

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

PC 1004184

Building Address 14306 WOODY HILL ROAD
ELLCOTT CITY MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel 118 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TERRY WILLIAMS
Address 11797-A TRIUMPH DRIVE
City ELLCOTT CITY State MD Zip Code 21043
Home Phone 410-408-3161 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
OWNER
Phone _____ Fax _____

Existing Use SINGLE FAMILY
Proposed Use STONE W/ ADDITION
Estimated Construction Cost \$ 150,000
Description of Work NEW 2ND FLOOR W/ 2 BEDROOMS
AND BATHROOMS, NEW GARAGE,
AND BRNS RM. & ~~HALL~~ ROOM/HANDICAPED

Contractor Company MARYBETH ADAMS
Contact Person TERRY WILLIAMS
Address 11797-A TRIUMPH DRIVE
City ELLCOTT CITY State MD Zip Code 21043
License No. 21525
Phone 410-412-2121 Fax _____

Occupant or Tenant OWNER/POUCH
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company ERIC LITTLE
Contact Person ERIC LITTLE
Address P.O. BOX 237
City FINKSBURG State MD Zip Code 21048
Phone 410-833-8320 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>27'5" 2ND</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>1200</u>	Electric Yes <input checked="" 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 checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>2nd</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>2nd</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>3rd</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Height: _____	
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 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 Terry Williams

Print Name TERRY WILLIAMS

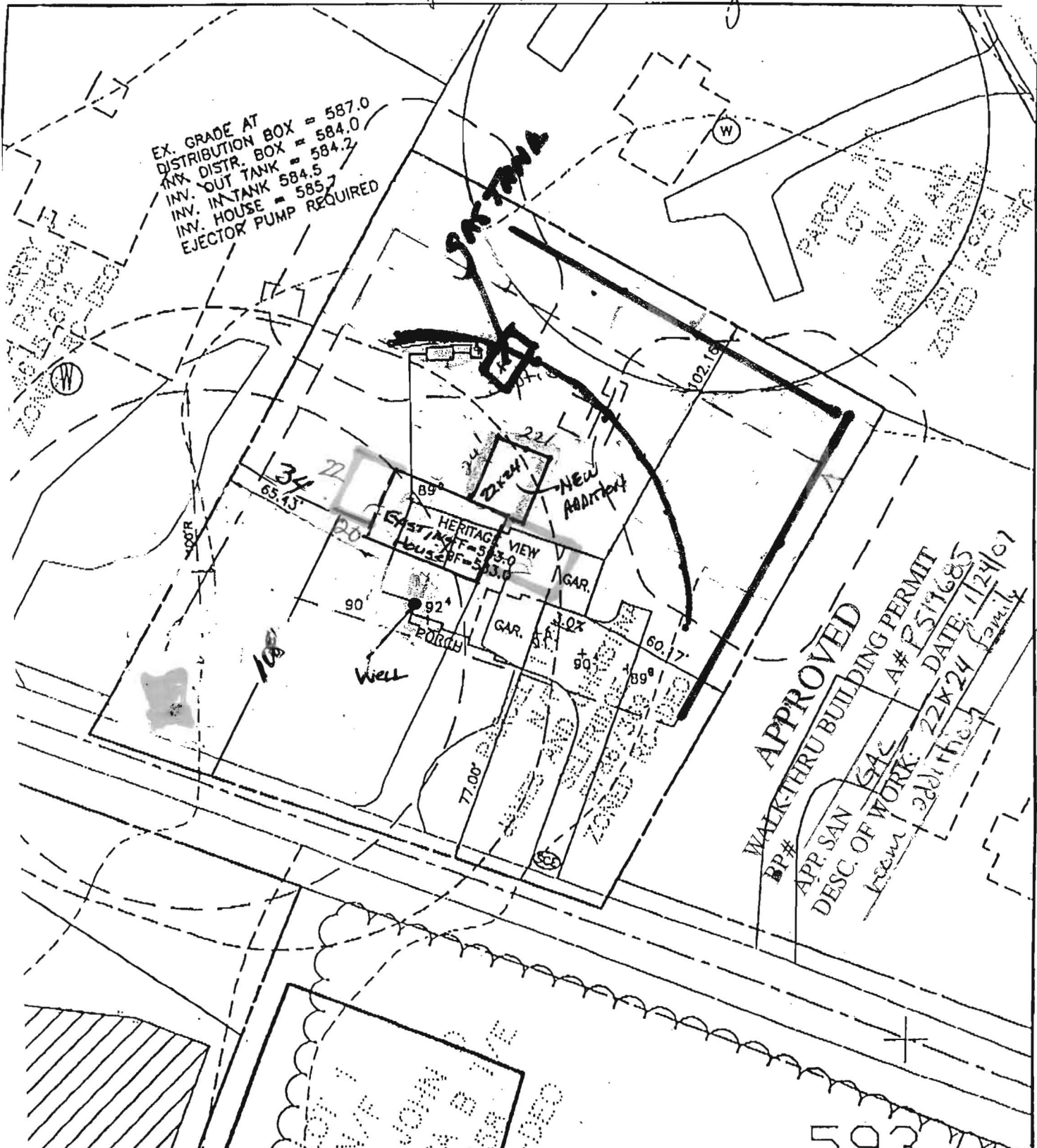
Title/Company _____

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/1/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
			Pink: Health	Gold: SHA

Proposed House Siting



EX. GRADE AT DISTRIBUTION BOX = 587.0
 INV. DISTR. BOX = 584.0
 INV. OUT TANK = 584.2
 INV. IN-TANK = 584.5
 INV. HOUSE = 585.7
 EJECTOR PUMP REQUIRED

APPROVED
 WALKTHRU BUILDING PERMIT
 BP# _____
 APP. SAN GAC A# PS17685
 DESC. OF WORK: 22x24 family room addition
 DATE: 1/24/07

GRADE OF DRIVEWAY = 3.0% @ GAR.
 NUMBER OF RISERS AT GARAGE = 2
 NUMBER OF RISERS ON LEAD WALK = 2

14356 DORSEY MILL ROAD

BENCHMARK

PARCEL 116

ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 2/8/06
 REVISED: 2/8/06

110308 House Siting

Health Dept

1.0000

EX. GRADE AT DISTRIBUTION BOX = 587.0
INV. DISTR. BOX = 584.0
INV. OUT TANK = 584.2
INV. IN-TANK = 584.5
INV. HOUSE = 585.2
EJECTOR PUMP REQUIRED

SEPTIC SYSTEM

SEPTIC REPAIR AREA

Proposed 2nd Story Addition
Proposed Stairs
Proposed Porch

Proposed Addition 7.5x6

Proposed 2 Story Addition 28 x 26

1,500 SF WELL ENVELOP

Well Proposed Porch

REVISED

Date: 5-1-08

Comments: 307009/86

593

LOPE OF DRIVEWAY = 3.0% @ GAR.
NUMBER OF RISERS AT GARAGE = 2
NUMBER OF RISERS ON LEAD WALK = 2

14356 DORSEY MILL ROAD

PARCEL 116

BENCHMARK
ENGINEERING, INC.

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 2/8/06
REVISED: 2/8/06

3480 DALTHORE NATIONAL PIKE • SUITE 418 • ELICOTT CITY, MD 21043
593 DORSEY MILL ROAD • PARCEL 116 • 2/2000 12:37 AM
Kyocera Mills KM-2330 12/05 410-265-8644

not to scale
web 5/1/08

DEAR AVIS.

5/1/08.

MY NAME IS JEFF CALVERT (WE HAVE SPOKEN TWICE SINCE THEN.) I AM REWRITING THIS LETTER TO EXPLAIN A ≈ 45 sq/ft KITCHEN ADDITIONS, AND A SECOND FLOOR BEDROOM.

PERMIT # B07004186.

ADDRESS. 14356. DUNSTON WAY RD.
GLENWOOD WY.
21738.

THE BIGGEST CHANGE WE MADE WAS TO MOVE THE MASTER BEDROOM SUITE FROM THE FIRST FLOOR TO THE SECOND FLOOR WHILE THE FOOTPRINT CHANGED BY GETTING SMALLER, WE INCREASED THE SIZE OF THE KITCHEN BY 45 sq/ft.

THE PLANS ALSO SHOW A 4TH BED ROOM NOW. THIS ISSUE HAS ALREADY BEEN ADDRESSED WITH THE HEALTH DEPT. WE ARE INVOLVED IN THE OSDS PROGRAM. JOHN BOKS WALKED US THROUGH THAT WHOLE PROCESS. THE HEALTH DEPT. HAS ALREADY SIGNED OFF ON THAT ISSUE.

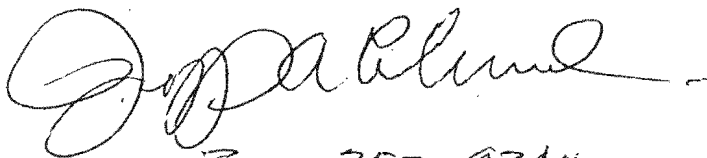
AVIS, THANKS. AGAIN FOR YOUR HELP W/ THIS MATTER.

RECEIVED

MAY - 1 2008

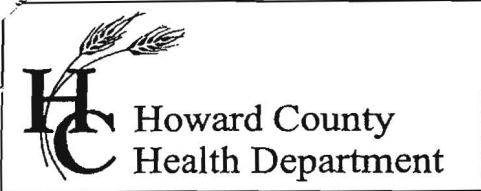
LICENSES & PERMITS
DIVISION

Sincerely,



301.252.9344.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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

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

August 15, 2006

Mr. James H. Selfridge
4781 Ten Oaks Road
Dayton, MD 21036

SENT VIA CERTIFIED MAIL
#7003 1010 0001 7268 1144

7003 1010 0001 7268 1144

Re: 14356 Dorsey Mill Road
Glenwood, MD 21738

Dear Sir:

The Department of Health has received your letter dated July 25, 2006 in reference to building permit B0058726 for the construction of a new four bedroom home to replace the existing three bedroom home at the above referenced property. The Code of Maryland Regulations (COMAR) Title 26 Department of the Environment, Subtitle 4, Regulation of Water Supply, Sewage Disposal, and Solid Waste, Chapter 2.02 General Provisions states that the requirements of this chapter apply to all new on-site sewage disposal systems, replacements, additions to existing systems, and **any material changes in the use of a system.**

COMAR 26.04.02.02 B1 b (i) On-site disposal system. Notwithstanding any other provision of this regulation, the Department may approve an on-site disposal system (b) for a lot which was legally established without Department approval before November 18, 1985 if it meets the other requirements of this regulation, except that (i) only area sufficient for an initial and one replacement is required.

COMAR 26.04.02.02 D A person may not construct or alter any residence, floating home, or commercial establishment served by an on-site sewage disposal system or private water supply system, and a county or municipality may not issue, if applicable, a building permit for the desired new construction or alteration, until the Approving Authority (4) has certified the existing on-site system as capable of handling the existing sewage flows or water demand and any reasonable foreseeable increase in flows or water demand.

COMAR 26.04.02.05 C On-site sewerage disposal systems shall be located downgrade from private water supplies. A variance to this requirement may be granted by the Department of the Environment after consideration of the hydrogeologic conditions and recommendations of the Approving Authority.

The Department of Health views the construction of a new four bedroom home to replace the smaller three bedroom home as a change in use that may result in an increase in wastewater flow. The only area available for replacement is up gradient of well(s) and the existing septic system is located up gradient from an existing neighboring well. Due to concerns with fractured bedrock conditions in Howard County, this Department is not willing to recommend a variance to COMAR 26.04.02.05 C for the existing septic system or the replacement system

required by COMAR 26.04.02.02 B 1 b (i) that may result in elevated nitrates in the neighboring down gradient well.

In order to mitigate a denial of the new property use, this Department has given you the following options:

1. Design a pretreatment system that treats for nitrogen to eliminate the potential impact from the existing and replacement septic system on the neighboring well(s),
2. relocate the septic system two hundred feet up gradient from all wells, or
3. relocate the well(s) to meet the separation.

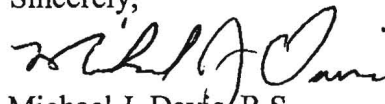
Your letter indicates that you are not satisfied with the decision and intend to formally challenge the condition. In accordance with the Administrative Procedure Act, set forth in the State Government Article, Section 10-201 through 10-217, any person aggrieved by an agency's final decision may initiate an administrative appeal. This may be done by filing within thirty days of receipt of the final decision a Notice of Intent to Appeal and a Request for Hearing, if desired, with the Director, Water Management Administration, Department of the Environment, 1800 Washington Blvd., Baltimore, Maryland 21230, with a copy of the Principal Counsel for the Department of the Environment, Office of the Attorney General, Department of the Environment, 1800 Washington Blvd., Baltimore, Maryland 21230, and a copy to the local Approving Authority, Dr. Penny E. Borenstein, M.D., M.P.H., Health Officer, .

The Notice of Intent to Appeal shall contain any grounds upon which you contend that the decision is unlawful, unreasonable, or unnecessary for protection of the public health or comfort. The Notice of Intent to Appeal shall include a copy of the document being appealed.

If a Request for Hearing is submitted, the Office of Administrative Hearings (OAH) will notify you in writing of the date and location of the hearing. Any such hearing will be held in the manner provided in the Maryland Administrative Procedure Act for hearings in contested cases and in COMAR 26.01.01.

If appellant is a Corporation, it must be represented by an attorney in an administrative hearing. The attorney must be admitted to the Bar in the State of Maryland or must be specially admitted to the Maryland Bar pursuant to Maryland Rule 20 of the Maryland rules governing admission to the Bar. Rule 20 governs special admission of out-of-state attorneys.

Sincerely,



Michael J. Davis, R.S.
Director, Well & Septic Program

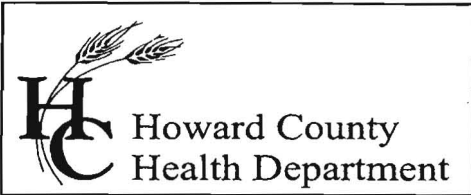
MJD

Cc file

I concur fully with Mr. Davis' above response.



Penny Borenstein
Howard Co. Health Officer



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

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

1/24/07

TO: Mr. Terry Williams
14356 Dorsey Mill Rd.
Glenwood, MD 21738

FROM: Gabriel A. Creighton, R.S.
Bureau of Environmental Health
Well and Septic Program

RE: Building Permit
Addition to existing structure
At 14356 Dorsey Mill Rd.
Glenwood, MD 21738

THROUGH: Bert Nixon, Deputy Director

Dear Mr. Williams:

In assessing your request to obtain a building permit for a family room addition, our office has had to consider and wants you to be aware of the following:

- 1.) The proposed 22 x 24 Family Room addition as submitted will not have any material impact on your current septic system.
- 2.) The submitted drawing of the proposed floor plan clearly delineates that your final build out at this time will have a maximum of three bedrooms.
- 3.) Any future building permits to further modify the structure that would increase flow rates or cause our department to reassess your current septic system design and capacity, would likely necessitate at a minimum the installation of advanced pre-treatment technology to be approved by this department

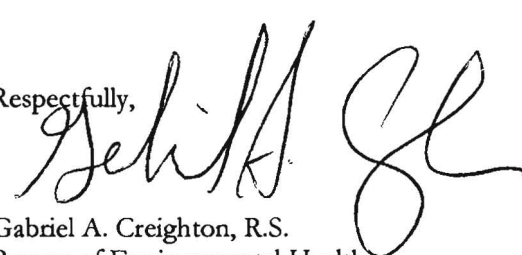
If these statements and in recognition of these potential future obligations are acceptable to you, we can proceed with processing the aforementioned 22 x 24 family room addition permit.

Additionally our office will be copying this information to Maryland Department of the Environment for consideration of appropriate action of the pending appeal regarding this property filed by James Selfridge.

Received 1/24/07


Terry Williams

Respectfully,


Gabriel A. Creighton, R.S.
Bureau of Environmental Health
Well and Septic Program

GAC
cc: Well & Septic program file
Eric Dougherty, MDE, On-site Systems Division

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

JAMES H. Selfridge

Street, Apt. No.;
or PO Box No.

4781 TEN OAKS RD

City, State, ZIP+4

DAYTON, MD 21036

4477 8922 7268 1144
0001 0000 0000 0000
0000 0000 0000 0000
0000 0000 0000 0000
0000 0000 0000 0000

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. James H. Selfridge
 4781 TEN OAKS ROAD
 DARTON, MD
 21036

2. Article Number

(Transfer from service label)

7003 1010 0001 7268 1144

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

James H. Selfridge Agent
 Addressee

B. Received by (Printed Name)

CISA ROSENTHAL

C. Date of Delivery

8-17

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

3. Service Type

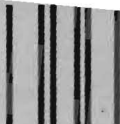
 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

(14356 Darson Mill Rd.)

UNITED STATES POSTAL SERVICE



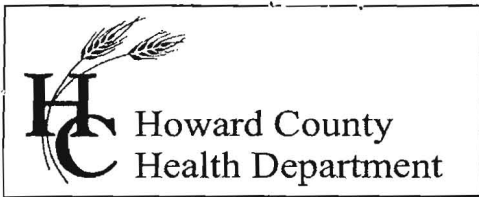
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

**Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046**

M. DAVIS 17
14356 DORSEY MIL RD

ilhu



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

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

August 15, 2006

Mr. James H. Selfridge
4781 Ten Oaks Road
Dayton, MD 21036

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Sincerely,



Michael J. Davis, R.S.

Director, Well & Septic Program

MJD

Cc file

G-9605

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0015-726

Building Address 14356 NORSEY MILL RD.
GLENWOOD, MD 21738

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

Census Tract 14-02 Subdivision Chilwood

Section _____ Area _____ Lot _____

Tax Map 21 Parcel 116 Grid 17

Zoning AR Map Coordinates 95 Lot size 20473

Property Owner's Name JAMES H. SELFRIE

Address 4781 TEN LAKE RD

City DAYTON State MD Zip Code 21036

Home Phone 410-992-9631 Work Phone 410-531-9930

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

Phone _____ Fax _____

Existing Use VACATED LOT

Proposed Use NEW 5 YEAR FAMILY HOUSING

Estimated Construction Cost \$400,000.00

Description of Work 4 BR, 3 BATH, 1 HALF BR
1 FP FRONT PORCH

Contractor Company JAMES H. SELFRIE BUILDING

Contact Person SUE CRANKLIN

Address 4781 TEN LAKE RD

City DAYTON State MD Zip Code 21036

License No. 379

Phone 410-531-9930 Fax 410-531-9939

Occupant or Tenant _____

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	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input 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"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>49'</u> <u>60'</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>47'</u> <u>60'6"</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>47'</u> <u>60'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</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: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Susan Cranklin
Applicant's Signature
James H. Selfrie
Title/Company

SUSAN CRANKLIN
Print Name
3-27-06
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 Official		
Dev. Engineering, DPZ	<u>7/1/02</u>	<u>[Signature]</u>
Health		
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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	60797
Filing fee \$	_____
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____
Accepted by	<u>[Signature]</u>

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 14356 Doersey Mill Road
Glen Wood, MD 21738

Property Owner's Name TERRY WILLIAMS
Address Same

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

City _____ State _____ Zip Code _____

Census Tract _____ Subdivision _____

Home Phone _____ Work Phone _____

Section _____ Area _____ Lot _____

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

Tax Map _____ Parcel 116 Grid _____

Phone 410-531-9979 Fax 9978

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use _____

Contractor Company Maryland Home Remodeling

Proposed Use _____

Contact Person Rehewatons

Estimated Construction Cost \$ 20,000-

TERRY

Description of Work NEW ADDITION 22x24
Family Room w/ Pre Fab Fire
Place.

Address 11797-4 TRIADENPHIA ROAD

City ELLIOTT CITY State MD Zip Code 21042

License No. 51535

Phone 410-531-9979 Fax 9978

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - **COMMERCIAL**

BUILDING DESCRIPTION - **RESIDENTIAL**

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____

Water Supply:

SF Dwelling SF Townhouse

Water Supply:

No. of stories: _____

Public

Depth _____ Width _____

Public

Gross area, sq. ft. per floor: _____

Private

1st floor: _____

Private

Use group: _____

Sewage Disposal:

2nd floor: _____

Sewage Disposal:

Construction type:

Public

Basement: _____

Private

Reinforced Concrete

Private

Finished Basement Unfinished Basement

Structural Steel

Electric Yes No

Crawl space Slab on Grade

Electric Yes No

Masonry

Gas Yes No

No. of Bedrooms 3

Gas Yes No

Wood Frame

Heating System:

Multi-family dwellings:

Heating System:

State Certified Modular

Electric Oil

No. of efficiency units: _____

Electric Oil

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 THEREIN; (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

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: _____ Filing fee \$ _____

State Highways

Rear: _____ Permit fee \$ _____

Building Official

Side: _____ Excise tax \$ _____

Dev. Engineering, DPZ

Side St.: _____ Add'l per. fee \$ _____

Health 1/24/2007 John A. J.

All minimum setbacks met? YES NO

Fire Protection

TOTAL FEES \$ _____

Is Sediment Control approval required prior to issuance?

Sub-total paid \$ _____

YES NO

Balance due \$ _____

CONTINGENCY CONSTRUCTION START:

Check # _____

ONE STOP SHOP:

Validation # _____

Distribution of Copies - White: Building Official Green: LDD, DPZ

Historic District? YES NO

Yellow: DED, DPZ Pink: Health Gold: SHA

Lot Coverage for NewTown Zone _____

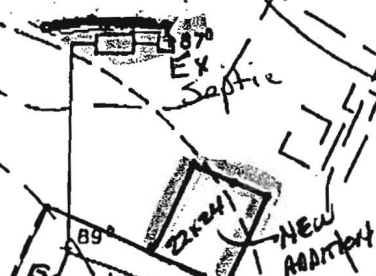
T:\norma\PERMIT.FRM

SDP/Red-line approval date _____ Accepted by _____

Yip's House Siting

EX. GRADE AT DISTRIBUTION BOX = 587.0
 INV. DISTR. BOX = 584.0
 INV. OUT TANK = 584.2
 INV. IN TANK = 584.5
 INV. HOUSE = 585.7
 EJECTOR PUMP REQUIRED

PARCEL LOT 10
 ANDREW AND WENDY HARRIS
 2017028
 ZONED RC-150

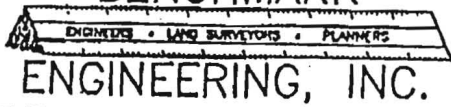


APPROVED
 WALK-THRU BUILDING PERMIT
 BP# [blank]
 APP. SAN [blank]
 DESC. OF WORK: room addition
 A# P519685
 DATE: 11/24/07

GRADE OF DRIVEWAY = 3.0% @ GAR.
 NUMBER OF RISERS AT GARAGE = 2
 NUMBER OF RISERS ON LEAD WALK = 2
BENCHMARK

14356 DORSEY MILL ROAD

PARCEL 116



ENGINEERING, INC.

BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-281-8102 FAX: 410-281-8105
 PARCEL 116, 2/7/06, 1:23:17 AM

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 2/8/06
 REVISED: 2/8/06



Mr. Mike Davis
Program Supervisor, Well & Septic
Department of Environmental Health
Howard County, Maryland

July 14, 2006

Dear Mr. Davis,

Per our meeting and conversation today you stated that you will issue the release letter needed to submit for a razing permit for the existing structure located at 14365 Dorsey Mill Road, Glenwood, Maryland 21738. Please fax this letter to my office, fax number is 410-531-8939 and kindly notify my office when this has been done by leaving a message with Sue Conklin at 410-531-8930, ext. 21.

Please do not hesitate to call me if you have any questions regarding this request. My office number is 410-531-8930, ext. 27.

Sincerely,

Tim Ragen for:
Jim Selfridge
President
James H. Selfridge Builder's, Inc.

tgr: cc file



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

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

July 14, 2006

MEMORANDUM

TO: Selfridge Builders, Inc.
4781 Ten Oaks Road
Dayton, MD 21036
Fax 410-531-8939

FROM: Michael J. Davis *MJD*
Bureau of Environmental Health
Well and Septic Program

RE: 14356 Dorsey Mill Road
Glenwood, MD 21738

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The owner, Mr. Jim Selfridge, is aware that the Department of Health will require a new water well and advanced pretreatment on an on-site sewage disposal system to obtain a building permit for a new four bedroom home. He is planning to appeal the decision, but has requested to raze the existing residence prior the outcome of his appeal.

Cc: Bob Sheesley



July 25, 2006

Mr. Michael Davis, Chief
Water and Sewer Program
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Dear Mr. Davis:

This correspondence is sent as a follow-up to the meeting held in your office on July 14, 2006 concerning the status of the razing and building permits for the above-referenced property (the "Property").

Discussions at the meeting addressed the status of a razing permit for the existing residential dwelling and the building permit for a new single family dwelling on the Property. Despite the submission of Applications for the same months ago, the Bureau has to date refused to approve issuance of either permit.

At the meeting, you stated that the Bureau had withheld approval of the razing permit due to the potential for a misunderstanding that approval of the same would be interpreted by Selfridge Builders as an approval by the Bureau for constructing a replacement dwelling on the Property, i.e. the approval of the building permit. You also stated the Bureau's position that the approval of the building permit would be conditioned upon Selfridge Builders providing an advance wastewater treatment system for pre-treatment of sewage prior to discharge into the sewage disposal area. I do not agree with that condition.

After discussion of these issues at the meeting, you stated your intention to approve issuance of the razing permit. You also stated your acknowledgment that due to consideration of both (a) the quality of the soils on the Property; and (b) the useable sewage reserve area available for the proposed replacement dwelling, the Property would in fact support the proposed four (4) bedroom dwelling with a primary and one replacement sewage disposal system. **This is all that is legally required due to the fact that the Property was of record prior to 1985.**

Michael Davis, Chief
July 25, 2006
Page 2

It is my understanding that the only outstanding issue for the approval of the building permit is the condition of providing pretreatment of the sewage effluent from the proposed dwelling. Since you have agreed that the Property can support the proposed replacement dwelling, we have effectively addressed the issue of an increase in discharge generated by a fourth bedroom. Please keep in mind the percolation application approved on January 14, 2004 actually states "tank and trenches to be sized and placed for possible fourth bedroom addition on the back of house in future".

The actual use of the Property will not change when the new four bedroom dwelling is constructed since the Property will at all times contain a single family residential dwelling. It has also been demonstrated by the site evaluation conducted by Bureau staff that the Property can support the discharge of sewage from a four bedroom dwelling. The records of that evaluation contained in your files support this fact. I purchased the Property based upon those records.

In summary, we believe that we have met all applicable requirements of the Code of Maryland Regulations (COMAR) governing the aforementioned issues. It appears that the issue related to having sufficient suitable sewage reserve area to support a four bedroom dwelling is resolved. The change in sewage discharge from an existing three bedroom dwelling to a replacement dwelling with four bedrooms has been addressed. The proposed use on the Property will remain a single family residential dwelling, identical to the present use.

The Bureau speculates that the increase in sewage flow potentially generated from the addition of a fourth bedroom on the Property may create a potential for contamination of a well located on an adjoining property which is slightly downhill topographically from the existing and approved sewage reserve area on the subject Property. As a result of this speculation, the Bureau is attempting to impose the requirement that an advanced wastewater pre-treatment system be installed as a condition of approving the building permit.

Evidence has not been provided by the Bureau that soil conditions, (i.e. significant fragmented rock or porous soil conditions) on the subject Property or in the general vicinity are problematic for potential contamination of water supplies in the area. To my knowledge, no evidence even exists indicating that sewage contamination of water well supplies in the general vicinity of the subject property has occurred. The Bureau's speculation is totally unsupported.

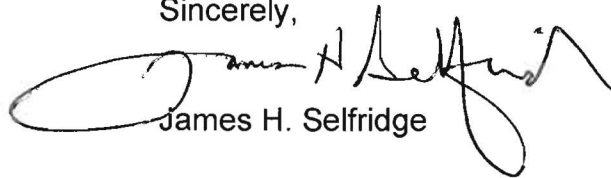
Therefore, I cannot accept the requirement that an advanced wastewater treatment system be installed on the Property as a condition of building permit approval and I intend to formally challenge that condition if imposed by the Bureau.

Michael Davis, Chief
July 25, 2006
Page 3

Accordingly, please immediately both (a) issue your approval of the subject razing permit as necessary for the same to be released by DILP; and (b) finalize and issue your written decision on the subject building permit. In the event that the Bureau chooses to deny issuance of the building permit, please include an explanation of the process for administrative appeal of that decision.

If you wish to contact me to discuss this correspondence, please contact me at 410-365-7818.

Sincerely,



James H. Selfridge

cc: Fred L. Coover, Esquire

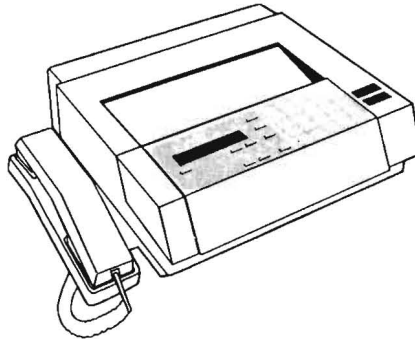


Howard County
Health Department

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

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

F A X



Date

4/20/06

To

James Selfridge

Department

FAX #

410-531-8939

From

Mike Davis

Telephone

410-313-1771

FAX (410) 313-2648

Of Pages

2

(including cover page)

Comments

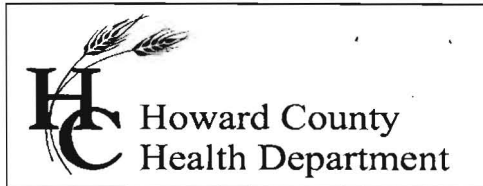
RE: 14356 DORSEY MILL ROAD

BD0188726

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TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

Thursday, April 20, 2006

James Selfridge
14356 Dorsey Mill Rd.
Glenwood, MD 21738

**RE: 14356 Dorsey Mill Road
B00158726**

Dear Mr. Selfridge:

This letter is in response to building permit B00158726. The existing septic system installed in of January of 2000 was sized for a four bedroom home. In order to proceed with this project a percolation certification plan will need to be developed showing a sewage disposal area large enough for an initial system and two replacements for the proposed new four bedroom home. .Due to the locations of wells serving neighboring properties, there does not appear to be enough area available meeting the 200 foot setback from down gradient wells. In order to approve the sewage disposal area up gradient from the wells advanced pretreatment will be required and additional testing may be required. Details of the advanced pretreatment must be included on the plan and every effort must be made to maximize the separation from the down gradient wells.

An Innovative and Alternative septic system design plan review fee of \$440.00 must be submitted with the percolation certification plan. Once the plan has been tentatively approved, this Department will develop an Agreement and Easement for installation of an innovative and alternative on-site sewage disposal system. After the agreement has been recorded and the system has been installed, the building permit will be approved by this Department.

Respectfully,

A handwritten signature in cursive script, appearing to read 'Michael J. Davis', is written over a horizontal line.

Michael J. Davis, Program Supervisor
Well & Septic Program