

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 10222 Dolliter Ct.
Ellicott City MD 21042
 Suites/Apt. #: _____ SDP/W/P/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mark Stout
 Address 10222 Dolliter Ct.

City Ellicott City State MD Zip Code 21042
 Home Phone 410-461-3109 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
James Kaberle
12796 Linden Church Rd. Clarksville, MD
 Phone 410-531-6760 Fax _____ 21029

Existing Use SFD
 Proposed Use SFD for Porch & Deck
 Estimated Construction Cost \$ 28,000.
 Description of Work 20' x 16' Screen Porch
and 10' x 10' Deck w/ steps
To Grade on rear of house

Contractor Company Outdoor Creations
 Contact Person Jim Kaberle

Address 12796 Linden Church Rd.
 City Clarksville State MD Zip Code 21029
 License No. 20063
 Phone 410-531-6760 Fax _____

Occupant or Tenant Same as owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
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: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>Post & Pier</u>	
Roof Height: _____	
_____ 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

James T. Kaberle
 Applicant's Signature
Contractor
 Title/Company

James T Kaberle
 Print Name
Aug 29 06
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

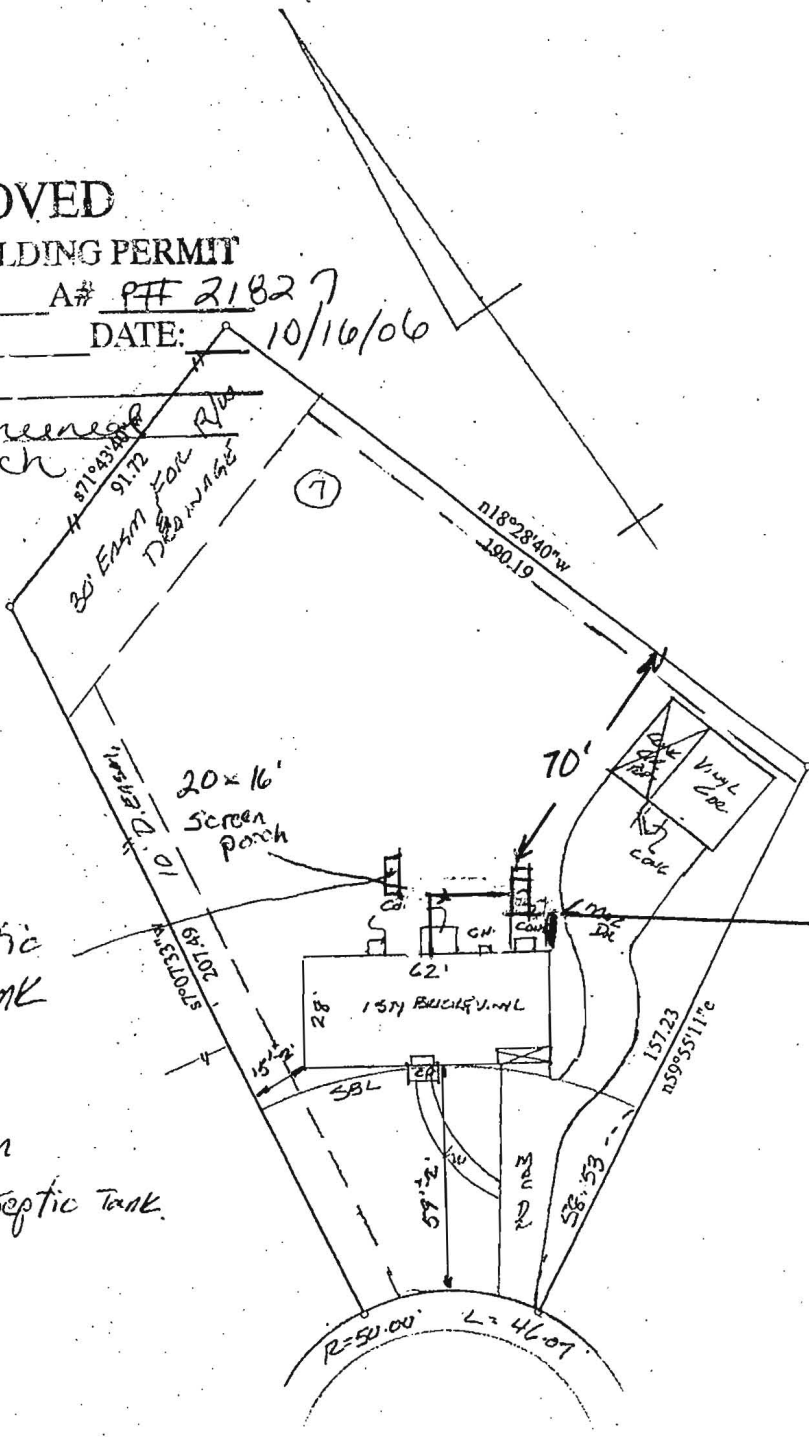
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>10/13/06</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 -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# PFF 21827
 APP. SAN SF DATE: 10/16/06
 DESC. OF WORK:

20' x 16' screened
porch
w/ steps



Septic Tank
 Porch is
 5' 8" from
 corner of septic tank.

DOLLITER
 CT.

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing of financing or refinancing.

10222 DOLLITER COURT
 LOT 7 - BLOCK B - SECTION ONE
 ALLENFORD 12-36

11/16/06

September 26, 2006

To: Maryland Health Department
From: Dr. Mark J. Stout
Re: Variance for Building Permit

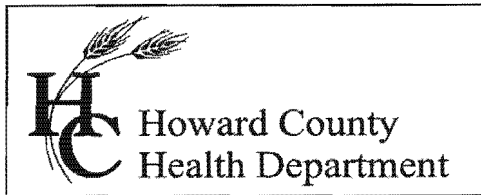
This is a request for a variance in order to build an elevated screened porch as an addition to the back of my house on 10222 Dolliter Court. I understand the standard for building such a structure near a septic system is that it be built at least 10 feet away. I am requesting a variance to build the screened porch 5 feet away given that the structure will be elevated and that there will be room to pump or repair the septic as needed.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark J. Stout". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Mark J. Stout
10222 Dolliter Court
Ellicott City, MD 21042
410-461-3109



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

October 16, 2006

Mark J. Stout
10222 Dolliter Court
Ellicott City, MD 21042

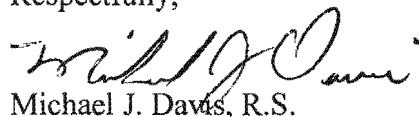
RE: **Variance Approval**
10222 Dolliter Court
Ellicott City, MD 21042

Dear Madam or Sir:

The Department of Health has received your variance request dated September 26, 2006 for the above referenced property. This agency will grant **approval** of the variance provided that the elevated screened porch is constructed with the footers of the porch no closer than five (5) 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 construction of the footers in compliance with the five (5) foot setback. 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.

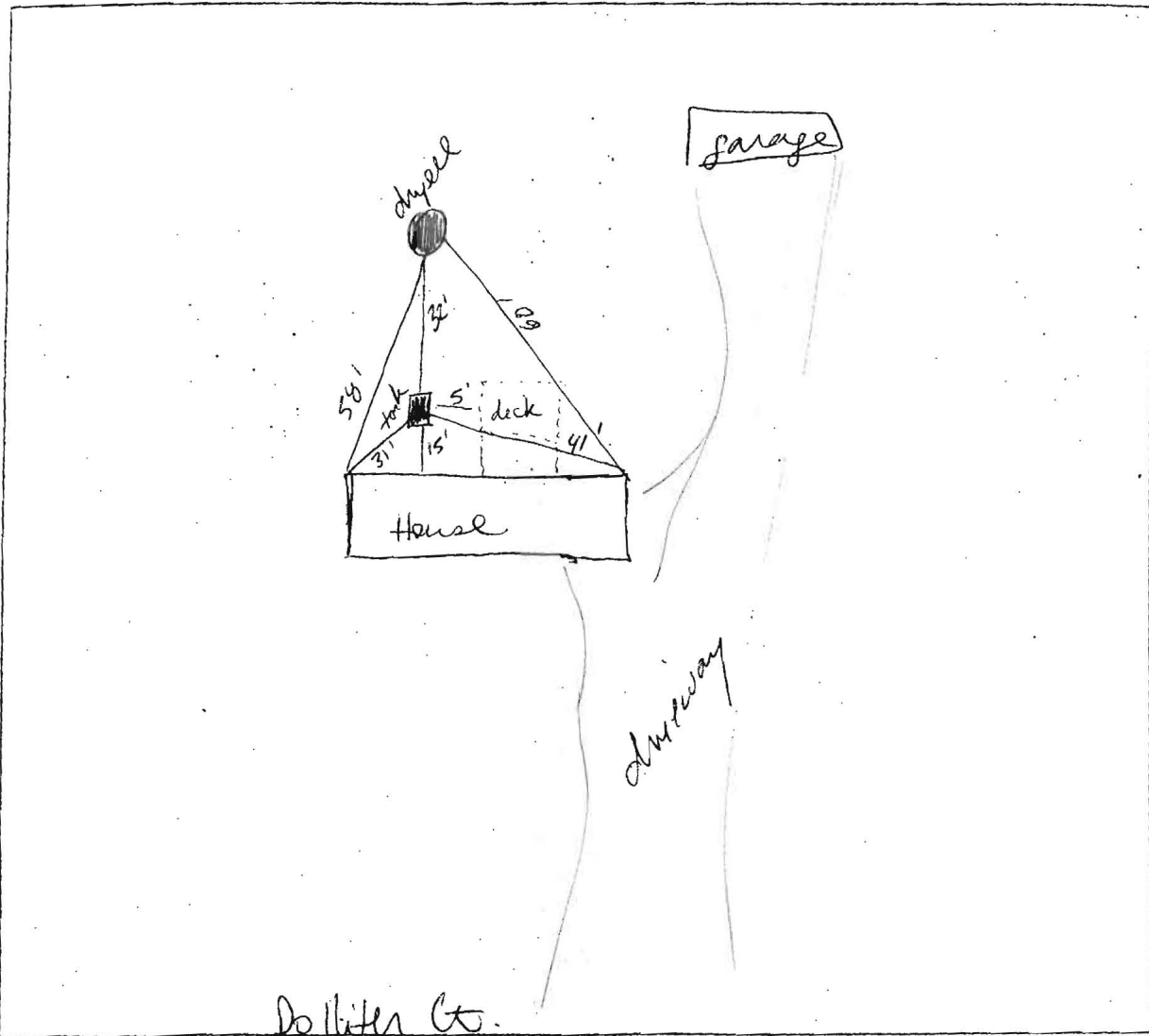
Director, Well and Septic Programs

cc: File

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 10222 Dditer Ct. CONTRACTOR: _____
SUBDIVISION: Allenford LOT: _____ WELL TAG #: public H₂O
PROPOSAL: locate septic tank and drywell and deck location COUNTY #: _____ ^{proposed}

LOCATION DIAGRAM



COMMENTS: No evidence of failing system. Highly recommended
owners hook up to public sewer. System was ~730 yrs.
Site visit was in support of walk thru permit
for proposed deck. 9/13/06 SF