

Twp. KN
BP
C

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS 410.313-2465 INSPECTIONS 410.313-1810 AUTOMATED INFORMATION 410.313-2800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 1500137585
Building Address <u>12366 R-144 Frederick MD</u> City <u>West Friendship MD</u> Zip Code <u>21794</u> Sub/Apt. #: <u>NA</u> SDP/WP/Petition #: <u>N/A</u> Census Tract: <u>6033</u> Subdivision: <u>West Friendship</u> Section _____ Area _____ Lot _____ Tax Map <u>15</u> Parcel <u>120</u> Grid <u>11</u> Zoning <u>RR</u> Map Coordinates <u>105B</u> Lot size <u>2.2a</u>	Property Owner's Name <u>Doug. Alton Lindahl</u> Address <u>12366 R-144</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>410 514 3071</u> Work Phone <u>301 343 6995</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Call w/ #</u> <u>301-343-6995</u> Phone _____ Fax _____	
Existing Use <u>Single Family Home</u> Proposed Use <u>Garage on second building</u> Estimated Construction Cost <u>6,000</u> Description of Work <u>Construct Pole building</u> <u>40x31 for lawn equipment</u> <u>+ new old items</u>	Contractor Company <u>Owner Assembled</u> Contact Person <u>Doug Lindahl</u> Address <u>12366 R-144</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u> License No. _____ Phone <u>301 343 6995</u> Fax _____ Engineer or Architect Company <u>Sticht & Spier</u> Contact Person _____ Address <u>Gettysburg</u> City _____ State <u>PA</u> Zip Code <u>17325</u> Phone <u>1800 851 4550</u> Fax _____	
Occupant or Tenant: <u>owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Sticht & Spier</u> Contact Person _____ Address _____ City _____ State <u>PA</u> Zip Code <u>17325</u> Phone <u>1800 851 4550</u> Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <u># of Heads</u>	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>4c.1</u> <u>31'</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structures: Detached: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SH/IT IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SH/IT CONFORMS WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT HE/SH/IT WILL PERFORM WORK OF THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SH/IT HAS BEEN ADVISED OF HIS/HER RIGHTS AND OBLIGATIONS UNDER THIS PERMIT AND HAS BEEN ADVISED OF HIS/HER RIGHTS AND OBLIGATIONS UNDER THE PERMIT.

Applicant's Signature: Douglas W. Lindahl Date: 5-16-02
 Title/Company: Owner
 Print Name: Douglas W. Lindahl
 Date: 5-16-02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY					
AGENCY	DATE	HOWARD COUNTY	PROJECT INFORMATION	PROJECT NO.	98288
Dept. Development			Project:	Filing fee	
Staff: History			Plan:	Permit fee	
Building Official			Site:	Excise tax	
Dev. Planning Dept.			Site #1:	Add'l. fee	
Plan:			All minimum setbacks met?	TOTAL FEES	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	
Is Submittal Checklist approved (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 CONTRIBUTION START <input type="checkbox"/>			Financial District	Validation	
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by	
			Lot Coverage for New Town Zone		
			ICP and plan approval date		
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

A517902-A

SITE INSPECTION SHEET

OWNER: Lindahl

DATE REQUESTED: 8/13/02

ADDRESS: 12366 Rt 144 Fred. Rd

DRILLER/CONTRACTOR: _____

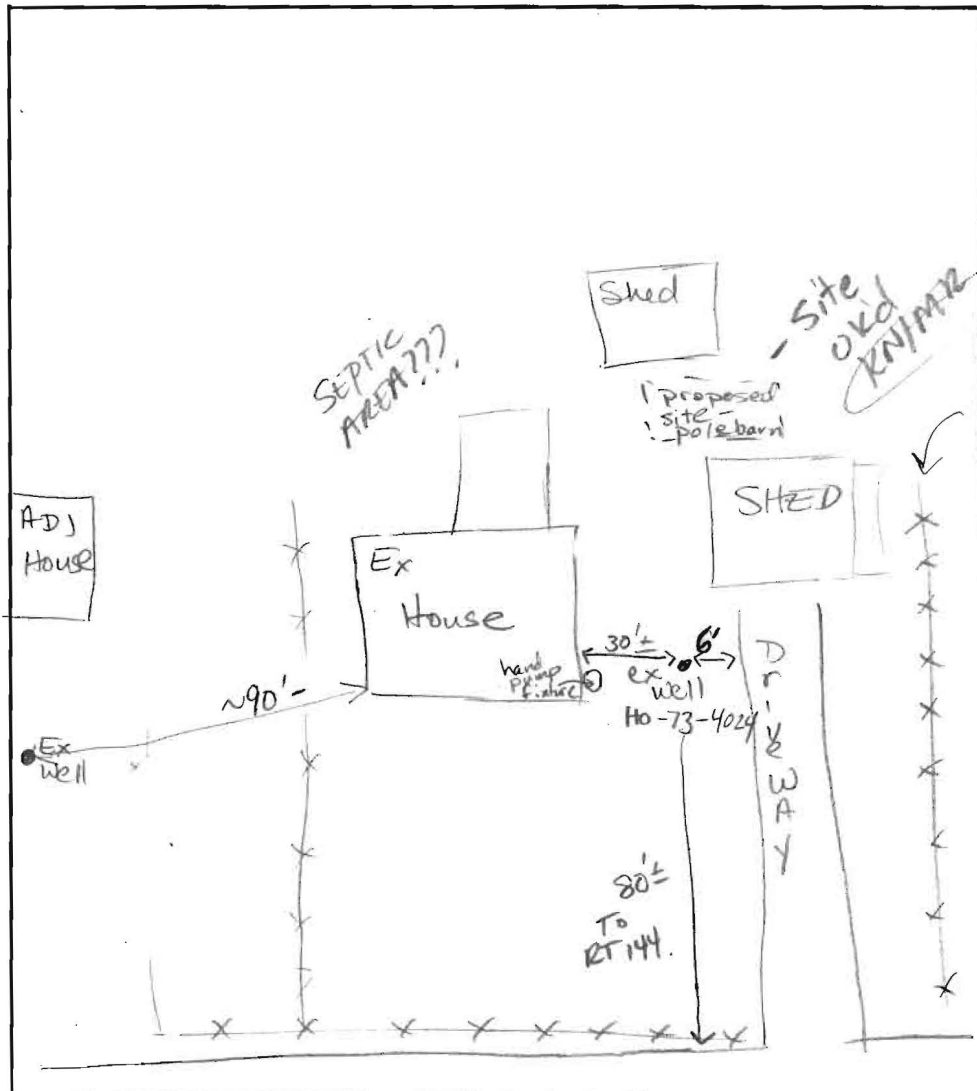
WELL TAG NUMBER: #0-73-4024

TAX & PARCEL: 15,100

COUNTY: _____

PROPOSAL: BP for pole barn - need to establish records and assess septic system functioning

LOCATION DIAGRAM

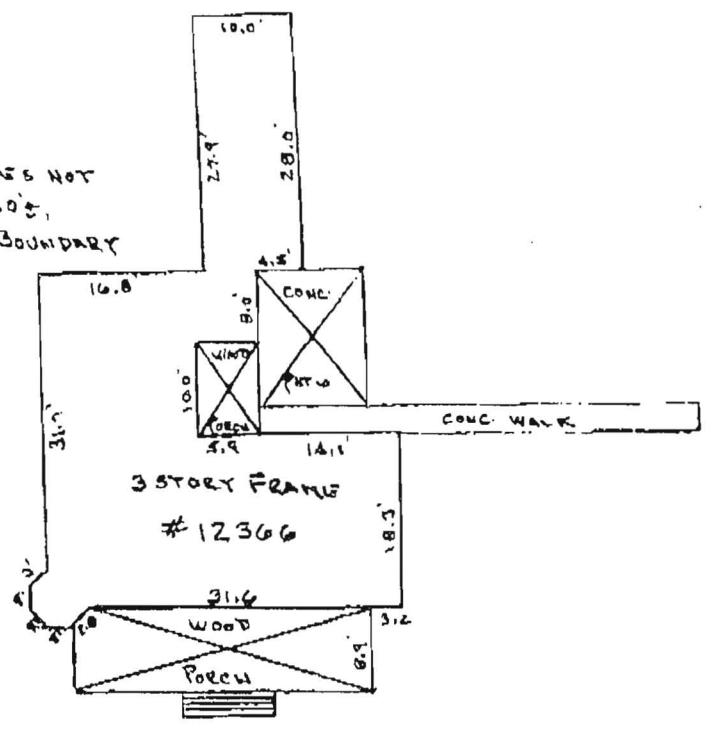
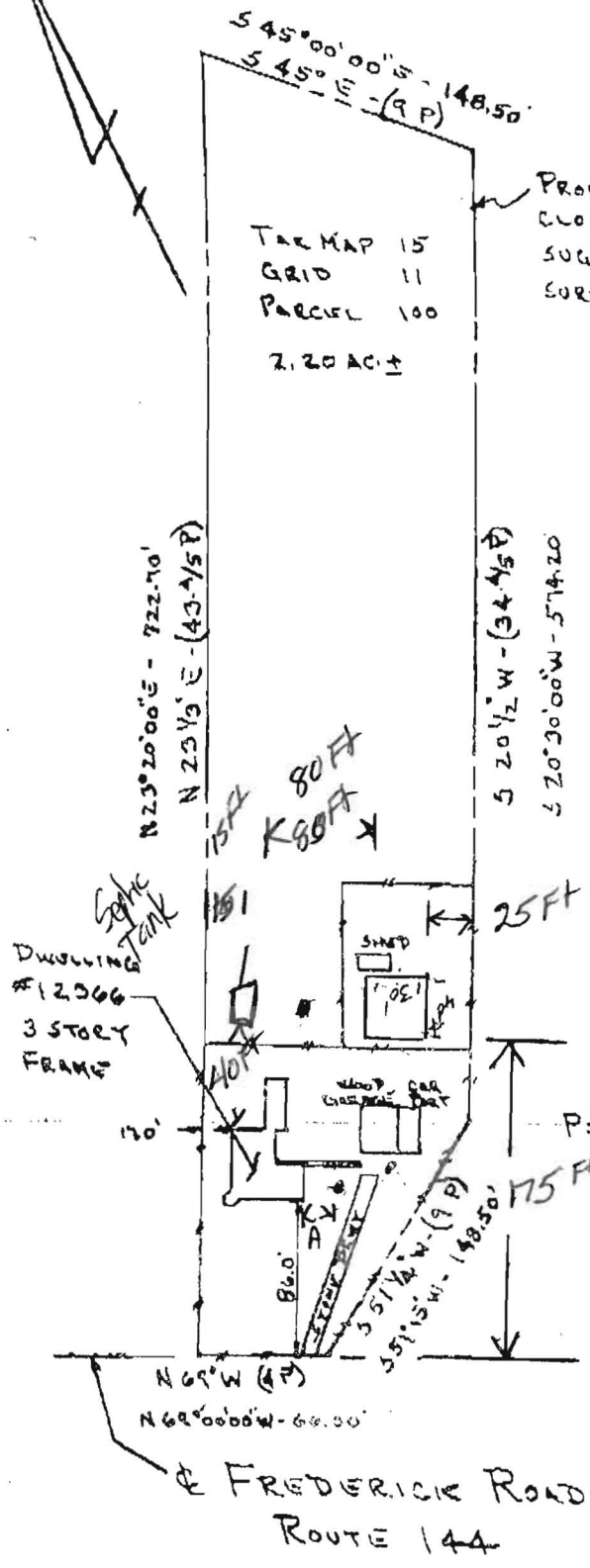


COMMENTS: 8/13/02 NEED Septic Area identified (MR/KN)
Look again for records via well #, 8/14/02 o to
CALL BACK TO VERIFY SEPTIC LOCATION. (KN)

DATE: 8/13/02

INSPECTOR: KN/MR

LOCATION DRAWING



DETAIL - SCALE: 1" = 20'



Note: Location survey measurements are +/- 1' SUBJECT PROPERTY NOT TO SCALE

DEPARTMENT OF PERMITS, LICENSES AND PERMITS
3430 CLAY HOUSE DRIVE
ELLSWORTH CITY, MD 21843
TELEPHONE (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07001553

Building Address 12366 State Route 144
West Friendship, MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 15 Parcel 100 Grid 11
Zoning _____ Map Coordinates _____ Lot size 2.2 ac

Property Owner's Name Doug and Allison Lindahl
Address 12366 State Route 144
City West Friendship State MD Zip Code 21794
Home Phone 410-489-0791 Work Phone 443-277-9488
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Residential
Proposed Use Residential
Estimated Construction Cost \$ 75,000
Description of Work 2 Story Addition
26 x 20 1st floor Family Rm/Kit
2nd. unfinished.

Contractor Company Homeowner
Contact Person Doug Lindahl
Address 12366 State Route 144
City West Friendship State MD Zip Code 21794
License No. _____
Phone 443-277-9488 Fax _____

Occupant or Tenant Property 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: 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"/> 1st floor: <u>26</u> Depth <u>20</u> Width <u>20</u> 2nd floor: <u>26</u> <u>20</u> <u>20</u> Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</u> Height: <u>30</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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.

Allison Lindahl
Applicant's Signature

Allison Lindahl
Print Name
April 12, 2007
Date

G9B
G9C
GMB

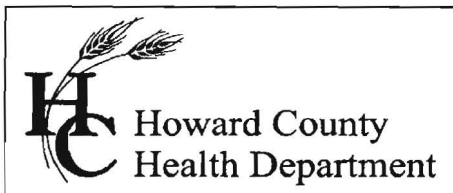
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

Sell TAX 1469.11

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official	<u>6/21/07</u>	<u>[Signature]</u>	
Dev. Engineering, DPZ			
Health	<u>11/2/07</u>	<u>[Signature]</u>	
Fire Protection			

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ <u>247.14</u>
Side: _____	Excise tax \$ <u>1098.70</u>
Side St.: _____	Add'l per. fee \$ <u>24.71</u>
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>2259</u>
SDP/Red-line approval date _____	Validation # _____

Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:



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

7/25/2007

To: Attn: Doug and Allison Lindahl
12366 Frederick Rd.
West Friendship, MD 21794

From: Gabe Creighton, Sanitarian
Well and Septic Program

Re: B07001553
Building Permit
Addition to existing dwelling
12366 Frederick Rd.

Mr. and Mrs. Lindahl:

This department has received and reviewed the building permit application referenced above. Upon review of the Health Department's file for this property, it has been observed that the property does not have a septic reserve area on record nor have percolation tests been recorded on the lot in recent history if at all. A septic reserve area is an area set aside on the property for the purpose of on site sewage disposal (septic) systems and repairs. A septic reserve area is required at this time on all properties prior to approval of building permits.

- To obtain a septic reserve area, it will be necessary to perform percolation tests on the property. (see enclosed Application for Percolation Testing) A fee of \$506.00 is charged for this testing and the homeowners are responsible for having a backhoe capable of 14' depth excavations and operator on-site at the time of the testing.
- It is the policy of this department to attempt to obtain 10,000 square feet (100' x 100') of septic reserve area on lots established after 1972 or at least enough septic reserve for two (2) repair septic systems for lots established before 1972. Typically, five (5) passing percolation tests are needed to establish enough area, although under some circumstances, fewer may be allowed. Based on review of property records, your property will require only enough septic area for two repair septic systems to be set aside.
- In order to establish a septic reserve area; after percolation testing is done, a percolation certification plan must be prepared and submitted for formal approval per Howard County Code Section 3.805 (enclosed). It is strongly encouraged that the homeowners contact an environmental engineer, surveyor or consultant to prepare this plan due to the complex nature of the work. Homeowners are

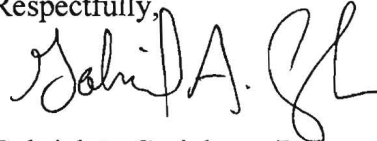
Letter to: Doug and Allison Lindahl
Page: 2
Re: B07001553

however allowed to compose this plan, if they are capable of compiling all the appropriate information.

- Additionally, depending upon observed site conditions at the time of percolation testing and review of the floor plans, an upgrade to the existing septic system may be required prior to building permit approval by this agency.
- Floor plans showing the existing house and current/ proposed use for all existing and proposed space are also required prior to permit approval.
- The site plan submitted to show the location of the proposed addition is a faxed copy. Faxed copies are not to scale. A scaled copy of the plot plan, showing the locations of improvements will be required prior to permit approval. This copy is allowed to be the percolation certification plan.

Upon receipt of this letter, you may fill out the appropriate forms and apply for percolation testing, respond in writing to the above address, or contact me directly at (410) 313-2775.

Respectfully,



Gabriel A. Creighton, R.S.
Development Coordination Section
Well and Septic Program

GAC/gac
Enclosures
cc: File

