

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B005221
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Filing Address <u>3909 WALT ANN DR.</u> <u>ELLCOTT CITY, MD 21043</u>	Property Owner's Name <u>RONALD BROWN</u> Address <u>3909 WALT ANN DR.</u> City <u>ELLCOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u>
Suite/Apt. #: <u>TABED03-283070</u> Census Tract <u>60840.01</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>7</u> Parcel <u>22</u> Grid <u>15</u> Zoning _____ Map Coordinates <u>9K10</u> Lot size _____	Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address (if other than stated hereon): <u>LONGWOOD CONSTRUCTION</u> <u>12311 JESSE SMITH RD.</u> <u>MT. AIRY, MD 21771</u> Phone <u>301 748 5269</u> Fax <u>301 865 6222</u>
Existing Use <u>SFD</u> <u>1 STORY</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>35,000</u> Description of Work <u>20X18 ADDITION - 1 STORY</u> <u>SLAB ON GRADE SUN ROOM</u>	Contractor Company <u>LONGWOOD CONSTRUCTION</u> Contact Person <u>STEVE MURRAY</u> Address <u>12311 JESSE SMITH RD.</u> City <u>MT. AIRY</u> State <u>MD</u> Zip Code <u>21771</u> License No. <u>41141</u> Phone <u>301 748 5269</u> Fax <u>301 865 6222</u>
Occupant or Tenant <u>PROPERTY OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>30'</u> <u>61'</u> 2nd floor: <u>30'</u> <u>61'</u> Basement: <u>30'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THEREON; (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 <u>Steve Murray</u>	Print Name <u>STEVE MURRAY</u> <u>2/18/05</u> <u>2/18/05</u>
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Title/Company _____	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 _____	64728
State Highways			Rear _____	Filing fee \$ <u>25</u>
Building Official			Side _____	Permit fee \$ _____
Dev Engineering DPZ			Side St. _____	Excise tax \$ _____
Health <u>6/10/05</u> <u>SL</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval retained prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ <u>4709</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>8230</u>
				Validation # _____
				Accepted by <u>De</u>

berm

Walt Ann Drive

berm

50' A/W 24' 5' mac.

N 48° 11' E 130.00'

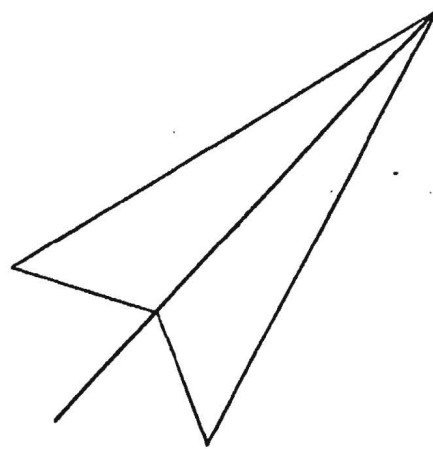
112.13' to the P.C. on
the south side of
Sky Way at Lot 6

3/22/05

Proposed add ~~add~~
to close to well.

Khell
must maintain 30' from well

43577 +/- SQ. FT.



This is to certify that I have
located the improvements on the lot
shown hereon, and that said improve-
ments exist, and that said improve-
ments lie entirely within the bound-
aries.

OF MARY

5' utility easement

S 48° 11' W 130.00'

S 41° 49' E 335.21'

S 41° 49' E 335.21'

LOT 7

PROPOSED
SUN ROOM

WELL

75' bldg. setback line



driveway

98'±

macadam

12' C.W.

One-story Brick

47'

enclo

port

180'

66'

23'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

26'

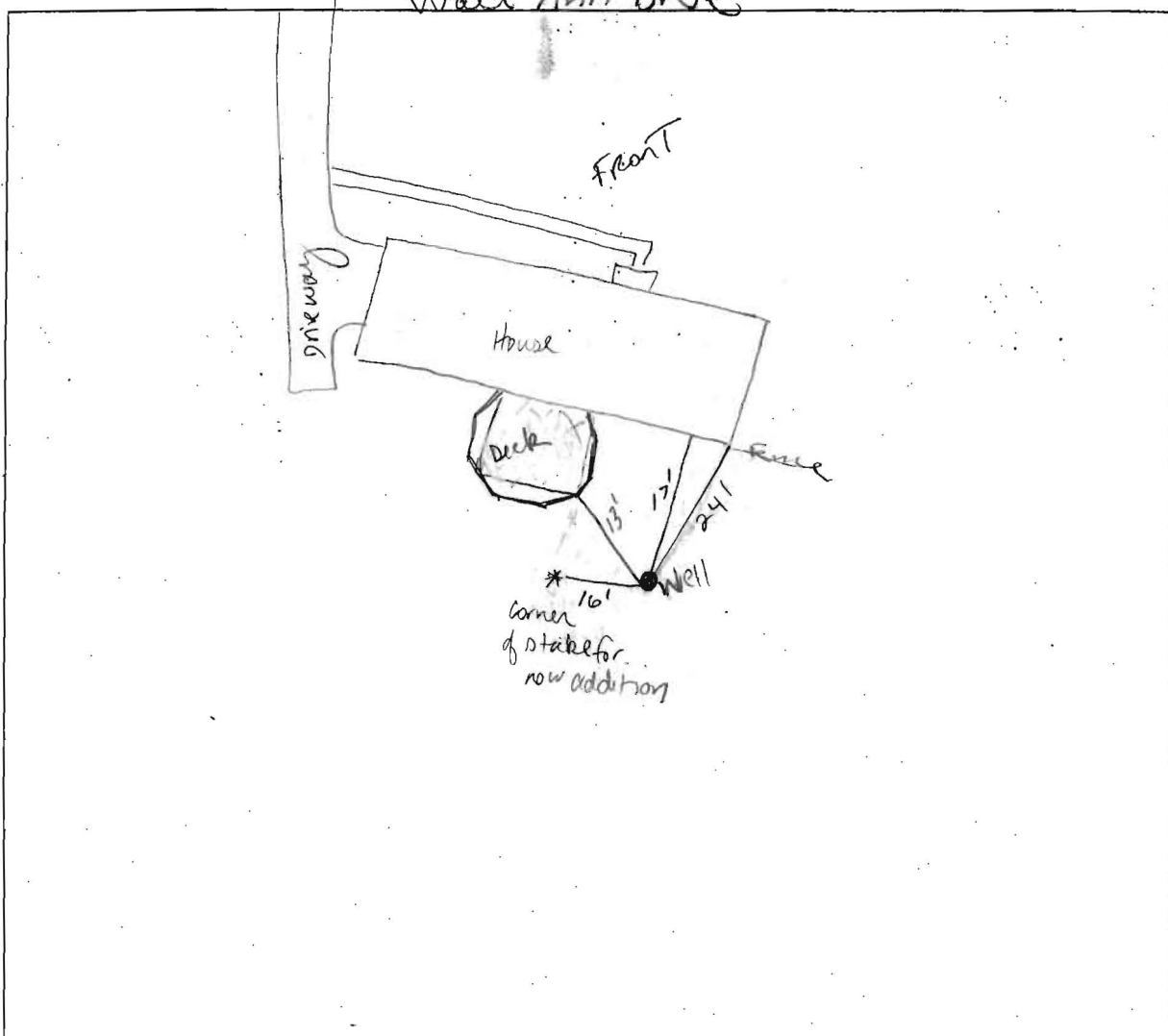
26'

SITE INSPECTION SHEET

OWNER: Ronald Brown PHONE #: _____
ADDRESS: 3905 Walt Ann Dr CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ WELL TAG #: _____
PROPOSAL: _____

LOCATION DIAGRAM

Walt Ann Drive



COMMENTS: need letter of variance from home owner
well cap beneath ground.
Septic in front

DATE: 4/11/05 INSPECTOR: PT / SF

LONGWOOD CONSTRUCTION

12311 JESSE SMITH RD. • MT. AIRY, MD 21771
(301) 829-8825 • FAX (301) 865-6222

MHIC 44141

April 13, 2005

Mr. John Boris
Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Re: Building permit application #00152321/ 3905 Walt Ann Drive, Ellicott City, MD

Dear Mr. Boris:

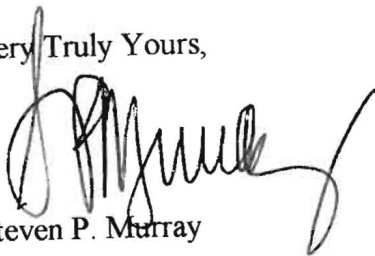
I am writing to request a variance from the required setback from an existing well at the above-referenced property.

As verified in the field by your staff, the well is currently only 16 feet from the existing house. I would ask that we be allowed to build our proposed addition with a minimum setback from the well of 16 feet also.

I am attaching a plat hereto that accurately depicts the conditions in the field.

Thank you for your consideration.

Very Truly Yours,


Steven P. Murray

Walt Ann Drive
50' B/W 24' mac.

N 48° 11' E 130.00'

112.13' to the P.C. on
the south side of
Sky Way at Lot 6

SEPIC

75' bldg. setback line

macadam

20'

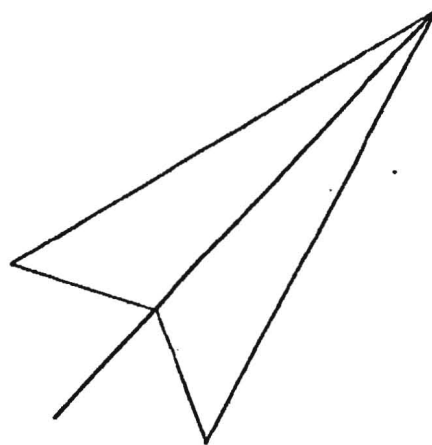
47'

PROPOSED
SUN ROOM
(16' FROM WELL)

LOT 7

5' utility easement

43577 +/- SQ. FT.



This is to certify that I have
located the improvements on the lot
shown hereon, and that said improve-
ments exist, and that said improve-
ments lie entirely within the bound-
aries