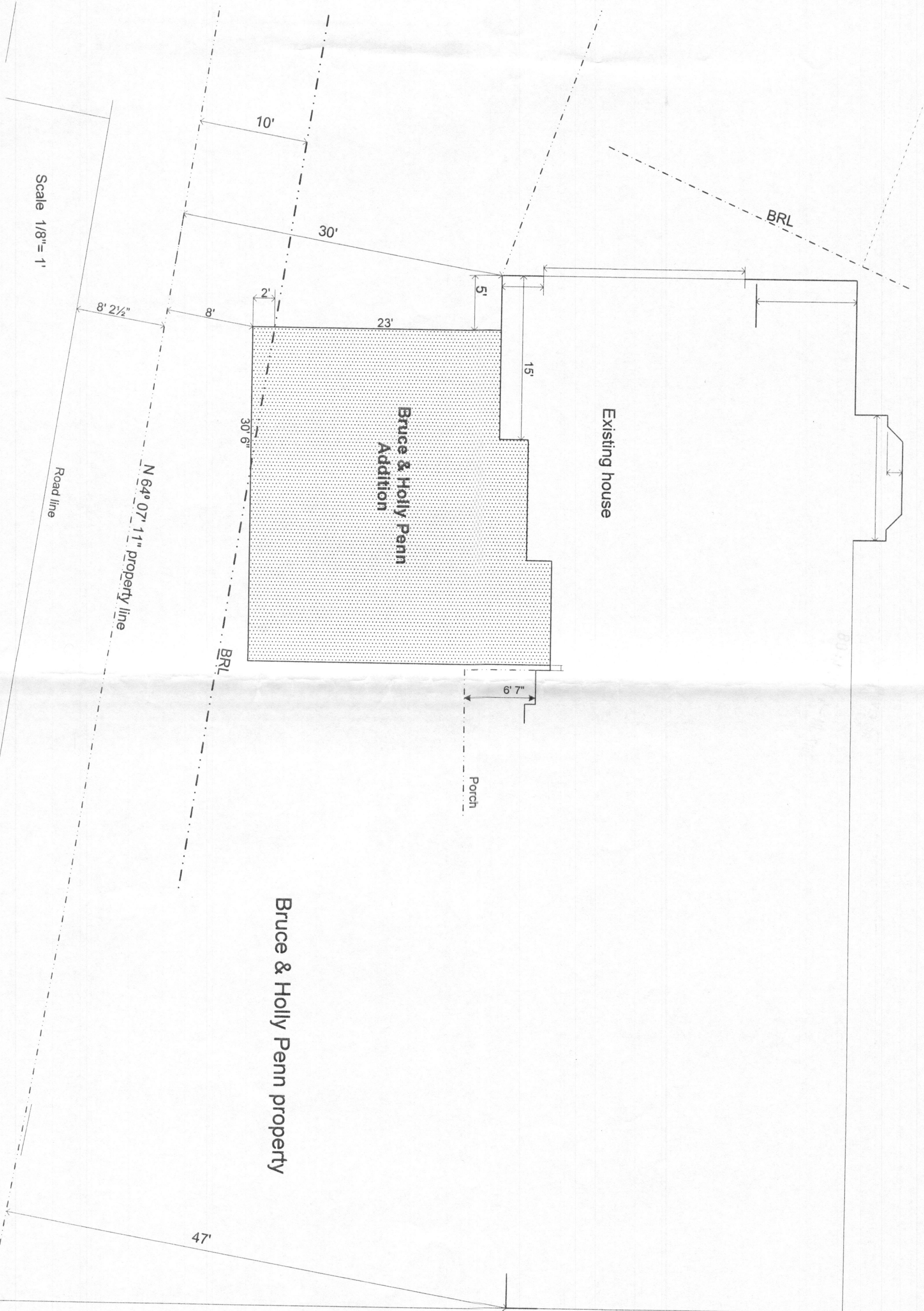
1/2/12
1/7/12
3/19/12

26.8 / 6
12

26.9 / 6
12

- ARCH. STYLE SHINGLES TO MATCH.
- 15 LB. FELT PAPER
- ENGINEERED ROOF TRUSSES
- 1/2 PLY CDX NAILED 6" OC.
- ALU. SOFFIT + FASCIA.
- CEDAR SIDING
- TYVEK HOUSE WRAP
- 2x4 STUDS 16" O.C.
- 1/2 OSB SHEETING
- 3/4" T&G PLY
- 2x10 JOIST
- BLOCK WALL, w/ STONE VENEER





W. L. Coley Plan Service, Inc.
P. O. BOX 3030 • ATLANTA, GEORGIA 30304

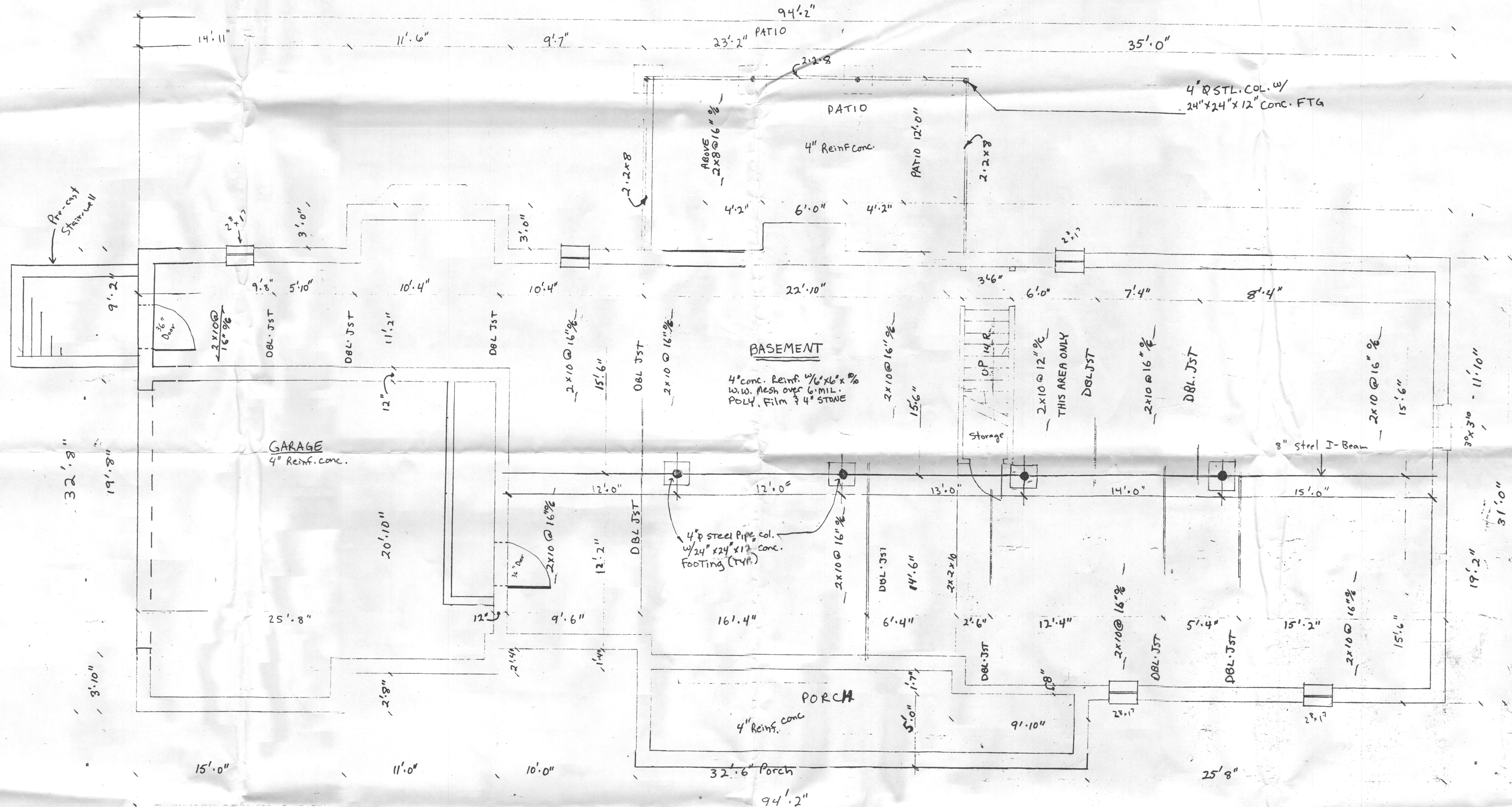
PLAN NO. 1

SHEET 1

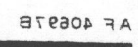
SCALE 1/4" = 1'-0"

BASEMENT FOUNDATION PLAN

(2)

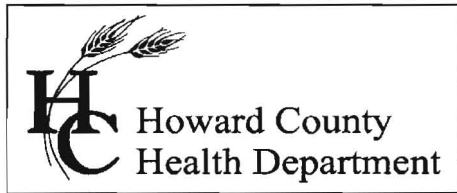


NOTE: CONTRACTOR TO CHECK ALL DIMENSIONS BEFORE STARTING CONSTRUCTION



3

NOTE: CONTRACTOR TO CHECK ALL DIMENSIONS BEFORE STARTING CONSTRUCTION.



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

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

May 24, 2012

To: Bruce and Holly Penn, owners
Ybnrma1hoa.verizon.net (previously sent to ybnrma1hol@verizon.net , 5/9/12)

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

RE: B12001301, 2253 Daniels Road, proposed addition; amended comment

The Building Permit application submitted for the subject property is not approvable at this time. The following actions are required by the Health Department.

1. Floor plans for the existing house and proposed addition must be submitted to the Health Department.
2. A water sample is required. The sample is to be analyzed for **bacteriology (total coliform and E.coli), nitrate, and Total Dissolved Solids (TDS)**.
3. A septic tank upgrade to 1500 gallons capacity is required.
4. A signed Percolation Certification Plan is required for Health Department approval of building permit applications.

(2) Concerning analyses of water sample from your well: bacteriology and nitrate are required as the location of the well is downgrade of several of your neighbors' septic systems. The well casing extends only to 16 feet depth, and the types of soils mapped in the vicinity of the well and along the hillsides have coarse texture and may be skeletal, i.e. the soils are sandy and may have very stony layers. The TDS analysis is indicated as the well location is near a drain that parallels a long road grade downhill. The TDS includes analysis for sodium, a primary element in the road salt.

(3) The septic tank upgrade is required per Howard County Code 3.810(B)(2). After the planned addition is complete, your home will have about 3002 square feet of enclosed area; State Department of Assessments and Taxation records indicate that your home has 2299 square feet of enclosed area, and your application indicates that you are adding 703

443 250-0702

square feet. The existing 1000-gallon septic tank may be replaced or a tank having at least 500 gallons capacity may be added in tandem. A septic contractor may submit application for tank replacement. The permit applicant will need to submit graphics showing the proposed location with depth of proposed top of tank to soil surface, and relative elevations of sewer pipe inverts from the house to the distribution box.

(4) A copy of a signed Percolation Certification Plan is not included in the Health Department file for this property. Percolation testing and a Percolation Certification Plan are required unless you have a copy of a plan that indicates Health Department approval (by signature of health officer or designated authority) of the current septic reserve area for your property. An appropriate plan would be a copy of the Percolation Certification Plan, or may be a copy of the Plot Plan approved for construction of your residence.

If you have questions regarding these requirements you may contact me at my work location in the Bureau of Environmental Health, 410-313-2691, or by 'Reply' to email.