



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.: **B18000282**

Building Address: **17322 OLD FREDERICK ROAD**
City: **MT AIRY** State: **MD** Zip Code: **21771**
State/Apt # _____ SDP/WP/BA # _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: **5**
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: **SINGLE FAMILY RESIDENCE**

Proposed Use: **ADDITION**

Estimated Construction Cost: \$ **160,000**

Description of Work: **MASTER BEDROOM ADDITION
AND TO MAKE ATTACHMENT TO EXISTING
TO ACCOMMODATE ADDITION 2.2X2.5**

Occupant/Tenant Name: **JAY & KATHLEEN EIGENBRODE**

Was tenant space previously occupied? ☒ Yes ☐ No

Contact Name: **JAY EIGENBRODE**

Address: **17322 OLD FREDERICK ROAD**

City: **MT AIRY** State: **MD** Zip Code: **21771**

Phone: **301.639.7063** Fax: _____

Email: **MJEIGENBRODE@COMCAST.NET**

Property Owner's Name: **JAY & KATHLEEN EIGENBRODE**

Address: **17322 OLD FREDERICK ROAD**

City: **MT AIRY** State: **MD** Zip Code: **21771**

Phone: **301.639.7063** Fax: _____

Email: **MJEIGENBRODE@COMCAST.NET**

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

Applicant's Name: **JOHN SHIPLEY**

Address: **3109 CAULDE DRIVE**

City: **MT AIRY** State: **MD** Zip Code: **21771**

Phone: **410.984.0154** Fax: _____

Email: **SSSHIP40@YAHOO.COM**

Contractor Company: **JOHN W SHIPLEY LLC**

Contact Person: **JOHN SHIPLEY**

Address: **3109 CAULDE DRIVE**

City: **MT AIRY** State: **MD** Zip Code: **21771**

License No.: **MHC #18784 (JOHN S 70989)**

Phone: **410.984.0154** Fax: _____

Email: **SSSHIP40@YAHOO.COM**

Engineer/Architect Company: _____

Responsible Design Prof.: **HARRY PERRINE**

Address: **1111 YORKSHIRE WAY**

City: **WESTMINSTER** State: **MD** Zip Code: **21158**

Phone: **410.876.6517** Fax: _____

Email: **HPERRINE47@COMCAST.NET**

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 st floor: 20' X 28'
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: 20' X 28'
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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 checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PROPANE
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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" 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 SETBACK WITHIN PROPERTY LINE WHICH MAY BE REQUIRED IN THIS APPLICATION; (5) THAT HE/SHE WAIVES COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE SAME BEING HEREBY ADMITTED AND POTENTIAL INJURY.

Applicant's Signature: **JOHN SHIPLEY**
Email Address: **SSSHIP40@YAHOO.COM**
Title/Company: **OWNER**

Print Name: **JOHN W SHIPLEY**
Date: **01/29/18** **JAN 29 2018**

LICENSES & PERMITS
DIVISION

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	5/18	[Signature]

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:	
SOP/Red-line approval date:	

Filing Fee	\$ 25.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 933

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

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

February 14, 2018

TO: John Shipley, Applicant
SJShip40@yahoo.com

RE: Building Permit Application B18000282; 17322 Old Frederick Road

Dear Mr. Shipley,

It is the policy of the Howard County Health Department to certify onsite sewage disposal systems in accordance with the Code of Maryland Annotated Regulations [COMAR] before approving building permits. The referenced building permit application cannot be approved by the Health Department at this time: COMAR [26.04.02.02.C.] requires that each lot created prior to November 18, 1985 and subject to a 10,000 sq.ft. sewage disposal area have such area and that it is large enough to contain the initial system and at least one repair system. Also, the Health Department has determined that the capacity of the installed system is adequate for the existing structure with the proposed addition, however, the available percolation test information does not indicate that a 4-foot soil buffer [COMAR, 26.04.02.04 C.] exists to rock or seasonal water table beneath the bottoms of the installed trenches.

Therefore, percolation tests will be needed for two reasons:

1. A soil description will have to be completed for certification of the existing septic system. If the Health Department determines that the system existing septic system does not have adequate soil buffer beneath the system, replacement trenches may be required.
2. Percolation tests will be required in order to define and configure the required sewage disposal area of at least 10,000 square feet.

Percolation tests are conducted under the supervision of Health Department personnel. Typically, the percolation test data, well locations, and structures' footprints are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department as a Percolation Certification Plan. The location and configuration of a sewage disposal area is certified by the Approving Authority's signature on a Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department justification for approving the current building permit application and any subsequent building permit application.

The Health Department maintains lists of excavation contractors/septic system installers, and engineers or surveyors who are known to offer their services in Howard County. You may contact me at the Bureau of Environmental Health, Well and Septic Program, 410-313-1771, if you have questions about these contents.

Respectfully,
Robert Bricker, REHS/R.S., L.E.H.S., Environmental Sanitarian II
Bureau of Environmental Health, Well and Septic Program

Copy: Jay and Kathleen Eigenbrode, owners
file