

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B07000881

Building Address 1502 Grooms Ln  
WOODSTOCK MD 21163  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision WOODSTOCK  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 10 Parcel 180 Grid 18  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name COOKSON, JOHN & DUNNA  
 Address 1502 Grooms Ln  
 City WOODSTOCK State MD Zip Code 21163  
 Home Phone 410 465 9386 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD & HEATED SUN ROOM  
 Estimated Construction Cost \$167,200  
 Description of Work CONST. A 18' x 14' HEATED SUN ROOM ADDITION ON FRONT OF S.F.D.

Contractor Company PATIO ENCLOSURES, INC.  
 Contact Person 224 8th AVENUE, N.W.  
GLEN BURNIE, MD 21061  
 Address 443-797-0351  
MHI# 12744  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant PATIO ENCLOSURES, INC.  
224 8th AVENUE, N.W.  
 Contact Name GLEN BURNIE, MD 21061  
 Address 443-797-0351  
MHI# 12744  
 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  
 Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Utilities  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

Building Characteristics  
 SF Dwelling  SF Townhouse   
 Depth 14' Width 18'  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement:  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

Utilities  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 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 THERE TO; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Gregory A. Falter (agent)  
 Applicant's Signature

GREGORY A. FALTER  
 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
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>4/16/07</u>	<u>Bill Jones</u>	
Fire Protection			

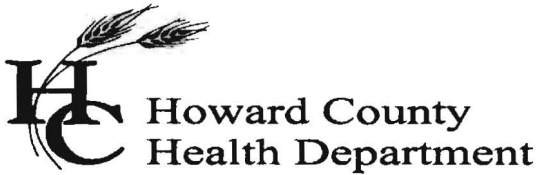
Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ  
 Yellow: DED, DPZ Pink: Health Gold: SHA

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>45.76</u>
Side: _____	Excise tax \$ <u>20.60</u>
Side St.: _____	Add'l per. fee \$ <u>4.50</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>269.86</u>
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 New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____





Howard County  
Health Department

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-899-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

March 16, 2007

John Cookson  
1502 Grooms Lane  
Woodstock, Maryland 21163

RE: Building permit for proposed sun room

Dear Mr. Cookson,

Review of the building permit for the above referenced property has been completed by our office. During our meeting at your property it was observed that the existing well is a pit well. As I had explained in the field, pit wells do not meet current code. It will be necessary to bring the existing well up to current code prior to building permit approval. The Code of Maryland Regulations require the well casing to be at least 8" above grade with a pit less adapter (COMAR 26.04.04.07). The upgrade must be conducted by a well driller who is licensed in the state of Maryland.

All Health Department requirements must be met prior to building permit approval. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1775.

Respectfully,

Ashley Trump  
Well and Septic Program  
Development Coordination Section

Enclosures  
CC: File

*at*

*4/5/07  
well up to code  
inspected by SF  
BP can be approved (at)*

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GREGORY A. FALTER.  
 Print Name

Title/Company \_\_\_\_\_ Date \_\_\_\_\_  
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T:Normal/PERMIT.FRM		

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Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ	Gold: SHA

Greg  
 410-218  
 2517  
 call after  
 Inspection

