

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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

January 27, 2017

Mathew and Emily Newton  
1135 River Road  
Sykesville, MD 21784

RE: **Waiver Approval**  
1135 River Road  
Sykesville, MD 21784

Dear Sir and Madam:

This letter is being issued in response to your waiver request dated January 13, 2017. This agency has **approved** the waiver to the required Percolation Certification Plan. The approval is based on the fact that the addition is located in the one hundred (100) foot well setback for onsite sewage disposal and does not impact future onsite sewage disposal system repair. 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

Matthew and Emily J. Newton

1135 River Rd

Sykesville, MD 21784

443.604.3332

1/23/17  
Approved  
Michael J. Davis

January 13, 2017

Mr. Mike Davis

8930 Stanford Blvd.

Columbia, MD 21045

RE: perc test waiver

Dear Mr. Davis,

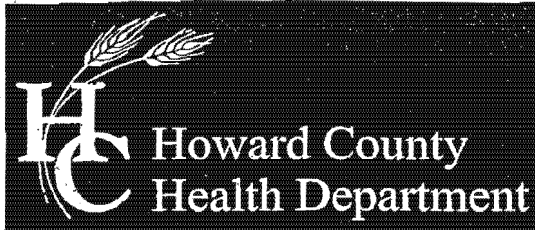
I am writing to you regarding my renovation plans for my home at 1135 River Rd, Sykesville, MD 21784. We are planning to replace our old, dilapidated garage with one that meets current standards. The current garage space, as you can see in our plans, is 23'8" wide by 25'11" long. We would like to replace it with a garage that is 27'8" wide by 30'3" deep. Our submitted plans include adding conditioned space behind the garage, which will allow us to move the washer/dryer up from the basement and relocate the 1/2 bath from what will become the dining room into the 'mudroom' area. We will also relocate our kitchen.

The well behind our house is 25' away from our proposed construction plan. The septic tank is 31' from the proposed garage's front right corner, and the dry well is 45' from the same.

It is our hope that because we are intending to replace existing structure, and alter the footprint of our home by 221.9 sq ft, and because all remaining alterations will be interior work.

Sincerely,

Emily J. Newton



Bureau of Environmental Health

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Respectfully,

Michael J. Davis  
Assistant Director  
Bureau of Environmental Health



# 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: 1135 River Rd  
City: Sykesville State: MD Zip Code: 21784  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: River Park 801  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Residential  
Proposed Use: Residential  
Estimated Construction Cost: \$ 40,000  
Description of Work: replace existing garage and relocate kitchen

Occupant/Tenant Name: Matti + Emily Newton  
Was tenant space previously occupied? ☒ Yes ☐ No  
Contact Name: Matt + Emily Newton  
Address: 1135 River Rd  
City: Sykesville State: MD Zip Code: 21784  
Phone: 443.604.3332 Fax: \_\_\_\_\_  
Email: emilyjankowski@yahoo.com

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 <sup>st</sup> floor: <u>24' 56'</u>
	2 <sup>nd</sup> floor: _____
Area of construction (sq. ft.): _____	Basement: <u>24' 56'</u>
	<input checked="" type="checkbox"/> Finished Basement
Use group: _____	<input checked="" type="checkbox"/> Unfinished Basement
	<input checked="" type="checkbox"/> Crawl Space
Construction type: _____	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input checked="" 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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Matti + Emily Newton  
Address: 1135 River Rd  
City: Sykesville State: MD Zip Code: 21784  
Phone: 443.604.3332 Fax: \_\_\_\_\_  
Email: emilyjankowski@yahoo.com

Applicant's Name & Mailing Address, (if other than stated herein)

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: Self  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: Barry Miller  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: 410.675.0507 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Applicant's Signature: Emily Newton Print Name: Emily Newton  
Email Address: emilyjankowski@yahoo.com Date: 11/13/17

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		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11/27/17</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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

Ordered By:



LEGENDS TITLE  
GROUP

Sykesville Rd.

River Rd.

Howard Lodge Dr.



PROPERTY ADDRESS: 1135 RIVER ROAD

SYKESVILLE, Maryland 21784

SURVEY NUMBER: MD1102.0966

FIELD WORK DATE: 2/17/2011

REVISION HISTORY: (rev.0 2/18/2011)

1102.0966

LOCATION DRAWING

LOT 2

RIVER PARK ESTATES

HOWARD COUNTY, MARYLAND

02-18-2011 SCALE 1"=60'



APPROVED

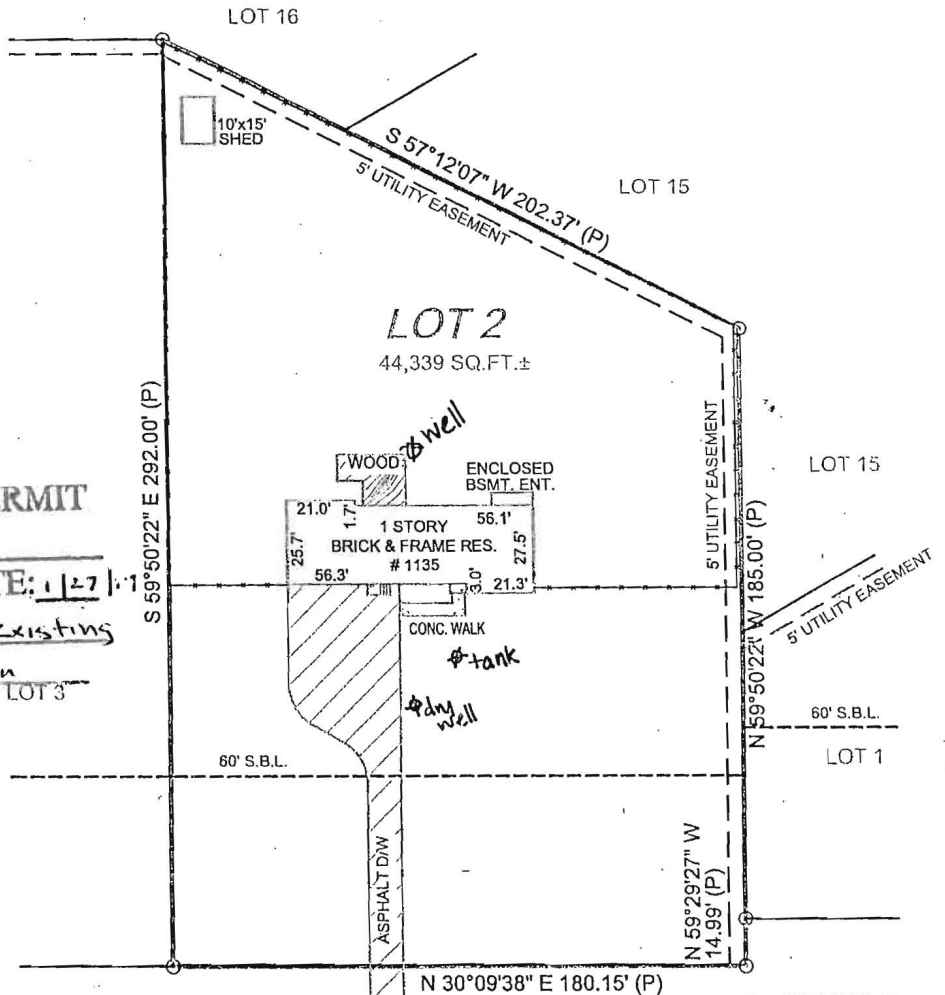
WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN H. Oswald DATE: 1/27/11

DESC. OF WORK: Replace existing  
garage & relocate kitchen



RIVER ROAD

(50' R/W)



GRAPHIC SCALE (In Feet)

1 inch = 60' ft.

POINTS OF INTEREST:

None Visible

CLIENT NUMBER: L980310

DATE: 2/18/2011

BUYER: MELODY J. HIGGINS

SELLER: HAROLD L. CLARK AND SHARON L. CLARK

CERTIFIED TO:

MELODY J. HIGGINS; LEGENDS TITLE GROUP, LLC; NFM INC, DBA  
NATIONAL FIDELITY MORTGAGE; ITS SUCCESSORS AND/OR ASSIGNS;  
AS THEIR INTERESTS MAY APPEAR

A licensee either personally prepared this drawing or was in responsible charge  
over its preparation and the surveying work reflected in it, all in compliance with  
requirements set forth in Regulation .12 of Chapter 09.13.06 of the Code of  
Maryland Annotated Regulations.

This is a two page document. The advice found on the affixed page (Page  
2 of 2) is an integral part of the plat.

Rick Proctor & Donna MacBrayne REALTOR®

410.461.1456

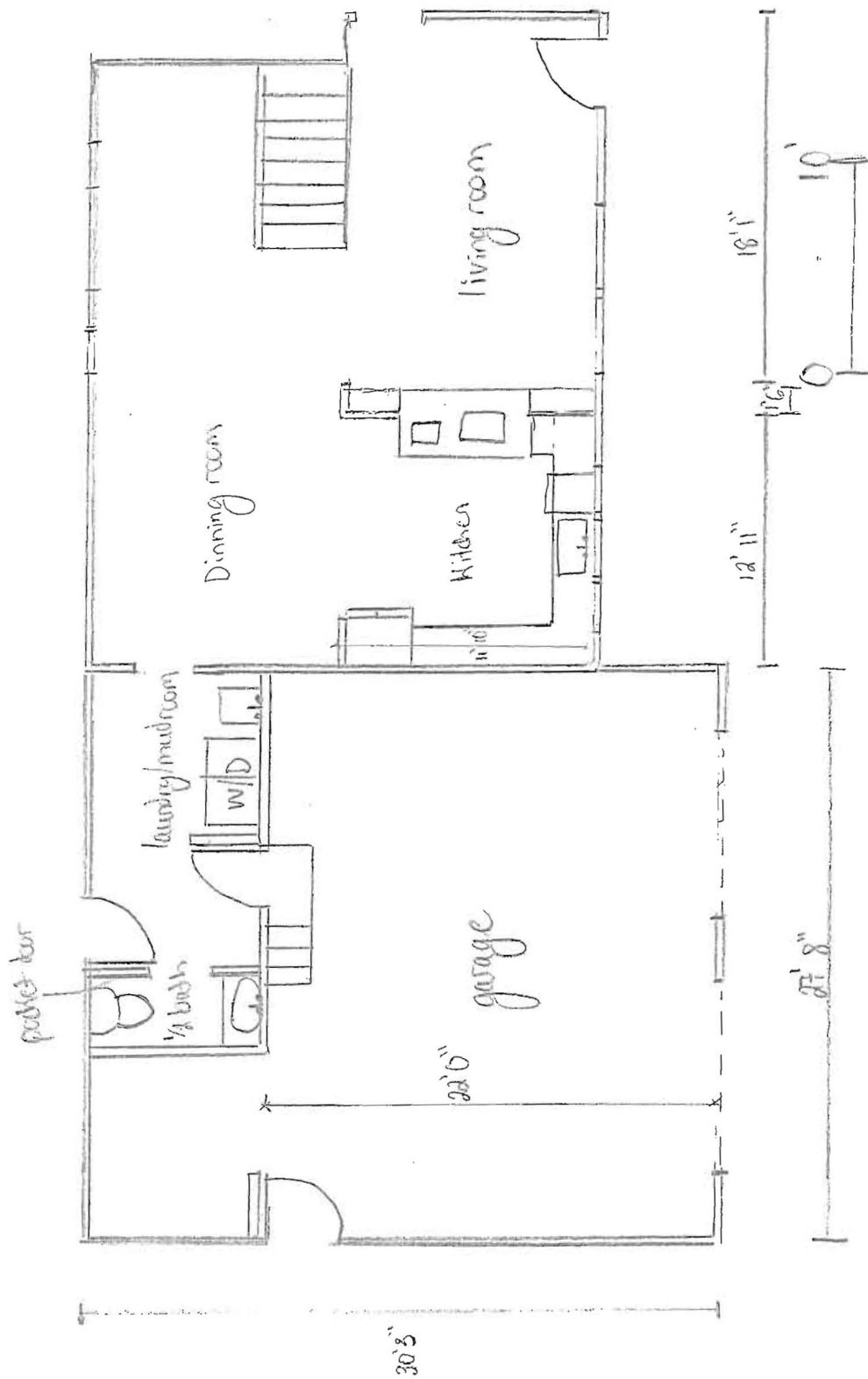
keith@longandfoster.com

www.RickandDonna.Infre.com



EXACTA  
MARYLAND  
SURVEYORS

EXACTA MARYLAND SURVEYORS, INC.  
10480 LITTLE PATUXENT PARKWAY, SUITE 400  
COLUMBIA, MD 21044  
P: (443)692-6523 F: (443)692-6524  
www.exactamd.com  
LB: 21535



PROPOSED 1125 River Rd

APPROVED

WALK-THRU BUILDING PERMIT

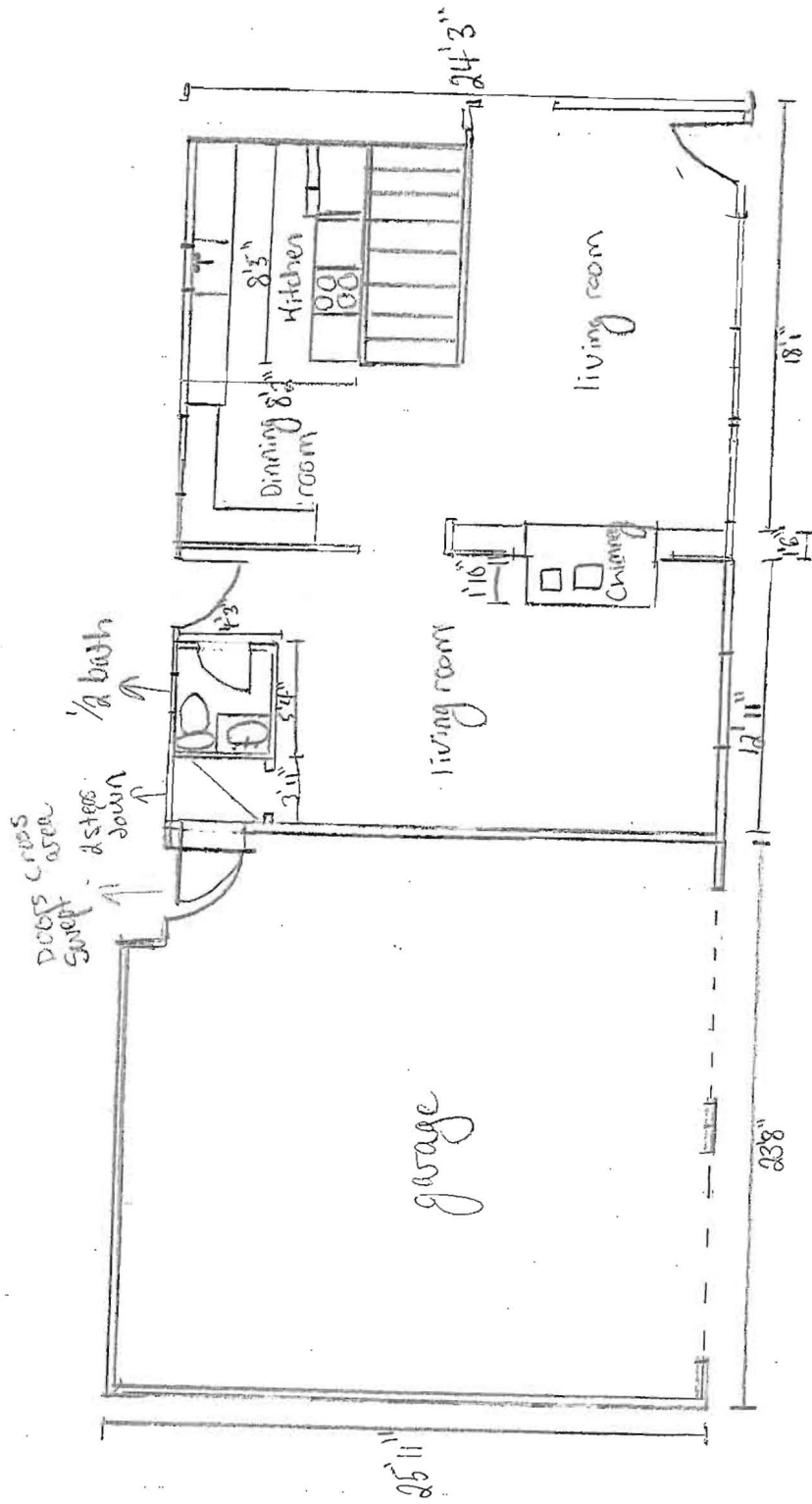
BP#

A#

APPLICANT: H. Oswald DATE: 12/1/17

DESC OF WORK: Replace existing

garage & relocate kitchen



current - 1135 River Rd 9 10'