

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

Building Address: <u>632 Sideling Court</u> <u>Sylkesville md 21784</u>		Property Owner's Name: <u>Tim & Jacquelin Hearn</u>	
Suite/Apt. # _____ SDP/WP/BA #: _____		Address: <u>632 Sideling Court</u>	
Census Tract: _____ Subdivision: _____		City: <u>Sylkesville</u> State: <u>md</u> Zip Code: <u>21784</u>	
Section: _____ Area: <u>8</u> Lot: <u>12</u>		Home Phone: <u>410-365-9487</u> Work Phone: _____	
Tax Map: <u>4</u> Parcel: <u>110</u> Grid: _____		Applicant's Name & Mailing Address, (if other than stated herein): <u>SE</u>	
Zoning: _____ Map Coordinates: _____ Lot Size: <u>4,309/90</u>		Phone: _____ Fax: _____	
Existing Use: <u>SFD</u>		Email: _____	
Proposed Use: <u>addition - BR w/ closet</u>		Contractor Company: <u>B Square Constructin</u>	
Estimated Construction Cost: \$ <u>35,000</u>		Contact Person: <u>Barry Boone</u>	
Description of Work: <u>Master Bedroom w/ closet</u> <u>494 SF with partial foundation/sealed</u> <u>porch under</u>		Address: <u>2420 Alder Drive</u>	
Occupant or Tenant: <u>Tim + Jackie Hearn</u>		City: <u>New Wales</u> State: <u>md</u> Zip Code: <u>21776</u>	
Was tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		License No.: <u>86372</u>	
Contact Name: <u>Jackie Hearn</u>		Phone: <u>443-964-8350</u> Fax: <u>1-866-691-8290</u>	
Address: <u>632 Sideling Ct.</u>		Email: <u>boonev170@comcast.net</u>	
City: <u>Sylkesville</u> State: <u>MD</u> Zip Code: <u>21784</u>		Engineer/Architect Company: <u>JB Home Design</u>	
Phone: <u>410-365-9487</u> Fax: _____		Responsible Design Prof.: <u>John Butts</u>	
Email: <u>thehearnfamily@msn.com</u>		Address: <u>9416 Concord Court</u>	
		City: <u>Baltimore</u> State: <u>md</u> Zip Code: <u>21234</u>	
		Phone: <u>410-599-9587</u> Fax: _____	
		Email: _____	
BUILDING DESCRIPTION - COMMERCIAL			
Building Characteristics		Utilities	
Height: <u>10'</u>		<u>Water Supply</u>	
No. of stories: <u>1</u>		<input type="checkbox"/> Public	
Gross area, sq. ft./floor: <u>494</u>		<input checked="" type="checkbox"/> Private	
		<u>Sewage Disposal</u>	
Area of construction (sq. ft.): <u>494</u>		<input type="checkbox"/> Public	
		<input checked="" type="checkbox"/> Private	
Use group: _____		Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction type:		Heating System	
<input type="checkbox"/> Reinforced Concrete		<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Structural Steel		<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Masonry		Sprinkler System:	
<input checked="" type="checkbox"/> Wood Frame		<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> Full	
<input checked="" type="checkbox"/> Roadside Tree Project Permit		<input type="checkbox"/> Partial	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Other Suppression	
Roadside Tree Project Permit # _____		No. of Heads: _____	
BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics		Utilities	
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse		<u>Water Supply</u>	
Depth Width		<input type="checkbox"/> Public	
1 st floor: <u>19</u> <u>26</u>		<input checked="" type="checkbox"/> Private	
2 nd floor: _____		<u>Sewage Disposal</u>	
Basement: _____		<input type="checkbox"/> Public	
<input type="checkbox"/> Finished Basement		<input checked="" type="checkbox"/> Private	
<input checked="" type="checkbox"/> Unfinished Basement		Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Crawl Space		Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Slab on Grade		Heating System	
No. of Bedrooms: <u>1</u>		<input checked="" type="checkbox"/> Electric	
Multi-family Dwelling		<input type="checkbox"/> Oil	
No. of efficiency units: _____		<input type="checkbox"/> Natural Gas	
No. of 1 BR units: _____		<input type="checkbox"/> Propane Gas	
No. of 2 BR units: _____			
No. of 3 BR units: _____			
Other Structure: _____			
Dimensions: _____			
Footings: _____		<input checked="" type="checkbox"/> Roadside Tree Project Permit	
Roof: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> State Certified Modular		Roadside Tree Project Permit # _____	
<input type="checkbox"/> Manufactured Home			
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: <u>Barry Boone</u>		Print Name: <u>Barry Boone</u>	
Email Address: <u>boonev170@comcast.net</u>		Date: <u>4/17/12</u>	
Title/Company: <u>Owner</u>			

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	5-17-12	Heaven Scott
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

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: _____

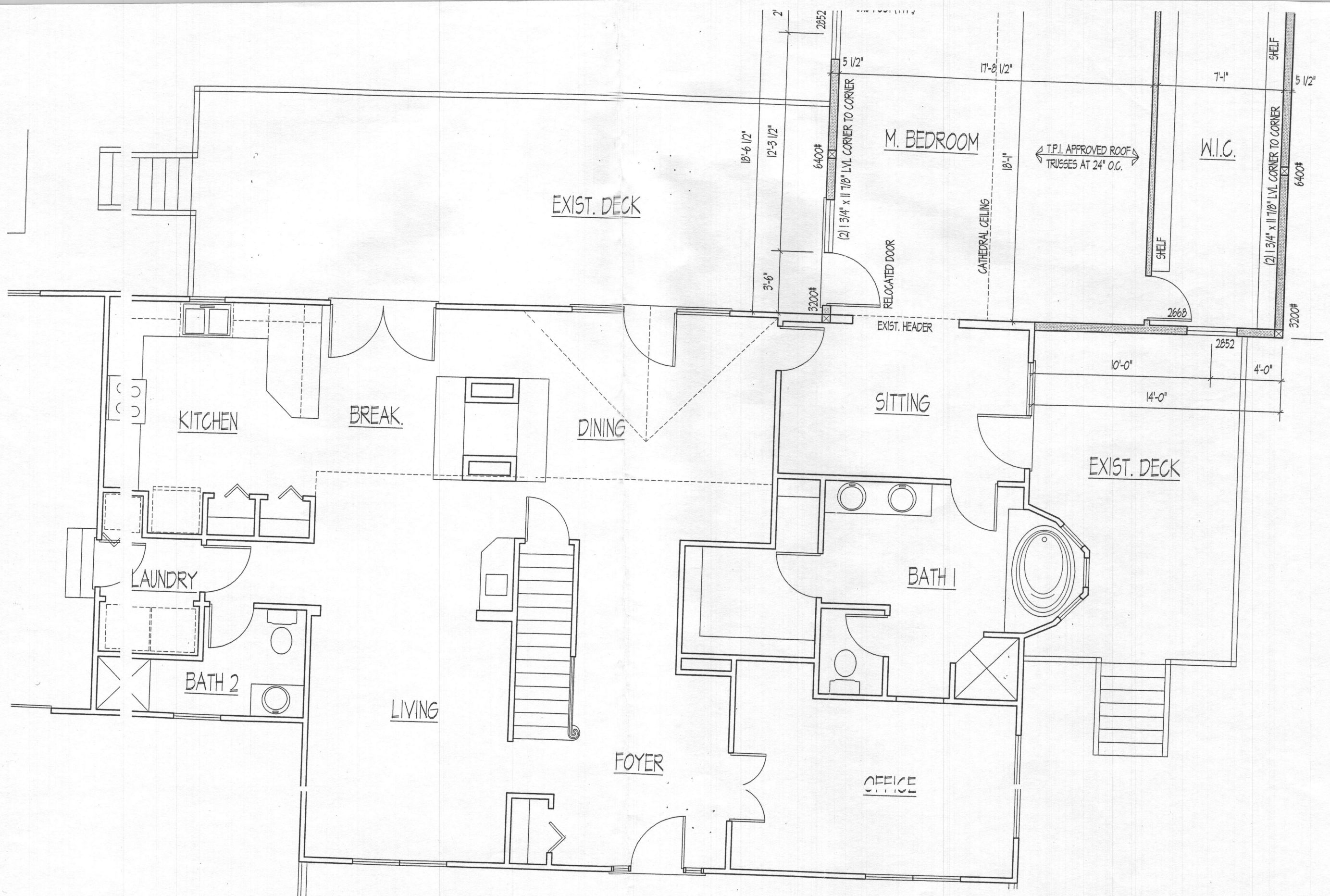
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

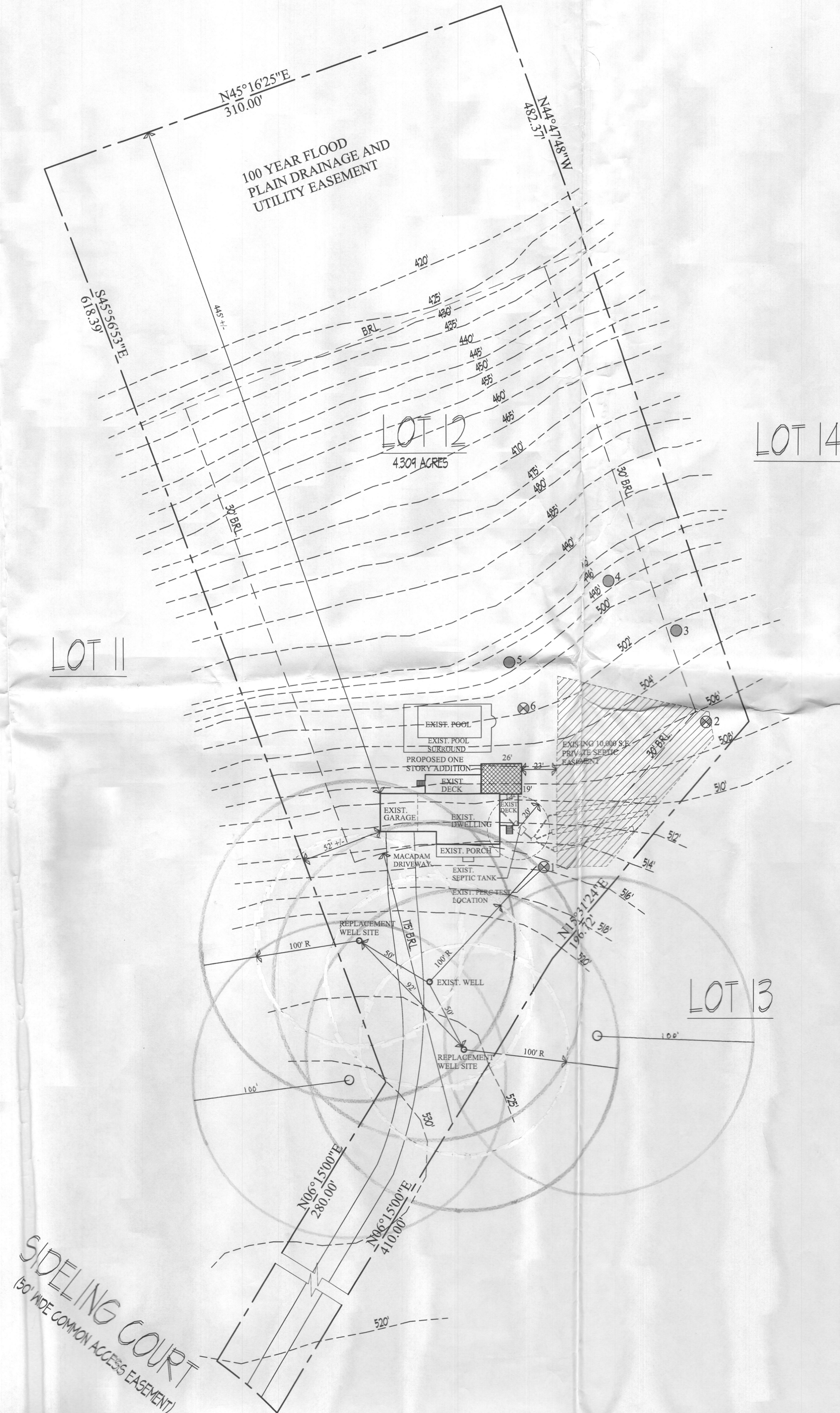
4-19-12 032 Siding Ct.

DB

Deck approved on original house
BP







APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

Signature for Peter Brubaker 5/16/2012
Health Officer, Howard County Health Dept. Date
1790

NOTES

1. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. THE TOPOGRAPHY OF THIS PLAT IS TAKEN FROM THE APPROVED PRELIMINARY PLAN FROM APRIL 1988 PREPARED BY THE REIMER GROUP, LLC AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.
3. THE LOT SHOWN HEREON COMPLIES/COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT
4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
6. I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.
7. THIS PLAN IS IN SUPPORT OF A BUILDING PERMIT FOR A 5000 S.D. ADDITION.

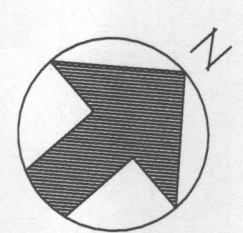
OWNER/PLAN DEVELOPER:
TIMOTHY AND JAQUELINE HEARN
632 SIDELING COURT
SYKESVILLE, MD 21784
443-266-7447
HOWARD COUNTY MARYLAND
TAX MAP 4 PARCEL 110

PREPARED BY:
JONATHAN P. BUTTS
JB HOME DESIGN, LLC
9416 CONCORD COURT
BALTIMORE, MD 21234
410-599-9587

LEGEND

- EXISTING SEPTIC TANK
- EXISTING PROPERTY LINE
- EXISTING BUILDING RESTRICTION LINE
- EXISTING TOPOGRAPHY LINE
- PROPOSED ONE STORY ADDITION
- EXISTING 10,000 S.F. SEPTIC EASEMENT
- EXISTING WELL
- PERC TEST HOLE LOCATION (PASSED)
- PERC TEST HOLE LOCATION (FAILED)

PERCOLATION CERTIFICATION PLAN



SCALE: 1" = 40'

DATE: MARCH 16, 2012

JB HOME DESIGN, LLC
9416 CONCORD COURT
BALTIMORE, MARYLAND 21234
OFFICE (410) 599-9587
FAX (410) 663-4064
EMAIL: JON@JBHOMEDSIGN.COM

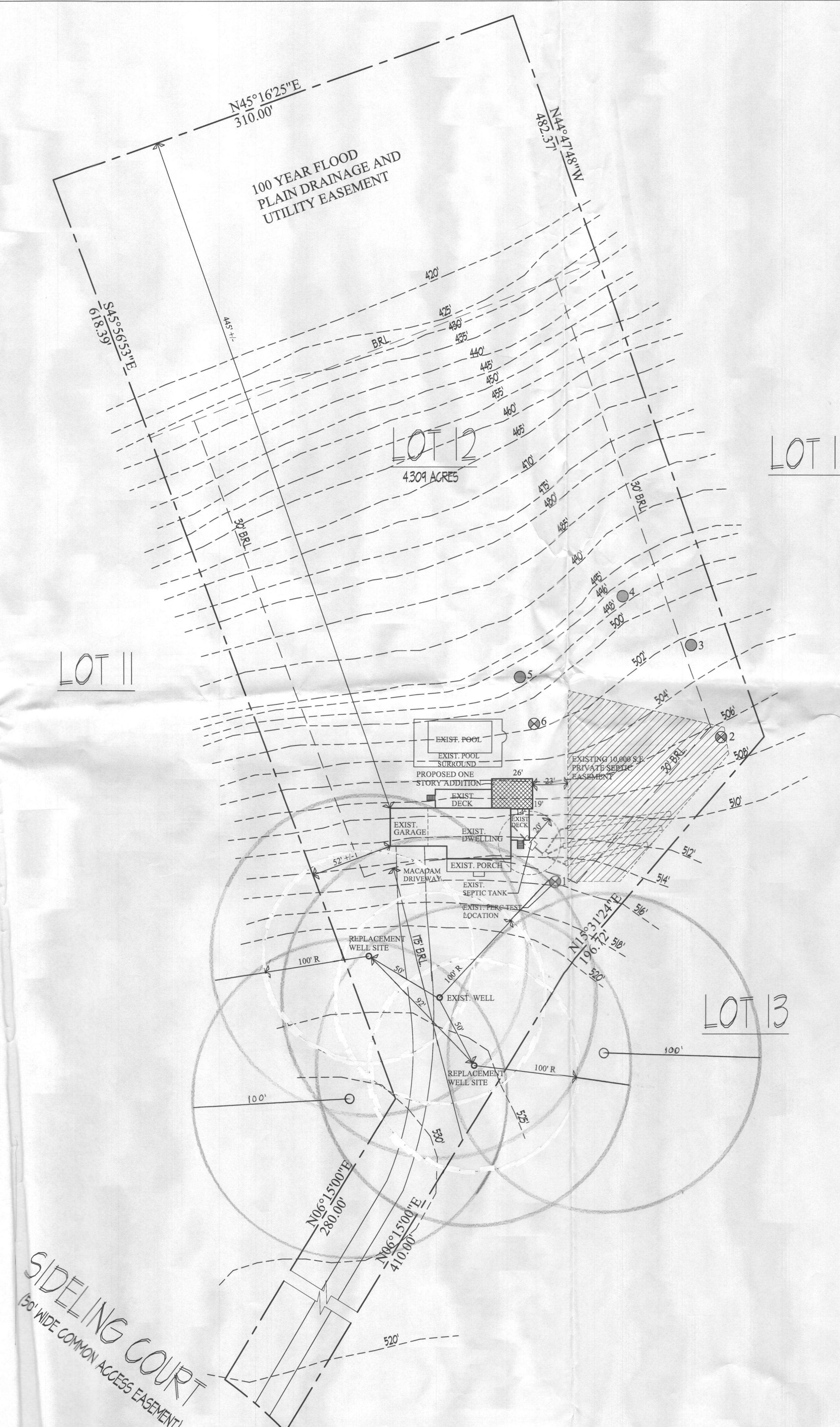


PERCOLATION CERTIFICATION PLAN

HEARN ADDITION

ISSUE	DATE	BY	PROJECT NO.

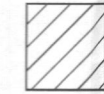
SHEET NO.
SP-1



APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

By: Brian for Peter Besenroth 5/16/2012
Health Officer, Howard County Health Dept. Date
Hs rjg


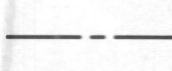






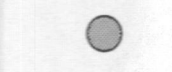
NOTES

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7. THIS PLAN IS IN SUPPORT OF A BUILDING PERMIT FOR A ~500 SQ. FT. ADDITION.

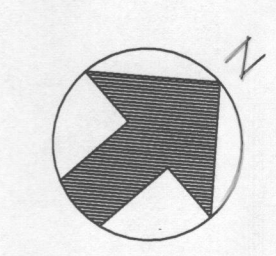
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LEGEND

- | | |
|---|--------------------------------------|
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PERCOLATION CERTIFICATION PLAN



SCALE: 1"=40'

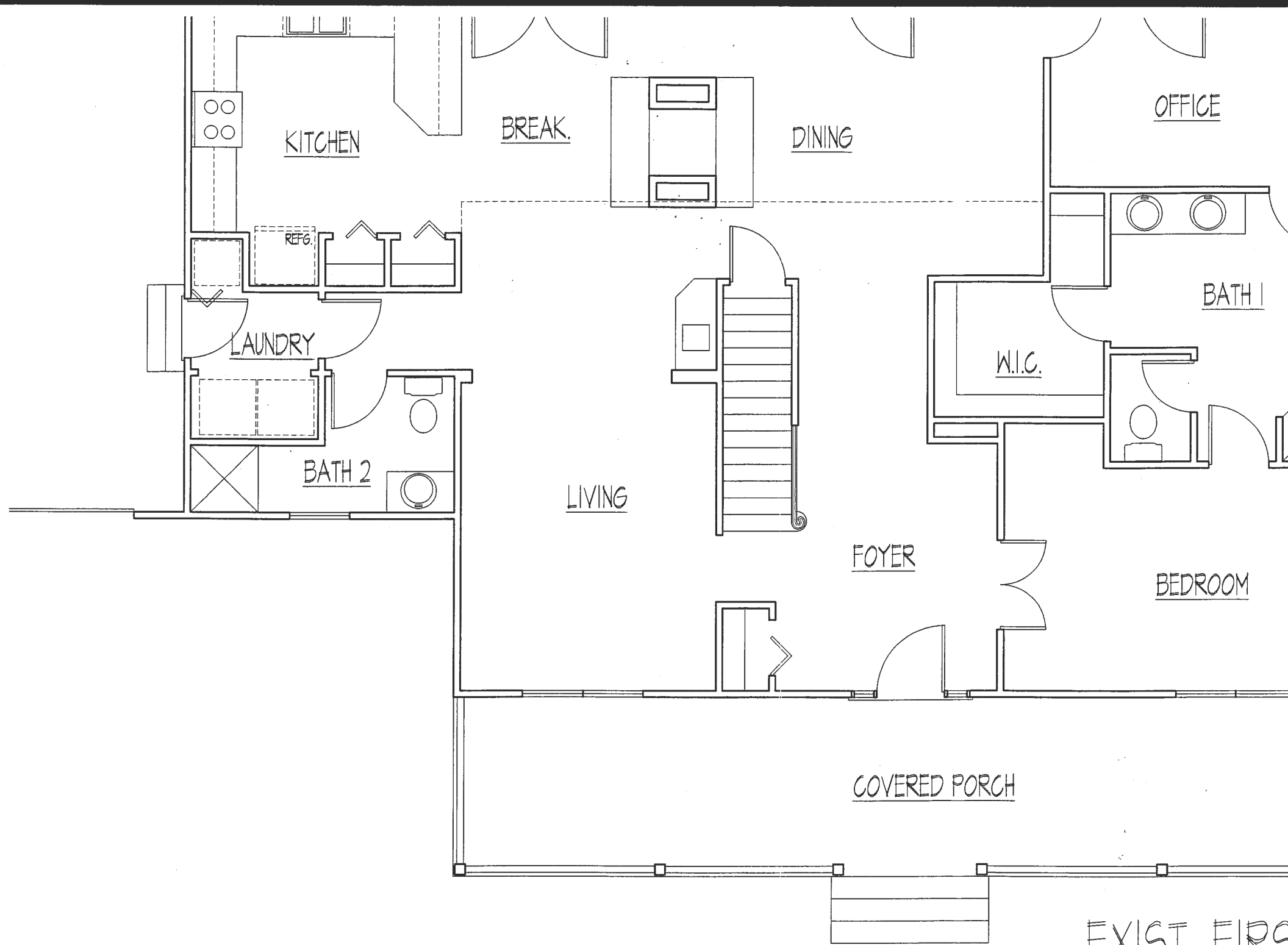
DATE: MARCH 16, 2012

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PERCOLATION CERTIFICATION PLAN
CONTENTS: 1/4" = 1/4"
SCALE: 1/4" = 1/4"
DATE: _____
DRAWN: _____
PROJECT TITLE: Hearn Addition

ISSUE	SHEET NO.
	SP-1



EXIST. FIRST

SCALE: 1/4"=1'-0"