

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07003447

Building Address 13095 Forsyth Rd
Sheltonville Md 21781
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 41
Tax Map 9 Parcel _____ Grid _____
Zoning RCO Map Coordinates _____ Lot size 4.5

Property Owner's Name James L. Smith
Address _____
City Sheltonville State MD Zip Code 21781
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use residential home
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work _____
1. Add 30x24
2. Add 11x10 (10x59)

Contractor Company Self
Contact Person _____
Address _____
City Sheltonville State _____ Zip Code 21781
License No. _____ Phone _____ Fax _____

Occupant or Tenant Self
Contact Name James L. Smith
Address 13095 Forsyth Rd
City Sheltonville State MD Zip Code 21781
Phone 410-442-3112 Fax 410-442-3213

Engineer or Architect Company _____
Contact Person David Henry Selig
Address _____
City Howard County State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>30'</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>2</u>	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: <u>N/A</u> <input type="checkbox"/> <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"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>60</u> <u>120</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>60</u> <u>70</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____ Roof Height: _____
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 _____

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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/9/08</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>1096</u>
SDP/Red-line approval date _____	Validation # _____

is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies -
T:\norma\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

PROPERTY OF
SEAN A. DICKEY
316/157

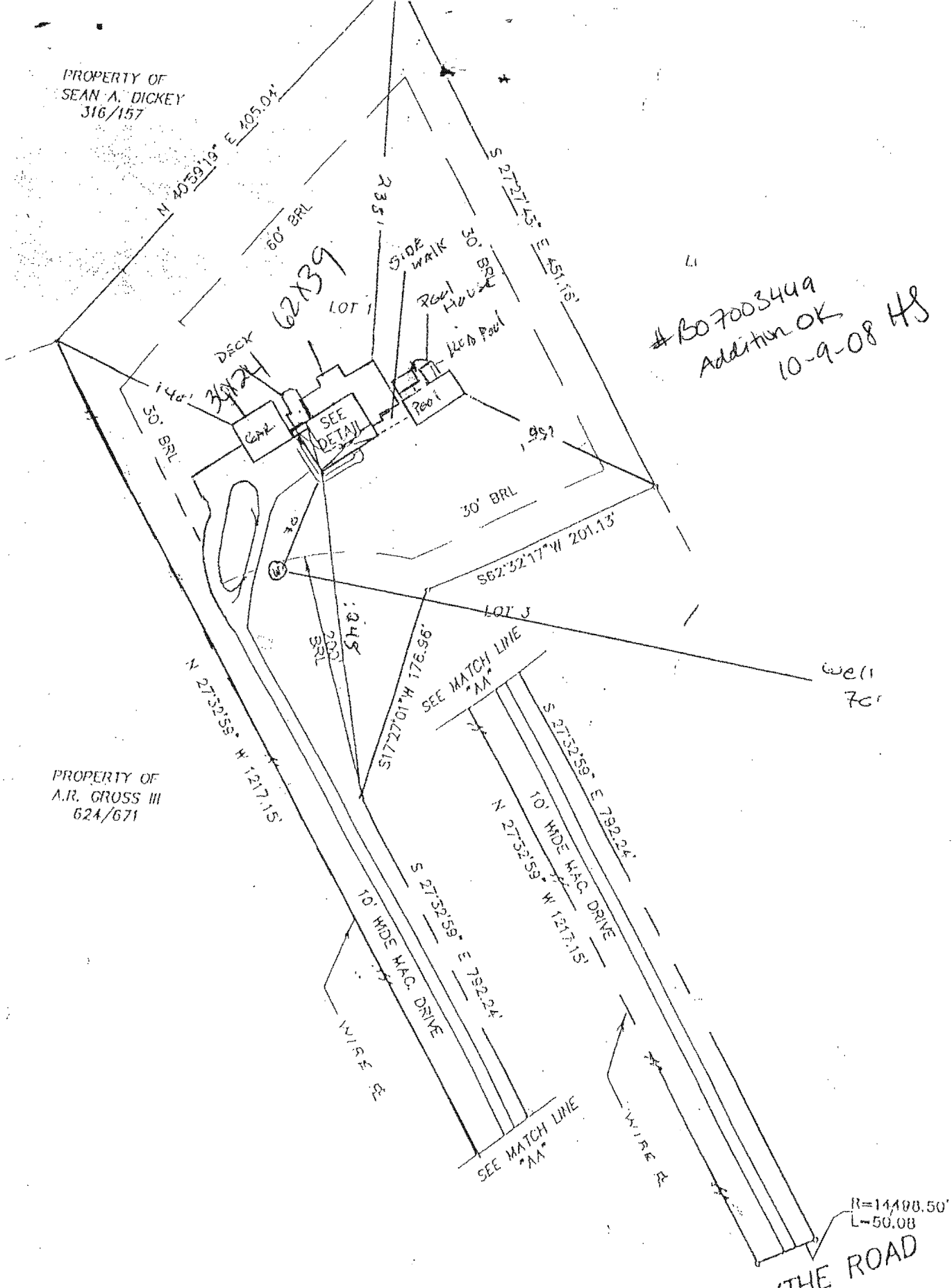
#B07003449
Addition OK
10-9-08 HS

PROPERTY OF
A.R. GROSS III
624/671

72- PRIVATE SEWER EASEMENT
13090 FORSYTHE ROAD

BRL = BUILDING RESTRICTION LINE

RICKI
LG
4th ELEC
HOWARD CO
PLAT R



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

sent 7/28/08	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$

Postmark
Here

Sent To

Daniel & Jennie Ricker

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

13898 Forsythe Rd

City, State, ZIP+4

Sykesville MD 21784

7007 0710 0001 7971 6568



Bureau of Environmental Health
7178 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

NOTICE OF VIOLATION

**SENT VIA CERTIFIED MAIL:
RETURN RECEIPT REQUESTED
7007 0710 0001 7917 6568**

July 28th, 2008

Daniel & Jennie Ricker
13898 Forsythe Rd.
Sykesville, MD 21784

**RE: Building Permit #B07003449
13898 Forsythe Rd. Tax Map 9, Grid 1, Parcel, 63**

Dear Mr. & Ms. Ricker:

A building permit was received by our office for the subject property (Tax Map 9, Grid 1, Parcel 63, also known as 13898 Forsythe Road), on August 23rd, 2007. Your building permit was placed "on hold" November 9th, 2007. The building permit application proposed several additions to your existing home which included a 2 story garage and a 2 story addition consisting of various living space. The initial review of this application was completed on September 5th, 2007. As a result of this review copies of floor plans were requested by Sara Sappington to confirm the number of existing and proposed bedrooms in the home. Following review of these floor plans it was determined that due to the addition the number of bedrooms as defined by Howard County Code 3.801(b)(1) had increased. Further review indicated that the existing house and proposed addition encroached within the required setback to the existing septic area. Prior to building permit approval the Health Department requires a Percolation Certification Plan for the addition of living space over 250 sq. ft. per Howard County Code 3.085. Given the existing conditions on your property it was determined that a Percolation Certification would be required prior to approval of your building permit. Furthermore, records available to us revealed that construction of the proposed additions had already been completed further complicating matters.

Per our initial telephone conversation October 25th, 2007 you were notified at that time for the need of the above mentioned plan. Also discussed was that the existing trench was sufficient to accommodate the increase in bedrooms. However, Health Dept. records indicated a 1,000 gallon septic tank which is undersized given the proposed square footage of your home. However, per our conversation you explained that at the time of installation a 2,000 gallon tank was installed. I explained a septic upgrade would not be necessary given that confirmation of the septic tank capacity was provided but written confirmation was never received by our office. Following this initial conversation there were several written and verbal communications back and forth between October 2007 and April 2008, none resulting in submission of a Percolation Certification Plan. Numerous attempts were made by myself via phone, mail and faxes to provide you with the necessary information and materials needed for you to prepare the Percolation Certification Plan. My last point of contact occurred in April 2008 and I have since received no written or verbal communication regarding this matter. A copy of the Percolation Certification Plan Requirements, original percolation test data, topography, copy of the original plat showing the existing septic easement and the septic as built drawing were provided to you. If needed this information may be provided to you again.

Be advised that the observed condition continues to be in violation of the Howard County Code 3.819(c)(1). This condition has persisted over the past 11 months, and there is no indication per Health Department records that a Percolation Certification Plan has been submitted for approval to resolve this matter and allow issuance of your building permit. You must submit a Percolation Certification Plan to our office within 20 (twenty) days receipt of this letter. Failure to comply will result in additional enforcement action by this office which may include penalties and fines under Howard County Code 3.901(c)(5)

If you believe that the condition described above is not and could not be in violation or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request an appeal before the Board of Health within 20 (twenty) days of receipt of this letter. All requests are to be made in writing and directed to the Executive Secretary of the Board of Health at the above address in accordance with the provisions of 12.110(f) in the Howard County Code.

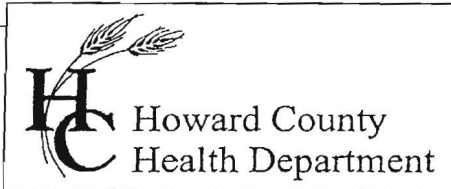
If you have any questions regarding this letter, please contact the Bureau of Environmental Health, phone 410-313-1771.

Sincerely,



Heidi Scott
Bureau of Environmental Health
Well and Septic Program

Copy: Executive Secretary, Board of Health
File



Bureau of Environmental Health
7178 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

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Heidi Scott
Bureau of Environmental Health
Well and Septic Program

Copy: Executive Secretary, Board of Health
File

HP Color LaserJet 2840



HP LASERJET FAX

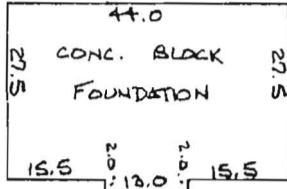
Aug-19-2008 4:35PM

Fax Call Report

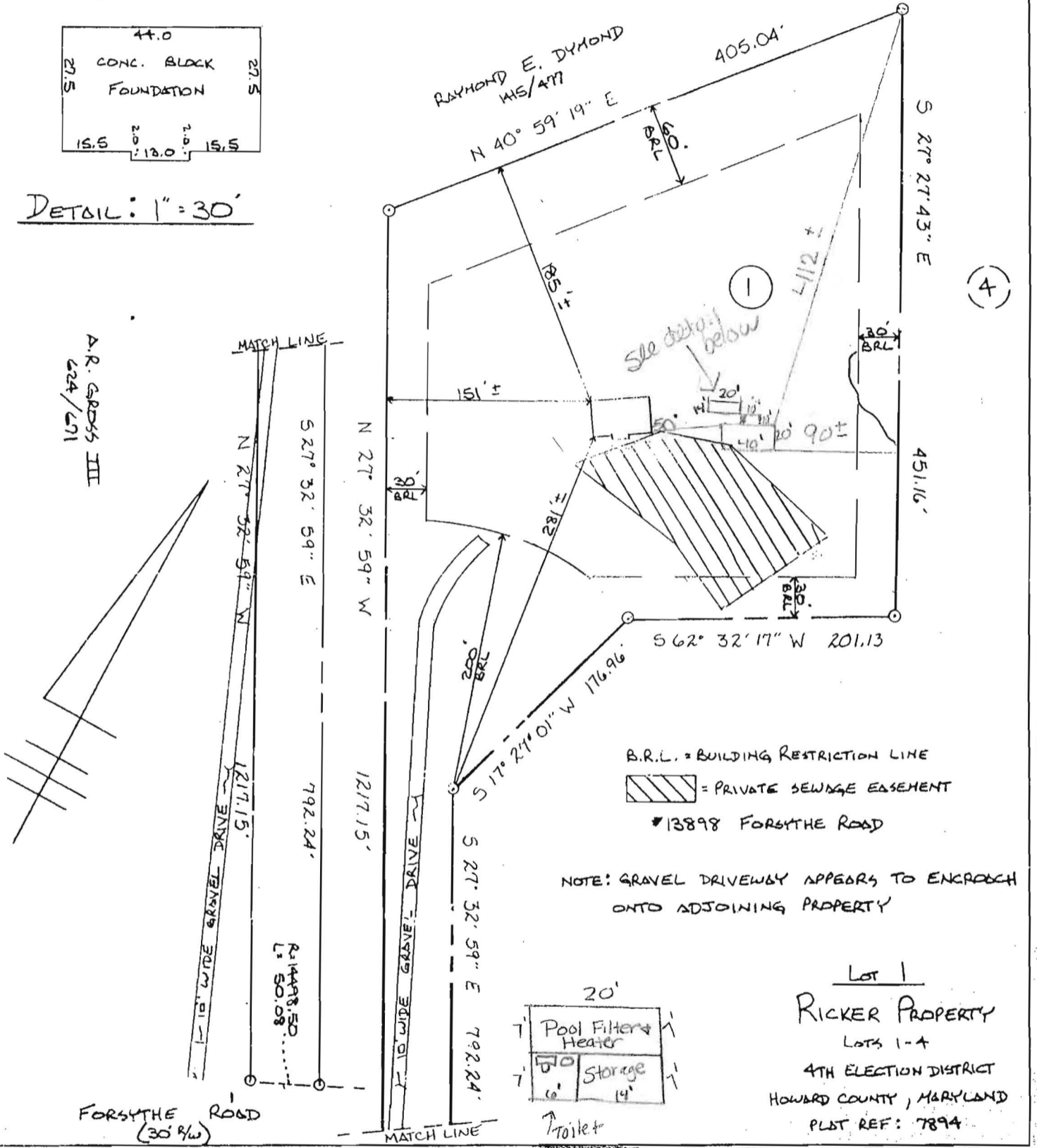
Job	Date	Time	Type	Identification	Duration	Pages	Result
1482	8/19/2008	4:31:01PM	Send	94105499063	4:47	4	OK

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 200 400 OR B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 2' PLUS OR MINUS (*).



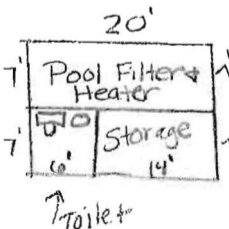
DETAIL: 1" = 30'



B.R.L. = BUILDING RESTRICTION LINE
 [Hatched Box] = PRIVATE SEWAGE EASEMENT
 *13898 FORSYTHE ROAD

NOTE: GRAVEL DRIVEWAY APPEARS TO ENCRACH ONTO ADJOINING PROPERTY

Lot 1
RICKER PROPERTY
 LOTS 1-4
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF: 7894



FISHER COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2255



Charles J. Crovo
 PROFESSIONAL LAND SURVEYOR DATE 10/7/96
 REG. #10763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10-4-96
 FINAL LOCATION:
 BOUNDARY SURVEY:
 SCALE: 1" = 100'
 DATE: 10-7-96
 DRAWN BY: *MLR*
 CHECKED BY: *MLR*
 PROJECT No.: 91075

13898 Forsythe Road

Dan Rickers

4143 463-4777

Jennie → 4143 250 1789