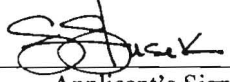


Health Dept

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B0800/258 PERMIT NUMBER	
Building Address <u>7351 HALLMARK ROAD</u> <u>CLARKSVILLE, MD 21029</u>			Property Owner's Name <u>BOB SMITH</u> Address <u>7351 HALLMARK ROAD</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Phone <u>443 514 8336</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>SAME</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>HALMARK</u> Section <u>ONE</u> Area _____ Lot <u>32</u> Tax Map _____ Parcel <u>05-393099</u> Grid _____ Zoning _____ Map Coordinates _____ Lot Size <u>1+AC</u>			Contractor Company <u>T. B. D</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Existing Use <u>SINGLE FAMILY RESID.</u> Proposed Use <u>SINGLE FAMILY RESID.</u> Estimated Construction Cost \$ <u>105,000</u>			Engineer or Architect Company <u>STUSEK PARTNERS</u> Contact Person <u>SAM STUSEK</u> Address <u>PO BOX 3428</u> City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>21403</u> Phone _____ Fax _____ <u>410-279-8371</u> <u>410-626-7898</u>		
Description of Work <u>ADDITION TO EXTEND MASTER BEDROOM & BASEMENT, REMODEL EXIST. M. BRM. & KITCHEN</u>			Occupant or Tenant <u>OWNER</u> Contact Name _____ 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: <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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>14' x 26'</u> 2 nd floor: <u>N/A</u> Basement: <u>14' x 26'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1 IN ADDITION</u> <u>4 OVERALL</u> 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	Utilities 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 type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <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.

 Applicant's Signature	SAM STUSEK Print Name
PRESIDENT / STUSEK PARTNERS Title/Company	<u>4/23/08</u> <u>4:30 08</u> 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 \$ <u>25.00</u>
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
Health	<u>7/18/08</u>	<u>[Signature]</u>		All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
				Is Entrance Permit required?	Check # <u>3001</u>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
				Historic District?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date _____	Accepted by _____

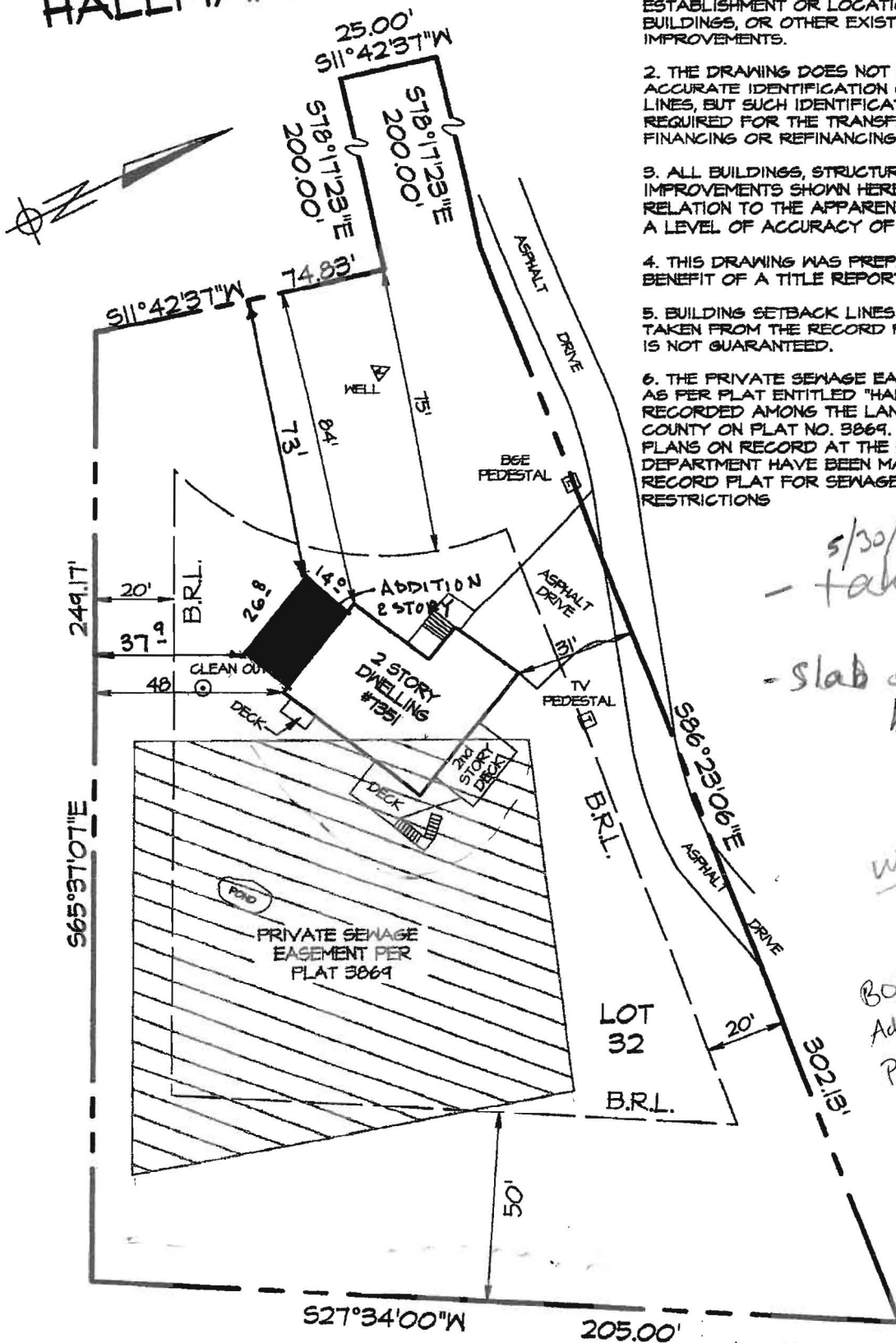
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T: forms/building permit application REV 10/28/04

141335

HALLMARK ROAD

NOTES

1. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
2. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
3. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES WITH A LEVEL OF ACCURACY OF +/- 0.5'.
4. THIS DRAWING WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.
5. BUILDING SETBACK LINES SHOWN HEREON WERE TAKEN FROM THE RECORD PLAT. THEIR ACCURACY IS NOT GUARANTEED.
6. THE PRIVATE SEWAGE EASEMENT SHOWN HEREON AS PER PLAT ENTITLED "HALLMARK, SECTION ONE" RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY ON PLAT NO. 3869. NO COMPARISON TO PLANS ON RECORD AT THE HOWARD COUNTY HEALTH DEPARTMENT HAVE BEEN MADE. SEE NOTE ON THE RECORD PLAT FOR SEWAGE EASEMENT RESTRICTIONS



5/30/08
- take ok
10'
- slab on grade for basement (above grade)

well
B08001858
Addition OK per
perc perf+ approved
7/18/08
HS

■ AREA OF ADDITION
SCALE: 1" = 40'

SURVEYORS CERTIFICATE

THIS LOCATION DRAWING HAS BEEN PREPARED IN ACCORDANCE WITH THE "MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS" AS ADOPTED BY THE STATE OF MARYLAND.

Brian R. Dietz
BRIAN R. DIETZ

PROFESSIONAL LAND SURVEYOR NO. 21080

ONLY PLATS WITH THE SURVEYOR'S EMBOSSED SEAL ARE GENUINE, TRUE AND CORRECT COPIES.

1. LOT 32
PLAT OF HALLMARK, SECTION ONE
PLAT NO. 3869

BRIAN DIETZ, INC.
PROFESSIONAL LAND SURVEYOR #21080
8119 OAKLEIGH ROAD
BALTIMORE MD. 21234
Ph 410-661-3160
Fax 410-661-3163

LOCATION DRAWING
of
7351 HALLMARK ROAD
HOWARD COUNTY, MD.

DRAWN: RF FIELD: DD DATE: 09-11-07 JOB NO. 07338 SCALE: 1"=40'



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 15, 2008

Bob Smith
7351 Hallmark Rd
Clarksville, MD 21029

RE: B08001258
7351 Hallmark Rd

Dear Mr. Smith,

Building permit application #B08001258 for the referenced property has been reviewed by our office and has been placed "On Hold." The proposed addition encroaches on the 20' setback requirement from a house, with a basement, to a septic tank. Also, the *Howard County Code Subtitle 8, Section 3.805* requires a Percolation Certification Plan for an increase in living space over 250 square feet.

In addition, the Eastern corner of the house, along with the attached deck, is located in the sewage disposal easement. Due to this impact on the septic easement, additional area will be needed to replace the area which has been lost. A Percolation Certification Plan must show the original and modified septic easements. A minimum of a 10,000ft² septic area must be maintained.

Percolation testing will also be required to adjust the sewage disposal easement. Testing was completed July of 1977, but the results are insufficient to support any further sewage area adjustments without additional testing.

In order to proceed, a Percolation Test Application and \$506 application fee along with a plan showing the septic area modifications will need to be submitted to the Health Department.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm

Sincerely,

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section