

DEPARTMENT OF INSPECTIONS, LICENSED AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 TOLL FREE (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 200119960

Building Address 2188 Woodbine Rd
Woodbine MD 21797

Suite/Apt. #: NA SDP/WP/Petition #: 4P

Census Tract 6040 Subdivision 4P

Section 111 Area NA Lot 11A

Tax Map 7 Parcel 382 Grid 21

Zoning RC-DFC Map Coordinates 3B13 Lot size 5.6 AC

Property Owner's Name JACK WALSH

Address 2188 Woodbine Rd

City Woodbine **State** MD **Zip Code** 21797

Home Phone 410-489-7250 **Work Phone** 301-877-7640

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

Phone _____ **Fax** _____

Existing Use Single Family Dwelling

Proposed Use ADDITION

Estimated Construction Cost \$ 68,000

Description of Work 2 Story Addition w/ Basement to Create Bedroom Bath & Loft.

Contractor Company KEEMAXX CONTRACTORS

Contact Person Bill Crum

Address 5715 Bells Lane

City FREDERICK **State** MD **Zip Code** 21704

License No. 46212

Phone 301-831-6268 **Fax** _____

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Fax** _____

Engineer or Architect Company A.M.M.

Contact Person _____

Address 13708 Bennwick Ct.

City Silver Spring **State** MD **Zip Code** 20906

Phone 301-438-7869 **Fax** _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>35'</u> Width <u>25'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>7</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>7</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>1</u>	
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: _____	
<input type="checkbox"/> State Certified Modular <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 HERETO; (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]
Title/Company Owner / Keemaxx Contractors

Print Name Bill Crum
Date 8/17/99

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/19/99</u>	<u>[Signature]</u>	Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Health			Lot Coverage for NewTown Zone _____
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

PROPERTY ID#: 12702

Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>3530</u>
Validation	# _____

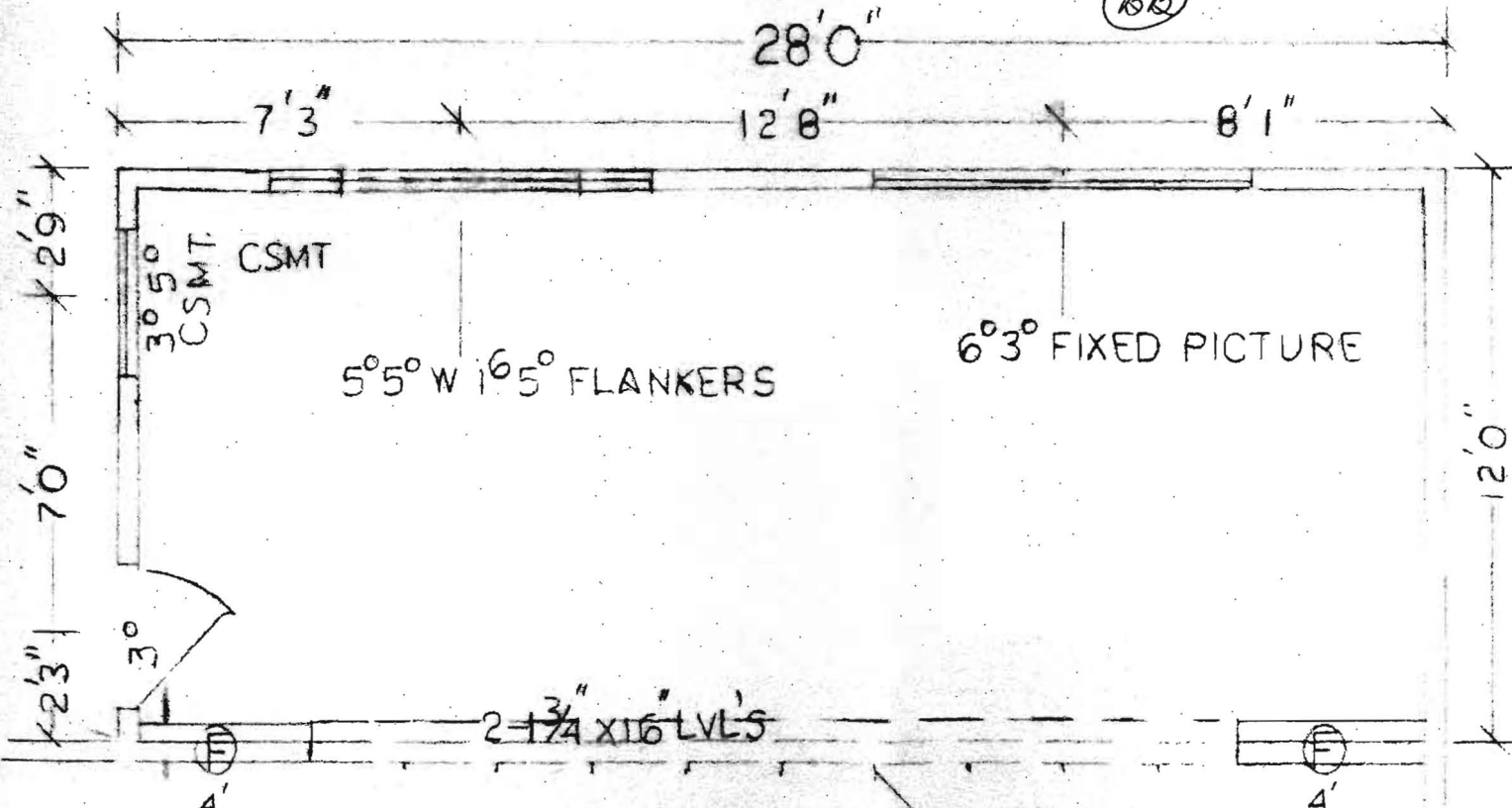
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

24X24 FOR CRUI
PIER

EXIST. FOUNDATION

EXIST HOUSE

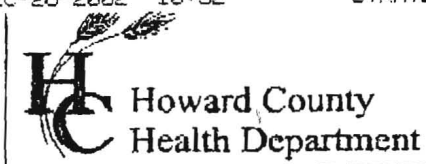
B00143920
9/3/03
Proposed
Kitchen Enlargement
O.K. (BB)



EXIST HOUSE

EXIST TRUSS HANGERED TYP

FLOOR PLAN



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 2, 2002

Jack Walsh
 2188 Woodbine Road
 Woodbine, MD 21797

RE: Building Permit Application B00139263
 2188 Woodbine Road
 Proposed Interior Remodeling

Dear Mr. Walsh:

This office has recently recommended approval of the above referenced building permit application. The approval is based on discussion that an additional 100' of trench to be installed as per discussion that occurred during a site visit done on September 14, 1999 for an additional bedroom.

The Health Department's recommendation for approval is based on your acceptance of this condition.

If you have any questions, please call me at (410) 313-2640.

Very truly yours,

John A. Boris, Jr., R.S.
 Well and Septic Program

JAB

cc: File

12/23/02 This letter to superceed recommendation letter written by M. Rifken on 12/19/02. However, after discussion with Mr. Walsh, he may install 185' at his discuss directive. If he decides to install the 185', This is to be done at the time of the layout inspection according to the septic permit drawn up by Mr. Rifken. Please see attached items for clarification.

TOTAL P. 02



HOWARD COUNTY HEALTH DEPARTMENT

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

MEMORANDUM

TO: Keetraxx Contractors
attn: Bill Crum
5715 Bells Lane
Frederick, MD 21704
FROM: Ken Pinkley
Water and Sewerage Program
RE: BP# B00119960
2188 Woodbine Rd

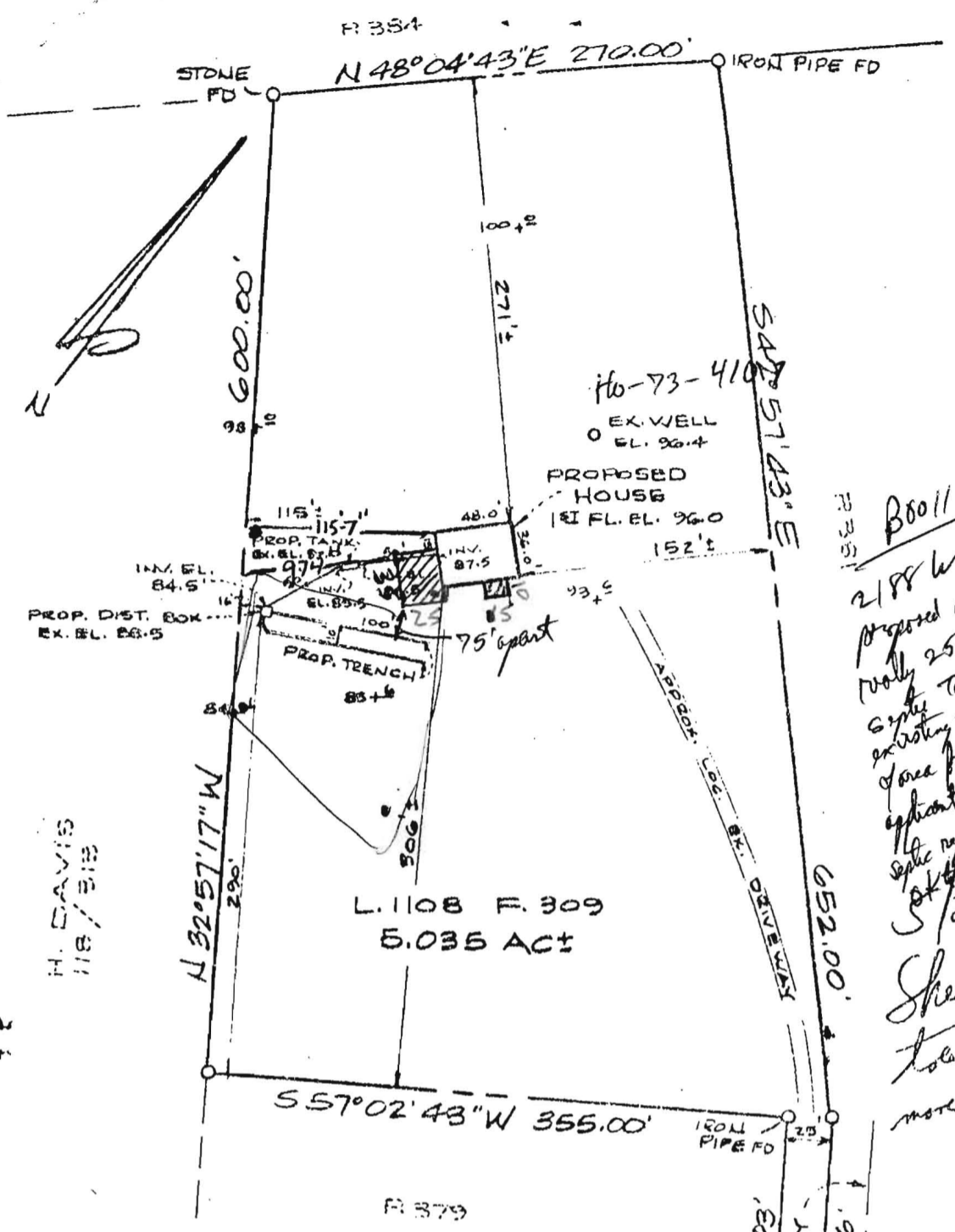
This office has recently received the above referenced building permit application. However, we are unable to approve the application at this time for the following reason(s):

- No water supply has been established to serve the proposed dwelling.
No septic elevations have been provided on the site plan submitted.
Incorrect septic specifications utilized in proposed septic system design.
No invert elevation(s) provided for:

X Proposed house addition to Septic Area and/or septic system may be less than 20 feet.
Existing well to less than feet.

Sewage easement location/configuration incorrect.
X Other: Proposed increase in sewage flows require an upgrade of the existing septic system. Contact H.D. for septic permit Application prior to B.P. approval.

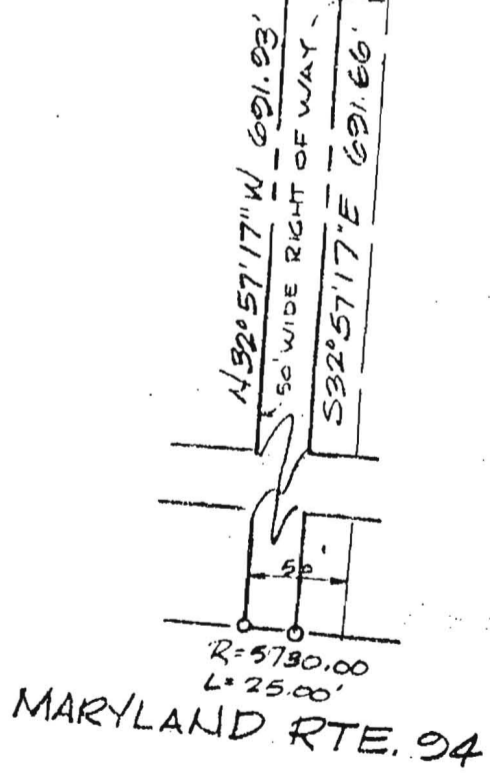
If you have any questions or concerns, please contact this office at (410) 313-2640.
cc: (owner) Jack Walsh @ 2188 Woodbine Rd.
Enclosure
cc: file




B00119960
 2/88 Woodhired
 Proposed addition is
 totally 25' from existing
 6" pipe tank and 75' from
 existing trench - plenty
 of area for future repairs
 of pipe & make app. for
 Septic repair for 1/2" pipe
 OK & release AP 9/1/83
 5/25/83
 Sketched O.K.
 Trench may be
 moved 30-40' uphill
 J.S.

H. DAVIS
 118/311
 118/313

PLOT PLAN
 OF PROPERTY CONVEYED TO
JACK B. WALSH
 L. 1108 F. 309
 SITUATED ON MARYLAND RTE. 94
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' MAY, 1983



I CERTIFY THIS PLAT TO BE CORRECT, IT IS THE RESULT
 OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG
 THE LAND RECORDS OF HOWARD COUNTY,
 MARYLAND, AS REFERENCED HEREON.
 REFERENCE: L. 1108 F. 309
 JOB NO: 251-129


SHELADIA Associates, Inc.
 CONSULTING ENGINEERS
 7650 WOODVILLE ROAD, MT. AIRY, MD. 21771
 (301) 829-2090



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 8, 1999

MEMORANDUM

TO: Bill Crum
Kee Maxx Contractors
5715 Bells Lane
Frederick, MD 21704

FROM: Ronald J. Pinkley, R.S. *RJP*
Water and Sewerage Program

*all concerns
Corrected 9/14/99 RJP*

RE: BP# B00119960
2188 Woodbine Road

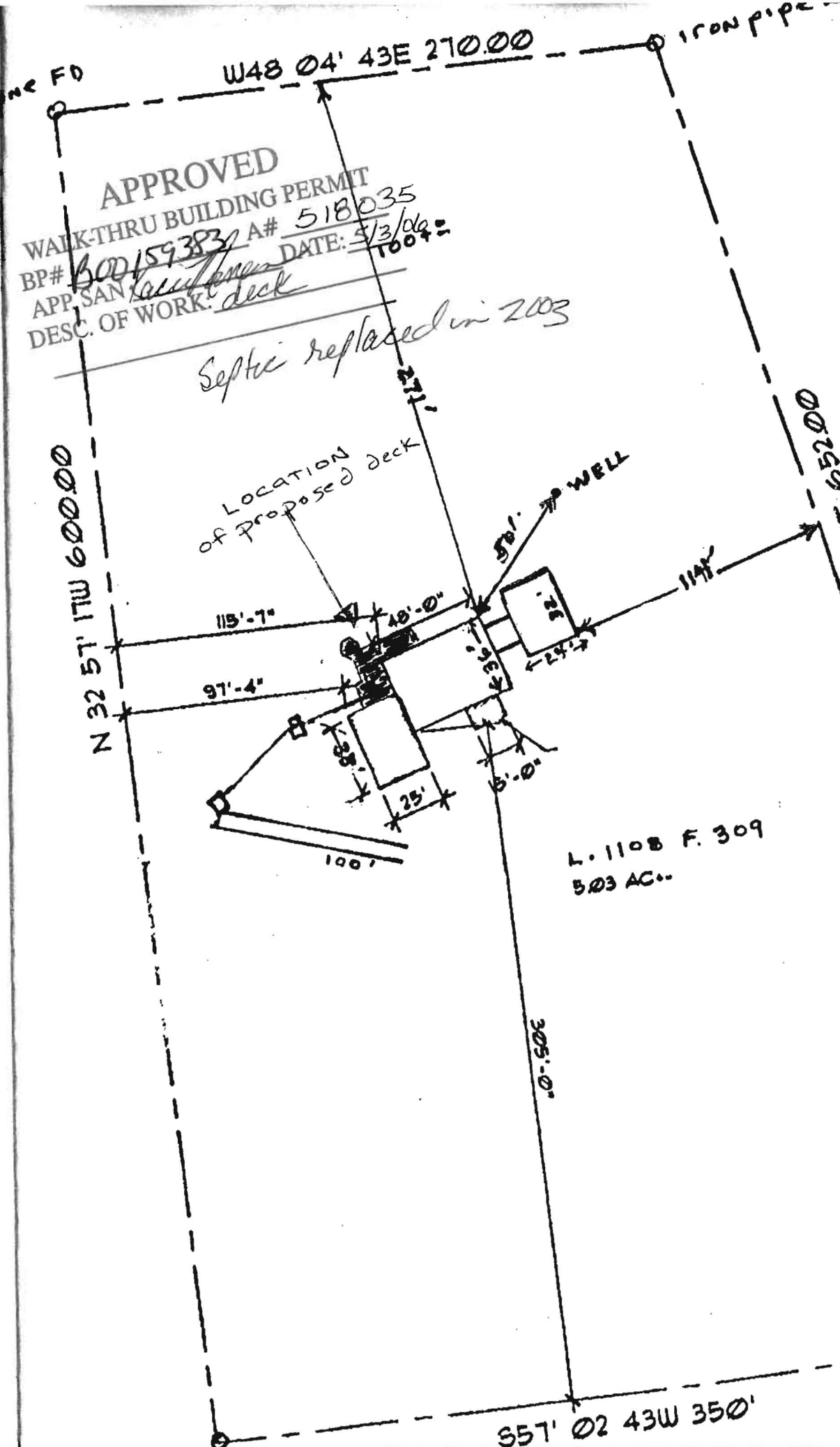
This office has recently received the above referenced building permit application. However, we are unable to approve the application at this time for the following reason(s):

- No water supply has been established to serve the proposed dwelling. (Please submit a copy of the well completion report for review, along with a revised site plan showing actual well location.)
- No Septic elevations have been provided on the site plan submitted.
- Incorrect septic specifications utilized in proposed septic system design. (See enclosure)
- No invert elevation(s) provided for: _____
- Proposed house addition to septic area and/or septic system may be less than 20 feet. (Plan not sufficiently detailed)
- Existing well to _____ less than _____ feet.
- Sewage easement location/configuration incorrect. (See enclosure)
- Other: Proposed increase in sewage flows require an upgrade of the existing septic system. Contact health department for septic permit application prior to building permit approval.

If you have any questions or concerns, please contact me at (410) 313-2640.

Enclosure

cc: Jack Walsh
file



NE FD
W48 04' 43E 270.00

IRON PIPE

APPROVED
WALK-THRU BUILDING PERMIT
BP# 300159383 A# 518035
APP. SAN San Antonio DATE: 5/3/06
DESC. OF WORK: deck

Septic replaced in 2003

N 32 51' 17W 600.00

LOCATION
of proposed deck

115'-7"

97'-4"

100'

271'

570' WELL

114'

W 52 50' 52E 522.00

L. 1108 F. 309
503 AC.

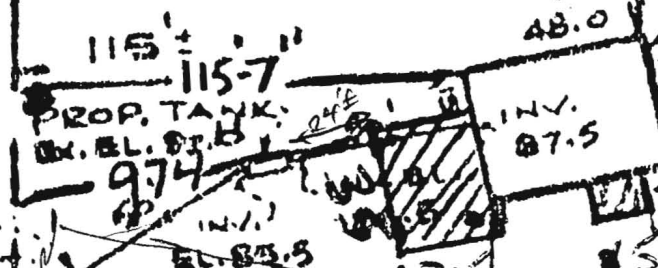
305'-0"

S57' 02 43W 350'

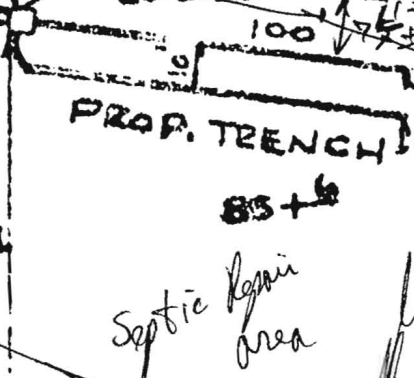
H0-73-419

EX. WELL
EL. 96.4

PROPOSED
HOUSE
1st FL. EL. 96.0



INV. EL. 84.5'
DIST. BOX
83.5



2188 Woodbine Rd
B00119960
1 Bedroom increase
see Repair Permit Appl.
P512799

APPROX. CONC. DRIV.

N 32° 57' 17" W

L. 1108 F. 309
5.035 AC ±

S 57° 02' 43" W 355.00'

IRON PIPE FC



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

April 8, 2002

Jack Walsh
2188 Woodbine Road
Woodbine, MD 21797

Dear Mr. Walsh:

RE: Accessory Apartment

In response to your letter of March 20, 2002, the following is provided for your information and use.

Your proposal to convert your attached garage to an apartment for your father would be permitted provided the apartment complied with Section 103.A.40 and 104.C.3 of the Howard County Zoning Regulations which I have enclosed.

Similarly, you would be permitted to construct an addition to your residence which contained an apartment provided the apartment complied with the above noted Sections of the regulations.

Should you have any questions concerning the above, please contact me at (410) 313-2350.

Sincerely,

David L. Calloway, Enforcement Supervisor
Division of Public Service and Zoning Administration

GLB/DLC:hg
Encl. 2