

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:

B10003788

Building Address: 3101 Cameron Ct
Ellicott City, MD 21042

Suite/Apt. # SDP/WP/BA #:

Census Tract: 103000 Subdivision:

Section: Area: Lot: 5

Tax Map: 23 Parcel: Grid: 23-9

Zoning: RC-DEO Map Coordinates: 4814-ET Lot Size:

Existing Use: EPD

Proposed Use: Same

Estimated Construction Cost: \$ 500.00

Description of Work: Installation of a
1100 gal. Insulated 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: David J. Taylor

Address: 3101 Cameron Ct

City: Ellicott City State: MD Zip Code: 21042

Home Phone: 410-531-5746 Work Phone: 301-854-5829

Applicant's Name & Mailing Address, (If other than stated herein):
Taylor, David 9379 Cornsack Ct
Ellicott City, MD 21043

Phone: 410-252-5557 Fax: 410-290-9030

Email: RBT-USE@MARIETTA.NET

Contractor Company: National Pipe Pipe Corp

Contact Person: David J. Taylor

Address: P.O. Box 323

City: Pikes State: MD Zip Code: 21784

License No.: 51616 # 17631

Phone: 240-462-0184 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:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input 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 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 type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" 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:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input 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:	
Roof:	
<input type="checkbox"/> State Certified Modular	
<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.

Applicant's Signature: Robert B. Taylor

Email Address: rbt-use@marietta.net

Title/Company:

Print Name: Robert B. Taylor

Date: 10/19/10

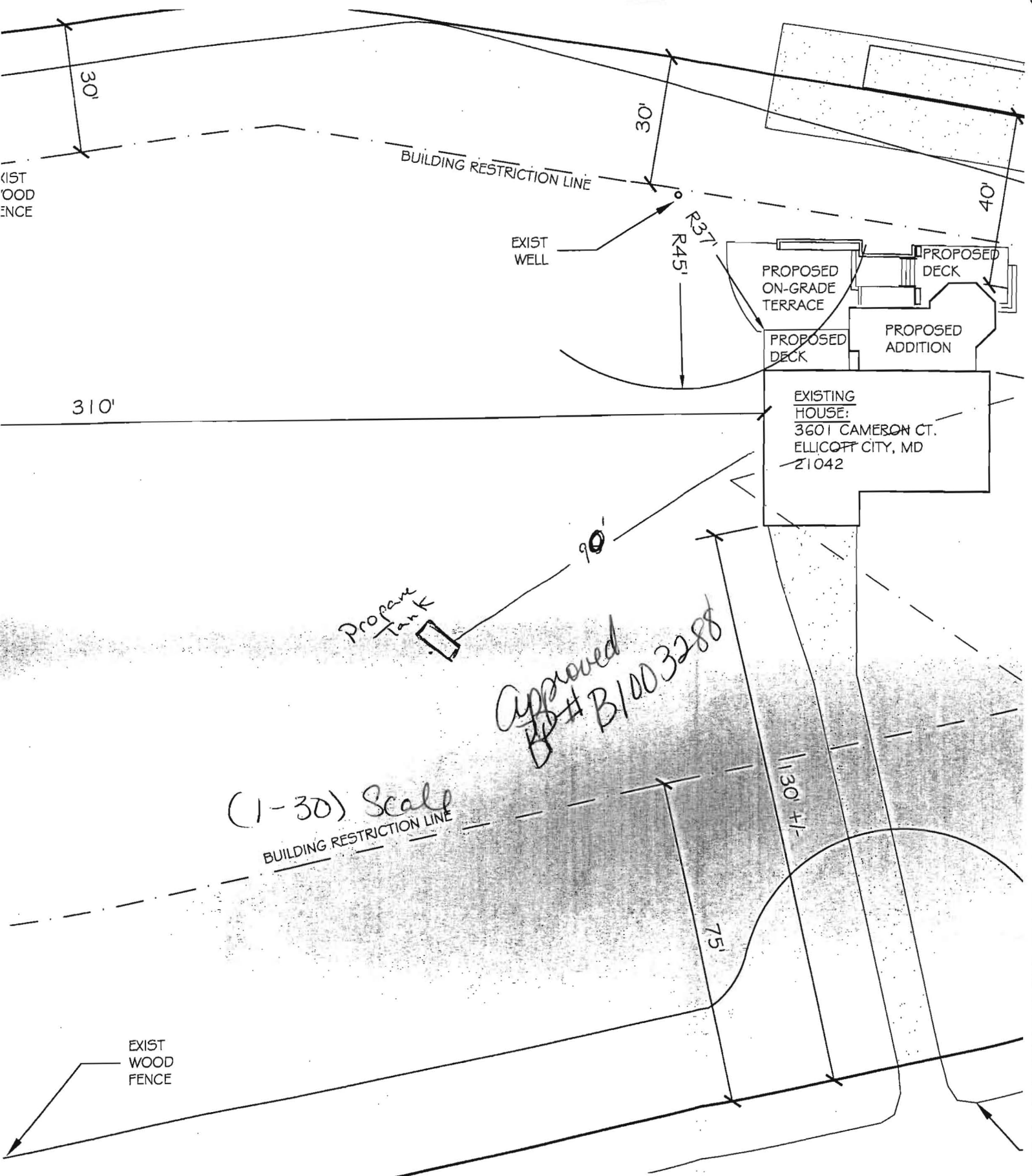
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	10-26-10	D Bernard
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?	<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	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10003103

Building Address 31001 Cameron Rd
Ellicott City MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 5
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use 2FD
Proposed Use 2FD
Estimated Construction Cost \$ _____
Description of Work addition on back

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name Touse Remodeling Corp.
Address 31001 Cameron Rd
City Ellicott City State MD Zip Code 21043
Home Phone 410-521-5746 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):

Touse Remodeling Corp. 01
9329 Corn shock 23495
Columbia MD 21045
Phone _____ Fax _____

Contractor Company Touse Remodeling Corp
Contact Person Bob Touse
Address 9329 Corn shock Rd
City Columbia State MD Zip Code 21045
License No. 23495
Phone 410-290-9062 Fax 410-290-9050

Engineer or Architect Company JSK Associates
Contact Person Jane R. Rhee
Address 2191 Main Street
City Ellicott City State MD Zip Code 21043
Phone 410-461-7763 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd 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 <u>4</u> 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> 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"/> NFPA #13D _____ NFPA #13R _____ 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.

Applicant's Signature _____
Email Address _____
Title/Company _____

Print Name Robert B. Touse
Date 10/26/10

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

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>10-26-10</u>	<u>DBernard</u>	
Fire Protection			

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐

	PROPERTY ID #
Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

Is Entrance Permit Required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for New Town Zone
SDP/Red-line approval date _____

Balance due	\$ _____
Check	# <u>11787</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Accepted by DB



7178 Columbia Gateway Drive, Columbia MD 21046
Phone (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

DATE: October 20, 2010

RE: **Building Permit # B10003103**
3601 Cameron Court
Percolation Certification Plan

TO: c/o Rob Touse
Touse Remodeling Corporation
9329 Corn shock Court
Columbia, Maryland 21045

Prior to building permit approval, an approved Revised Percolation Certification Plan is required. The Percolation Certification Plan must show the correct location of the septic easement. Further review is contingent upon submission of a Revised Percolation Certification Plan showing the following:

- ✦ Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- ✦ Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- ✦ Existing septic easement should be recorded properly on percolation certification plan.
- ✦ A Health Officer's signature block stating "**Approved for private water and private sewer systems.**"

Example:

<i>Approved For Private Water and Private Sewage System</i>	
_____ <i>Health Officer, Howard County Health Department</i>	_____ <i>Date</i>

- ✦ Legend symbols to distinguish between passed percolation holes, well and septic easement. Legend should also contain a symbol to identify the septic easement. (Refer to percolation notes to determine where percolation holes are located.)


The following notes must be included in the General Notes:

✚ **"The existing well(s) shown on this plan (identified with the attached well tag number ex: HO-81-1315) has been located by _____ (individual or company name) professional land surveyor(s) and is accurately shown."**

✚ For lots created after March 1972 proposed minimum 10,000 SQ. FT. sewage disposal areas for each lot and for lots created before March 1972, proposed adequate area for an initial system and 2 repairs.

✚ Any changes to a private sewage easement shall require a revised perc certification plan.

✚ The topography of this plat is taken from Howard County GIS and is verified to accurately represent the relative changes on the subject property.

✚  This area designates a private sewage disposal area of at least 10,000 sq. ft. as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This sewage disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised or modified sewage easement shall not be necessary.

✚ All known wells and/or septic easements located within 100 feet of the property have been shown. And all known wells down gradient from the septic easement are located within 200 feet of the property.

✚ The Purpose of this Percolation Certification Plan is in support of a building permit application for an addition to the existing dwelling at 3601 Cameron Court, Ellicott City, Maryland 21042.

Floor plans for the proposed house and addition must be submitted for review along with your Percolation Certification Plan. I hope these comments and enclosures are helpful in preparing your plan. Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, Environmental Sanitarian
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775

DB

cc: Well & Septic program file
JSR Associates, Inc.