



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: _____

Permit No.: B1601077

Building Address: 6416 Cochran Lane Rd
 City: Columbia State: MD Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD w/ addition
 Estimated Construction Cost: \$ 50,000
 Description of Work: Build garage, extend
living room under existing roof
& back driveway, plus driveway.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Stanley & Anna Conception
 Address: 6416 Cochran Lane Rd
 City: Columbia State: MD Zip Code: 21044
 Phone: _____ Fax: _____
 Email: lbconception@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Stanley T. Rags
 Address: 302 Woodford Rd
 City: Washington State: MO Zip Code: 6457
 Phone: 417-677-1648 Fax: 417
 Email: stanleyrags@verizon.net

Contractor Company: Robert Kauder & Co LLC
 Contact Person: Robert Kauder
 Address: 4016 Overlook Drive
 City: Ellicott City State: MD Zip Code: 21042
 License No.: 51204
 Phone: 443-812-3568 Fax: _____
 Email: rob@rkauder.com

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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:
<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	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<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 type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input checked="" type="checkbox"/> Other:	<u>Heat Pump</u>
Sprinkler System:	
<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: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: _____

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>4/12/2016</u>	<u>Robert Kauder</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? <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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

SITE INSPECTION SHEET

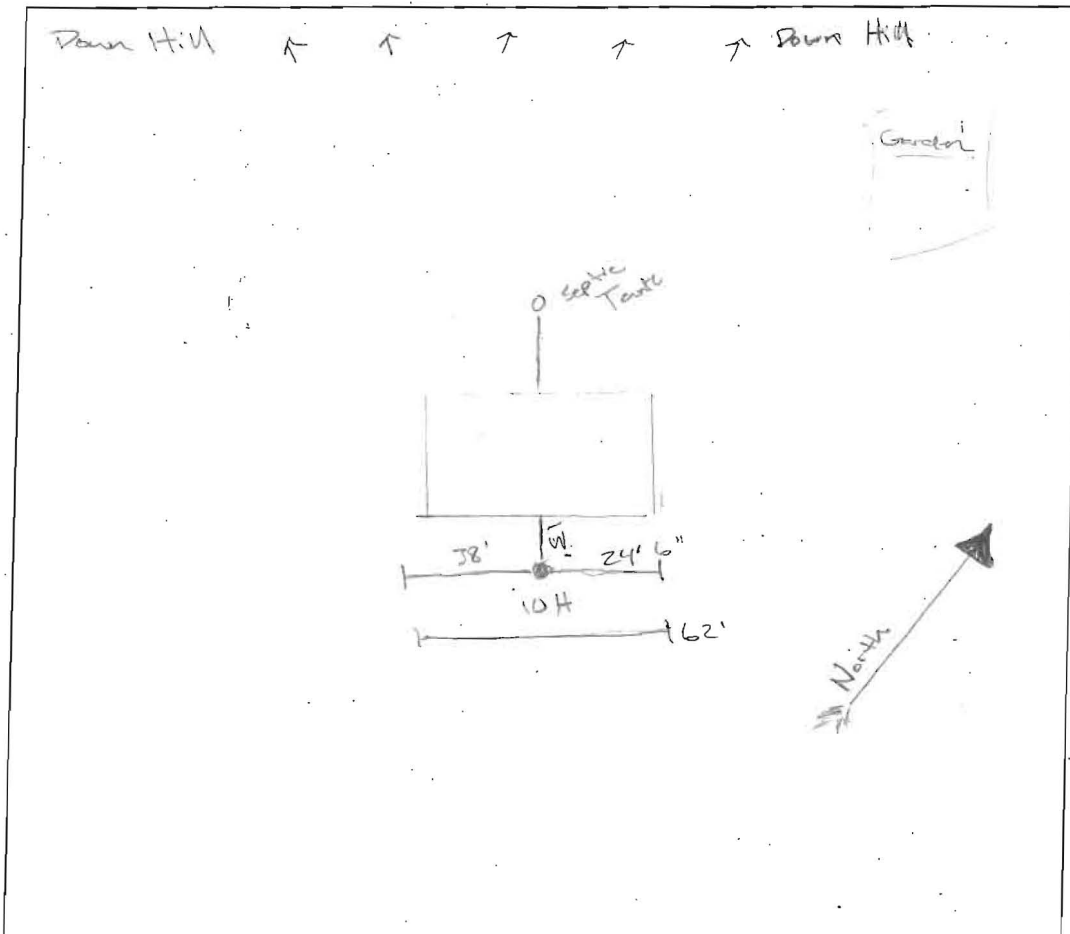
OWNER: Laura + Allen Consentino PHONE #: _____

ADDRESS: 6416 Lochridge Rd. CONTRACTOR: Robert Knudsen
Columbia MD 21044 WELL TAG #: Missing Tag

SUBDIVISION: _____ LOT: _____ COUNTY #: Howard

PROPOSAL: Garage, Extended living under existing roof, new driveway, covered porch, new sidewalk

LOCATION DIAGRAM



COMMENTS: Septic System in good shape (Not Failing);
well cap is secure. Site Visit for BP B16001077

DATE: 4/8/2016 INSPECTOR: Robert Freeman

6416 Lochridge Road
Columbia, MD 21044

April 2, 2016

Howard County Health Department
8930 Stanford Blvd
Columbia, MD 21045
jewilliams@howardcountymd.gov

Dear Jeff Williams,

Request for Waiver of Requirement to Conduct Percolation Test

We request a waiver of the requirement to conduct a percolation test in order to establish a disposal repair area for the residence 6416 Lochridge Road, Columbia, MD. For the remodeling of this residence, the additional living area will be used for living area only and no additional bedroom will be created. There are only three existing bedrooms in the residence. The garage is a simple garage with no plans for living area in the form of a loft. Thank you for considering our request.

Sincerely,

Laura Cosentino

Home Owner of 6416 Lochridge Road, lhcosentino@gmail.com

cc: Allen Cosentino, Home Owner of 6416 Lochridge Road, acosentino1@verizon.net

cc: Robert Knudsen, Robert Knudsen Builders, Inc., robertmknudsen@yahoo.com

4/6/16
Approved
Michael J. Davis