



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 2/4/16

Permit No.: B16000432

Building Address: 44120 N Oldwood  
 City: Beltsville State: MD Zip Code: 20736  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 23  
 Tax Map: \_\_\_\_\_ Parcel: 3713 Grid: 2  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3710

Existing Use: \_\_\_\_\_  
 Proposed Use: SDP of Pumping Station  
 Estimated Construction Cost: \$ 6000  
 Description of Work: \_\_\_\_\_

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<b>➤ Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Dean Newman  
 Address: 44120 N Oldwood  
 City: Beltsville State: MD Zip Code: 20736  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: Jessica  
 Address: Do Co 310  
 City: Beltsville State: MD Zip Code: 20736  
 Phone: (410) 313-2455 Fax: \_\_\_\_\_  
 Email: Jessica@applied.com

Contractor Company: US Professional  
 Contact Person: Michael  
 Address: 340  
 City: Beltsville State: MD Zip Code: 20736  
 License No.: 60000  
 Phone: 301 725 2032 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: Jessica  
 Date: 2/4/16

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>2/25/16</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No  
 Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$
Permit Fee	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub-Total Paid	\$
Balance Due	\$
Check	# 5119

Approved for BP 16000432

(24)

(22)

7/20/87  
elevations  
OK. S.H.W.

BLDG. PERMIT SIGNED  
AND RETURNED 7/20/87

BP#13472

NOTES: ELEV. SHOWN  
HEREON BASED UPON  
ASSUMED DATUM.  
CONTRACTOR TO  
PROVIDE POSITIVE DRAINAGE  
AWAY FROM FOUNDATION.

DESC.	ELEV.
1ST FL. DWLG.	105.0
INV. OUT. DWLG.	01.0 (BSMT)
INV. IN. TANK	100.0
INV. OUT. TANK	99.8
INV. IN. DIST. BOX	99.3
INV. OUT. DIST. BOX	99.1
INV. IN. TRENCH 'A'	98.9
INV. IN. TRENCH 'B'	98.5

per septic installer, pipe  
out of house is 2-3' lower  
than indicated on plans.  
OAKWOOD OVERLOOK  
LOT 23  
A 7007  
5TH EL. DIST. HO. CO., MD.

OAKWOOD  
OVERLOOK  
COURT  
50' R/W

1/27/88  
OK TO  
SIGN

REVISED PLAN  
R. Hodges

be adjusted  
prior to

SITE PLAN

date 6-4-87



**VT ASSOCIATES, INC.**

SURVEYING & ENGINEERING

3132 E. JOPPA RD. BALTIMORE, MARYLAND 21234

668-0090

scale 1"=100'

job no. P-12

drawn JFS/150

checked MJP

February 20, 2016

Attention: S. Logan

Please accept this letter as our request to revise permit B16000432 for 4406 Oakwood Overlook. The permit has not been approved/issued yet. We received comments from the Health Department that they wanted us to draw the proposed tank on the plat they provided because it showed the existing well/septic. The location we proposed is still good, so no change in location was needed....we simply needed to show them the existing well/septic. Attached are 5 site plans meeting their request. Thank you in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeremy Clancy', written in a cursive style.

Jeremy Clancy

Applied & Approved Permits

443-340-1229

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 2/23/16

To: Robert Freeman (HEALTH DEPT.)  
(Person's Name and Division)

From: Jeremy Clancy (443) 340-1229  
(Your Name, Company Name and Telephone Number)

Subject: Project name OAKWOOD OVERLOOK TANK  
Project site address 4406 OAKWOOD OVERLOOK  
Permit # B16000432 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of \_\_\_\_\_ (be specific).
  - Health Department Request
  - DPZ/ DED Request
  - Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other Revise plat per Health Dept Comments

**Contact Person Information: (Required)**

JEREMY CLANCY  
Please Print Name

Telephone No: 443-340-1229

E-Mail Address: JEREMY@AppliedAndApproved.com

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by A. Hurman

White-Plan Review / Yellow-Applicant / Pink-Permit Division  
t:\forms\transmit.frm - Rev. 04/2014

**RECEIVED**

FEB 23 2016

LICENSES & PERMITS  
DIVISION 11:15 AM  
JH

## **Freemon, Robert**

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**From:** Freemon, Robert  
**Sent:** Friday, February 19, 2016 9:52 AM  
**To:** 'jeremy@appliedandapproved.com'  
**Subject:** Need Revised Site Plan  
**Attachments:** Site Plan.pdf; As Built 4406.pdf

Jeremy,

I have received the building permit application (B16000432) for 4406 Oakwood Overlook Ct, Lot 23. In order to approve the building permit we need a revised site plan sent through DILP with the accurate locations of the well and septic system. Our records show different locations for both the well and septic system in comparison to the site plan (Both Attached). Once a revised site plan has been received through DILP the building permit may be approved by the Health Department.

Thanks

**Robert Freemon**  
**Howard County Health Department**  
**Well and Septic Program**  
**Phone: 410-313-6357**  
**Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)**