

HOWARD COUNTY
PERMIT APPLICATION

B09000679
PERMIT NUMBER

Building Address 15031 BUSBY AVE RD
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name SPIEGEL, GREG + TRACY
Address 15031 BUSBY AVE RD
City WOODBRINE State MD Zip Code 21797
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

410456-0665

Existing Use STABLE / AMTRON HOME / CARPORT
Proposed Use "
Estimated Construction Cost \$ 100,000.00
Description of Work EXTEND KITCHEN + BATHROOM
ADDER

Contractor Company CRAFTON PLUMB. TAC.
Contact Person ARTHUR CRAFTON
Address 15024 KENNEDY CT.
City WOODBRINE State MD Zip Code 21797
License No. 86369
Phone 443-745-7512 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Occupant or Tenant SPIEGEL
Contact Name ARTHUR CRAFTON
Address 15024 KENNEDY CT.
City WOODBRINE State MD Zip Code 21797
Phone 443-745-7512 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>40X26</u> 2 nd floor: _____ Basement: <u>SAME</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Title/Company _____

Print Name _____

Date _____

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 Officials			
Dev. Engineering, DPZ			
Health	<u>6/30/2009</u>	<u>R. Buckler</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐

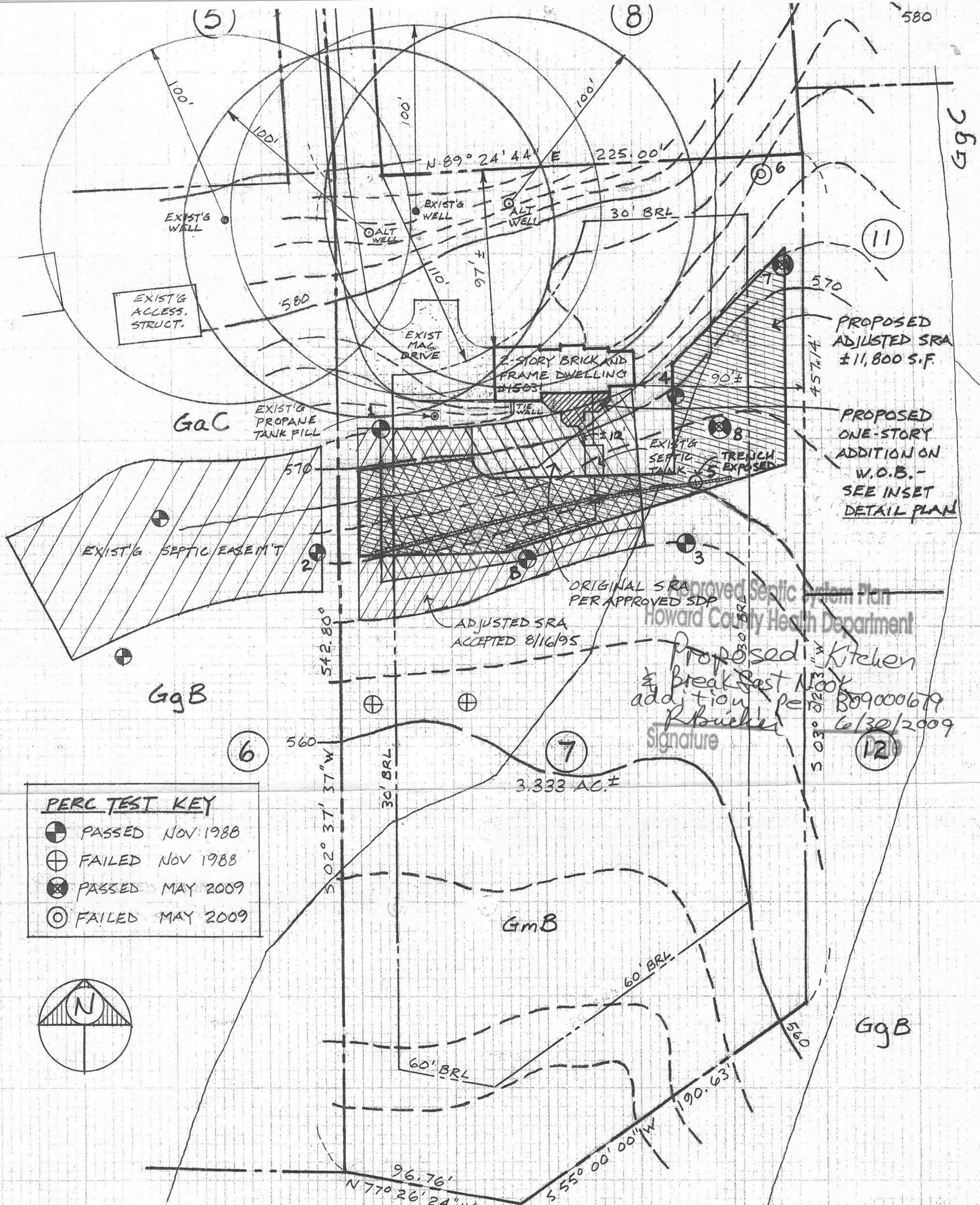
Is Entrance Permit Required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

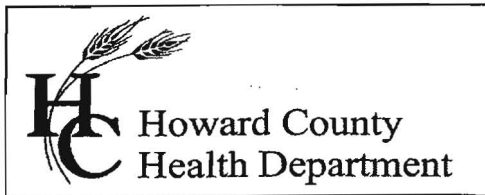
PROPERTY ID #

Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T: Operations/Updated forms





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(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

July 2, 2009

Greg & Traci Spiegel
15031 Bushy Park Road
Woodbine, MD 21797

RE: **Waiver Approval**
Replaces 6/30/09 letter
15031 Bushy Park Road
Woodbine, MD 21797

Dear Madam or Sir:

The Department of Health has received your variance request dated June 24, 2009 for the above referenced property. This agency will **grant approval** of the waiver provided that the proposed living space addition is constructed with an unfinished basement and is constructed no closer than twelve feet six inches to the existing septic tank. The deck is approved no closer than five feet to the existing septic tank. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request and the construction plans illustrate the addition no closer than sixteen feet from the existing septic tank. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.

Assistant Director

Bureau of Environmental Health

c: File

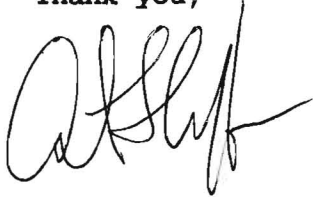
Howard County Health Dept.
7178 Columbia Gateway Dr.
Columbia, Md 21046
Attn: Michael Davis

6-24-09

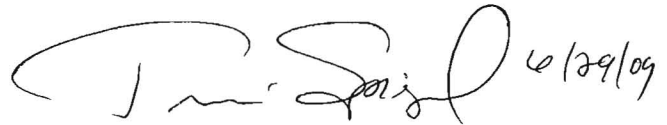
Mr. Davis

I am applying for a permit on a 2 story addition, unfinished basement and larger kitchen and breakfast nook. The owners name and address is Greg and Tracey Speigel 15031 Bushy Park Rd in Woodbine. I would like to ask for a variance on the septic tank location. If the addition is completed the tank will be approximately 12.5 ft. from exterior basement footer.

Thank you,



Arthur Crafton
443-745-7512
Crafton Contractors Inc.
15024 Kenwood Ct.
Woodbine, Md 21797



Traci Speigel - owner