

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B11003333

Building Address: 11715 TEN LYN DR
Tulton MD 20759

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: Addition

Estimated Construction Cost: \$ 70,000

Description of Work: Construct an addition on side of SFD. To be used as sunroom, bedroom and bathroom. 731 sq. ft.

Occupant or Tenant: See owner 731 TIA

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Jim & Cheryl Hogue

Address: 11715 TEN LYN DR

City: Tulton State: MD Zip Code: 20759

Home Phone: 301-490-5218 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): Vicky Meyer

Phone: 410-296-6900 Fax: _____

Email: md6ldgpermits@comcast.net

Contractor Company: Rule 4 Building Group

Contact Person: _____

Address: 7081 DORSEY RUN RD, #112

City: LEBANON State: MD Zip Code: 21075

License No.: 127456

Phone: 410-777-7771 Fax: _____

Email: 410-579-1230

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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 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: _____ Print Name: Vicky Meyer

Email Address: _____ Date: 11/4/2011

Title/Company: _____

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	3/1/12	M. Owen
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

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 New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ 25
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046

Phone (410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

TO: **Brent Hanauer, Sr. Project Manager**

Via e-mail- bhanauer@rule4.nett

RE: 11715 Teri Lynn Drive

Fulton, Maryland 20759

Building Permit # B11003333

FROM: Dana Bernard, REHS/RS

Well and Septic Program


Development Coordination Section

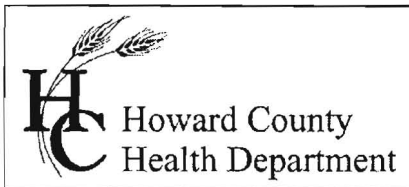
DATE: January 23, 2012

Due to the possible increase in the number of bedrooms, a septic system upgrade will be required. In order to proceed with an upgrade a fee of \$506 must be collected to pay for the percolation testing to establish a new area to accommodate an addition. Your septic installer paid \$395 for the septic permit and not for the percolation testing. Also, a percolation certification plan must be submitted to this office reflecting the new area tested. The following comments apply to the percolation certification plan to be submitted:

- Existing septic system must be abandoned and it must be shown on the plan. The septic system components such as septic tank, dry well, seepage pit, and distribution box must be labeled **"To be Abandoned"**.
- Existing well and 2 replacement well sites must be shown plan. Wells shown on plan must be 50 feet apart, 10 feet from driveway, and 10 feet away from property line.

In addition, the general notes must contain the following statements:

- Any changes to a private sewage easement shall require a revised percolation certification plan.
-  This area designates a private sewerage easement of at least 10,000 square feet as required by the Maryland State Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The county health officer shall have the authority to grant adjustments to the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.
- Topography shown is field run or verified by (State the name of surveyor or engineer) on (State the date).



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TDD (410) 313-2323

Toll Free 1-866-313-6300

Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 22, 2011

RE: 11715 Teri Lynn Drive
Fulton, Maryland 20759
Building Permit # B11003333
Building Site Plan

TO: **Brent Hanauer, Sr. Project Manager**
Via e-mail- bhanauer@rule4.nett

After reviewing the information submitted for review, it has been determined that your property will require percolation testing. The following requirements must be met to move forward with your building permit application.

- ✦ Percolation testing will be required based on the floor plans you submitted showing an increase in the number of bedrooms (from 4 to 5 bedrooms). A percolation certification plan must be submitted after testing has occurred to update our records. Requirements for percolation testing and the percolation certification plan can be found on our web site: www.hchealth.org. Prior to building permit approval, an approved Percolation Certification Plan will be required. Once you have submitted your Percolation Certification Plan and it is approved, it can serve as your building plan.
- ✦ Based on the square footage of the existing house and the proposed addition combined, you will be required to upgrade your septic tank to a 2000 gallon tank to accommodate the extra square footage. (Existing House=3300 square feet + Proposed Addition=1462 square feet = Total square footage =4762 square feet)

Your building permit will be placed "on hold" until all Howard County Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS

Bureau of Environmental Health

Well and Septic Program

Development and Coordination

Phone (410) 313-2775

E-mail: dbernard@howardcountymd.gov

DLB

cc: Well & Septic program file

Vicky Myer Via e-mail at: mdbldgpermits@comcast.net

- Existing well and /or sewerage easements within 100 feet of the property have been shown.
- The purpose of this Percolation Certification Plan is to establish a septic easement in support of a building permit application number **B1100333** for an addition.

I have included the results from the percolation testing. Because of the request for the addition the owner will have to upgrade to a 2000 gallon tank. And due to the location of the area needed to establish the new area, a 1500 gallon pump tank will be required. The percolation certification plan must be approved before your septic system can be installed and before your building permit can be released. In the meantime, your septic tank must be pumped regularly to prevent a health hazard. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Sincerely,

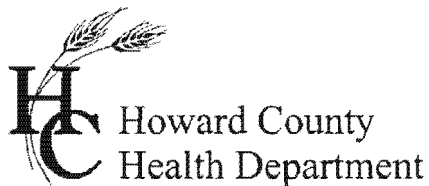
Dana Bernard

Dana Bernard, REHS/RS
Bureau of Environmental Health
Well and Septic Program
Development and Coordination Section
Phone (410) 313-2775
Fax (410) 313-2648
E-mail: DBernard@howardcountymd.gov

Enclosure

CONFIDENTIALITY NOTICE

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Peter L. Beilenson, M.D., M.P.H., Health Officer

November 17, 2011

RE: 11715 Teri Lynn Drive
Fulton, Maryland 20759
Building Permit # B11003333
Building Site Plan

TO: MARYLAND BUILDING PERMITS INC. (Applicant)
C/o Vicky Myer
1602 PINNACLE ROAD
Towson, Maryland 21286
Via e-mail at: mdbldgpermits@comcast.net

Fortunately, our department can verify percolation testing has been completed on your property and a septic easement has been established. Percolation testing will not be required by the Howard County Health Department. But we will require a percolation certification plan to update your records and process your building permit.

The Howard County Code (sec.3.0808) requires a Percolation Certification Plan for an increase in living space of 250sq.ft. This plan delineates the existing septic reserve area and reflects any proposed changes to the property. Requirements for this plan can be found on our web site: <http://www.howardcountymd.gov/Health/docs/perstandplanreqs.pdf>. Prior to building permit approval, an approved Percolation Certification Plan is required. Once you have submitted your Percolation Certification Plan and it is approved, it can serve as your building plan.

In addition, floor plans for the existing house and proposed addition must be submitted.

Your building permit will be placed "on hold" until all Howard County Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

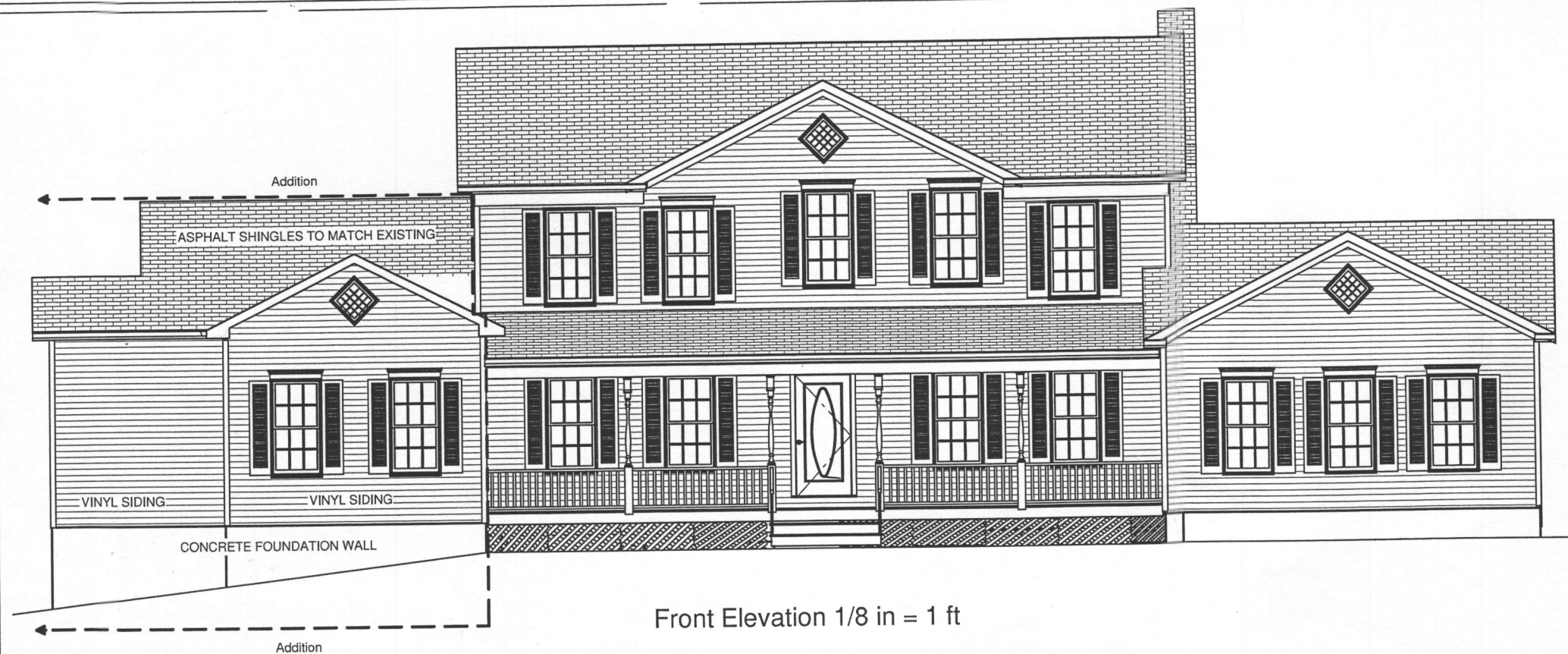
Respectfully,


Dana Bernard, REHS/RS

Bureau of Environmental Health
Well and Septic Program
Development and Coordination
Phone (410) 313-2775
E-mail: dbernard@howardcountymd.gov

DLB

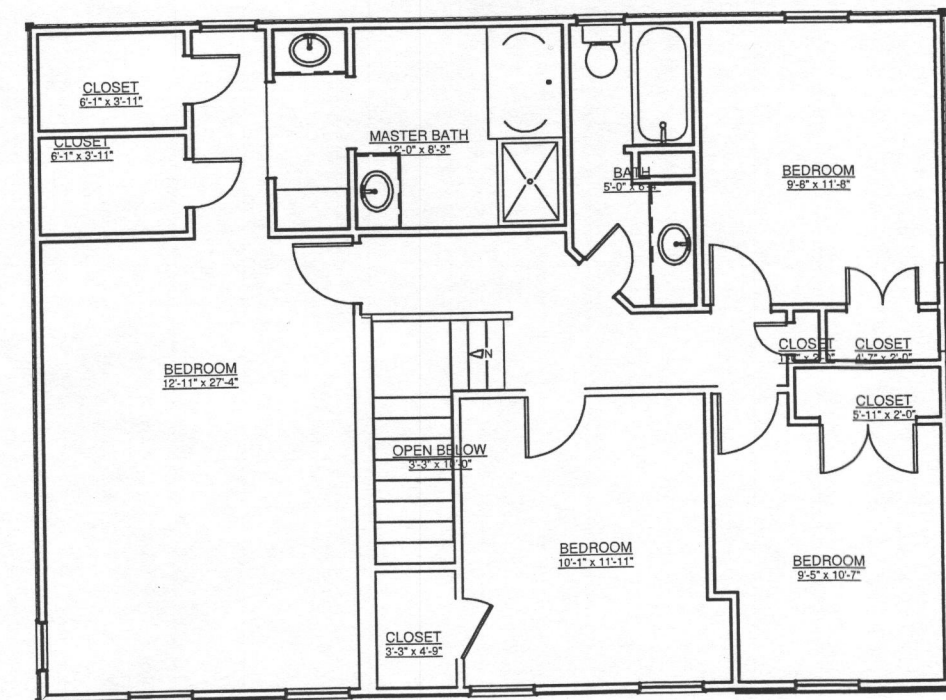
cc: Well & Septic program file



Front Elevation 1/8 in = 1 ft



Rear Elevation 1/8 in = 1 ft



Existing 2nd Floor NO NEW WORK 1/8 in = 1 ft

DRAWINGS PROVIDED BY:
RULE 4
BUILDING GROUP
| ADDING VALUE

PROJECT DESCRIPTION:
Jim & Cheri Horne
11715 Teri-Lynn Drive
Fulton, MD 20759

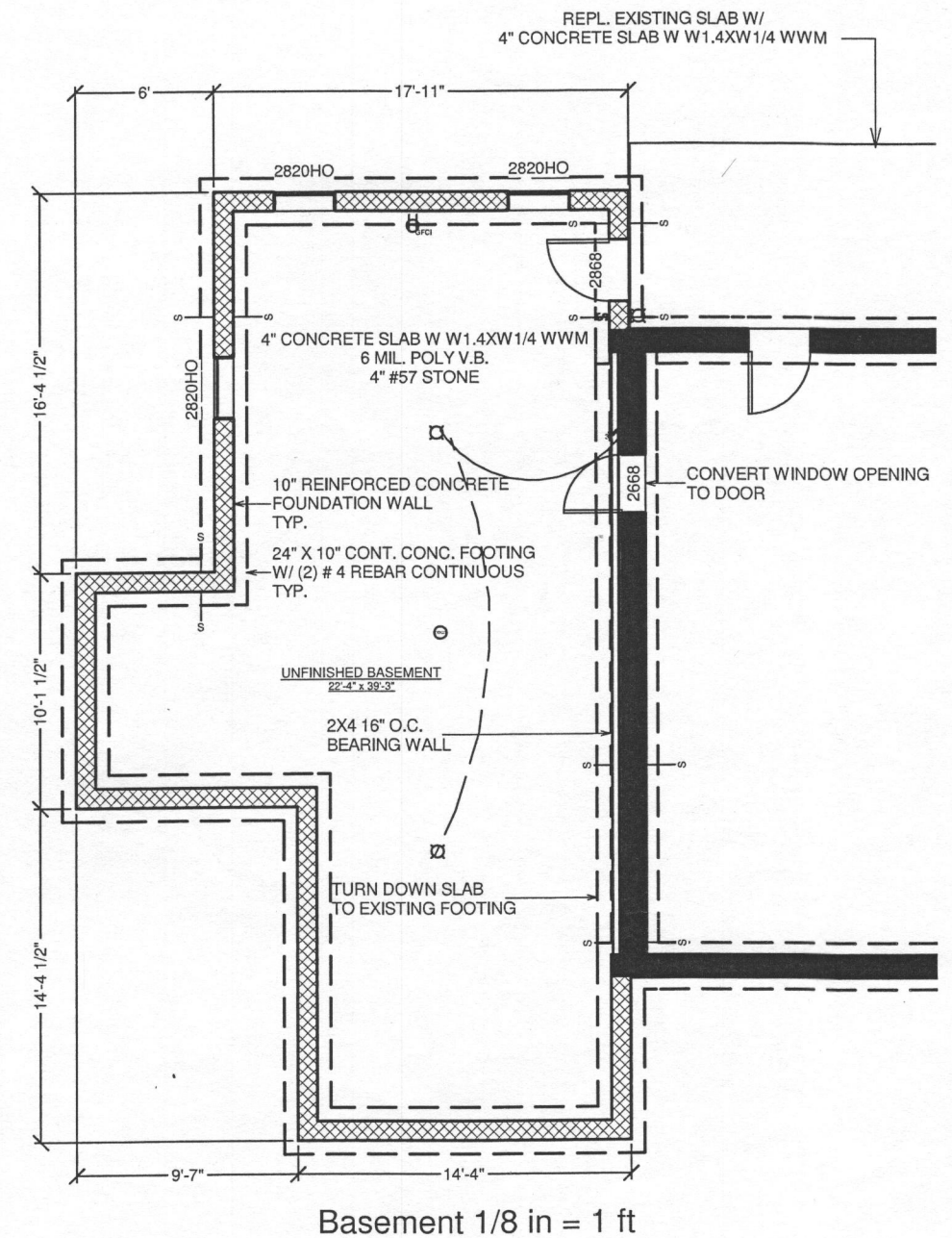
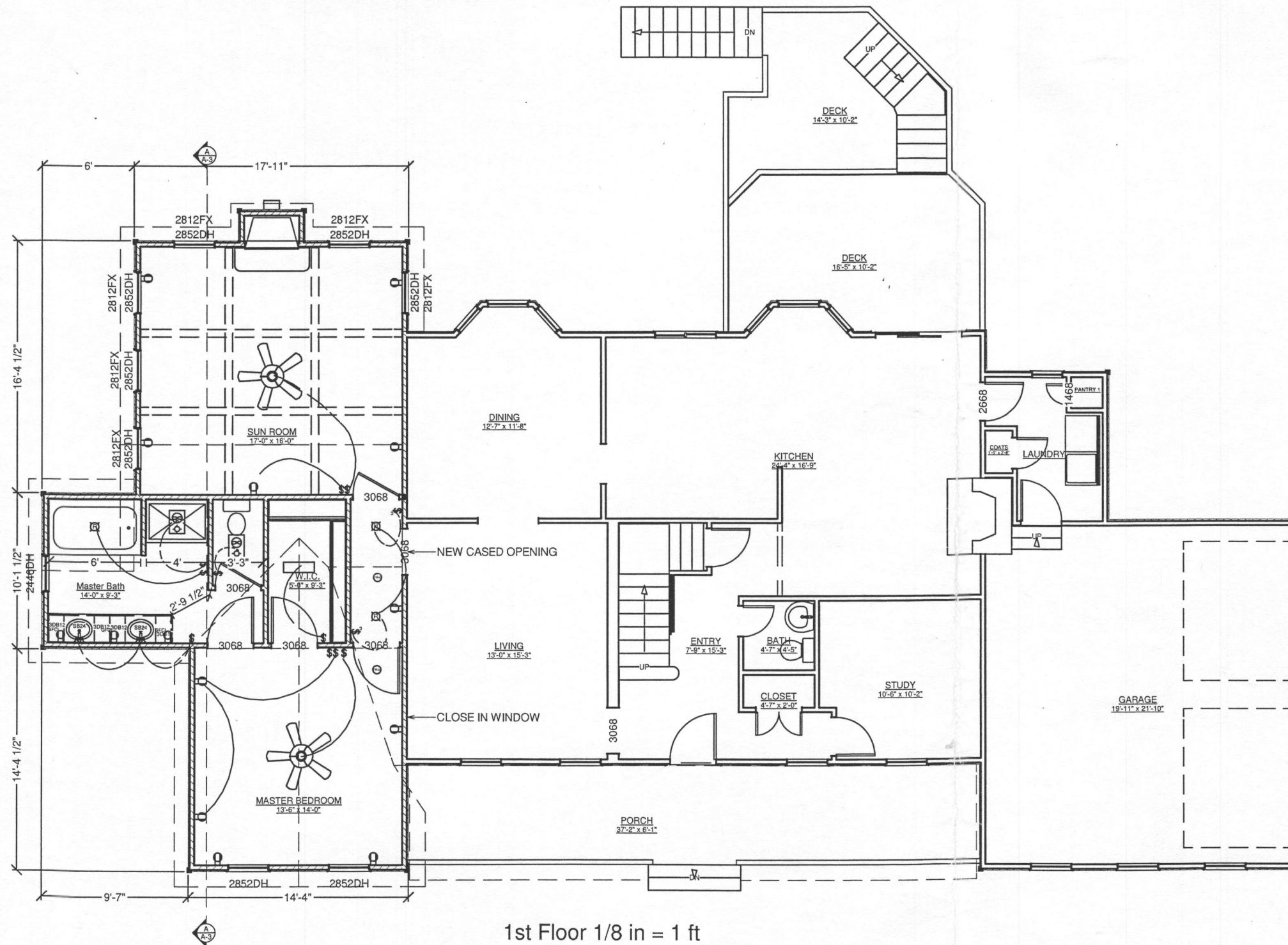
SHEET TITLE:
Floor Plan
& Elevations

NO.	DESCRIPTION	BY	DATE
01	Contract Plan	MTH	11/1/2011

SCALE:
As Noted

DATE:
11/1/2011

A-2
of 5



DRAWINGS PROVIDED BY:
RULE 4
 BUILDING GROUP
 | ADDING VALUE

PROJECT DESCRIPTION:
 Jim & Cheri Horne
 11715 Teri-Lynn Drive
 Fulton, MD 20759

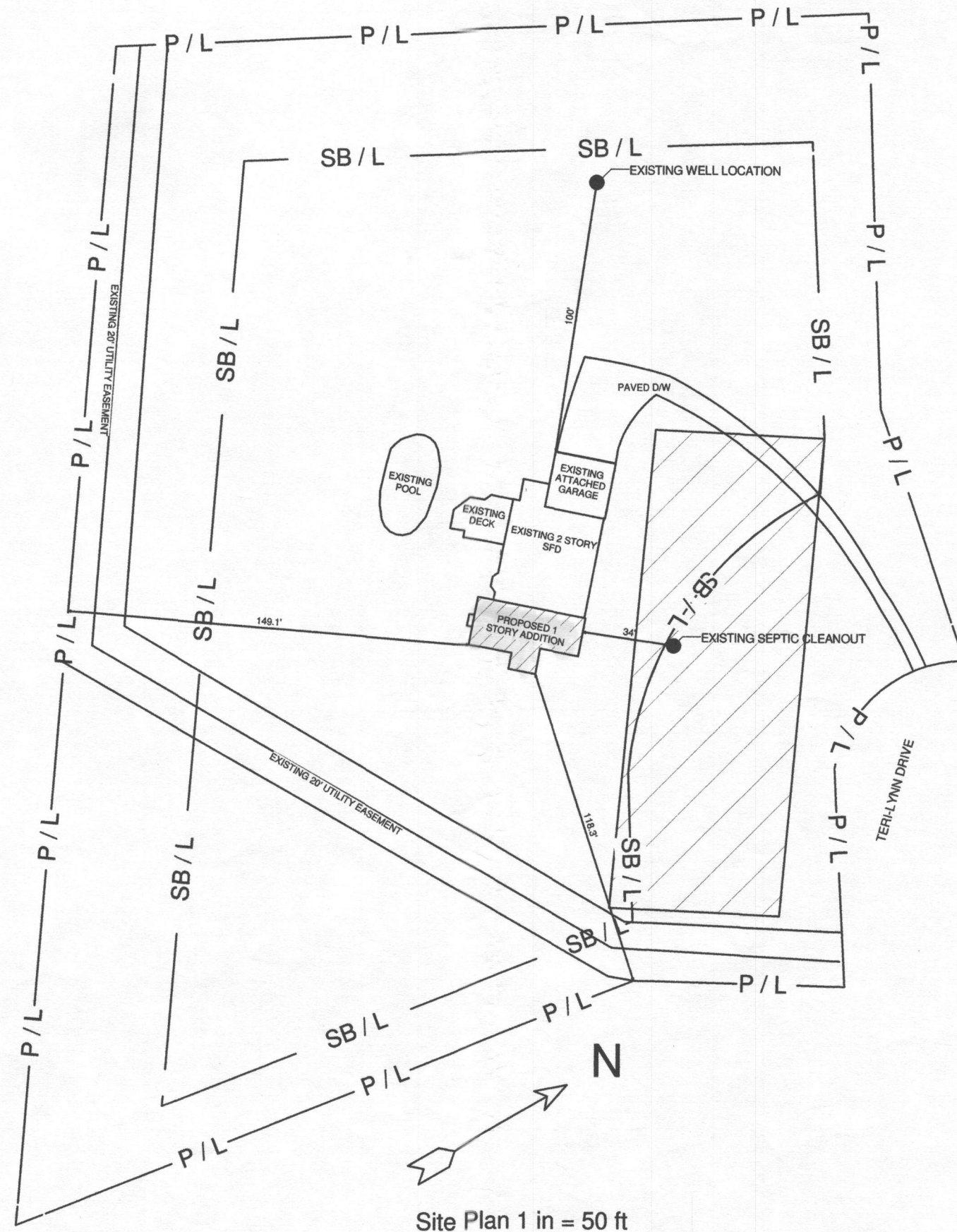
SHEET TITLE:
 Floor Plans

NO.	DESCRIPTION	BY	DATE
01	Contract Plan	MTH	11/1/2011

SCALE:
 As Noted

DATE:
 11/1/2011

A-1
 of 5



B11003333

DRAWINGS PROVIDED BY:
R U L E 4
 BUILDING GROUP
 ADDING VALUE

PROJECT DESCRIPTION:
 Jim & Cheri Horne
 11715 Teri-Lynn Drive
 Fulton, MD 20759

SHEET TITLE:
 Site Plan

NO.	DESCRIPTION	BY	DATE
01	Contract Plan	MTH	11/1/2011

SCALE:	DATE:
As Noted	11/1/2011

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of 5