



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: 10/30/14

Permit No.: B14003982

Building Address: 1671 HENRYTON ROAD
 City: MARRIOTTVILLE State: MD Zip Code: 21064
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: std
 Proposed Use: std w/ alterations
 Estimated Construction Cost: \$ 41,000
 Description of Work: "As-built"
Garage Conversion and a new garage
Extension of the back of the kitchen
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ELIZABETH MALLAN
 Address: 1671 HENRYTON ROAD
 City: MARRIOTTVILLE State: MD Zip Code: 21064
 Phone: 410-303-3419 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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:	Depth Width
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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input 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: Elizabeth Mallan
 Email Address: ellmallan@gmail.com
 Title/Company: _____

Print Name: ELIZABETH MALLAN
 Date: 10/30/2014

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>3/31/15</u>	<u>H. Oswald</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	\$ <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>2154</u>



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

December 2, 2014

ELIZABETH PALLAN
1671 HENRYTON RD
MARRIOTTSVILLE, MD 21104

Sent via email to: LTPALLAN@GMAIL.COM

**RE: B14003982
1671 HENRYTON RD
MARRIOTTSVILLE, MD 21104**

ELIZABETH PALLAN:

This letter is in response to building permit **B14003982**. The application describes alterations to the existing garage and new second story addition. Upon review the building permit and site plan, the submittal did not include a copy of the floor plans of the existing house, and proposed changes.

Additionally, the site plan must include any onsite well and/or septic system components (septic tank and trench) to ensure setback requirements are being met. Please refer to the as built drawing of the septic system (attachment) and include the septic system components in the revised site plan drawing. Also, please find a copy of the setback requirements (attachment)

Building permit approval is being placed on hold until floor plans and revised site plan drawing have been forwarded to the Health Department for review. I may be reached at (410) 313-1786, if you would like to discuss the project.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 12-8-14
To: Dan Swinder / Health Dept.
(Person's Name and Division)
From: Rick Richardson (410) 560 1502 x112
(Your Name, Company Name and Telephone Number)
Subject: Project name Pallan Residence
Project site address 1671 Henryton Rd.
Permit # B14003982 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations

RECEIVED

DEC 08 2014

Copies of PLOT PLAN (be specific). **LICENSES & PERMITS**
Health Department Request _____ DPZ/DED Request _____ Applicant's Request _____

Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____

Other PLANS FOR EXISTING HOUSE & GARAGE RENOVATIONS. NO PLANS FOR NEW GARAGE

Contact Person Information: (Required)

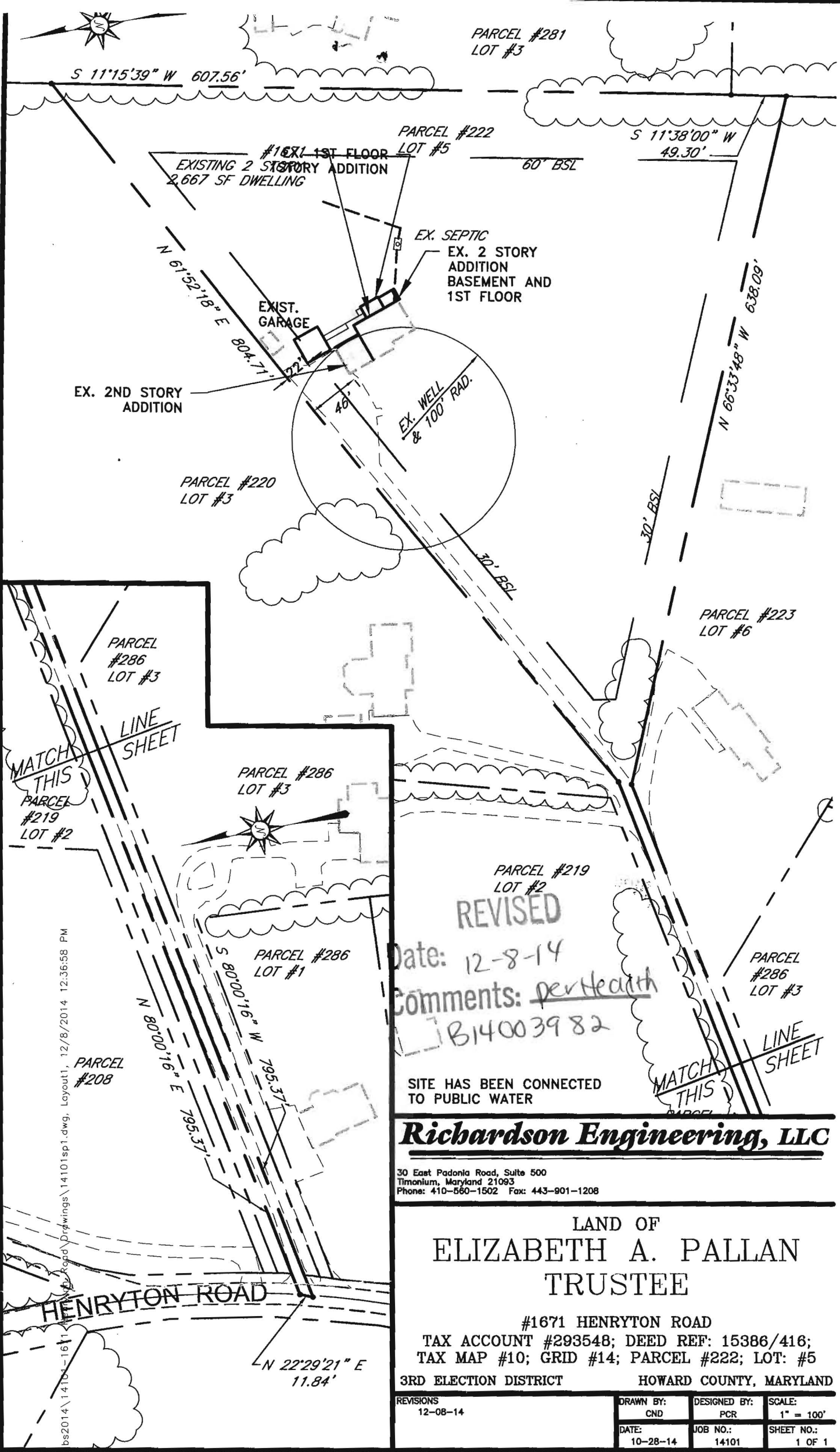
RICK RICHARDSON
Please Print Name

AS IT WOULD REQUIRE ZONING RELIEF. A
SEPARATE PERMIT FOR THAT WORK WILL BE
SUBMITTED LATER
Telephone No: 410-560-1502 X112

E-Mail Address: RICK@RICHARDSONENGINEERING.NET

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by _____



REVISED
 Date: 12-8-14
 Comments: per Health
 B14003982

SITE HAS BEEN CONNECTED TO PUBLIC WATER

Richardson Engineering, LLC

30 East Padonia Road, Suite 500
 Timonium, Maryland 21093
 Phone: 410-560-1502 Fax: 443-901-1208

LAND OF
ELIZABETH A. PALLAN
 TRUSTEE

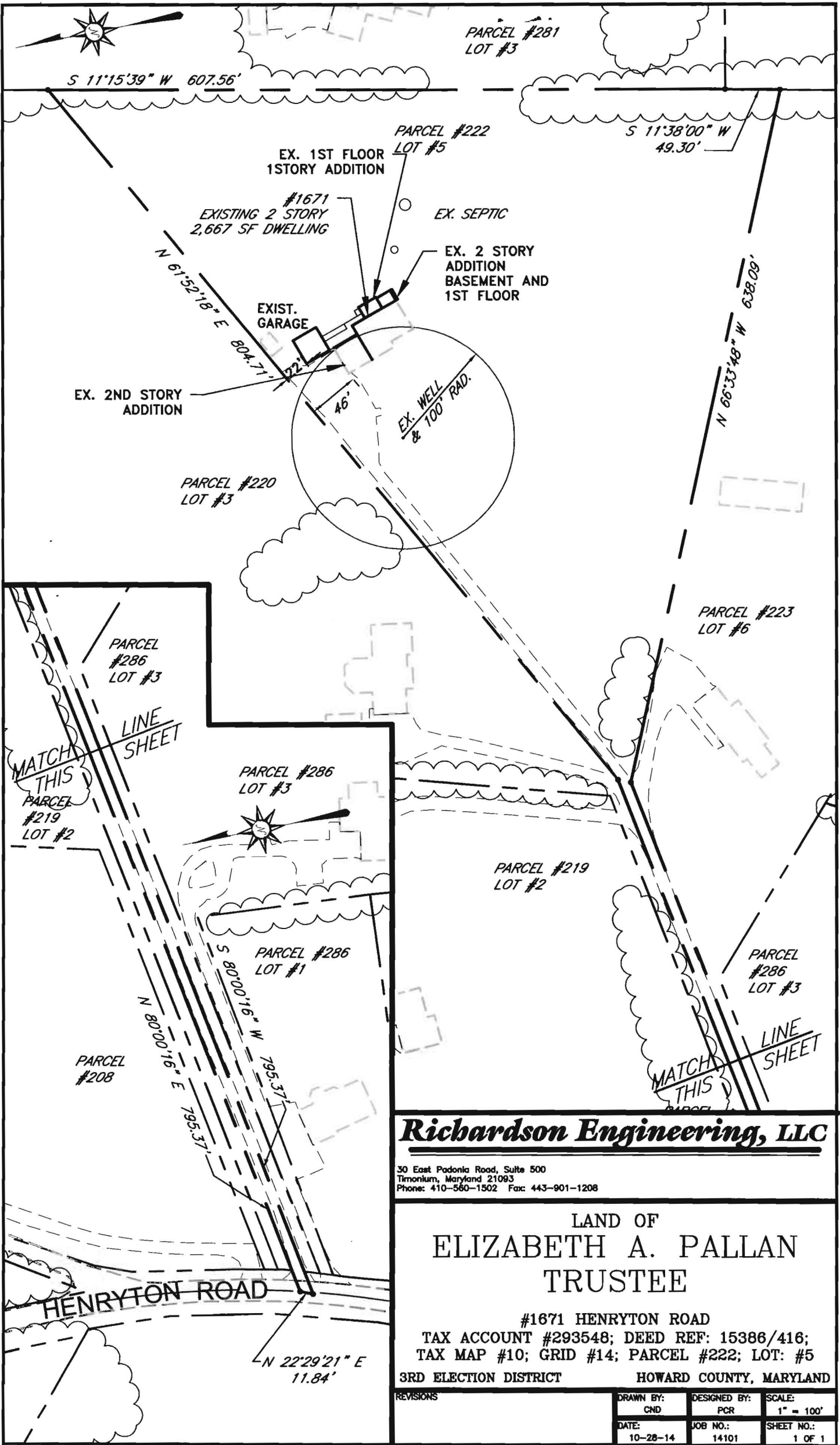
#1671 HENRYTON ROAD
 TAX ACCOUNT #293548; DEED REF: 15386/416;
 TAX MAP #10; GRID #14; PARCEL #222; LOT: #5
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

REVISIONS 12-08-14	DRAWN BY: CND	DESIGNED BY: PCR	SCALE: 1" = 100'
	DATE: 10-28-14	JOB NO.: 14101	SHEET NO.: 1 OF 1

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cross connection
between well water
& public water

OUTSIDE



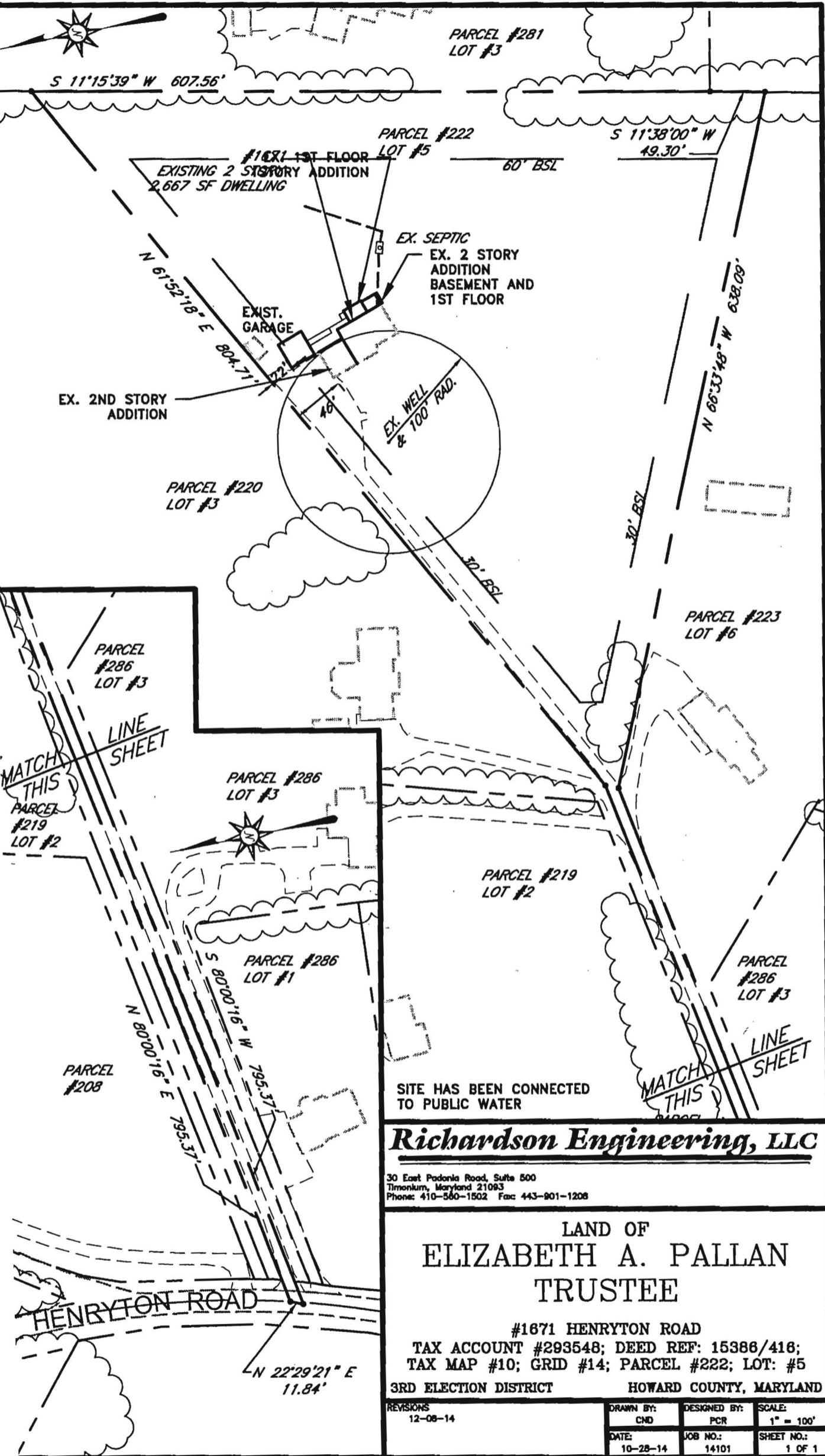
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LAND OF
ELIZABETH A. PALLAN
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#1671 HENRYTON ROAD
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SITE HAS BEEN CONNECTED TO PUBLIC WATER

Richardson Engineering, LLC

30 East Padonia Road, Suite 500
 Timonium, Maryland 21083
 Phone: 410-560-1502 Fax: 443-801-1208

LAND OF
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#1671 HENRYTON ROAD
 TAX ACCOUNT #293548; DEED REF: 15386/416;
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	CND	PCR	1" = 100'
	DATE:	JOB NO.:	SHEET NO.:
	10-28-14	14101	1 OF 1

Oswald, Hank

To: LTPALLAN@GMAIL.COM
Subject: B14003982_1671 Henryton Road
Attachments: BP Response Letter_FPs of Existing and proposed renovations plus site plan revision_2014_B140033982.pdf; Septic Permit_1671 Henryton Drive.pdf; Setback Requirements.pdf

Ms. Pallan:

Attached, you will find the building permit response letter along with the as built drawing for the septic system for this property. Please read over all attachments and provide the necessary information for this review. Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786

