

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 1307004876
Building Address: <u>2435 Sand Hill Rd</u> <u>Ellicott City, MD 21042</u>		Property Owner's Name: <u>Robert Matteson</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address: <u>2435 Sand Hill Rd</u>	
Census Tract _____ Subdivision _____		City: <u>Ellicott City</u> State: <u>MD</u> Zip Code: <u>21042</u>	
Section _____ Area _____ Lot _____		Home Phone: <u>410-531-7781</u> Work Phone: _____	
Tax Map _____ Parcel: <u>03-314243</u> Grid _____		Applicant's Name & Mailing Address: (If other than stated hereon): _____	
Zoning _____ Map Coordinates _____ Lot size _____		Phone _____ Fax _____	
Existing Use: <u>Primary Residence</u>		Contractor Company: <u>Homeowner and Cardinal Construction</u>	
Proposed Use: <u>Primary Residence</u>		Contact Person: <u>John Cardinale</u>	
Estimated Construction Cost: \$ <u>16000</u>		Address: <u>1620 Saint Agnus Lane</u>	
Description of Work: <u>Finish basement (partial)</u> <u>to include full bath, 2 rooms, and</u> <u>walk-out (Total of ~900 sq. ft.)</u>		City: <u>Gwynn Oaks</u> State: <u>MD</u> Zip Code: <u>21207</u>	
Occupant or Tenant: <u>Owner</u>		License No.: <u>49209</u>	
Contact Name: _____		Phone: <u>410-461-4834</u> Fax: _____	
Address: _____		Engineer or Architect Company: <u>John Schneider</u>	
City: _____ State: _____ Zip Code: _____		Contact Person: <u>John Schneider</u>	
Phone: _____ Fax: _____		Address: <u>100 North Rolling Rd.</u>	
		City: <u>Catonsville</u> State: <u>MD</u> Zip Code: <u>21228</u>	
		Phone: <u>410-744-1945</u> Fax: _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth: <u>10</u> Width: <u>35</u>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____ 2nd floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Basement: <u>✓</u> _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	No. of Bedrooms: _____	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Other Structure: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full <input type="checkbox"/> Partial <input type="checkbox"/>	Dimensions: _____	NFPA #13D <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	Footings: _____	NFPA #13R <input type="checkbox"/>
	# of Heads _____	Roof Height: _____	Other: _____
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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.

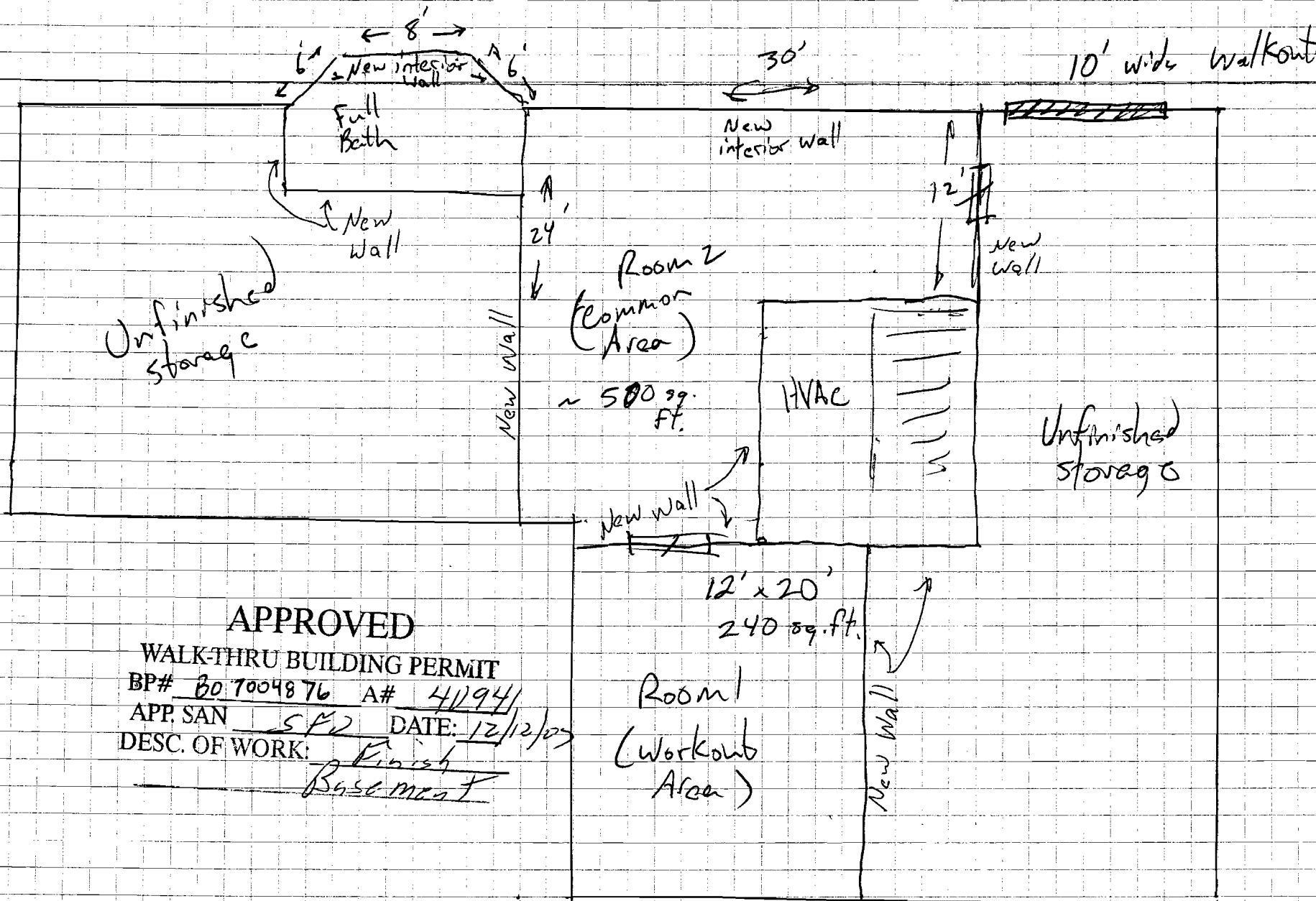
Applicant's Signature: Robert Matteson Print Name: Robert Matteson  
Title/Company: \_\_\_\_\_ Date: 12/12/07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

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:					Lot Coverage for New Town Zone		
White: Building Official					SDP/Red-line approval date	Accepted by	
Green: LDD, DPZ					Yellow: DED, DPZ		
Pink: Health					Gold: SHA		
T: home/PERMIT.FRM							

Rev. 11/4/04

Need Floor Plan showing area Label each area



APPROVED  
 WALK-THRU BUILDING PERMIT  
 BP# 80 7004876 A# 41194  
 APP. SAN SF2 DATE: 12/12/07  
 DESC. OF WORK: Finish Basement

24  
 32  
~~720~~  
 194  
 576



## HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 13, 1996

### MEMORANDUM

TO: Richard B. and Barbara A. Woods  
2435 Sand Hill Road  
Ellicott City, Maryland 21042

FROM: Amy McMillen, R. S.  
Water and Sewerage Program  
Bureau of Environmental Health *AW*

RE: Building Permit Application No. 64831  
2435 Sand Hill Road  
Proposed Deck

### COMMENTS:

This office has received your building permit application for the above referenced property. We are unable to approve this permit at this time for the following reasons:

- The recommended setback distance from structures, i.e. decks, to septic tanks is 10 feet. The proposed deck would be located on top of the existing septic system.
- The recommended setback distance from structures to the recorded sewage disposal easement is 20 feet. The proposed deck would be located in the recorded sewage disposal easement.

Please contact this office at 313-2640 between the hours of 8:00 a.m. and 5:00 p.m. to schedule an appointment in order to resolve these issues. If you have any questions regarding the above, please contact me or Glen Savage.

AM: jr

cc: Department of Licenses and Permits  
File

5-18-96  
Applicant to submit  
plan which shows exact  
location of septic tank  
and change to deck plans  
to maintain minimum  
of 5-10' off septic  
tank.

*AW*  
ACCEPTED MODIFICATION FOR 1 1/2 SEPARATION  
FROM EDGE OF DECK TO TANK CLEANOUT,  
AND 5-6' SEPARATION OF FOOTERS TO TANK

5/23/96  
*CA*

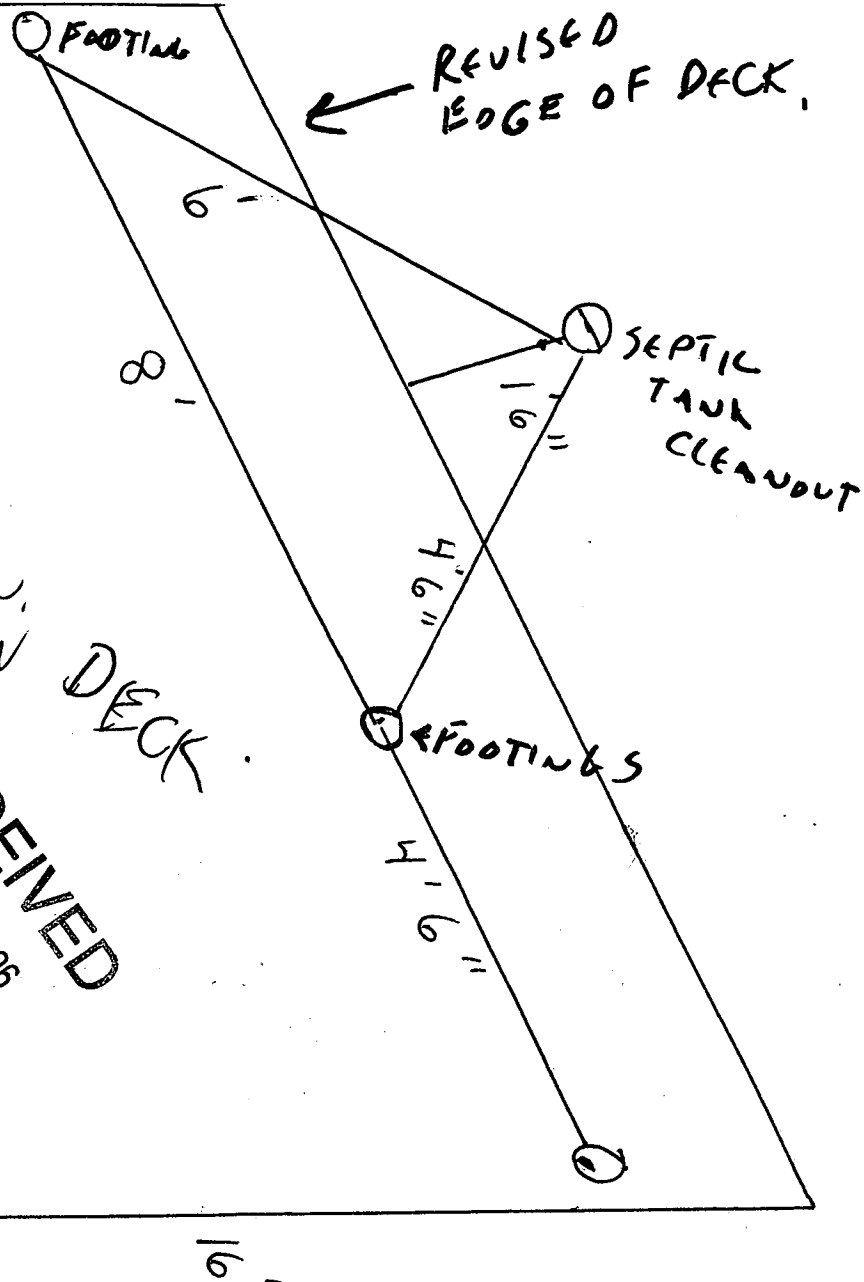
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REVISION TO  
BP 64831

APPROVED PER C.W.  
*Glen A. Sanjour* SANITARIAN  
5/23/96

RECEIVED  
MAY 22 1996  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

DECK



16 -

RICHARD & BARBARA  
A. WOODS  
2435 SAND HILL RD  
ELLCOTT CITY MD 21042  
SECTION 3 AREA 1  
3RD ELECTION DIST  
PLAT 8355