DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1880
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 1121 RIVER RD
Sykesville MD 21784

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning Map Coordinates Lot Size

Property Owner's Name Philip Coomber
Address 1121 River Rd
City Sykesville State MD Zip Code 21784
Home Phone 410 442 3616 Work Phone 410 876 7032
Applicant's Name & Mailing Address, (if other than stated herein):

Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD - Front Porch
Estimated Construction Cost $ _____
Description of Work Tyvek roof over existing slab

Occupant or Tenant Philip Coomber

Contact Name Philip Coomber

Address 1121 River Rd

City Sykesville State MD Zip Code 21784

Phone 410.442.3616 Fax _____

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION – *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame

___ State Certified Modular

Utilities

Water Supply:
___ Public
___ Private

Sewage Disposal:
___ Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION – *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

Depth	Width
1st floor:	
2nd floor:	
Basement:	

Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 3

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

Utilities

Water Supply:
___ Public
☒ Private

Sewage Disposal:
___ Public
☒ Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☒

Heating System:
Electric ☐ Oil ☒
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☒
___ 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

Print Name: Philip Coomber

Email Address: PhilFix@Yahoo.com

Title/Company

Date: 1/8/13

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	1/8/2013	RBride
Fire Protection		

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

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____

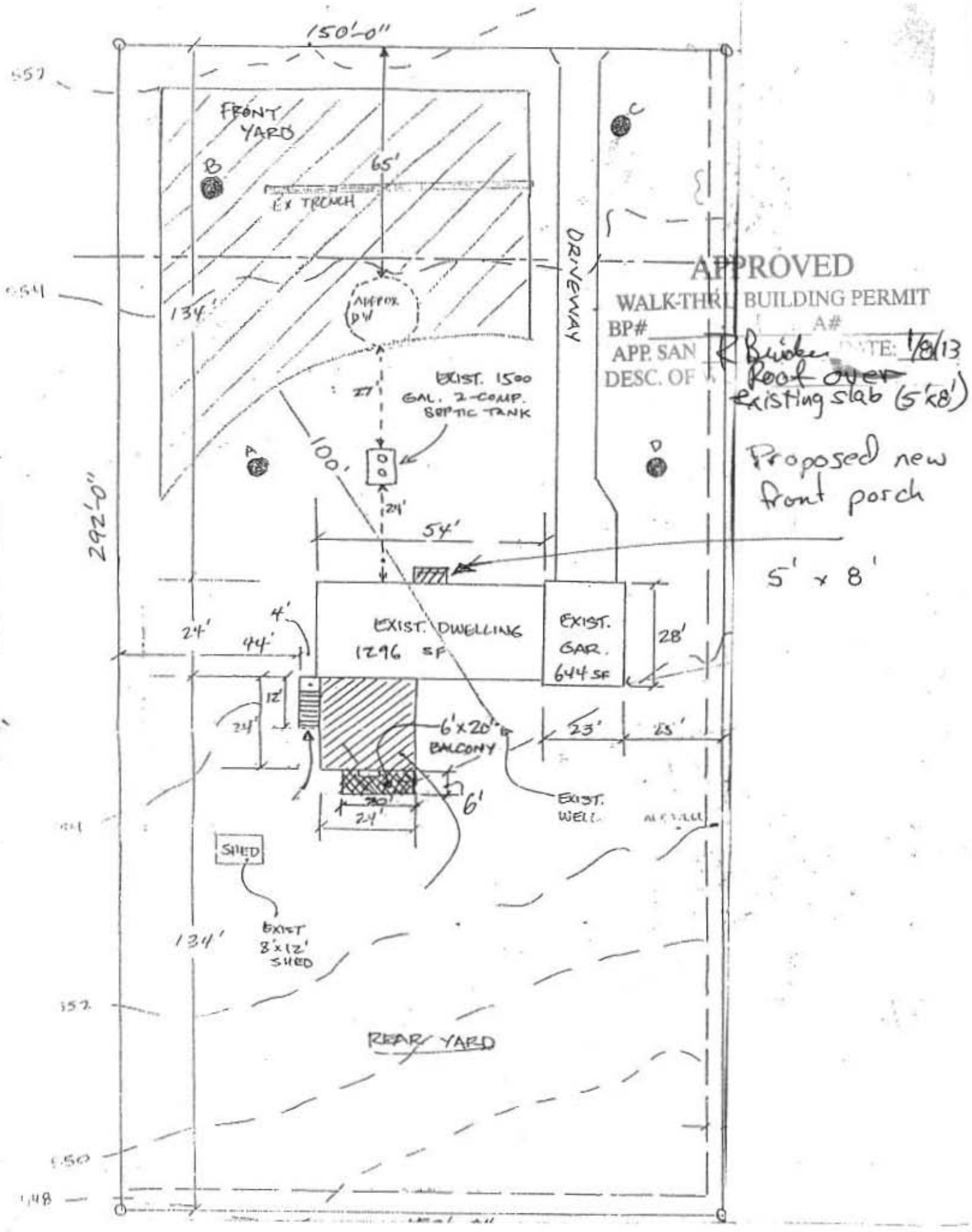
All minimum setbacks met?
YES ☐ NO ☐

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

PROPERTY ID #

Filing fee $ _____
Permit fee $ _____
Excise tax $ _____
Add'l per fee $ _____
TOTAL FEES $ _____
Sub-total paid $ _____
Balance due $ _____
Check # _____
Validation # _____
Annotated by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA


150'-0"
FRONT YARD
65'
EX TRENCH
DRIVEWAY
APPROX PW
134'
EXIST. 1500 GAL. 2-COMP. SEPTIC TANK
17'
100'
24'
54'
292'-0"
EXIST. DWELLING 1296 SF
EXIST. GAR. 644 SF
28'
4'
24'
44'
12'
24'
6'x20' BALCONY
23'
23'
6'
24'
EXIST. WELL
SHED
EXIST 8'x12' SHED
134'
REAR YARD
APPROVED
WALK-THRU BUILDING PERMIT
BP#
A#
APP. SAN
DESC. OF
DATE: 1/8/13
Brick Roof over existing slab (5'x8')
Proposed new front porch
5' x 8'

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B1000182

Building Address 1121 RIVER RD. SYKESVILLE, MD. 21784-5514

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision RIVER PARK ESTATES

Section _____ Area 1 Lot 551

Tax Map 4 Parcel 47 Grid 11

Zoning _____ Map Coordinates _____ Lot Size 1.00 AC

Property Owner's Name MR. & MRS. COOMBER
Address 1121 RIVER RD.
City SYKESVILLE State MD. Zip Code 21784
Home Phone _____ Work Phone 410-598-6302
Applicant's Name & Mailing Address, (if other than stated herein):
JEFF BYERLY
307 LANIBETH RD.
CATONSVILLE, MD. 21228

Phone 410-952-1342 Fax _____

Existing Use RESIDENTIAL
Proposed Use RESIDENTIAL
Estimated Construction Cost $ 30,000.
Description of Work ATTACHED 2-STY. ADDITION, NEW FRONT PORCH (1152 S/F) (30 S/F)

Occupant or Tenant OWNERS

Contact Name PHIL COOMBER

Address 1121 RIVER RD.

City SYKESVILLE State MD. Zip Code 21784

Phone 410-598-6302 Fax _____

Contractor Company CAPE HORN ARTISANS
Contact Person DAVID KIREY
Address CAPE HORN RD.
City WESTMINSTER State MD. Zip Code _____
License No. MHIC # 46710
Phone 410-596-1215 Fax _____

Engineer or Architect Company RONALD JOHNSTON & ASSOC.
Contact Person RONALD JOHNSTON
Address 11407 BARLEY FIELDS WAY
City MARRIOTTSV. State MD. Zip Code 21104
Phone 410-442-3667 Fax _____

BUILDING DESCRIPTION – *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame

___ State Certified Modular

Utilities

Water Supply:
___ Public
___ Private
Sewage Disposal:
___ Public
___ Private

Electric Yes □ No □
Gas Yes □ No □

Heating System:
Electric □ Oil □
Natural Gas □
Propane Gas □

Sprinkler system: N/A □
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION – *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse □

	Depth	Width
1st floor:	24'	x 54'
2nd floor:		
Basement:	24'	x 54'

Finished Basement ☒ Unfinished Basement □ Crawl space □ Slab on Grade □

No. of Bedrooms 3

Multi-family dwellings:
No. of efficiency units: ____
No. of 1 BR units: ____
No. of 2 BR units: ____
No. of 3 BR units: ____

Other Structure: GARAGE
Dimensions: _____
Footings: YES
Roof: YES SHINGLED

___ State Certified Modular
___ Manufactured Home

Utilities

Water Supply:
___ Public
☑ Private
Sewage Disposal:
___ Public
☑ Private

Electric Yes ☑ No □
Gas Yes □ No ☑

Heating System:
Electric □ Oil ☑
Natural Gas □
Propane Gas □

Sprinkler system: N/A ☑
___ 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.

J Byerly
Applicant's Signature

JEFF BYERLY
Print Name

Email Address

AGENT, CAPE HORN ARTISANS
Title/Company

13 MAY 2010
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 Officials		
Dev. Engineering, DPZ		
Health		
Fire Protection		

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

PROPERTY ID #

Filing fee $ _____
Permit fee $ _____
Excise tax $ _____
Add'l per fee $ _____
TOTAL FEES $ _____
Sub-total paid $ _____
Balance due $ _____
Check # CASH
Validation # _____

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

Is Entrance Permit Required?
YES □ NO □
Historic District?
YES □ NO □

CONTINGENCY CONSTRUCTION START: □
ONE STOP SHOP: □
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____
Accepted by _____

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T:\Operations\Updated forms

205817

Howard County Health Department

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 24th, 2010

Phil Coomber
1121 River Rd.
Sykesville, MD 21784

Re: Building Permit Application B10001282

Dear Mr. Coomber

This office has recently received the above referenced building permit application for a 2 story addition. However, we are unable to recommend approval of your application at this time. The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] and Howard County Code Section 3.8.05 requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit for addition of living space greater than 250 sq. ft. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a septic easement having "adequate area for an initial septic system and two 2 repairs".

The Howard County Health Department requires that you have an approved Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application and any subsequent building permit applications. Percolation tests must be conducted in order to establish a septic easement. An Environmental Sanitarian records data of these evaluations.

Usually the data are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. The Health Department maintains lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

Sincerely,

Heidi Scott, R.S.
Well & Septic Program

HS
Copy: file