



**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: 04/07/14

Permit No.: B/4001009

Building Address: 3175 Florence Road  
 City: Woodbine State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 13 Parcel: 140 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Stephen Castro  
 Address: 3175 Florence Road  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: 410 984-5400 Fax: \_\_\_\_\_  
 Email: sjcastro@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Same as above  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: Single Family  
 Proposed Use: addition extension  
 Estimated Construction Cost: \$ 450,000  
 Description of Work: Extension of Kitch, attached garage plus second story over garage

Contractor Company: See Home owner  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Engineer/Architect Company: AJJA Smith  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 410-461-3462 Fax: \_\_\_\_\_  
 Email: ajjasa@verizon.net

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

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

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: Stephen Castro  
 Email Address: sjcastro1@gmail.com  
 Title/Company: \_\_\_\_\_

Print Name: Stephen Castro  
 Date: April 7, 2014

**RECEIVED**  
 APR 07 2014

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

LICENSES & PERMITS  
 DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>75.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>1643</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

*x O.K per Dan Swindler x*

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 300 COUNTY HOUSE DRIVE BELLEVILLE CITY, MO 63103 PERMITS (417) 313-2455 INSPECTIONS (417) 313-1810 AUTOMATED INFORMATION (417) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <u>B10001530</u>	
Building Address <u>3145 Florence Rd</u> <u>Woodbine MD</u>			Property Owner's Name <u>Steve Castko</u>		
Suite/Apt. #: _____ SDP/WPI/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			Address _____ <u>3145 Florence Rd</u> City _____ State _____ Zip Code <u>21792</u> Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____		
Existing Use <u>SFD</u> Proposed Use <u>Pool Heat</u> Estimated Construction Cost \$ <u>800.00</u> Description of Work <u>Install 500 gallon AB Ground tank for Pool Heat</u>			Contractor Company <u>United Propane</u> Contract Person _____ Address _____ City _____ State _____ Zip Code _____ License No. <u>100184</u> Phone <u>301-521-2585</u> Fax _____		
Occupant or Tenant <u>Steve Castko</u> Contact Name _____ Address _____ City _____ State _____ Zip Code <u>21777</u> Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

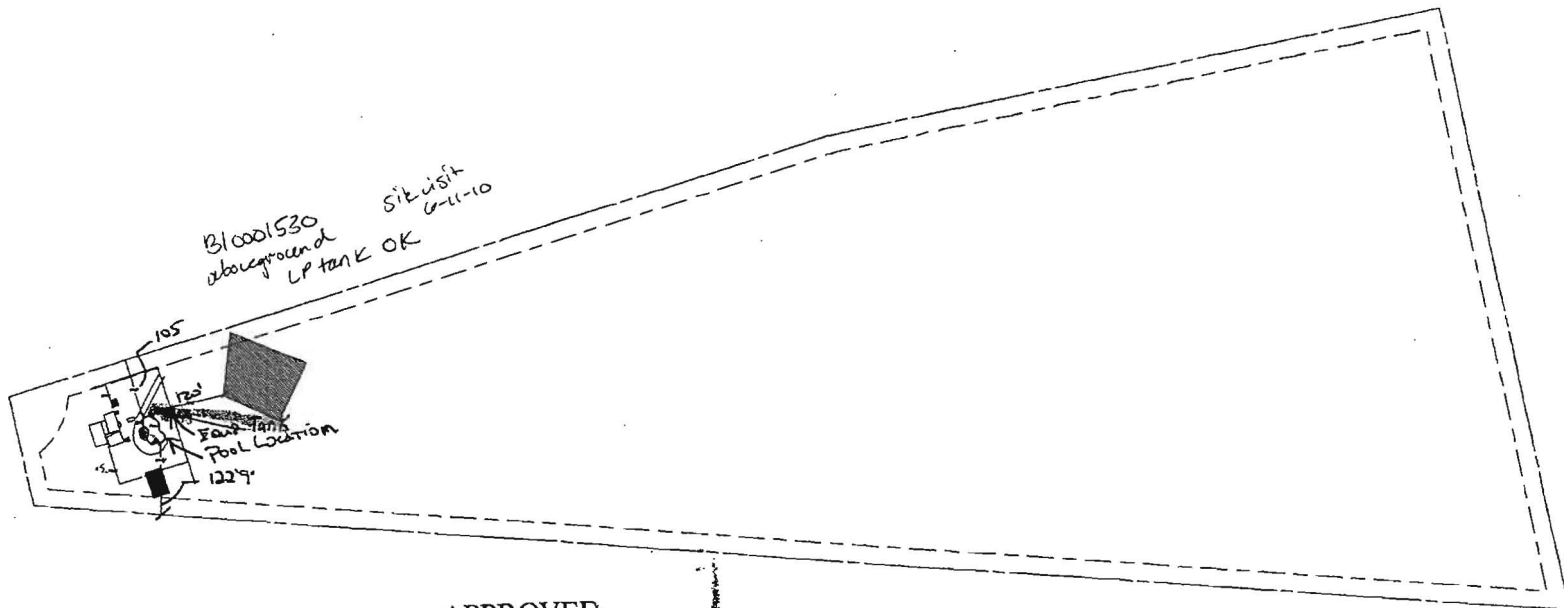
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <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: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> 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/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	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>6-11-10</u>	<u>Steve Spott</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Check # _____	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DEB, DPZ Pink: Health Gold: SHA				



**APPROVED**

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# 15294

APP. SAN HB DATE: 3-17-10

DESC. OF WORK: irregular pool

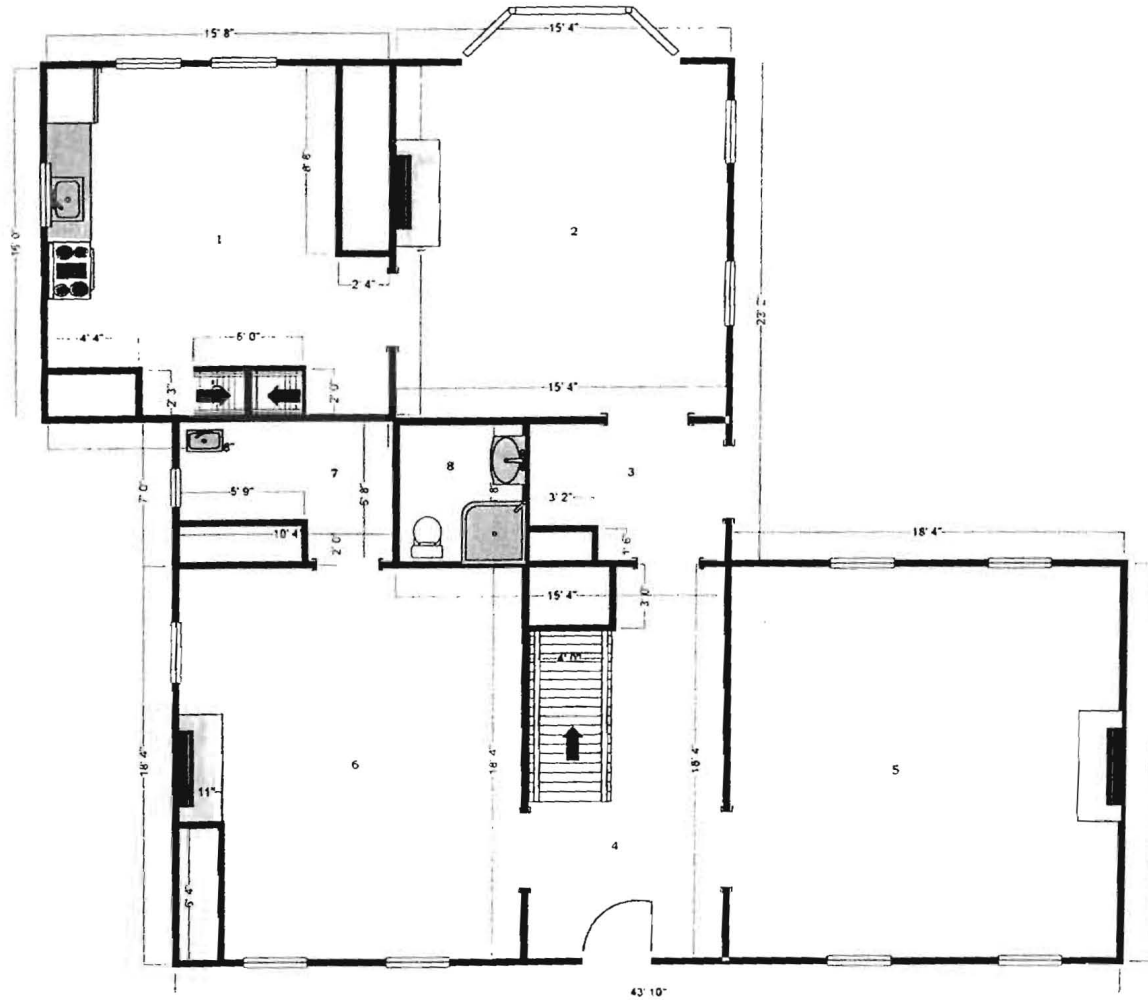
50 x 20 + spa

SCALE: 1" = 200'

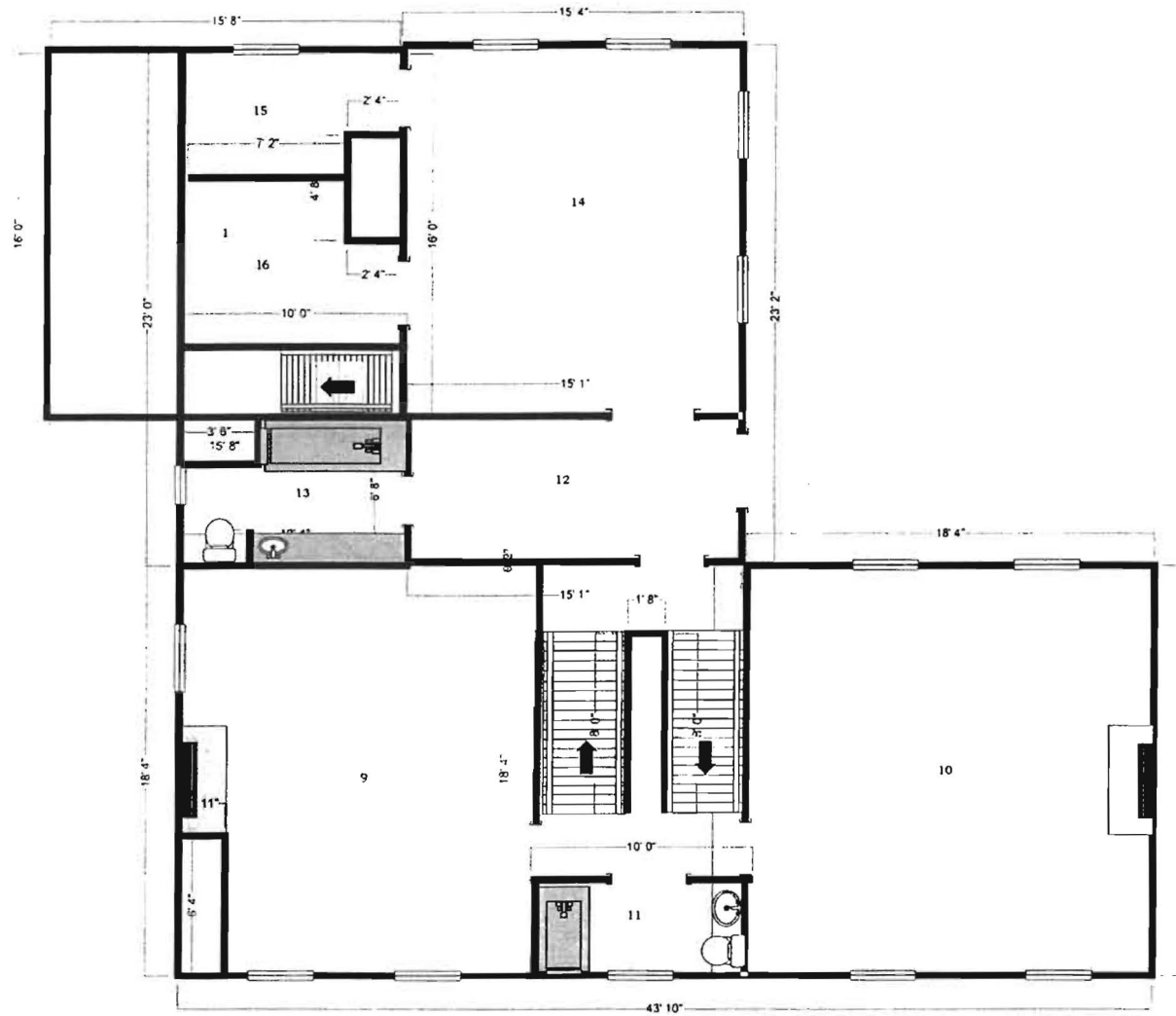


STEPHEN & MAUREEN CASTRO  
 3145 FLORENCE ROAD WOODBINE MD 21797

Castro Property  
 Current Floor Plans  
 (See Plans for)  
 Waiting on Addition



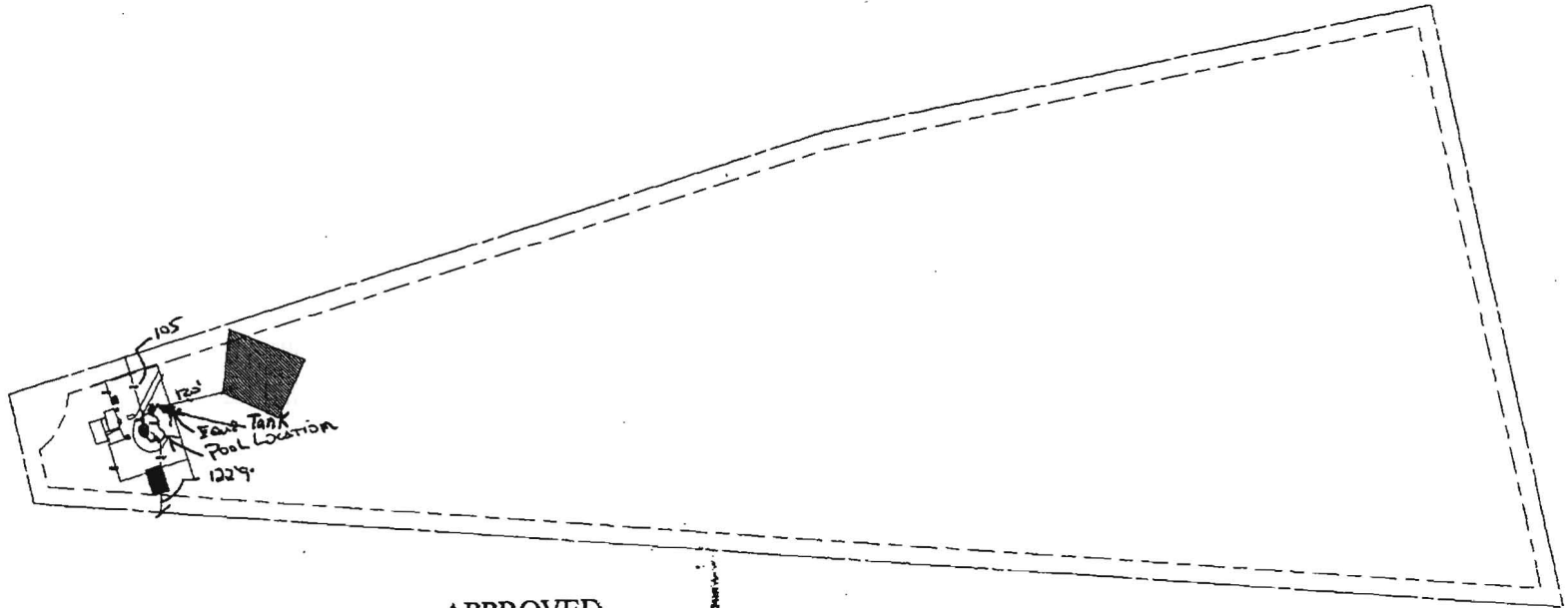
1. Country Kitchen
2. Family Gathering Room
3. Mud Room/Service Entry
4. Gallery Entry Hall
5. Parlor
6. Dining Hall
7. Butler Pantry
8. Bath



- 9. Guest Bedroom
- 10. Guest Bedroom
- 11. Hall Bath
- 12. Master Dressing Area
- 13. Master Bath
- 14. Master Bedroom
- 15. Storage/Study
- 16. Master Closet





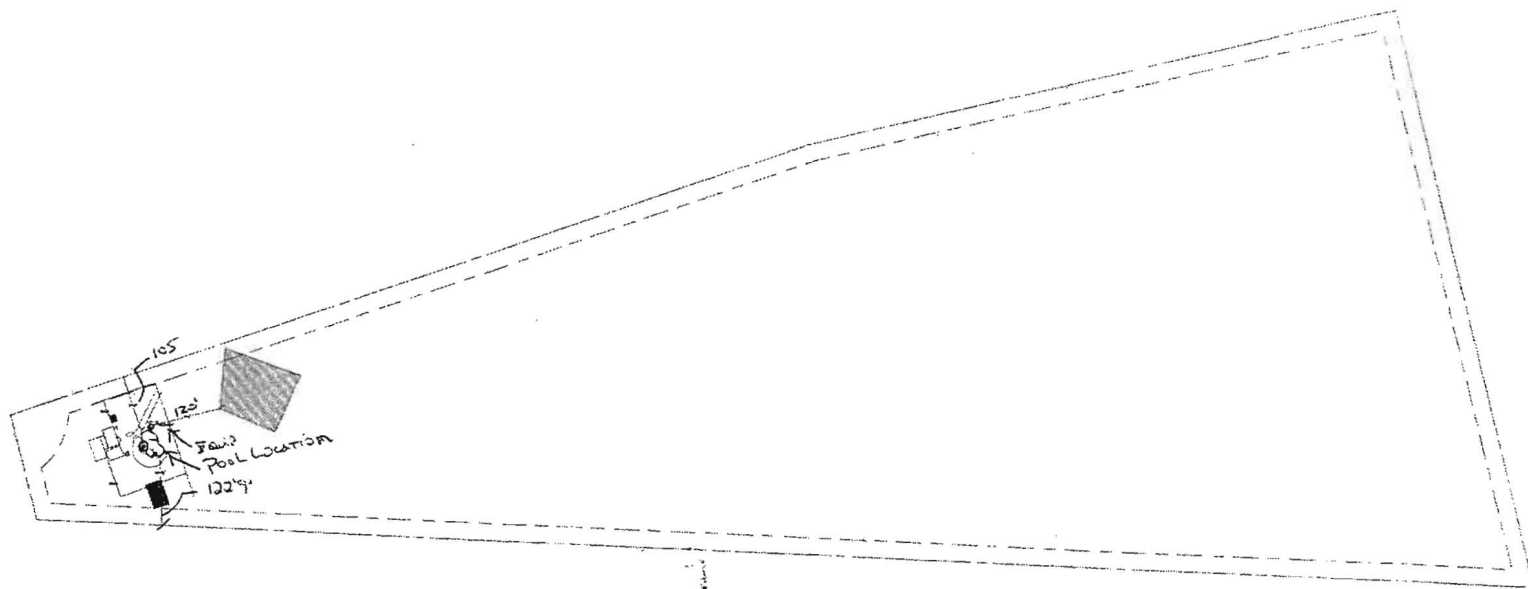


**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN H3 DATE: 3-17-06  
 DESC. OF WORK: irregular pool  
50x20 Lspa

SCALE: 1" = 200'

STEPHEN & MAUREEN CASTRO  
 3145 FLORENCE ROAD WOODBINE MD 21797  
 B1000/530





APPROVED  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN FB DATE: 3-17-10  
 DESC. OF WORK: regular pool  
 50 x 20 Lspa

SCALE: 1" = 20'

STEPHEN & MAUREEN CASTRO  
 3145 FLORENCE ROAD WOODBINE MD 21797





Office of the Health Officer  
8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

DATE: May 15, 2014

TO: Stephen and Maureen Castro  
Via-e-mail: [sjcastro1@gmail.com](mailto:sjcastro1@gmail.com) and [maureencastro@yahoo.com](mailto:maureencastro@yahoo.com)

RE: **Building Permit # B14001009**  
**3145 Florence Road**  
**Tax Map 13, Parcel 140**

Mrs. Castro,

As we discussed during my site visit on April 21, 2014 and on the phone April 29, 2014, I have been trying to locate information on your property to avoid percolation testing on your property. However, I have not been successful locating any information and I think it is due to the age of the property. Because our department cannot verify percolation testing has been completed on your property and a septic area has been established. Percolation testing will be required by the Howard County Health Department. After percolation testing is completed, a percolation certification plan will be required to update your records and process your building permit. As of January 1, 2013, all new construction of septic systems is required to use the "Best Available Technology" (BAT) for septic installation. If your system has to be upgraded to accommodate your addition you will be required to use the "**Best Available Technology**".

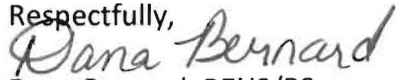
Before building permit approval, a **BAT** site plan must be submitted along with your building application and building plan. Requirements for the **BAT** site plan and percolation testing can be found on our web site: [www.hchealth.org](http://www.hchealth.org). Prior to building permit approval, an approved Percolation Certification Plan is required. Once you have completed percolation testing and submitted your Percolation Certification Plan and it is approved, it can serve as your building plan.

Further review is also contingent upon submission of a revised building plan showing the following:

- Submit a building plan that shows all of your septic components (i.e. septic tank, trenches, drywell, and septic easement). Show all structures on property and label. (i.e. pool, shed)
- Submit floor plans for the existing house.

Your building permit will be placed "on hold" until all Howard County Health Department 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 Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

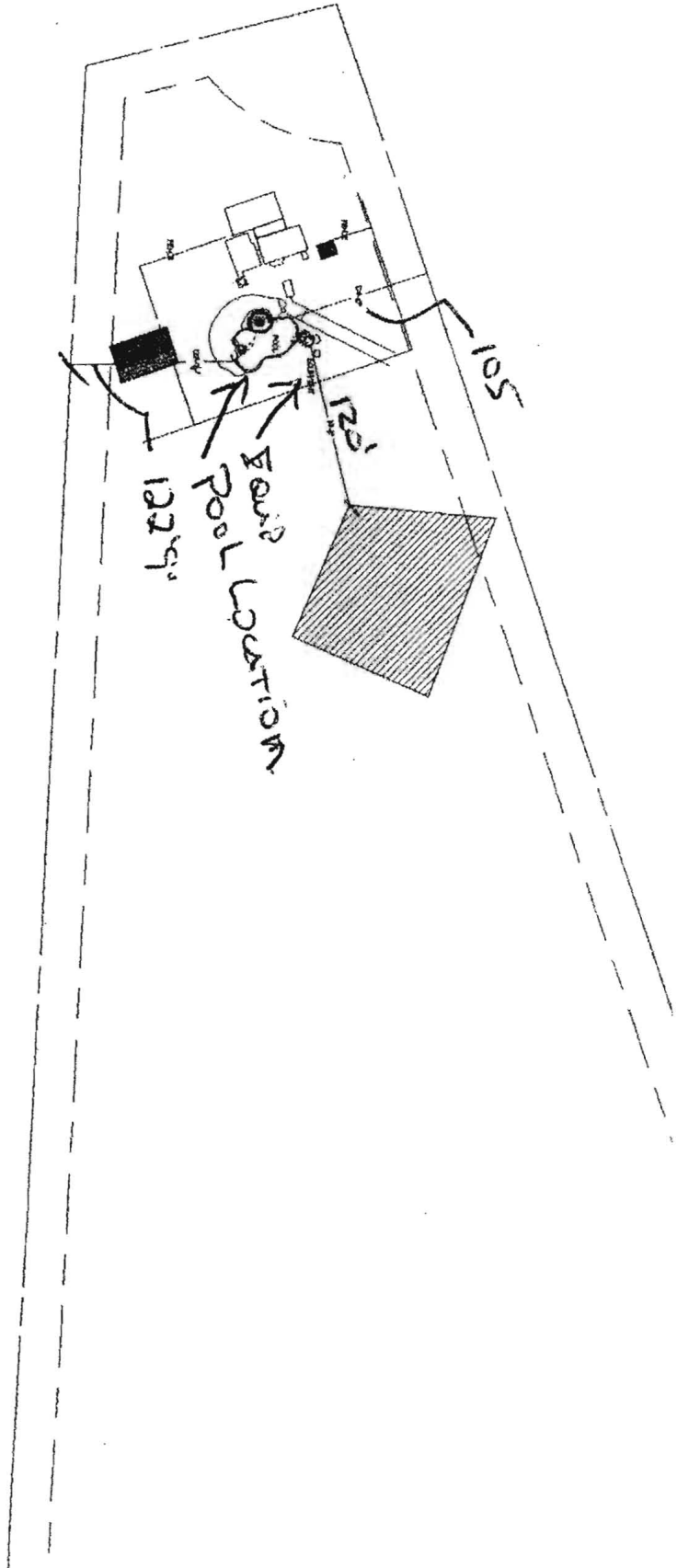
Well and Septic Program

Phone (410) 313-2775

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Don Taylor @ [info@DWTaylor.com](mailto:info@DWTaylor.com)

Well & Septic program file



## Williams, Jeffrey

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**From:** Williams, Jeffrey  
**Sent:** Tuesday, June 03, 2014 11:14 AM  
**To:** 'sjcastro1@gmail.com'; 'maureencastro@yahoo.com'  
**Cc:** Bernard, Dana  
**Subject:** 3145 Florence Rd Building Permit  
**Attachments:** perctestandplanreqs.pdf

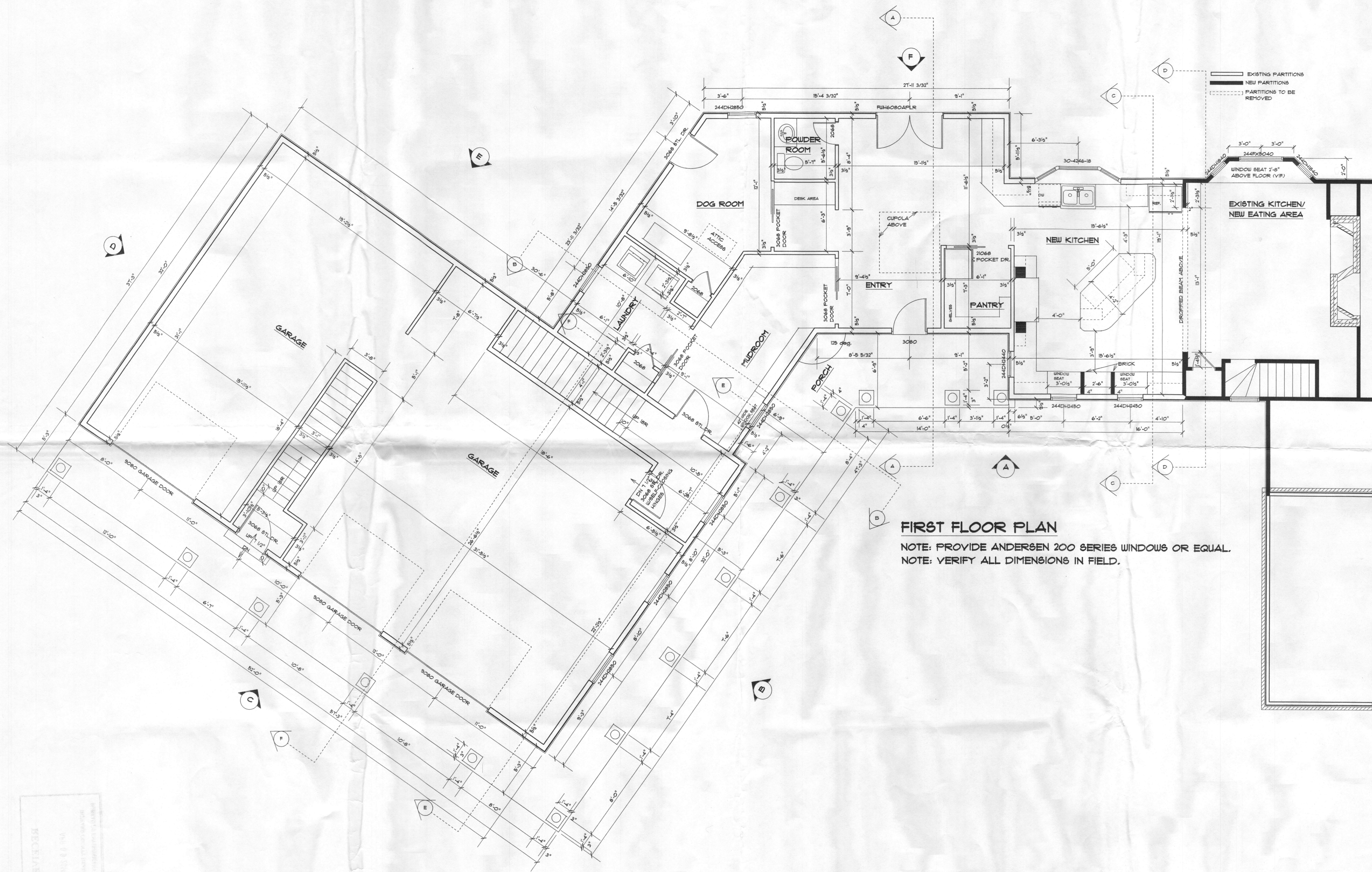
Hello. We were unsuccessful in finding property info using your clue for "Hobson's Choice." Because we are back to where we were in the beginning with no information on your septic system or any septic disposal area, our comments from May 15 remain valid. Per the Howard County Code, a sewage disposal area will need to be established on the property and the existing system will need to be evaluated to determine if it is sized appropriately for the proposed use and if it is up to code.

An application for percolation testing will need to be submitted with a test plan showing the proposed sewage disposal area. Please see the attached fact sheet for details on the process and test plan requirements. Thanks.

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

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**FIRST FLOOR PLAN**

NOTE: PROVIDE ANDERSEN 200 SERIES WINDOWS OR EQUAL.  
 NOTE: VERIFY ALL DIMENSIONS IN FIELD.

EXISTING PARTITIONS  
 NEW PARTITIONS  
 PARTITIONS TO BE REMOVED

**CASTRO RESIDENCE ADDITION**  
**HOWARD COUNTY, MARYLAND**  
 AUSA SCHMIDT ARCHITECT, INC.

DATE:  
 04/02/14

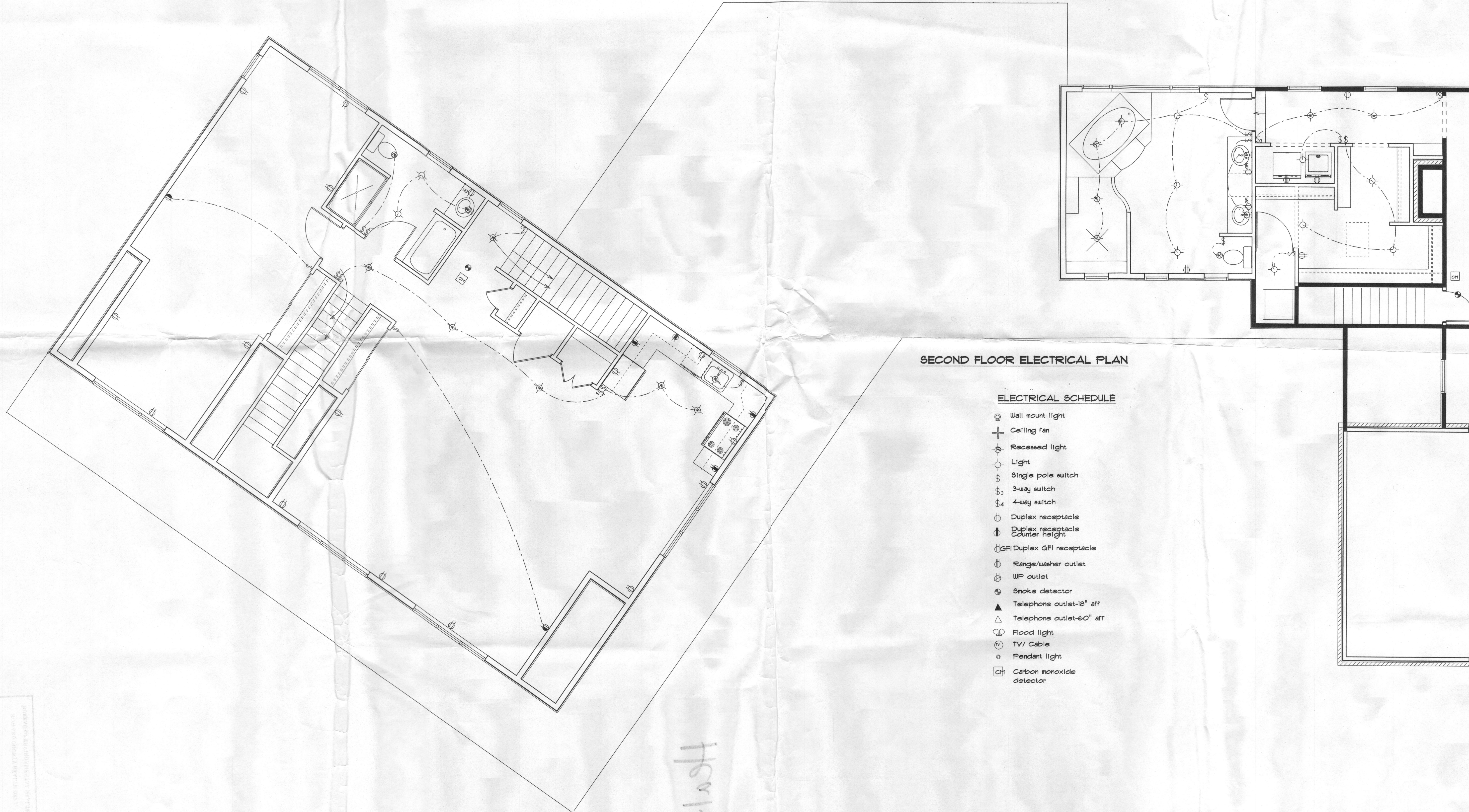
SCALE:  
 1/4"=1'-0"

REVISIONS

**A2**

RECEIVED  
 APR 13 2014  
 AUSA SCHMIDT ARCHITECT, INC.





**SECOND FLOOR ELECTRICAL PLAN**

**ELECTRICAL SCHEDULE**

- ⊙ Wall mount light
- ⊕ Ceiling fan
- ⊖ Recessed light
- Light
- ⊞ Single pole switch
- ⊞⊞ 3-way switch
- ⊞⊞⊞ 4-way switch
- ⊞ Duplex receptacle
- ⊞ Duplex receptacle Counter height
- ⊞⊞ GFI Duplex GFI receptacle
- ⊞ Range/washer outlet
- ⊞ WF outlet
- ⊞ Smoke detector
- ▲ Telephone outlet-18" aff
- △ Telephone outlet-60" aff
- ⊞ Flood light
- ⊞ TV/ Cable
- Pendant light
- ⊞ Carbon monoxide detector

*Howlin Dog*

RECEIVED  
MAY 13 2014  
HARRIS ENGINEERING & ARCHITECTURE  
1100 W. CHESAPEAKE BLVD. #100  
ANNAPOLIS, MD 21403

**CASTRO RESIDENCE ADDITION**  
**HOWARD COUNTY, MARYLAND**  
ANA SCHMIDT ARCHITECT, INC.

DATE: 04/02/14  
SCALE: 1/4"=1'-0"  
REVISIONS

**A11**