

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08002781

Building Address 3205 ROSCOMMON DR.
GLENELG, MD. 21737-9741

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

Census Tract 6030.00/0720 Subdivision ROSCOMMON ESTATES

Section _____ Area _____ Lot 1

Tax Map _____ Parcel #3-313980 Grid 096 06

Zoning ARDED Map Coordinates 096 06 Lot size 4,8732 ACRES

Existing FRAMED

Use VACANT PART OF PROPERTY

Proposed Use OUTBUILDING (GARAGE/BARN)

Estimated Construction Cost \$ 60,000

Description of Work EXCAVATE AND GRAD FOR FUTURE

SIDE EXCAVATION WALLS FOR STATIONARY STEEL

OUTBUILDING, 12' X 30' DRIVEWAY TO BUILDING

42' X 10' W/ 14' EYE

Occupant or Tenant 1

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name EUGENE MARCELLE

Address 3205 ROSCOMMON DR.

City GLENELG State MD Zip Code 21737

Phone 410-489-2937 Phone 443-629-5059

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Contractor Company OWNER TO CONSTRUCT

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	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel <input checked="" type="checkbox"/> Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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.

Eugene Marcelle
Applicant's Signature

Title/Company

EUGENE MARCELLE
Print Name

Date

9/17/08

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 Official		
Dev. Engineering, DPZ		
Health	10/15/08	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies-
Forms/PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

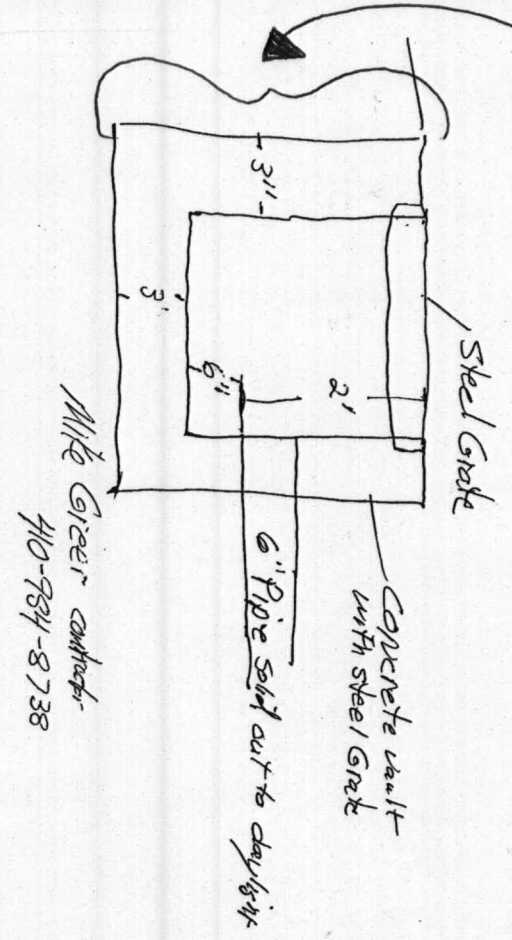
Gold: SHA

DPZ SETBACK INFORMATION

Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for New Town Zone _____		
SDP/Red-line approval date _____		

Accepted by _____

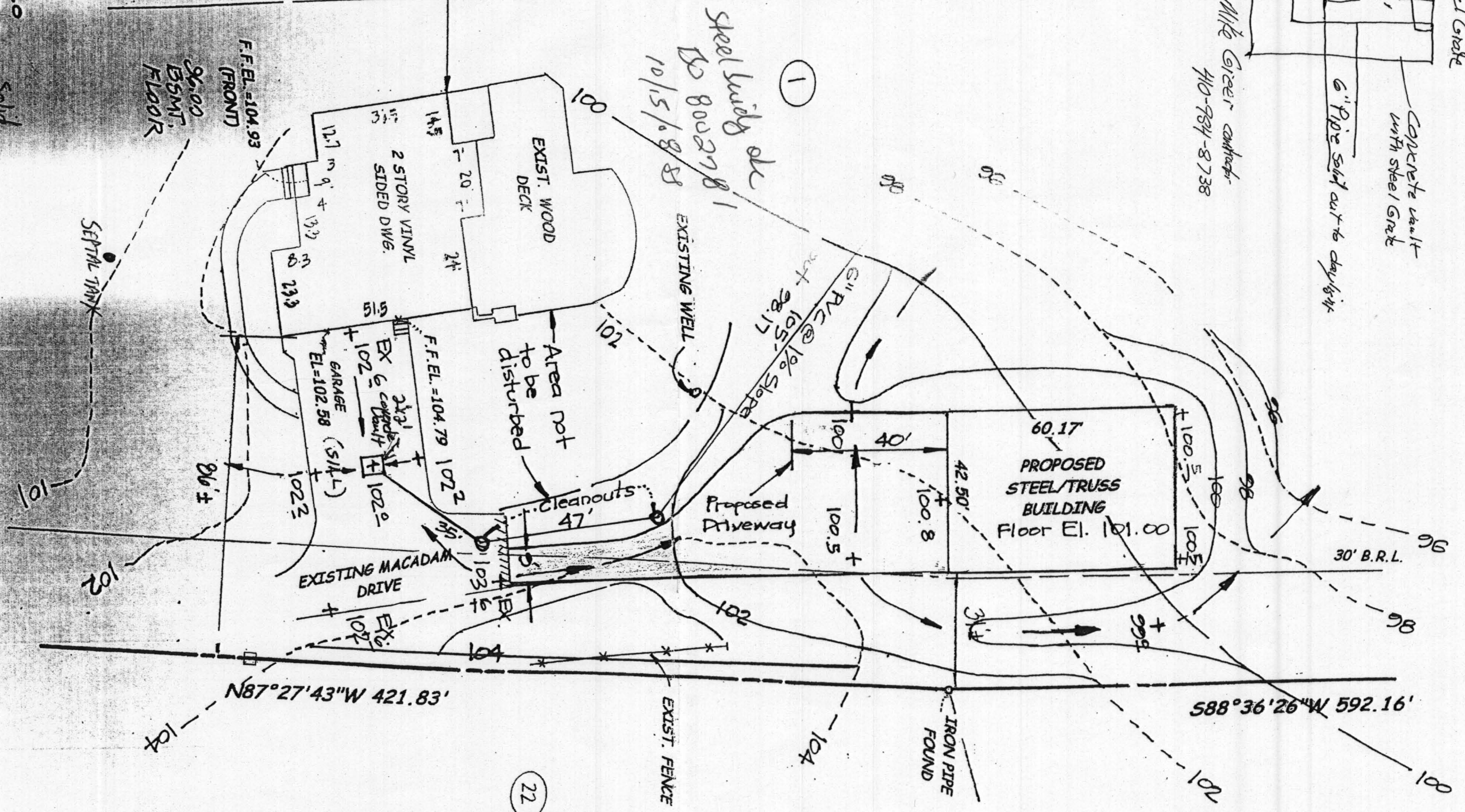
Concrete vault (5'11')



N89°20'20"E 954.52'

30' B.R.L.

Inlet Elevation 102.0
Top of Pipe 100.5
Bottom of Pipe 100.0
Invert out 98.17
Based on 1% slope





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

October 3, 2008

Eugene Marcelle
3205 Roscommon Dr.
Glenelg, Maryland 21737

RE: Building permit application #B08002781
Steel out building

Dear Mr. Marcelle,

The Health Department has completed the review of the referenced building permit application. The following information is needed prior to plan approval. The existing septic tank location must be shown on the plan. In addition, please clarify whether the 6" PVC pipe shown on the plan is a solid or perforated pipe and the purpose of the "sill" located in the driveway. Once the Health Department receives this information the building permit application can be approved.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261.

Sincerely,

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section

Eugene R. Marcelle

3205 Roscommon Drive
Glenleg, Maryland 21737

H 410-489-2937
C 443-629-5059

euge@mac.com

October 14, 2008

Attn. Sara Sappington
Wells & Septic Program
Bureau of Environmental Health
Howard County
7178 Columbia Gateway Drive
Columbia, Maryland 21046

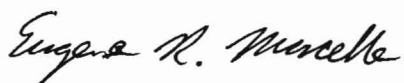
Ms. Sappington

Regarding building permit application # B08002781. The application is for a Storage / Barn building. The purpose of the drive sill is to divert water that naturally flows down the driveway due to grade toward the house. To grade the driveway to a level that divert water away from the house would require the building of a small retaining wall between the driveway and front yard. The less expensive solution is the use of a drive sill to divert the water via sill and SOLID PVC PIPE to the back yard were the natural slope of the land takes it away from the house and proposed new construction.

I hope this explanation is to the satisfaction of the Department of Environmental Health.

Thank You,

Sincerely yours,



Eugene R. Marcelle