

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER E08001948	
Building Address 12925 WEXFORD PARK DR CLARKSVILLE, MD. 21029			Property Owner's Name DANIEL + MARIA CHAN		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 12925 WEXFORD PARK DRIVE		
Census Tract _____ Subdivision _____			City CLARKSVILLE State MD Zip Code 21029		
Section _____ Area _____ Lot 18			Home Phone 410 531 3241 Work Phone _____		
Tax Map 34 Parcel 261 Grid 9			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size 3.00 AC			Phone N/A Fax _____		
Existing Use SFD			Contractor Company ALAN JONES UNLIMITED		
Proposed Use SFD WITH MST BEDROOM + BATH			Contact Person SIM BRUMSTED		
Estimated Construction Cost \$ 80,000			Address 10260 OLD COLUMBIA ROAD		
Description of Work CONSTRUCT NEW MASTER BEDROOM ADDITION WITH BATH, ON FULL BASEMENT 1060-SQ-FT			City COLUMBIA State MD Zip Code 21046		
Occupant or Tenant SAME AS OWNER			License No. 77138		
Contact Name _____			Phone 410-381-1414 Fax 410-381-1211		
Address _____			Engineer or Architect Company SINEX DESIGN		
State _____ Zip Code _____			Contact Person ROXANN SINEX		
Phone _____ Fax _____			Address _____		
			City _____ State MD Zip Code _____		
			Phone _____ Fax _____		

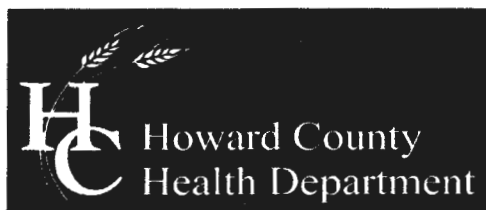
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	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"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Basement: _____	Heating System: _____ Electric <input checked="" 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 _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 _____	Sprinkler system: N/A <input checked="" 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 HERETO; (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 Jim Brumsted Print Name Jim Brumsted
Title/Company DIRECTOR OF OPERATIONS Date 7/2/08

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



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

July 17th, 2008

Daniel & Maria Chan
12925 Wexford Park Dr.
Clarksville, MD 21029

Re: **Building Permit**
#B08001948

Dear Mr. & Ms. Chan,

This office has recently received the above referenced building permit application for an addition including a master bedroom and a sunroom totaling 1,060 square feet. However, we are unable to recommend approval of your application at this time.

Howard County Code Subtitle 8, Section 3.805 requires a Percolation Certification Plan for an increase in living space over 250 square feet prior to building permit approval. This plan formally establishes a septic easement on your property contingent upon percolation testing and approval by the Health Officer. Given that our records indicate there is already sufficient percolation test data on file for your property this data may be used to prepare the plan without undergoing any new percolation testing.

The plot plan prepared by Sill, Adock & Assoc. submitted with your building permit application can be used as the Percolation Certification Plan given that certain criteria including the original perc test data are added to the plan. I have enclosed this information for your convenience and have forwarded a memo to the engineer regarding this matter.

Your building permit will remain "on hold" until all Health Dept. requirements are met. More information is also available online at:

www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm.

If you have any questions or concerns regarding this evaluation you may contact me directly at 410-313 6287.

Sincerely,

Heidi Scott
Well & Septic Program
Development Coordination Section

Enclosures

Cc:

Sill, Adock & Assoc.

File