

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

300152227

Building Address 631 Beetz Rd
MT Airy 21771
Suite/Apt. #: _____ SDP/MWP/Petition #: _____
Census Tract 604001 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 2 Parcel 65 Grid 21
Zoning RCDEO Map Coordinates 2K7 Lot size 4.554 Acres

Property Owner's Name SANDY SHINE
Address 631 Beetz Rd
City MT Airy State MD Zip Code 21771
Home Phone 410 4894156 Work Phone 410 750 0171
Applicant's Name & Mailing Address, (if other than stated hereon):
Call 443-690-7737
Phone _____ Fax _____

Existing Use SFH
Proposed Use SFH
Estimated Construction Cost \$ 60,000
Description of Work ADD SECOND STORY TO
EXISTING RANCHER, RENOVATE 1ST
FLOOR 4 BR 2 BATH

Contractor Company SIERRA DESIGN/REMODEL
Contact Person CHRIS PASCH
Address 7741 Dolly Hoyer Rd
City MT Airy State MD Zip Code 21771
License No. 69886
Phone 301 620 9122 Fax 301 829 6997

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

Engineer or Architect Company _____
Contact Person N/A
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>20</u> <u>60</u> 2nd floor: <u>20</u> <u>60</u> Basement: <u>20</u> <u>60</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Height: <u>5</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 Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> 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 checked="" 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.

Christopher Pasch
Applicant's Signature
SIERRA DESIGN/REMODEL
Title/Company

CHRISTOPHER PASCH
Print Name
2-11-05
Date

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 Official		
Dev. Engineering DPZ		
Health	<u>9/30/2005</u>	<u>Brian Baker</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY USE
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>1077</u>
SDP/Red-line approval date _____	Validation # <u>55543</u>

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
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HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

July 17, 1987

Ms. Sandy Shane
631 Beetz Road
Mt. Airy, Maryland 21771

RE: Building Permit #11157
Proposed Residential
Addition
631 Beetz Road

Dear Ms. Shane:

This is to advise that this department cannot recommend approval of the above referenced building permit application until it can be determined that on-site conditions are adequate to handle the potentially increased wastewater flow that could be generated should the expanded residence be occupied to capacity.

At present, nothing is known about the septic system or soils on this property. If you wish to pursue this application, you are requested to contact this department at 461-9933 to obtain a septic repair permit. Under authority of this permit, you would be required to excavate parts of your septic system and to conduct sufficient percolation tests to determine the capacity of the soils to assimilate sewage.

Should this inspection prove satisfactory it is likely that additional capacity would have to be added to the septic system to handle the foreseeable increase in wastewater discharge.

Additionally the proposed project is potentially hazardous to the well because of its location and construction. Reconstruction or abandonment and replacement of the well is strongly recommended.

If you have any questions relative to this matter, please call me at 461-9933.

Respectfully,

Craig Williams

Craig Williams, Director
Water and Sewerage Program

PR 2664360
8/4/87 CW

CW:JR

cc: T. E. Erectors
Avis Corbin, Chief
Licenses and Permits

I agree to raise the well casing above grade
and fill around the casing with cement.
8/3/87
Sandra S. Shane