

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08-1920

Building Address 11037 GAITHER FARM ROAD
ELLCOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name UMESH K. MALINI
Address BHARGAVA
11037 GAITHER FARM ROAD
City ELLCOTT CITY State MD Zip Code 21042
Phone 410-800-9147 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-242-7003

Existing Use RESIDENTIAL
Proposed Use RESIDENTIAL
Estimated Construction Cost \$ 100,000
Description of Work Addition to house
2 to 4' high
2 to 4' wide
2 to 4' deep
2 to 4' long
2 to 4' high
2 to 4' wide
2 to 4' deep
2 to 4' long

Contractor Company BHARGAVA
Contact Person UMESH K. MALINI
Address 11037 GAITHER FARM ROAD
City ELLCOTT CITY State MD Zip Code 21042
License No. _____
Phone _____ Fax _____

Occupant or Tenant UMESH K. MALINI
Contact Name BHARGAVA
Address 11037 GAITHER FARM ROAD
City ELLCOTT CITY State MD Zip Code 21042
Phone _____ Fax 410-242-7003

Engineer or Architect Company CRANE STEWART
Contact Person MEGHAN ADY
Address 8329 MAIN STREET
City ELLCOTT CITY State MD Zip Code 21042
Phone 410-415-7687 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 _____	_____ State Certified Modular
Height: _____	_____ Manufactured Home
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: _____	

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.

[Signature]
Applicant's Signature

UMESH K. MALINI
Print Name

Title/Company

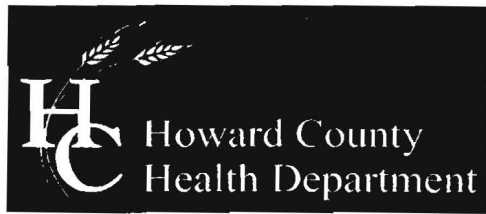
4/27/08
Date

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>9-2-08</u>	<u>Dana Bernard</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

July 17, 2008

Peter L. Beilenson, M.D., M.P.H., Health Officer

Umesh and Nalini Bhargava
11037 Gaither Farm Road
Ellicott City, Maryland 21042

RE: Permit # BO8001920
Tax Map 29, Parcel 1,

Prior to building permit approval an approved Percolation Certification Plan is required for additions greater than 250 sq. ft. per Howard County Code 3.805. Further review is contingent upon submission of:

- Floor plans for existing house and proposed additions.
- Percolation Certification Plan

Due to the possible increase in the number of bedrooms, a septic system upgrade may be required.

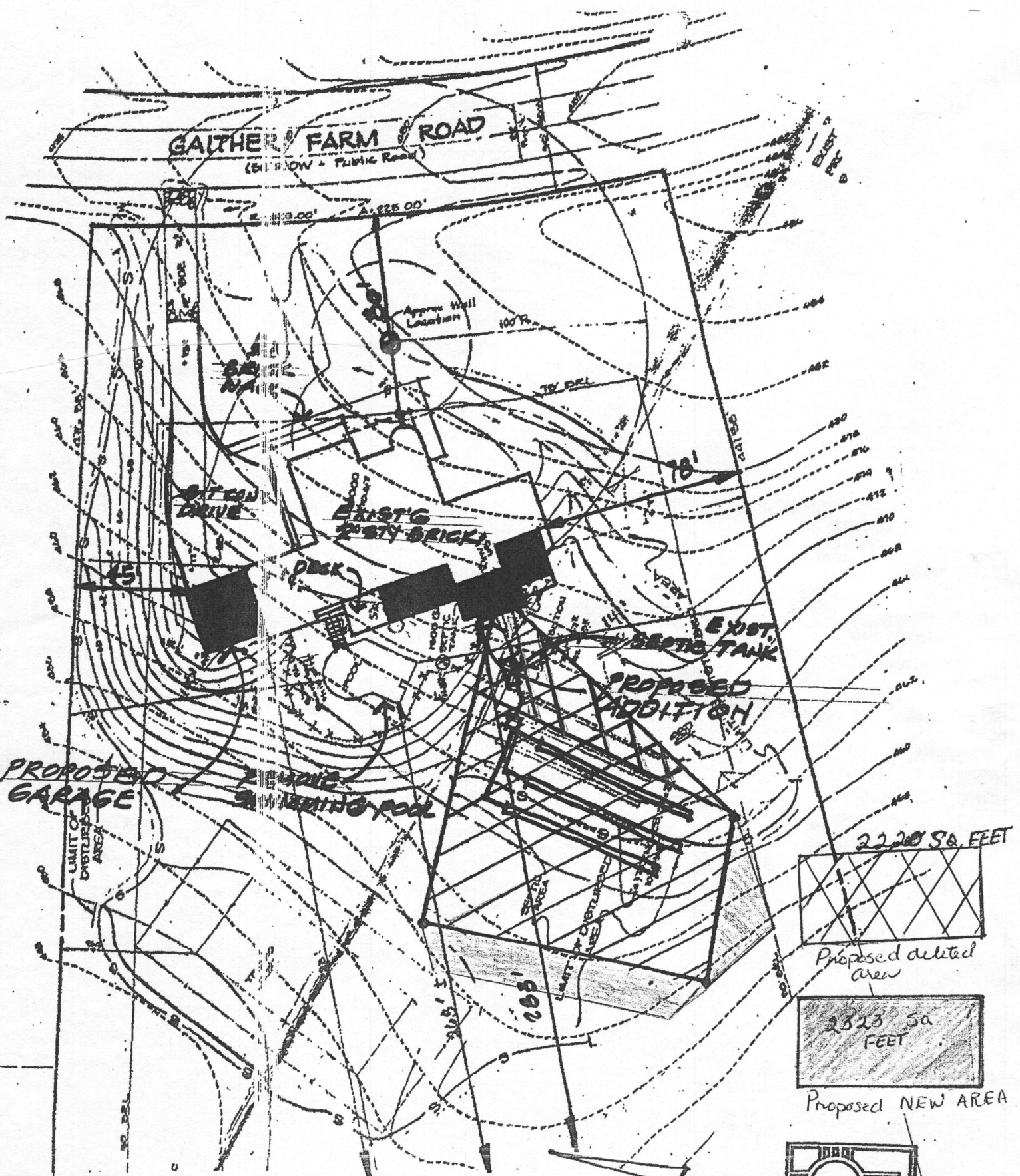
In order to proceed with an upgrade, I have enclosed percolation test requirements and an application for percolation testing which must be submitted to this office along with a Percolation Certification Plan and a \$506 fee.

I hope these comments are helpful in preparing your plan. Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana L. Bernard
Dana L. Bernard, Sanitarian
Bureau of Environmental Health
Well and Septic Program

DLB
Enclosures
cc: Well & Septic program file



OWNER/PLAN DEVELOPER: Name: Umesh and Nalini Bhargava
 Address 11037 Gaither Farm Road Ellicott City Maryland 21042
 PHONE: 410-800-4243

TITLE BLOCK AND PLAT NUMBER
 The original A# receipt number is used; PC35698. This number appears in the title block or in the margin below the title block. The title of your plan is PERCOLATION CERTIFICATION PLAN
 Address: 11037 Gaither Farm Road Ellicott City Maryland 21042
 SIGNATURE BLOCKS

Two signature blocks will be on the plan, one for you to sign and one for the health officer. The first statement below conditions your signature (with date) and is an altered version of one that a surveyor or engineer would attest or validate.

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

U Bhargava 08/18/2008

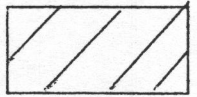
(SIGNATURE) (DATE)
 The second is the health officer signature block, condition as follows:

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

B Nyfon for Pster B Silensen 8/28/2008
 (SIGNATURE) (DATE) *mgc*

NOTES

1. ALL EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. TOPOGRAPHY AND WELL LOCATIONS ON THIS PLAT ARE FROM THE BUILDING PERMIT APPLICATION SITE PLAN FOR THE EXISTING RESIDENCE AND ARE VERIFIED TO ACCURATELY REPRESENT WELL LOCATIONS AND THE RELATIVE ELEVATION CHANGES ON AND NEAR THE SUBJECT PROPERTY.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
6. THE EXISTING RESIDENCE, SEPTIC TANK, DISTRIBUTION BOX AND DISTRIBUTION TRENCHES WILL REMAIN.
7. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN REVISION IS TO ADJUST EASEMENT AREA AS REQUIRED TO PERMIT CONSTRUCTION OF 2 STORY ADDITION.



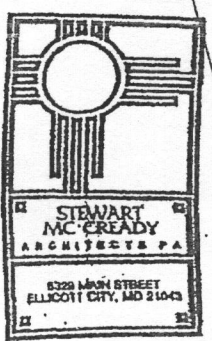
9. PER HEALTH DEPARTMENT DESIGN CRITERIA FOR DRAIN FIELDS, THE EXISTING SYSTEM EXCEEDS MINIMUM REQUIRED CAPACITY FOR ESTIMATED DAILY DISCHARGE

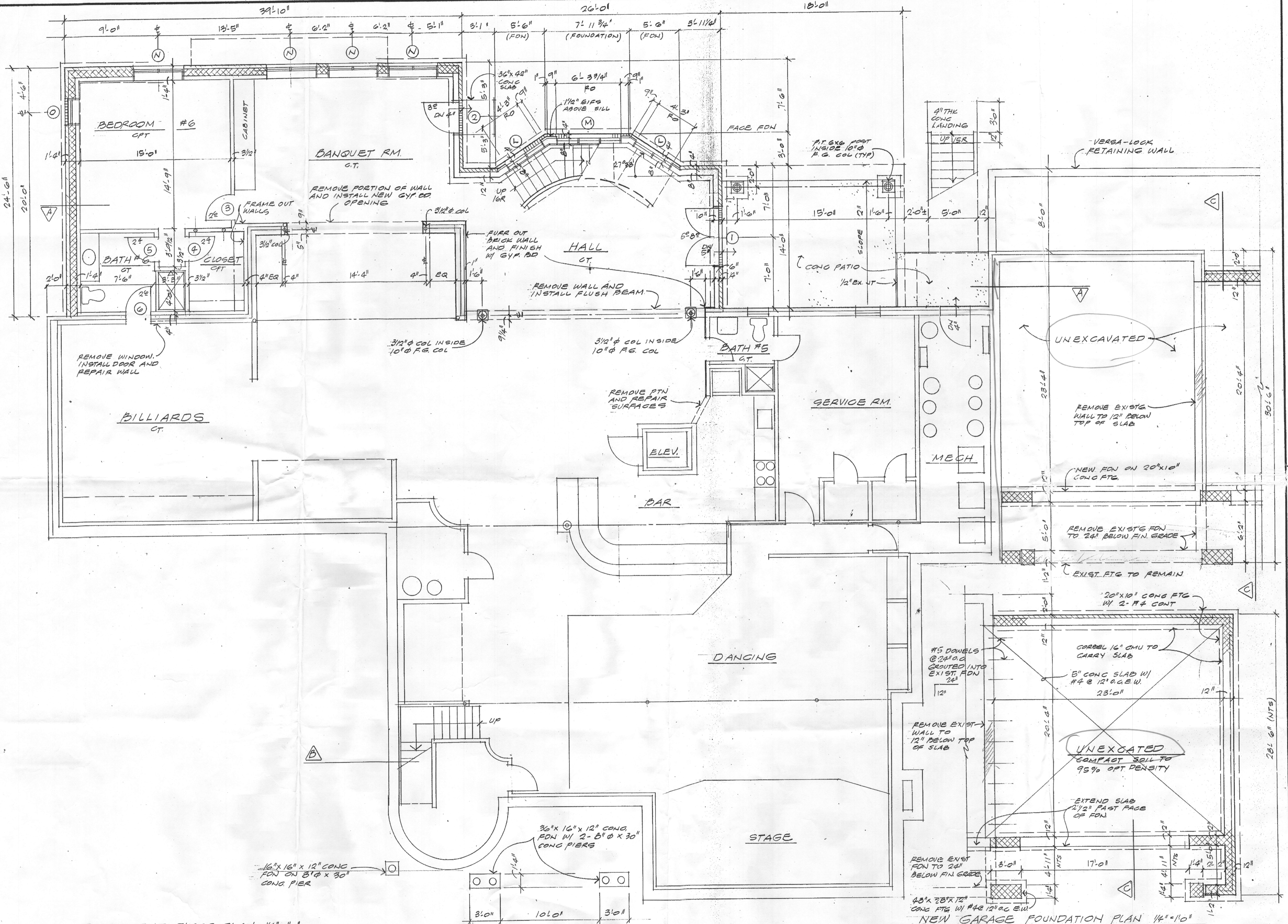
- LEGEND
- SEPTIC TANK LABELED ON PLAN SEPTIC LINES LABELED ON PLAN
 - SEPTIC LINE OBSERVED LABELED ON PLAN
 - PERC TEST
 - SYMBOL ON PLAN TYPICAL OF FOUR
 - SEPTIC EASEMENT AREA RETAINED SEPTIC EASEMENT AREA ABANDONED 2220 SQUARE FEET
 - SEPTIC EASEMENT AREA ADDED 2323 SQUARE FEET

08001920
 37 Gaither Farm Rd.

4.3.08

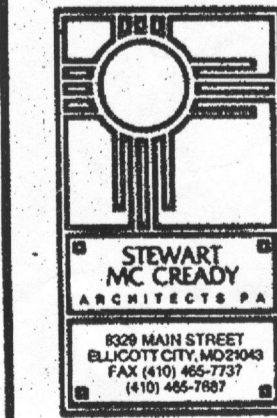
SITE PLAN 1" = 50'-0"
 BHARGAVA RESIDENCE

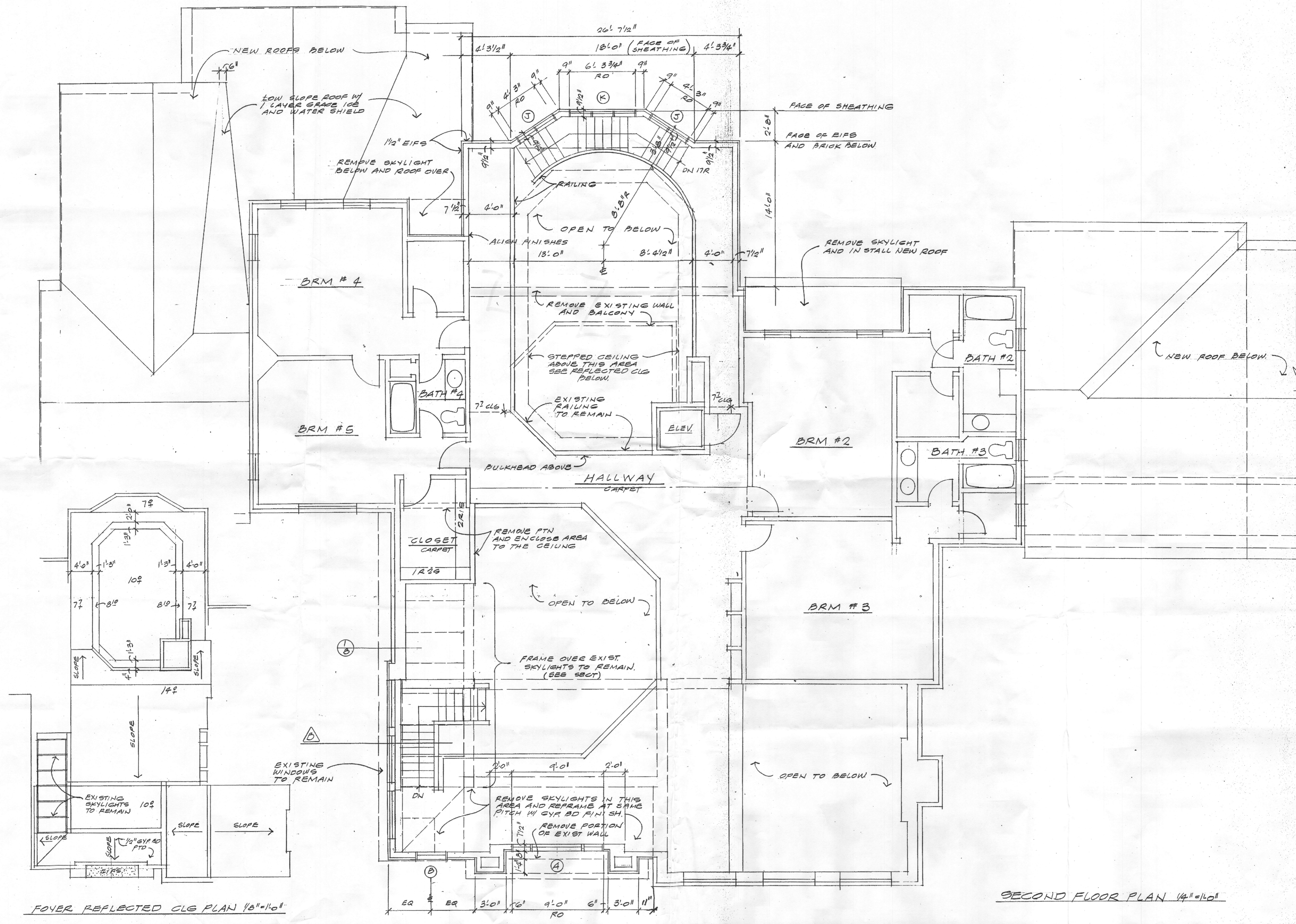




BASEMENT FLOOR PLAN 1/4" = 1'-0"

ADDITIONS AND ALTERATIONS - BHARGAVA RES
 110 B7 GAITHER FARM RD ELICOTT CITY MD 21043
 BASEMENT FLOOR PLAN



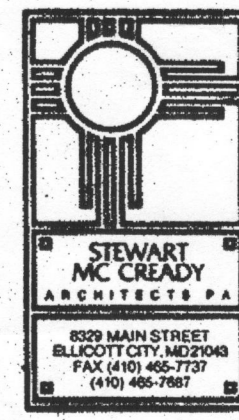


FOYER REFLECTED CLG PLAN 1/8"=1'-0"

SECOND FLOOR PLAN 1/4"=1'-0"

ADDITIONS AND ALTERATIONS - BHARGAVA RES
 11037 GAITHER FARM RD ELLICOTT CITY, MD 21042

SECOND FLOOR PLAN



JOB 08-08
 DATE 6-6-08
 SHEET

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 OF 8