

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B03000 833

Building Address 13615 Highland RD
Clarksville MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 34 Parcel 271 Grid 9
 Zoning _____ Map Coordinates _____ Lot size 1700

Property Owner's Name David Standa + Barbara Coy
 Address 13615 Highland Road
 City Clarksville State MD Zip Code 21029
 Home Phone 240 345 2011 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 250,000
 Description of Work FINISH EXISTING BASEMENT, REAR BATH, RIND
day swing in basement, add wet bar, expand living Rm. & library
and add gas vented fireplace. Top floor expand Master BR
and BR 2 & 3. Install 5' x 14' deck 900 sq. ft. on spa

Contractor Company Chickwork Builders
 Contact Person John P. Riley
 Address 1158 Diny Road
 City Elkridge State MD Zip Code 21754
 License No. 70247
 Phone 410 442 2178 Fax 410

Occupant or Tenant _____
 Contact Name David Standa - Barbara Coy
 Address 13615 Highland RD
 City Clarksville State MD Zip Code 21029
 Phone 240 345 2011 Fax _____

Engineer or Architect Company _____
 Contact Person John L. Miller
 Address 6884 Highgate Rd
 City Highland State MD Zip Code 21777
 Phone 301 854 1109 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
_____ State Certified Modular _____ Manufactured Home	

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.

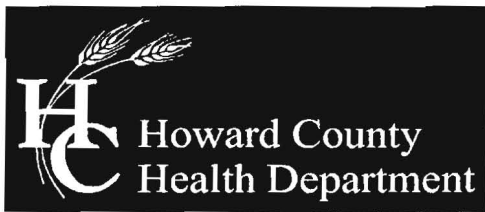
Applicant's Signature _____
 Title/Company _____

Print Name John P. Riley
 Date 3/31/09

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 Highway		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/2/09</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 NewTown Zone _____	Check # <u>1937</u>
SDP/Red-line approval date _____	Validation # _____



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

April 17, 2008

David Svanda and Debra Coy
13615 Highland Rd
Clarksville, Maryland 21029

RE: B08000838
13615 Highland Rd

Dear Mr. Svanda and Ms. Coy,

Building permit application #B08000838 for the referenced property has been reviewed by our office and has been placed "On Hold." Floor plans showing the proposed adjustments to the existing house are requested to be submitted to the Health Department. In addition, The *Howard County Code Subtitle 8, Section 3.805* requires a Percolation Certification Plan for the addition of living space. Our records indicate percolation testing was performed in September of 1974, but there are no soil profiles and there is not a professionally prepared plan with the perc test locations.

Prior to building permit approval, percolation testing must be performed to demonstrate adequate area is available for on-site sewage disposal. Once testing has been completed, the Percolation Certification Plan must be submitted to illustrate the sewage disposal area.

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