



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: 10/9/19
Permit No.: B19003407

Building Address: 12510 CANTER LANE
City: ELLSWORTH State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: RESIDENTIAL
Proposed Use: _____
Estimated Construction Cost: \$ 15,000
Description of Work: REPLACE EXISTING
TIMBER RETAINING WALL WITH
AN ALUMINUM BRICK RETAINING WALL
AT HIGHEST POINT TO PK 5'
BY 42 FEET LONG
Occupant/Tenant Name: BILL ELKIN
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: BILL ELKIN
Address: 12510 CANTER LANE
City: ELLSWORTH State: MD Zip Code: 21042
Phone: 443-664-8844 Fax: _____
Email: WMEERKIN@VERIZON.NET

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: LAND ART INC
Contact Person: BRIAN MORAN
Address: 7605 RIDGE RD
City: WILMINGTON State: MD Zip Code: 21104
License No.: 310116
Phone: 410 994 2900 Fax: _____
Email: landartinc1994@gmail.com

Engineer/Architect Company: JOHN L. SCHWEIDT
Responsible Design Prof.: _____
Address: 100 NORTH ROLLING ROAD
City: CROFTON State: MD Zip Code: 21114
Phone: 410 744 1945 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:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input checked="" type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: [Signature]
Email Address: landartinc1994@gmail.com
Title/Company: [Signature]

Print Name: BRIAN MORAN
Date: 10/8/19

RECEIVED

OCT 09 2019

LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

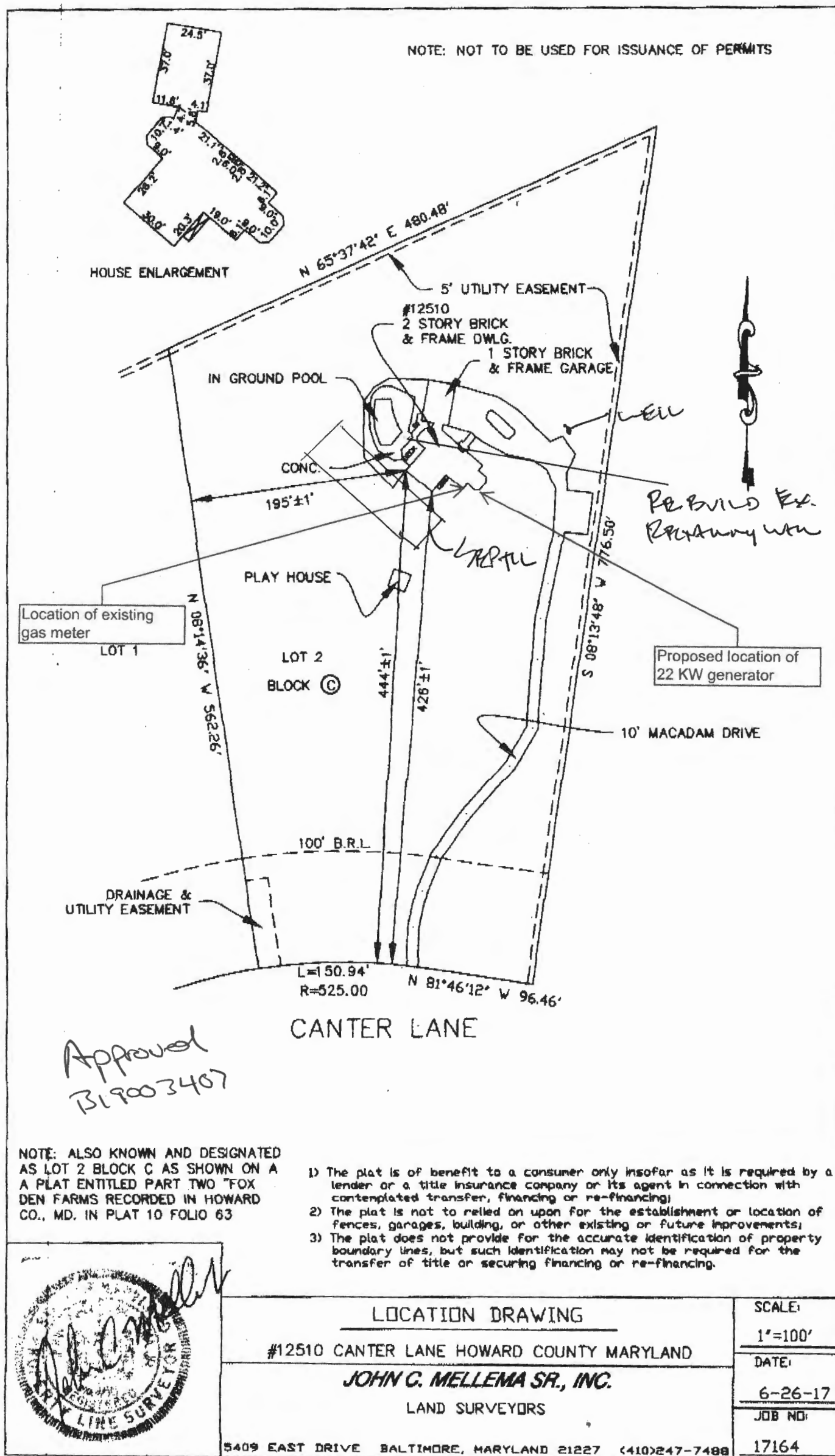
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/28/2019</u>	<u>[Signature]</u>

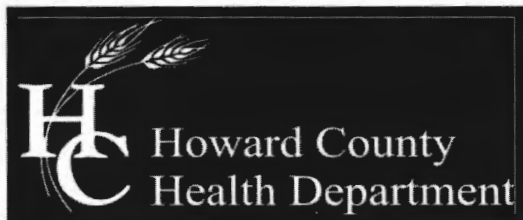
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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>55.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>8694</u>

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





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

MEMORANDUM

TO: Bill Erskin
12510 Canter Lane
Ellicott City, MD 21042

FROM: Robert Freemon *RIF*
Well & Septic Program

RE: **B19003407**
12510 Canter Lane
Ellicott City, MD 21042

DATE: 10/24/2019

After review of 12510 Canter Lane in conjunction with the proposed building permit here are my comments. Prior to building permit approval, the following is required.

- Two Piece Well Cap
- Conduit Reconnected

After a recent site visit it was noted the existing well has an unsecure one piece cap along with a disconnected conduit. These connections must be secured in order to protect ground water from potential contamination. Prior to building permit approval the well must have a secure two piece cap and the conduit reconnected.

Freemon, Robert

From: Freemon, Robert
Sent: Thursday, October 24, 2019 11:06 AM
To: WMERSKIN@VERIZON.NET
Subject: 12510 Canter Lane
Attachments: 12510 Canter Lane.pdf; 2 piece well cap.jpg

Hi Bill,

Attached are my comments for B19003407. During the site the well was noted as having a loose one piece cap and a disconnected conduit. These connections must be secured in order to protect your drinking water and ground water. A two piece cap will need to be installed and the conduit reconnected. I have attached an example of the two piece cap. Once these two requirements have been completed you can take a picture of the well and send it to the this email. If everything checks out I can approve the building permit.

Robert "Spencer" Freemon
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
Bureau of Environmental Health
Well and Septic Program
Phone: 410-313-6357
Email: rfreemon@howardcountymd.gov
Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>