

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER**

B 07003839

Building Address 12309 Coral Dr  
12309 Coral Dr  
MD 21754

Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name James Mckenny

Address 12309 Coral Dr

City Fallers State MD Zip Code 21754

Home Phone 301-735-1498 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential

Proposed Use Residential

Estimated Construction Cost \$ 6400

Description of Work Remodeling

Contractor Company Suburban Properties

Contact Person James Mckenny

Address 31 Dismal Ct

City Keedsville State MD Zip Code 20750

License No. 73560

Phone 301-735-1498 Fax 301-735-1498

Occupant or Tenant James Mckenny

Contact Name \_\_\_\_\_

Address 12309 Coral Dr

City Fallers State MD Zip Code 21754

Phone 301-735-1498 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <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 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 \_\_\_\_\_  
 Title/Company Suburban Properties

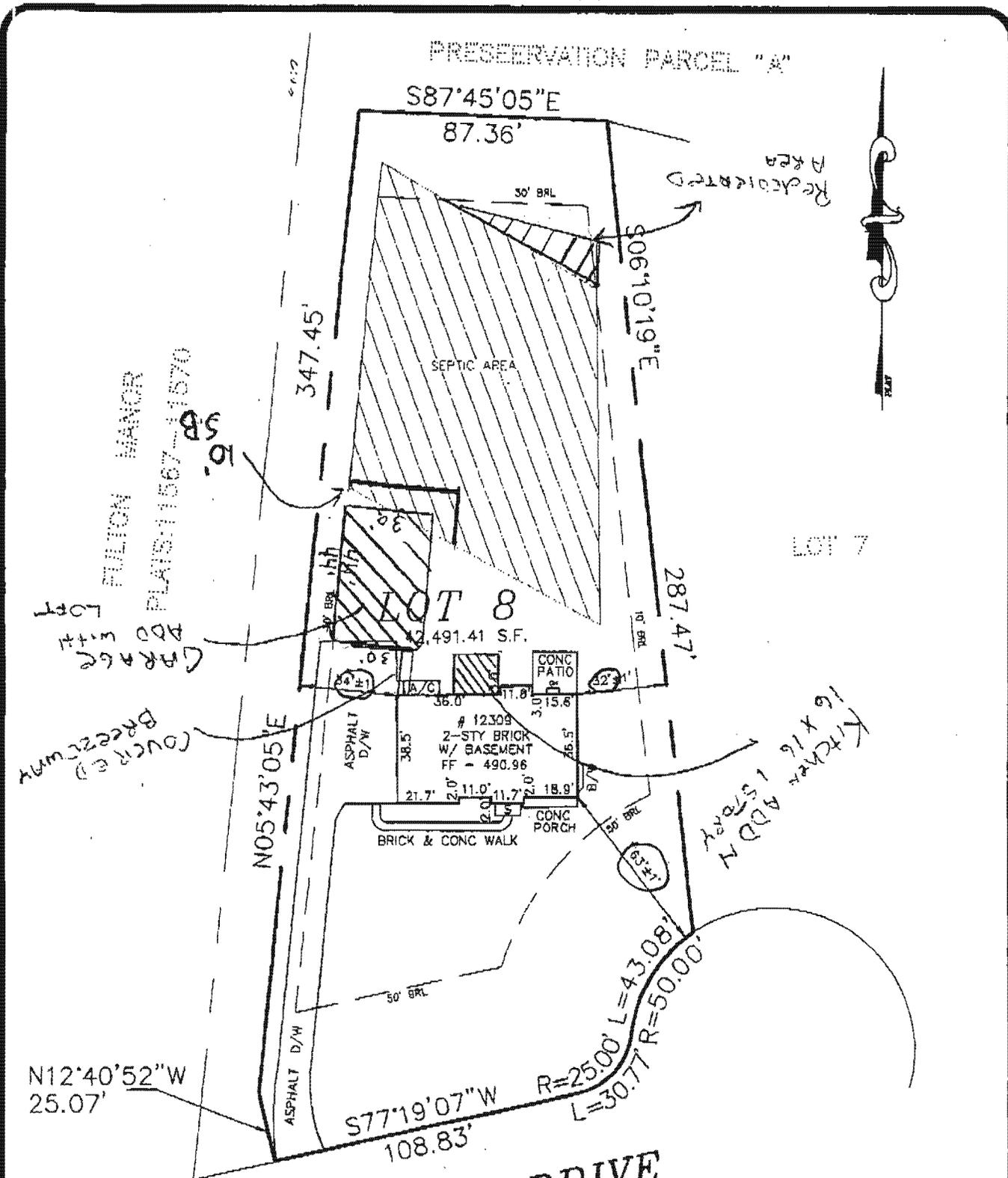
Print Name James Mckenny  
 Date 9/5/07

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 \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ <u>100.00</u>
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>10/5/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
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 # <u>0276407</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official			Accepted by <u>[Signature]</u>	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

Steve Heiss

460-715-9540



P. 131  
T.M. 41  
Grid 1  
5th elec District

# CAROL DRIVE

50' RIGHT-OF-WAY

### LEGEND

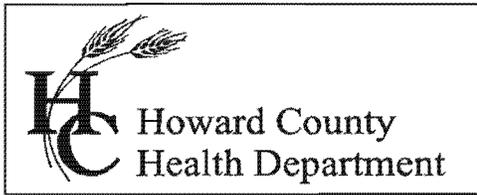
- O/H = OVERHANG
- A/C = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER
- CH = CHIMNEY
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE

**FULTON MANOR EAST**  
 LOTS 4 THRU 10 & PRESERVATION PARCEL "A"  
 A RESUBDIVISION OF LOTS 1, 2, & 3 OF FULTON  
 MANOR EAST AND THE BOWEN PROPERTY

1"=50'

PLAT NO. 12672

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER PURPOSES AND IS NOT TO BE USED FOR CONSTRUCTION.



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](http://www.hchealth.org)

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

October 2, 2006

Mr. Dominic Totaro  
12309 Carol Drive  
Fulton, MD 20759

RE: **Variance Approval**  
12309 Carol Drive  
Fulton, MD 20759

Dear Sir:

The Department of Health has received your variance request dated (no date on letter) for the above referenced property. This agency will grant **approval** of the variance provided that the detached garage is constructed no closer than ten (10) feet to the existing sewage disposal area and a revised perc certification plan is prepared for signature illustrating the proposed changes to the sewage disposal area. 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 illustrates a driveway location that does not extend over the sewage disposal area. 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.  
Director, Well and Septic Programs

cc: File

To Mike Davis  
Howard county health department  
From Dominic Totaro  
12309 Carol drive  
Fulton MD

I submitted a plan for a detached garage with attached breezeway. I would like to have a 10 foot varincence to my septic easement to accommodate my new garage.

Thanks  
Dominic Totaro

Approved BY  
MIKE DAVIS

THANK  
SARA