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.: _____

Building Address: 9334 Vollmerhausen Rd
City: Savage State: MD Zip Code: 20763
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: 2001
Lot: _____ Tax Map: _____ Parcel: 0791

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: $ 10,000
Description of Work: Build new 12x20 pressure treated deck with P.T. railing, steps to grade, concrete footings 30" below grade - ~~6x6x8 POSTS~~ -

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

Property Owner's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Jennifer Madrid
Address: 21-B Randall St.
City: Annapolis State: MD Zip Code: 21403
Phone: 410-757-0971 Fax: _____
Email: jmadrid@bohancontracting.com

Contractor Company: Bohan Contracting
Contact Person: Mark Marek
Address: 21-B Randall St.
City: annapolis State: MD Zip Code: 21401
License No.: 101690
Phone: 410-757-0971 Fax: _____
Email: MMarek@bohancontracting.com

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

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☑ SF Dwelling ☐ SF Townhouse
No. of stories:	**Depth** **Width**
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➢ **Roadside Tree Project Permit**	Footings:
☐Yes ☑No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Electric: ☐ Yes ☐ No	
Gas: ☐ Yes ☐ No	
Water Supply	
☐ Public	
☐ Private	
Sewage Disposal	
☐ Public	
☐ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☐ 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* Jennifer Madrid

Email Address jmadrid@bohancontracting.com *Date* _____

Title/Company Production Coordinator - Bohan Contracting

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	9/18/18	D Bernard

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	☐ Yes ☐ No
Is Entrance Permit Required?	☐ Yes ☐ No
Historic District?	☐ Yes ☐ 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	$
Check	#

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

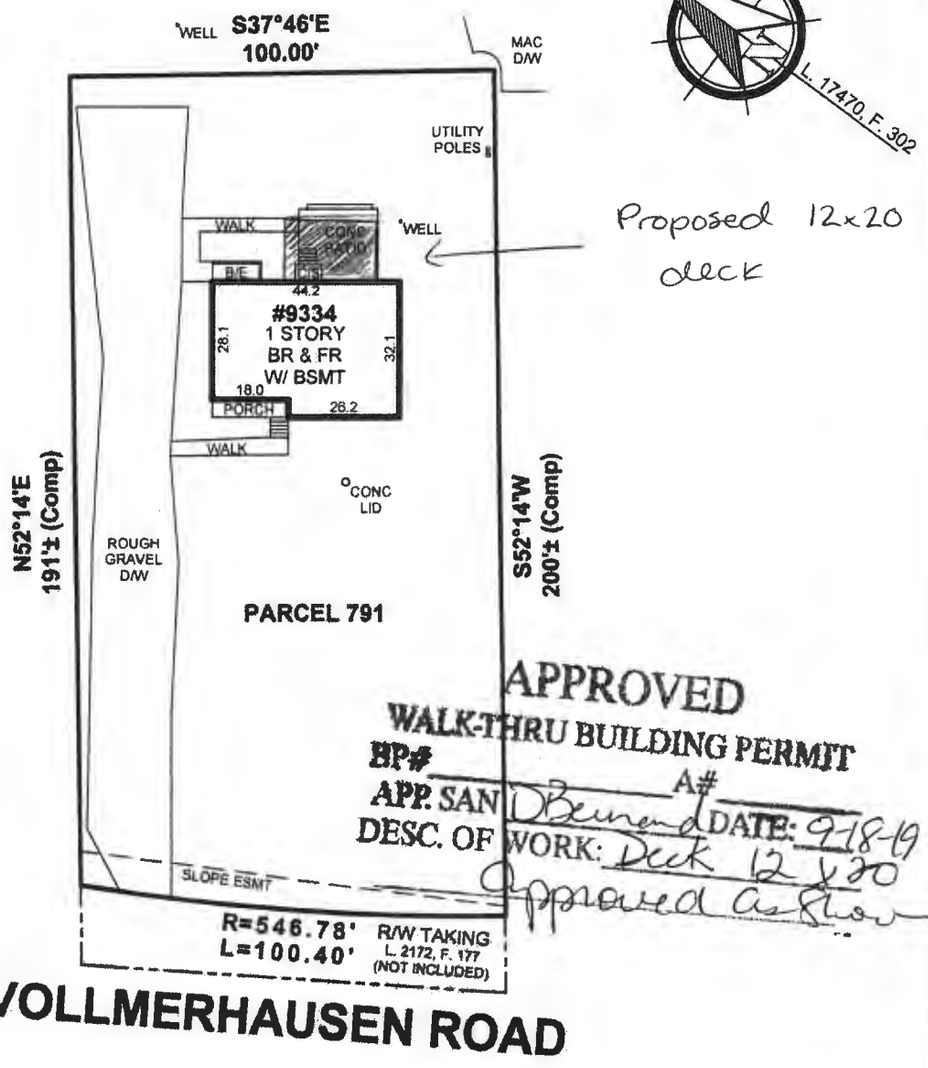
THIS DOCUMENT IS CERTIFIED TO:

Homepartners Title Group

CASE #: HF-19-0907

kw KELLERWILLIAMS

Kevin Guerrieri
231 Najoles Road
Millersville, MD 21108
301-455-8100



NOTE:
ENCROACHMENTS MAY EXIST

LOCATION DRAWING OF:

#9334 VOLLMERHAUSEN ROAD
PARCEL 791 TAX MAP 47
N/F PROPERTY OF
JEFFREY & RUTH WISE
LIBER 17470, FOLIO 302
HOWARD COUNTY, MARYLAND

SCALE: 1"=40' DATE: 07-02-2019
DRAWN BY: AP / CP FILE #: 195446-607

LEGEND:

—x—	- FENCE
B/E	- BASEMENT ENTRANCE
B/W	- BAY WINDOW
BR	- BRICK
BRL	- BLDG. RESTRICTION LINE
BSMT	- BASEMENT
C/S	- CONCRETE STOOP
CONC	- CONCRETE
D/W	- DRIVEWAY
Ex.	- EXISTING
FR	- FRAME
MAC	- MACADAM
G	- GATE
O/H	- OVERHANG
PUE	- PUBLIC UTILITY ESMT.
PIE	- PUBLIC IMPROVEMENT ESMT.

COLOR KEY:

(RED)	- RECORD INFORMATION
(BLUE)	- IMPROVEMENTS
(GREEN)	- ESMTS & RESTRICTION LINES

A Land Surveying Company

DULEY and Associates, Inc.

Serving D.C. and MD.

14604 Elm Street, Upper Marlboro, MD 20772

Phone: 301-888-1111 Fax: 301-888-1114
Email: orders@duley.biz On the web: www.duley.biz

STATE OF MARYLAND
JEROME C. MAMAUAG
No. 21325
PROFESSIONAL LAND SURVEYOR

SURVEYOR'S CERTIFICATE

I HEREBY STATE THAT I WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEY WORK REFLECTED HEREIN AND IT IS IN COMPLIANCE WITH THE REQUIREMENTS SETFORTH IN REGULATION 12 CHAPTER 09.13.06 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF FENCES, BUILDING, OR OTHER IMPROVEMENTS, THIS PLAT 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 REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 3'±. NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYOR'S OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BY CONSIDERED "TEMPORARY" MAY NOT BE SHOWN. IF IT APPEARS ENCROACHMENTS MAY EXIST, A BOUNDARY SURVEY IS RECOMMENDED.

1/28/91 ASBP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 4823

A REPAIR

DISTRICT

DATE 4/24/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED

INSPECTOR

Jack Fyock IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS ____ PHONE 988-9270

SUBDIVISION ____ LOT Tax Map: 47 Parcel: 791 ROAD 9334 Vollmerhausen

PROPERTY OWNER Wise

ADDRESS 792-2975 9334 Vollmerhausen - Off of Murry Hill Road

SEPTIC TANK CAPACITY ____ GALLONS

PUBLIC SEWER NOT AVAIL PE JOHN REID ENGINEERING, 1/28/91 cwill

NUMBER OF BEDROOMS ____

____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

1/28/91 UNSATISFACTORY SOIL LIMITED AREA
½ AC LOT WITH WATER WELL
RECOMMEND SEPTIC TANK RR

PLANS APROVED BY C. Williams DATE 1/28/91

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Md. 461-9933

SEWAGE DISPOSAL PERMIT NO. A-Repair P-48283

PERMITTEE Jack Funk

LOCATION Tax Map 47 Parcel 191 - 9334 Woodmansee Rd (West)

Do Not Cover Work Until Health Department Approval Appears On This Card

NOTICE

☐ **STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING**

Inspector **Date**

☐ **WORK IS SATISFACTORY, CONTINUE**

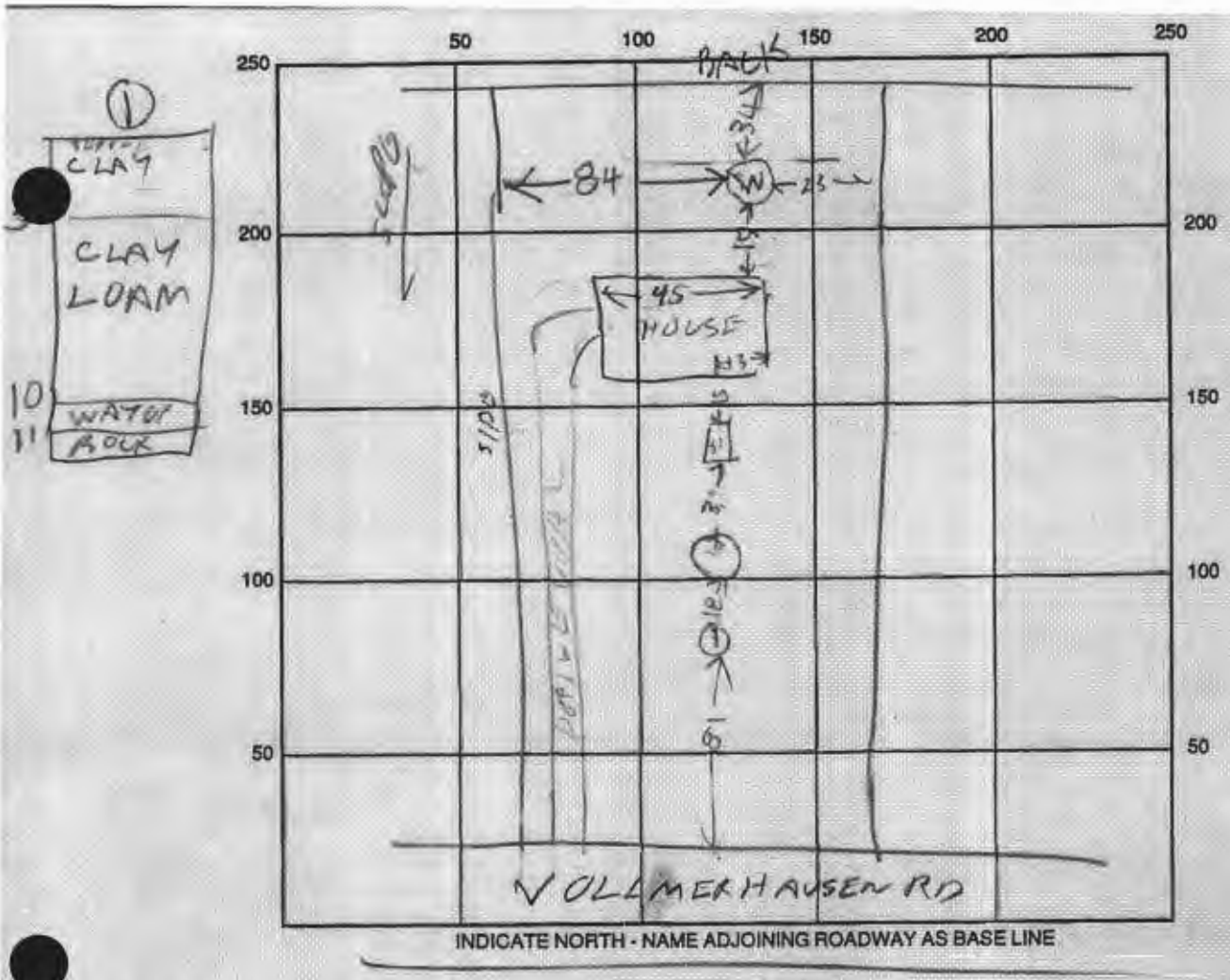
Inspector **Date**

☐ **FINAL INSPECTION MADE, COVER ALL WORK**

Inspector **Date**

EH 8 986

230 **POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD**



SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 1/28/91 - RH TESTED AT 3FT FAIL & 5FT FAILED PERC TOO ROCKY & RICK. CITY WATER NOT AVAILBLE & CITY SEWER NOT AVAILABLE NO PLACE TO DIG EXTRA HOLES BECAUSE SMALL ½AC LOT WITH WELL TALKED TO MRS WISE RECOMMENDED SEALED TANK. ROCKY AGREED RH MRS WISE DISAPPOINTED RH 5/26/94 OWNER REPORTS PUMPING

DATE SYSTEM APPROVED _____ INSPECTOR _____

EVERY 6 WEEKS TO AVOID BACKUP. LAST YEAR SPOKE TO MS. BUTLER 313-6318 (HOUSING) (RE: CONNECTION) NO NEWS SINCE THEN, HOUSE 25 YRS OLD HR 5/27/94 T/C TO HOUSING, LEFT MSG. MR

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48283

A REPAIR

DISTRICT _____

DATE 4/24/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ LOT Tax Map: 47 Parcel: 791 ROAD 9334 Vollmerhausen

PROPERTY OWNER Wise

ADDRESS 9334 Vollmerhausen - Off of Murry Hill Road

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

1/28/91 - UNSATISFACTORY SOIL LIMITED AREA
1/4 AC LOT WITH WATER WELL
RECOMMEND SEALED TANK RH

PLANS APROVED BY C. Williams DATE 1/28/91

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

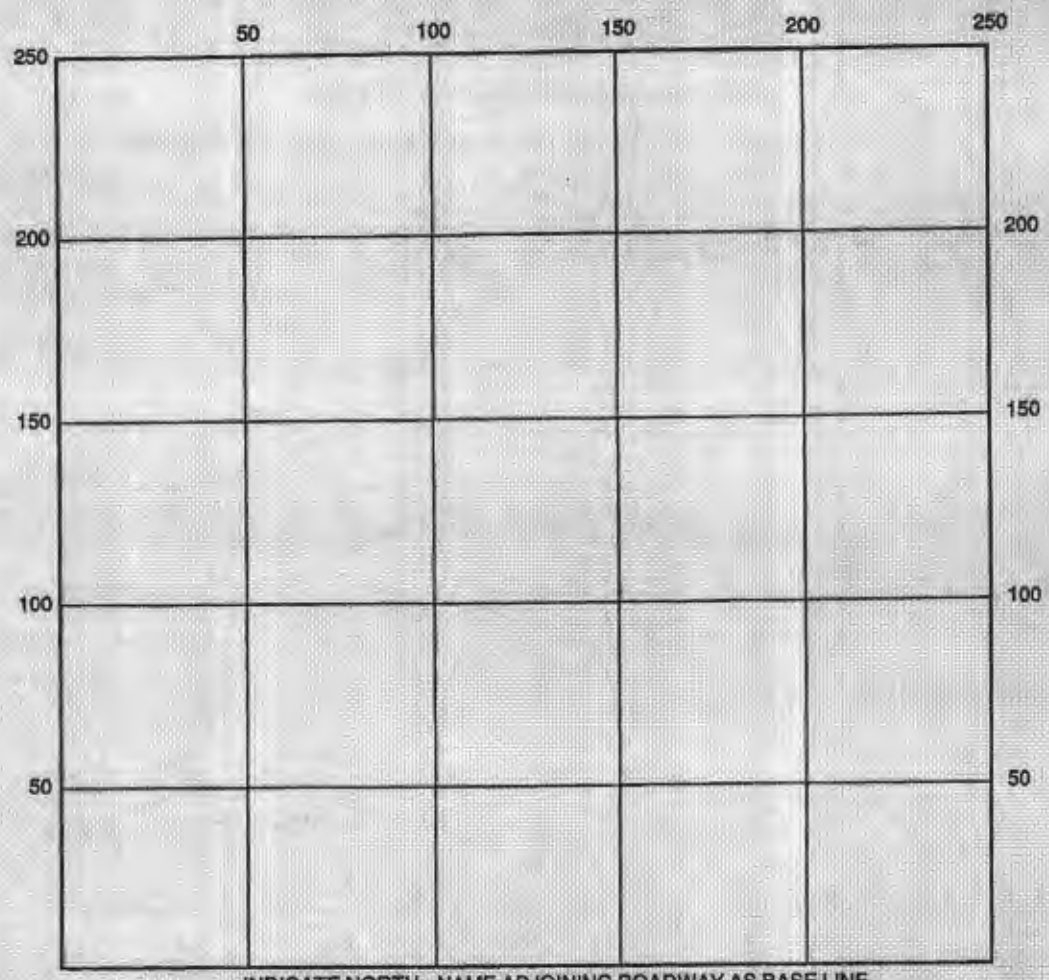
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

_____

_____

_____

_____

_____

DATE SYSTEM APPROVED _____ INSPECTOR _____