



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DLR 2018 APR 20 16:59
Date Received: _____

Permit No.: B1802529

Building Address: 4396 State Rt. 97
City: Brookville State: MD Zip Code: 20833
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 1
Tax Map: 0021 Parcel: 0192 Grid: 0019
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residential dwelling
Proposed Use: Storage
Estimated Construction Cost: \$ 35K
Description of Work: Pole Barn x 24' x 30'

Occupant/Tenant Name: Karen Curiale
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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: 24' 32'
Area of construction (sq. ft.):	2 nd floor: _____
Use group:	Basement: 24' 32'
Construction type:	<input 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: _____
➤ 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: KAREN Curiale
Address: 4396 State Rt. 97
City: Brookville State: MD Zip Code: 20833
Phone: 703 675-8194 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: MIKE CALANDRA
Address: 13531 VINEY DEER DR
City: HIAWATHA State: MD Zip Code: 20777
Phone: 301 598-4027 Fax: _____
Email: MIKE@CALANDRA-CONTRACTING.COM

Contractor Company: CALANDRA CONTR.
Contact Person: MIKE CALANDRA
Address: 13531 VINEY DEER DR
City: HIAWATHA State: MD Zip Code: 20777
License No.: 37689
Phone: 301 598-4027 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Print Name

Email Address

Date

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		

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	\$ <u>25.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>1426</u>

Distribution of Copies: White: Building Officials

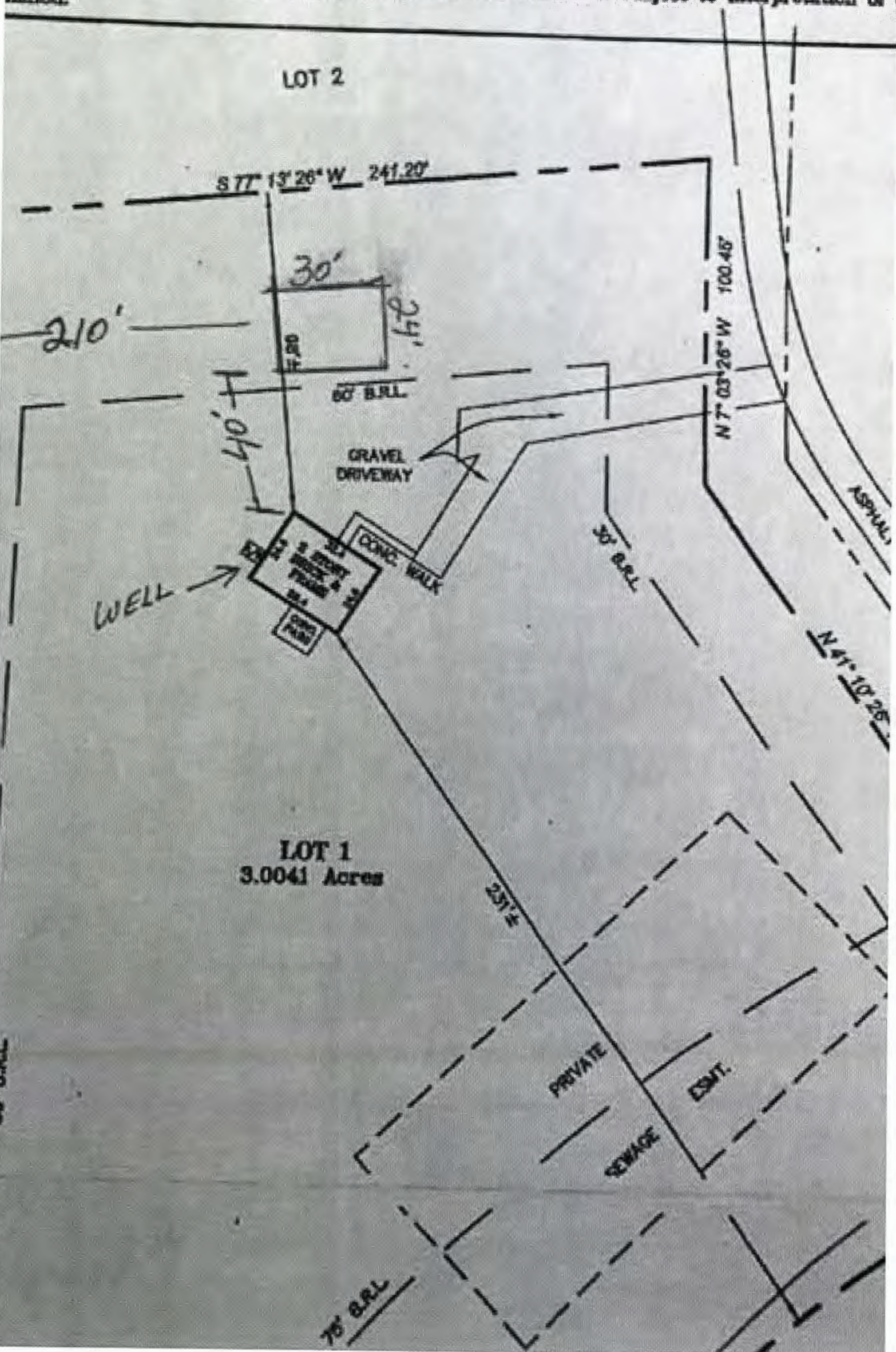
Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

re-financing.
be relied upon for the establishment or location of fences, garages, buildings, or
provide for the accurate identification of property boundary lines, but such identi-
financing or re-financing.
Flood Zone information is taken from available sources and is subject to interpretation of
stated.



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

May 8, 2018

TO: Michael Calandra, Applicant
Calandra Contracting, Highland, MD
Mike@CalandraContracting.com

RE: Building Permit Application B18001329; 4396 State Route 97

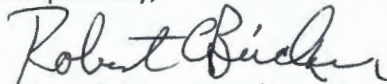
Dear Mr. Calandra,

The referenced building permit application cannot be approved by the Health Department at this time. Howard County Code [3.805.(A)(2)(XX)B.] requires that each lot have a sewage disposal area that is large enough to contain the initial distribution (trench) system and two replacement systems. The Health Department shall maintain an 'On Hold' status for the proposal until this issue is resolved.

Percolation tests will be required in order to define and configure the required sewage disposal area. Percolation tests' data are observed and recorded by 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. If needed, 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.

As you did not provide the owner's email in your application, please forward this communication to the owner (Karen Carvielle). 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: Karen Carvielle, Owner
file

CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.
5. No Title Report furnished.

LOT 2

S 77° 13' 26" W 241.20'

60' B.R.L.

N 7° 03' 26" W 100.45'

- Notes:
1. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 2 feet. No Property Corners found.
 2. Fences have been located by approximate methods.

ASPHALT

LOT 3

N 44° 10' 26" W 213.21'

LOT 1
3.0041 Acres

* HOOT 600 BNR

* Repair Trenches

30' B.R.L.

PRIVATE

SEWAGE

N 49° 34' 20"

75' B.R.L.

S 7° 03' 26" E 673.90'

Approved Septic System Plan
Howard County Health Department

24' x 30' Pole Barn approved
Per test waived; well easily extended

Signature
R. Buckle

8/27/2018

VEHICULAR INGRESS & EGRESS RESTRICTED
ARC = 374.44'
RADIUS = 639.61'

MD ROUTE 97
(R/W WIDTH VARIES)

4396 RT-97

R18001329



* Information from Health Department records. 103

LOCATION DRAWING
LOT 1

SARGENT PROPERTY
HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE

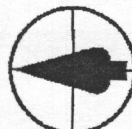
"THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION."

Jeffrey A. Foster
MARYLAND PROPERTY LINE SURVEYOR REG. NO. 687
Expires: 04-02-2019

REFERENCES

PLAT BK.
PLAT NO. 4655

LIBER
FOLIO



SNIDER & ASSOCIATES
LAND SURVEYORS
20270 Goldenrod Lane, Suite 110
Germantown, Maryland 20876
801/948-6100, Fax 801/948-1288

DATE OF LOCATIONS

WALL CHECK: 3-03-18
HSE. LOC.:

SCALE: 1" = 50'

DRAWN BY: K.W.L.
JOB NO.: 1B-00628