

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 1070 DRIVER RD
MARRIOTTSVILLE, MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision LAURENEMANN
 Section _____ Area _____ Lot 8
 Tax Map 10 Parcel 174 Grid 150
 Zoning R Map Coordinates _____ Lot size 3.063 AC.

Property Owner's Name THOMAS C & ANN E. CASE
 Address 1070 DRIVER RD
 City MARRIOTTSVILLE State MD Zip Code 21104
 Home Phone 410 442-7777 Work Phone 410 302-1087
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
 Phone _____ Fax _____

Existing Use RES.
 Proposed Use RES.
 Estimated Construction Cost \$ 27,500
 Description of Work CONSTRUCT NEW DETACHED
2-CAR GARAGE.

Contractor Company C.B. STRUCTURES
 Contact Person JAMES DUBOSH
 Address 202 ORLAN RD
 City NEW HOLLAND State PA Zip Code 17557
 License No. 84759
 Phone 800 544-9464 Fax 717 355-9170

Occupant or Tenant OWNER
 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: _____ <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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 | 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 type="checkbox"/> Private |
| 1st floor: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| 2nd floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input 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 _____ Height: _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | |
| Other Structure: <u>GARAGE</u> Dimensions: <u>26 x 32</u> Footings: <u>3' 6" (Pile)</u> Roof Height: <u>21.6</u> | |
| <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.

Thomas C. Case
 Applicant's Signature
 Title/Company _____

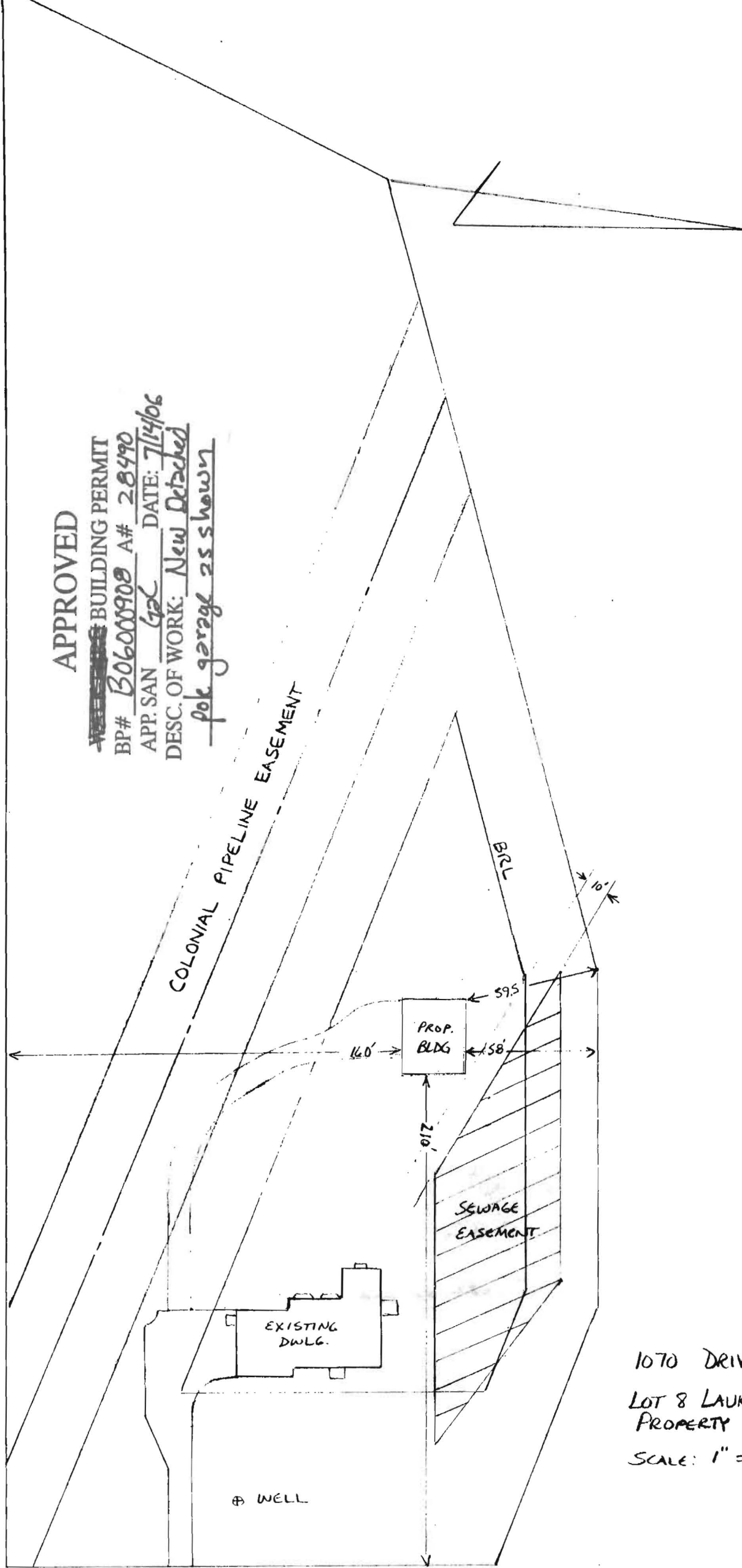
Thomas C. Case
 Print Name
6/30/06
 Date

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# |
|---|----------------|--------------------|--|-------------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| <input checked="" type="checkbox"/> State Highways | | | Rear: _____ | Permit fee \$ _____ |
| <input checked="" type="checkbox"/> Building Official | | | Side: _____ | Excise tax \$ _____ |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>7/14/06</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- | | | Lot Coverage for NewTown Zone _____ | |
| White: Building Official | | | SDP/Red-line approval date _____ | Accepted by _____ |
| Green: LDD, DPZ | | | | |
| Yellow: DED, DPZ | | | | |
| Pink: Health | | | | |
| Gold: SHA | | | | |

APPROVED

~~NEW~~ BUILDING PERMIT
BP# B06000900 A# 28490
APP. SAN 62C DATE: 7/14/06
DESC. OF WORK: New Detached
for garage as shown



1070 DRIVER RD
LOT 8 LAUKENMANN
PROPERTY
SCALE: 1" = 50'

DRIVER ROAD

Mr. Thomas C. Case
1070 Driver Road
Marriottsville, MD 21104

July 14, 2006

Mr. Gabe Creighton
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046

Re: Building Permit# B06000908

Dear Mr. Creighton:

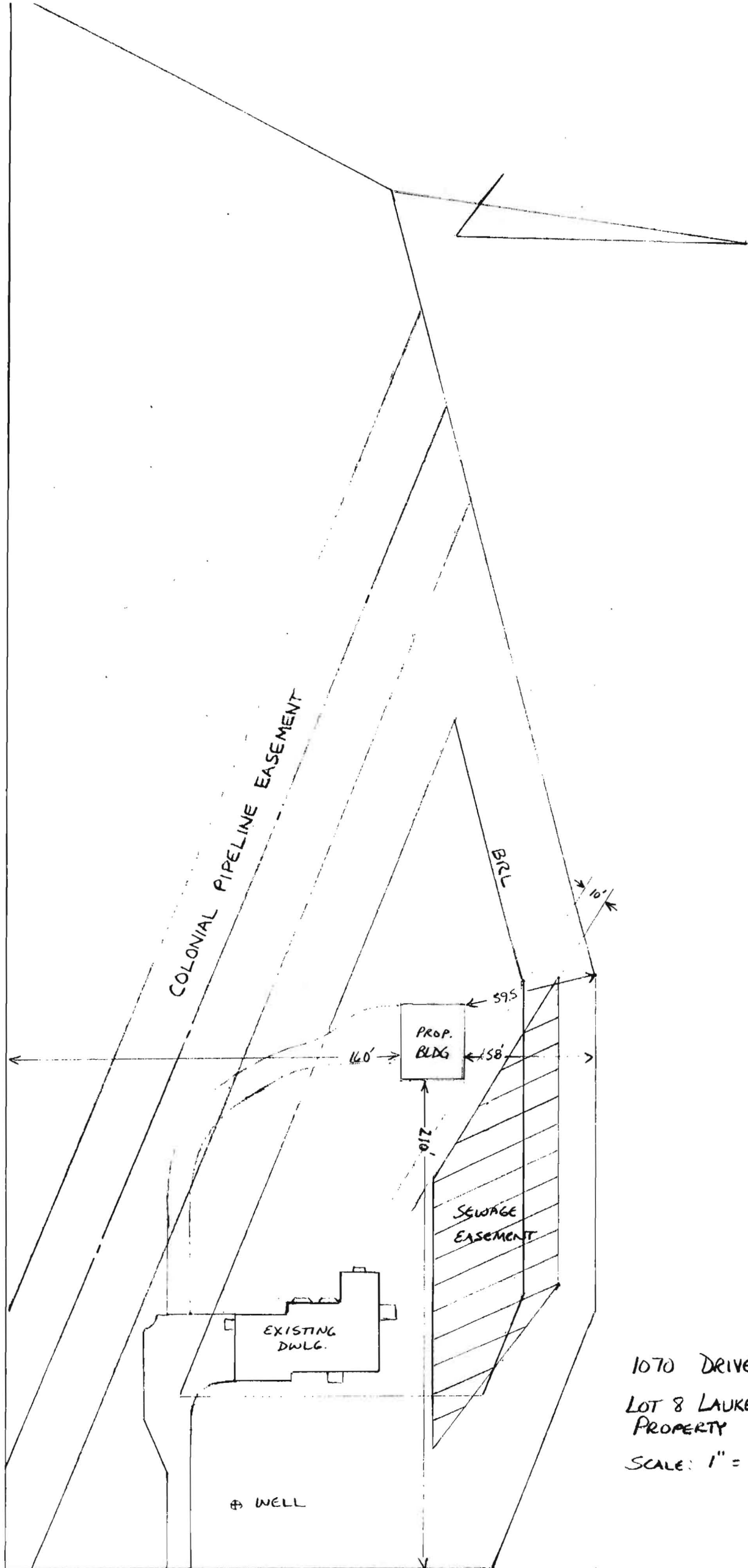
Enclosed are revised plot plans for the above-referenced permit. I have moved the proposed building back from the front property line an additional 10 feet and an additional 8 feet from the north property line. This will place the northeast corner of the building at slightly more than 10 feet from the sewage easement.

Please grant a variance from the normal 20 foot requirement.

Sincerely,

A handwritten signature in cursive script that reads "Thomas C. Case". The signature is written in dark ink and is positioned above the printed name.

Thomas C. Case



1070 DRIVER RD
 LOT 8 LAUKENMANN
 PROPERTY
 SCALE: 1" = 50'

DRIVER ROAD



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

Mr. Thomas C. Case
1070 Driver Road
Marriottsville, MD 21046

RE: **Variance Approval**
1070 Driver Road
Marriottsville, MD 21046

Dear Sir:

The Department of Health has received your variance request dated July 14, 2006 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 the driveway is not constructed over 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