

Building Address <u>15734 Union Chapel Road</u> <u>Woodbine, MD 21797-7710</u>	Property Owner's Name <u>John(Say) & Lisa Santos</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>15734 Union Chapel Rd</u>
Census Tract _____ Subdivision <u>Daisy Hill Estate</u>	City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>
Section _____ Area _____ Lot <u>PAR A</u>	Home Phone <u>410 740 1219</u> Work Phone _____
Tax Map <u>14</u> Parcel <u>5</u> Grid <u>19</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>Single family home</u>	Contractor Company <u>Starcom Design Build</u>
Proposed Use <u>Same</u>	Contact Person <u>Betty Weickgenannt</u>
Estimated Construction Cost \$ <u>30,000.00</u>	Address <u>8235M Columbia 400 PKwy</u>
Description of Work <u>build an irregular wood deck w/stairs, off rear of home</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u>
Occupant or Tenant <u>Same</u>	License No. <u>24247-01</u>
Contact Name _____	Phone <u>410 997-7700</u> Fax <u>410 997-7338</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

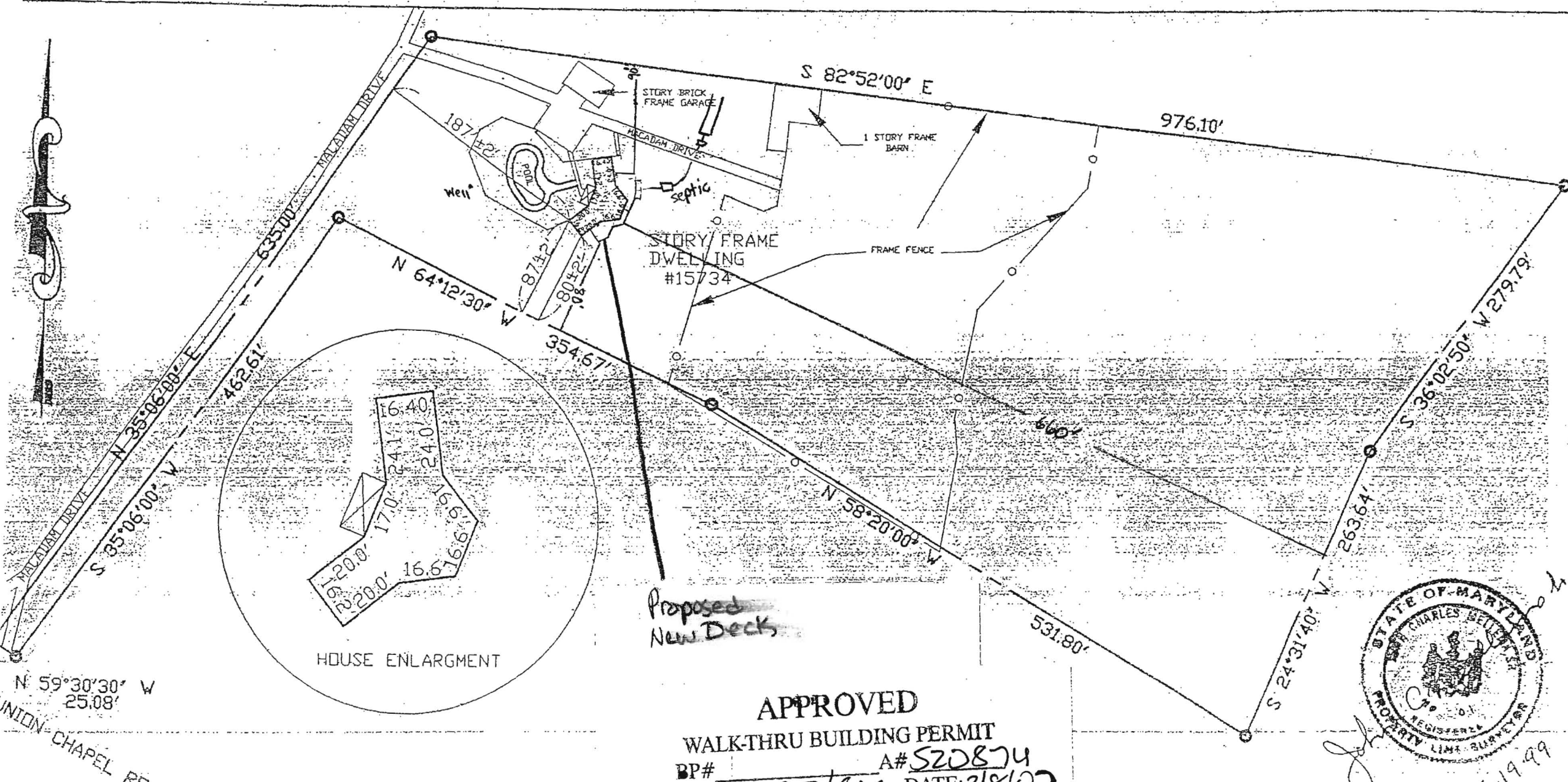
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd 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"/>	Basement: _____	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 _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____
State Certified Modular _____		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: <u>irregular shape</u> Footings: <u>pier concrete</u> Roof: _____	
		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 THERE TO; (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 NOTICE

<u>Betty R. Weickgenannt</u> Applicant's Signature	<u>Betty L. Weickgenannt</u> Print Name
<u>Starcom Design Build</u> Title/Company	<u>2-8-07</u> Date

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	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	<u>2/8/07</u>	<u>Shirley Star</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____



UNION CHAPEL ROAD

LOCATION DRAWING
 ADDRESS: 15734 UNION CHAPEL ROAD
 HOWARD CO., MD. SCALE: 1"=100'
 DATE: AUGUST 19, 1999 JOB NO. 99427

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 520874
 APP. SAN CT/GAC DATE: 2/8/07
 DESC. OF WORK: build irregular
wood deck w/ stairs

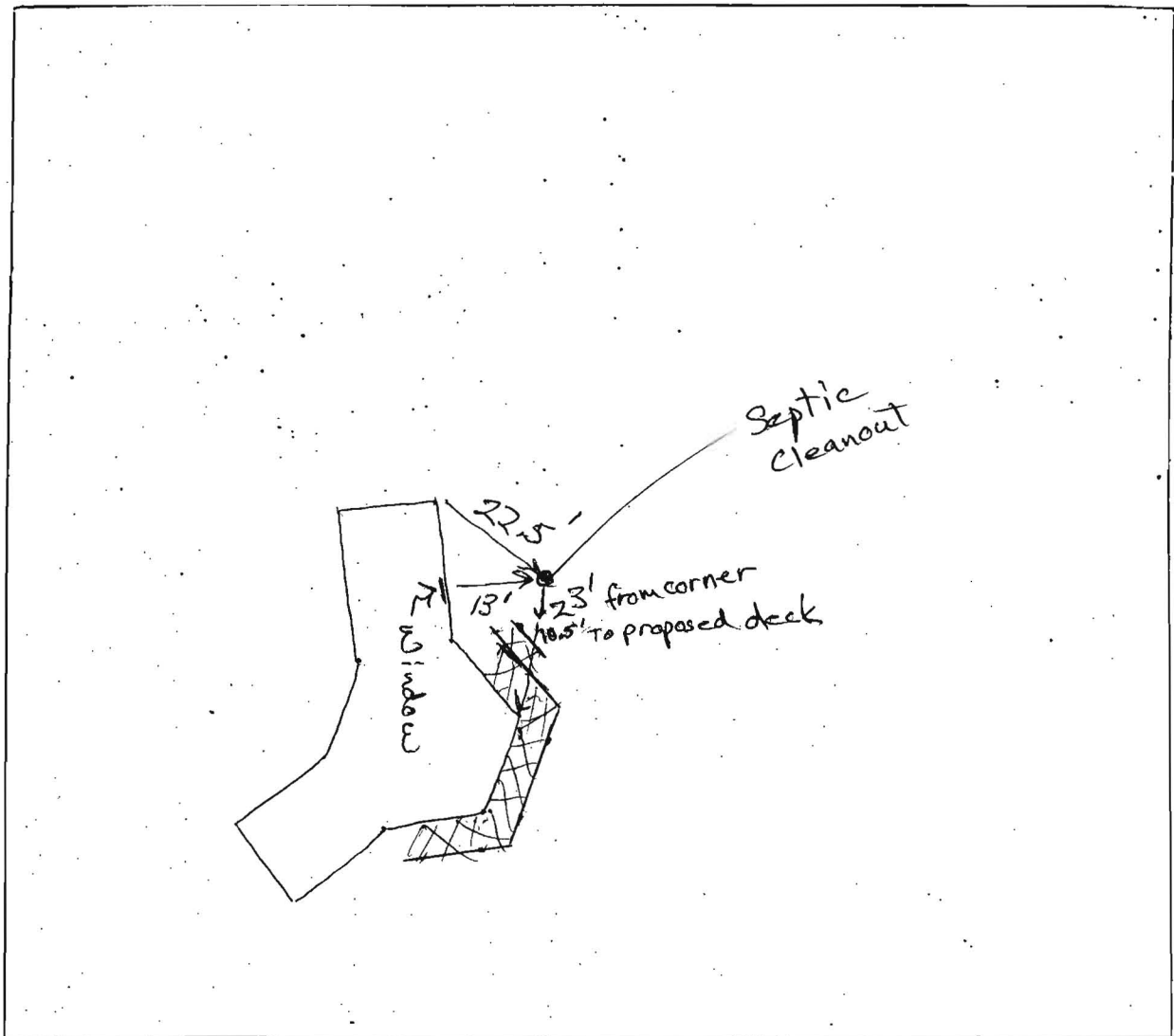


PREPARED BY:
 JOHN C. MELLEMA, SR., INC.
 LAND SURVEYORS
 5409 EAST DR. BALTO., CO., MD.
 PH. 410-247-7488 FAX: 410-247-2507

SITE INSPECTION SHEET

OWNER: John & Lisa Santos PHONE #: _____
ADDRESS: 15734 Union Chapel Rd CONTRACTOR: Starcom Design Builders
WELL TAG #: _____
SUBDIVISION: Daisy Hill Estate LOT: Parcel A COUNTY #: _____
PROPOSAL: deck construction

LOCATION DIAGRAM



COMMENTS: Septic cleanout 10.5' to nearest
point of proposed deck (as demonstrated by stringline).
2/8/07 reB

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BD 014996

Building Address 15734 UNION CHAPEL ROAD
WOODBINE MD 21797-0710
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision DAISY HILL
Section _____ Area _____ Lot PARA
Tax Map 141 Parcel 5 Grid 141
Zoning R1D10 Map Coordinates 845 Lot size 7.23 AC

Property Owner's Name JOHN & LISA SANDS
Address 15734 UNION CHAPEL ROAD
City WOODBINE State MD Zip Code 21797
Home Phone 410-489-9737 Work Phone 410-290-0900
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD WITH ADDITION
Estimated Construction Cost \$ 80,000
Description of Work ADD 3 BEDROOMS, STUDDY, 2 BATHS
FAMILY RM, FULL BATHROOM, DEN/DRESS + DECK
FOYER, NEW SEPTIC

Contractor Company ALAN HOMES UNLIMITED
Contact Person JIM BRUMSTED
Address PO Box 1058
City COLUMBIA State MD Zip Code 21044
License No. 12315
Phone 410-381-1414 Fax 410-381-1211

Occupant or Tenant JOHN & LISA SANDS
Contact Name JOHN SANDS
Address 15734 UNION CHAPEL ROAD
City WOODBINE State MD Zip Code 21797
Phone 410-489-9737 Fax _____

Engineer or Architect Company JACKSON DESIGN GROUP
Contact Person JACK JACKSON
Address 9308 CHURCHILL DONALD ROAD
City GAITHERSBURG State MD Zip Code 20882
Phone 301-519-7485 Fax 301-519-0613

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

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 type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" 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 <u>3</u> <i>total 3 bedrooms</i>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____ Manufactured Home _____	

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Applicant's Signature Jim Brumsted
Title/Company DIRECTOR, ALAN HOMES UNLIMITED

Print Name JIM BRUMSTED
Date 8-12-04

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

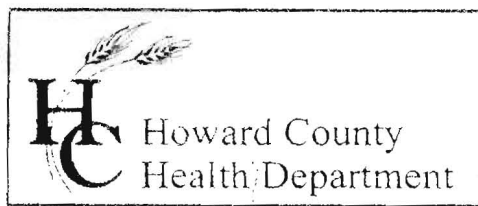
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10-13-04</u>	<u>Kacie Noonan</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 63208
Filing fee \$ 25
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 126
Validation # _____

Accepted by _____

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



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

September 28, 2004

Re: Santos Property
15734 Union Chapel Road
BP# 00149996

Dear Mr. Brumsted,

In response to your phone message, our office has requested a plan prior to percolation testing for creating repair specs for the existing failing system brought to our attention by the permit B00149996 for expansion/ improvements of the existing house. COMAR 26.04.02.02 D(4) states that on-site sewage disposal and water supply systems must be certified as accepting the existing septic flow and any increase in septic flow. Enclosed is a copy of the regulation for your convenience.

As for requesting a site plan by an engineer, this statement is a last resort to getting an acceptable plan you could do yourself. I have personally helped identify slopes, topography, and soil designations and gave you the material to create your own plan. I was not expecting a plan from a licensed engineer, but rather resorted to this as a last option; you only handed back the information I provided you and expected me to create the plan. This is your responsibility and I have gone the extra mile to help you create your plan.

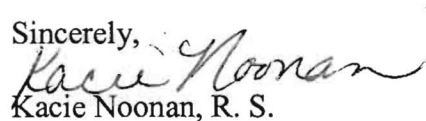
The issues of concern for septic repair prior to percolation testing which needed to be addressed via a correct plan included:

- Surrounding existing wells
- Slopes greater than 25%
- Soils and distance setbacks to the stream

The plan you submitted did not have topography traced onto it correctly, did not show degree of slope nor surrounding wells. COMAR regulations state that 25% slopes must be 25' from septic area, existing wells must be at least 100 feet from septic area, and 100' separation distance must be maintained from streams. Setbacks to the addition were depicted correctly on your plan showing 35' from the addition to the house, however, your proposed designated septic area location on the plan was not the actual distance from the fence line.

Again, our office needs a plan showing the house location on the property, slopes 25% and greater identified, surrounding wells, and field-locate the actual dug holes identifying repair area. We will anxiously await your plan in order to sign off your building permit.

Sincerely,

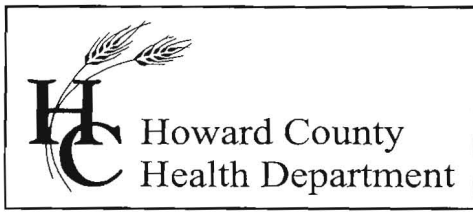
A handwritten signature in cursive script, appearing to read "Kacie Noonan", written in dark ink.

Kacie Noonan, R. S.

Well and Septic Program

KN

Cc: file



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

September 10, 2003

Mr. & Mrs. Santos
15734 Union Chapel Road
Woodbine, MD 21797

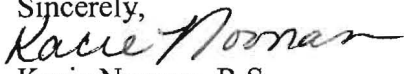
RE: Building Permit #B00149996
15734 Union Chapel Road
Map: 14 Parcel: 5

Dear Mr. & Mrs. Santos:

Our office received the above-mentioned building permit. Per COMAR 26.04.02.02 D (4), verification of the current septic system functioning properly is a necessary step in the building permit review. Today I met with Mr. Brumsted of Allan Homes to inspect the septic system. The dry well is void of any effluent indicating the current system may have been installed in excessive rock. For the age of your septic system, some level of effluent should be evident in the dry well. The plan shall include the following:

- existing dry well cleanout and septic tank cleanout
- 10,000 square feet of proposed septic area in slopes less than 25%
- minimum of 5' contour lines
- existing structures as well as location of the proposed upgrades to the house

Mr. Brumsted has paid the upgrade fee for the percolation testing. Once we have reviewed the plan, our office will contact Mr. Brumsted to schedule the appointment with the backhoe operator to meet us in the field to excavate 14' deep holes and run percolation testing in order to determine the size and design for the necessary repair. Once the septic specs have been calculated, a septic permit will be issued after our office receives a check for \$396.00 to pay for the permit itself. If you have any questions, please call me at 410-313-1771. We appreciate your attention to this important matter.

Sincerely,

Kacie Noonan, R.S.
Well and Septic Program

KN

Cc: Jim Brumsted