



# 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: 10/7/13

Permit No.: B13003749

Building Address: 12160 HALLS HILL RD  
 City: SCHEYBURN State: MD Zip Code: 21150  
 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: 30'x32' SFD W/POLE BARN  
 Estimated Construction Cost: \$ 17,000  
 Description of Work: POLE BARN  
30'x32'

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

Property Owner's Name: WILSON L HOBBS  
 Address: 12160 HALLS HILL RD  
 City: SCHEYBURN State: MD Zip Code: 21150  
 Phone: 410-313-2455 Fax: \_\_\_\_\_  
 Email: WILSON.L.HOBBS@HARRISMAIL.COM

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: WILSON L HOBBS  
 Address: 12160 HALLS HILL RD  
 City: SCHEYBURN State: MD Zip Code: 21150  
 Phone: 410-313-2455 Fax: \_\_\_\_\_  
 Email: WILSON.L.HOBBS@HARRISMAIL.COM

Contractor Company: PERMITS BUILD BLDG  
 Contact Person: KEVIN E FRYER  
 Address: 216 SOUTH ROUTE 183  
 City: SCHEYBURN State: PA Zip Code: 17272  
 License No.: \_\_\_\_\_  
 Phone: 570-573-8806 Fax: 800-448-2515  
 Email: KFRYER@PERMITS.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:	<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:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input checked="" 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.

Wilson L Hobbs  
 Applicant's Signature  
WILSON.L.HOBBS@HARRISMAIL.COM  
 Email Address  
 \_\_\_\_\_  
 Title/Company

WILSON L HOBBS  
 Print Name  
10/7/13  
 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		

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>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>2512</u>



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WHOBS@VERIZON.NET  
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 \_\_\_\_\_  
 Title/Company

Wilson L Hubbs  
 Print Name  
10/1/13  
 Date

**RECEIVED**  
 OCT 07 2013  
 LICENSES & PERMITS DIVISION

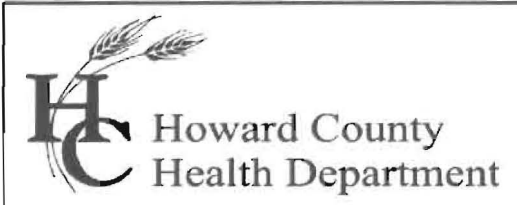
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
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<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		

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Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 2812



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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., Acting Health Officer**

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10/15/2013

TO: Wilson Hobbs, Owner/Applicant  
[WHOBBSII@verizon.net](mailto:WHOBBSII@verizon.net)

FROM: Robert Bricker, REHS/R.S., Environmental Sanitarian II  
Well and Septic Program

RE: Building Permit Application B13003749; Percolation Certification Plan required

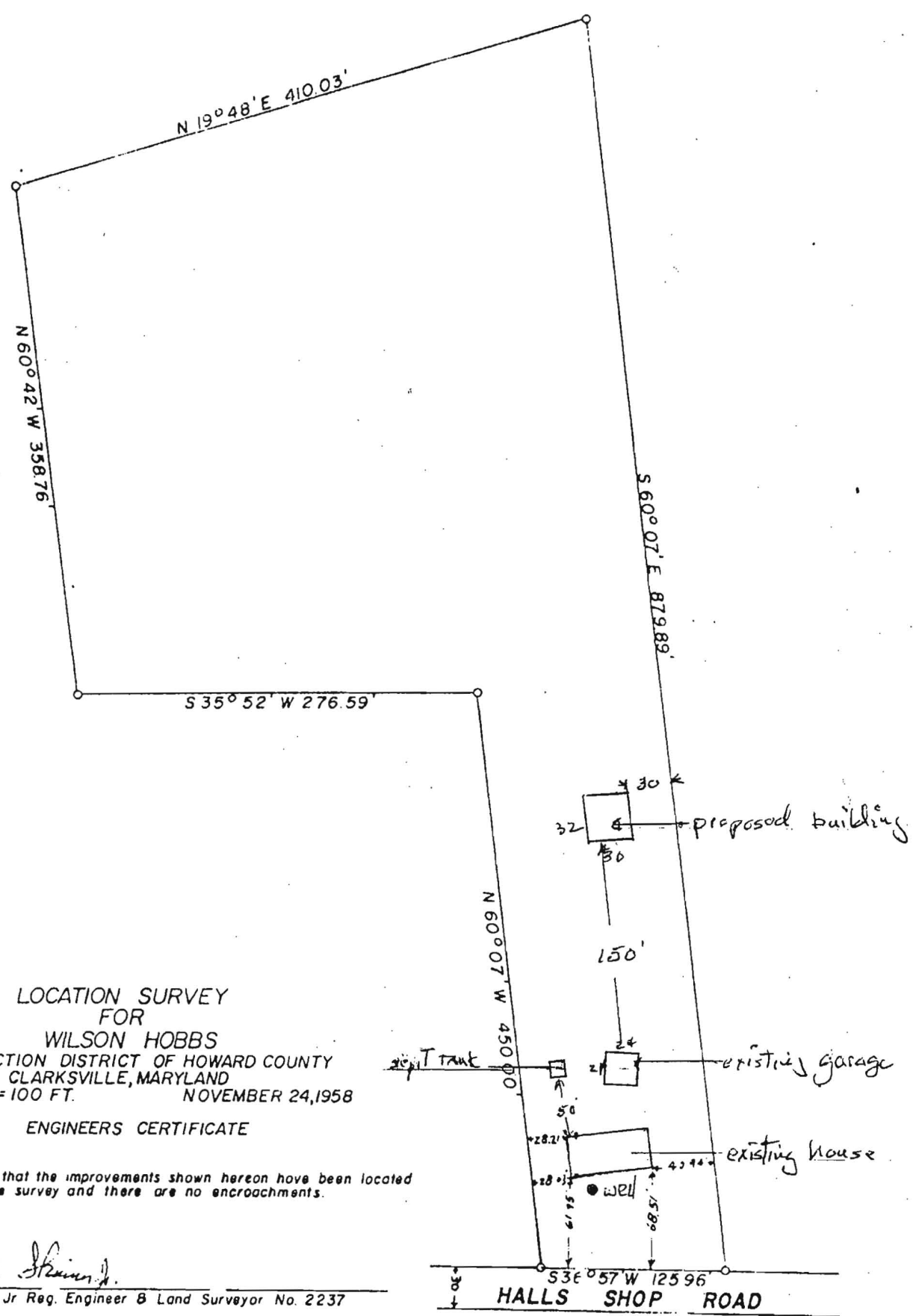
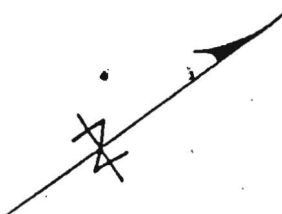
Dear Mr. Hobbs,

The referenced building permit application cannot be approved by the Health Department at this time. The Howard County Health Department requires that you have an approved Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application (B13003749) and any subsequent building permit applications. Records for '12160 Hall Shop Road' have not been found in the Health Department files.

The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a sewage easement (re: septic reserve area) having "adequate area for an initial septic system and two 2 repairs".

You may contact me at the Bureau of Environmental Health, 410-313-2691 if you have questions about these contents.

RB  
Copy: file



LOCATION SURVEY  
 FOR  
 WILSON HOBBS  
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY  
 CLARKSVILLE, MARYLAND  
 SCALE: 1 IN. = 100 FT.      NOVEMBER 24, 1958  
 ENGINEERS CERTIFICATE

I hereby certify that the improvements shown hereon have been located by a transit-tape survey and there are no encroachments.

*Claude M. Skinner Jr.*  
 Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237

KVEY