



**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: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 18348 Chelsea Knolls Dr  
City: Mount Airy State: MO Zip Code: 21771  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Chelsea Knolls  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 12  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
Proposed Use: deck  
Estimated Construction Cost: \$ 34,000  
Description of Work: build composite deck  
Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: Shane & Gayle Shrader  
Address: 18348 Chelsea Knolls Dr  
City: Mount Airy State: MO Zip Code: 21771  
Phone: 443 256 0887 Fax: \_\_\_\_\_  
Email: GAYLE\_SHRADER@yahoo.com  
Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contractor Company: Oakridge Design + Build  
Contact Person: Tim Wantz  
Address: 2145 Point of Rocks Rd  
City: Knoxville State: MO Zip Code: 21788  
License No.: 94365  
Phone: 240 578 3360 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 <sup>st</sup> floor: _____
	2 <sup>nd</sup> floor: _____
Area of construction (sq. ft.): _____	Basement: _____
	<input checked="" 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: <u>4</u>
<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: _____
Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" 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.

Gayle Shrader  
Applicant's Signature  
GAYLE\_SHRADER@yahoo.com  
Email Address  
Title/Company

Gayle Shrader  
Print Name  
5/23/16  
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	5/23/16	

Is Sediment Control approval required for issuance? ☐ Yes ☐ No  
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met? ☐ Yes ☐ No  
Is Entrance Permit Required? ☐ Yes ☐ No  
Historic District? ☐ Yes ☐ No  
Lot Coverage for New Town Zone: \_\_\_\_\_  
SDP/Red-line approval date: \_\_\_\_\_

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

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

We have started the process of building a deck and have run into an issue with the septic easement in relation to our home. We are requesting a waiver to have our sewage disposal area 5' to property line. We greatly appreciate your time and consideration in this matter. Please see the attached plat that shows the request.

Thank you,



Gayle Shrader

Shane & Gayle Shrader

18348 Chelsea Knolls Drive

Mt Airy MD 21771

443-756-0887

5/24/16

Approved

Angela Davis



SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

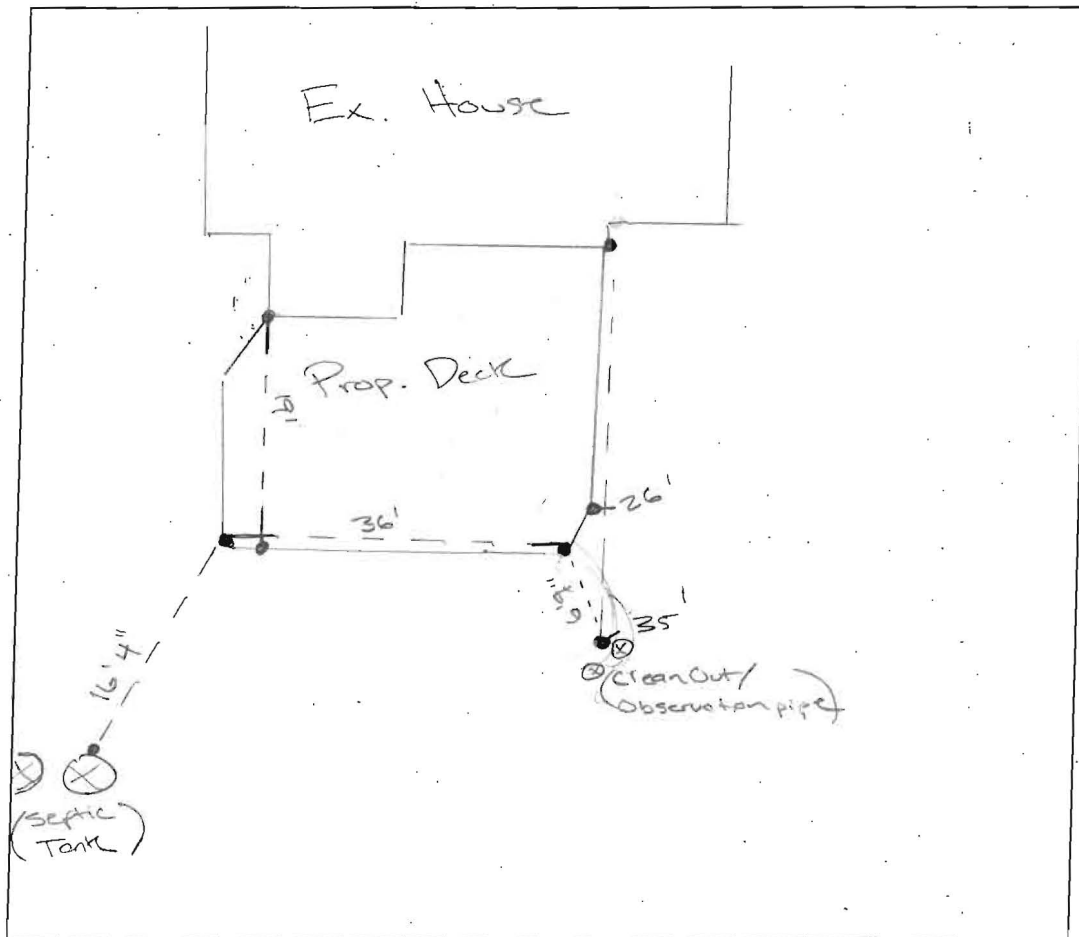
ADDRESS: 18348 Chelsea Knolls CONTRACTOR: \_\_\_\_\_

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Deck

LOCATION DIAGRAM



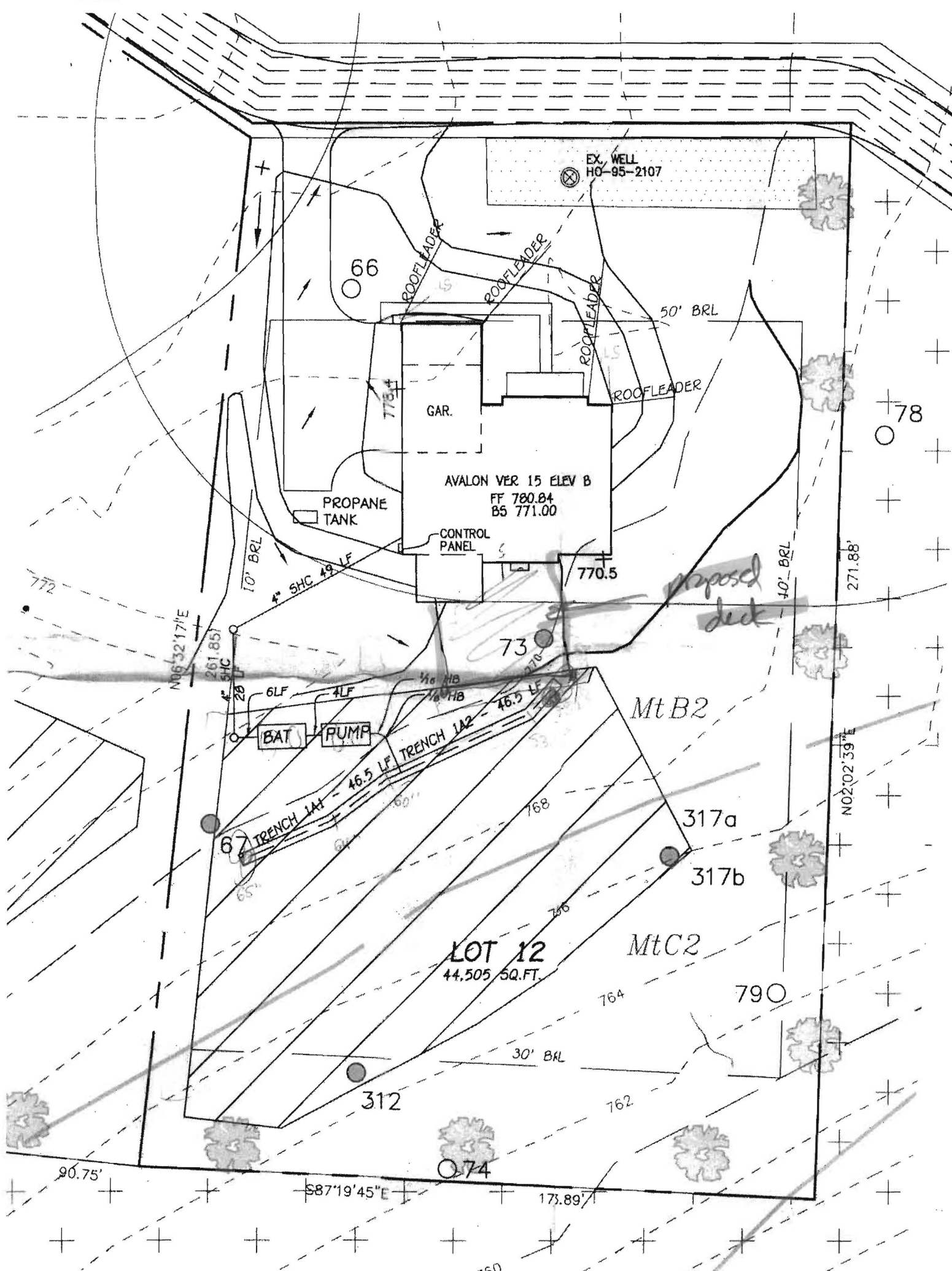
COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: 5/20/2016 INSPECTOR: \_\_\_\_\_



- site visit - check  
staked deck corners/  
edge to trench location
- obs. pipe should be visible
- call homeowner afterward
- 5 ft - stacked

see me first

~~10/1/12~~

~~10/1/12~~

~~10/1/12~~  
10/1

~~10/1/12~~



Gayle Shroder

BWyon for Maura Rossum

5/26/2016

Date \_\_\_\_\_

- The purpose of the plan is to show the proposed change to moving approximately 375 sq ft of easement.
- Any changes to a private sewage easement shall require a revised percolation certification plan.
- The topography of this plat is taken from \_\_\_\_\_ and is verified to accurately represent the relative changes on the subject property.
- All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown.
- Certification of compliance with MDE ownership width and lot area requirements for lots created after 1985:
  - The lot shown herein complies with the minimum ownership width and lot area as require by the Maryland Department of Environment
- MDE statement for lots created after March 1972:
  - "This area designates a private sewage disposal area of at least 10,000 sq ft. as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This sewage disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary."

18348 Chelsea Knolls Drive, Chelsea Knolls Lot 12



# Percolation Certification Plan

"I certify that the information show herein is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief."

*Bayle Shrader*

Approved For Private Water and Private Sewerage Systems

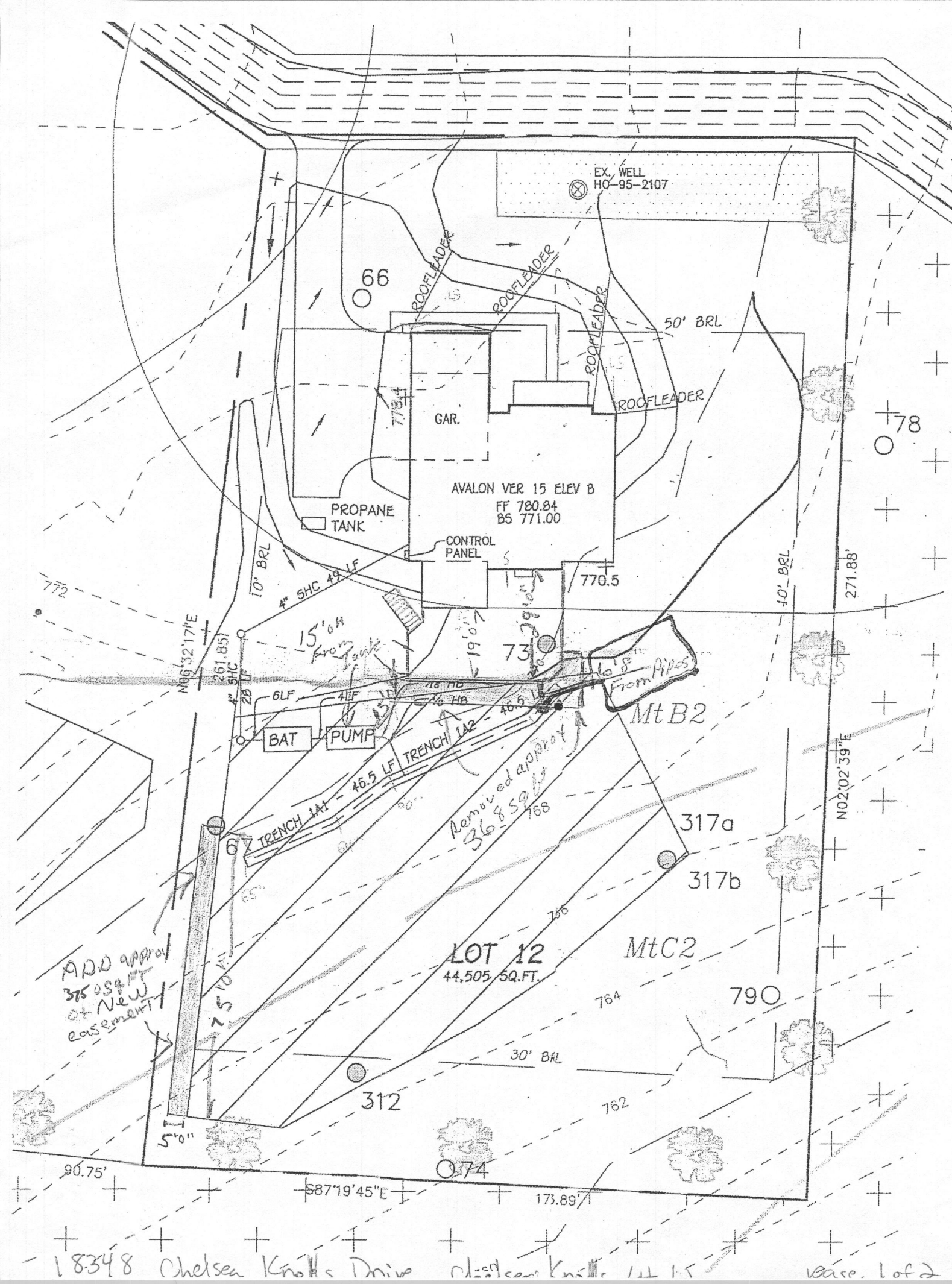
*B. Wilson for Mauro Resseman*

Health Officer, Howard County Health Dept.

*5/26/2016*

Date

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Approved For Private Water and Private Sewerage Systems

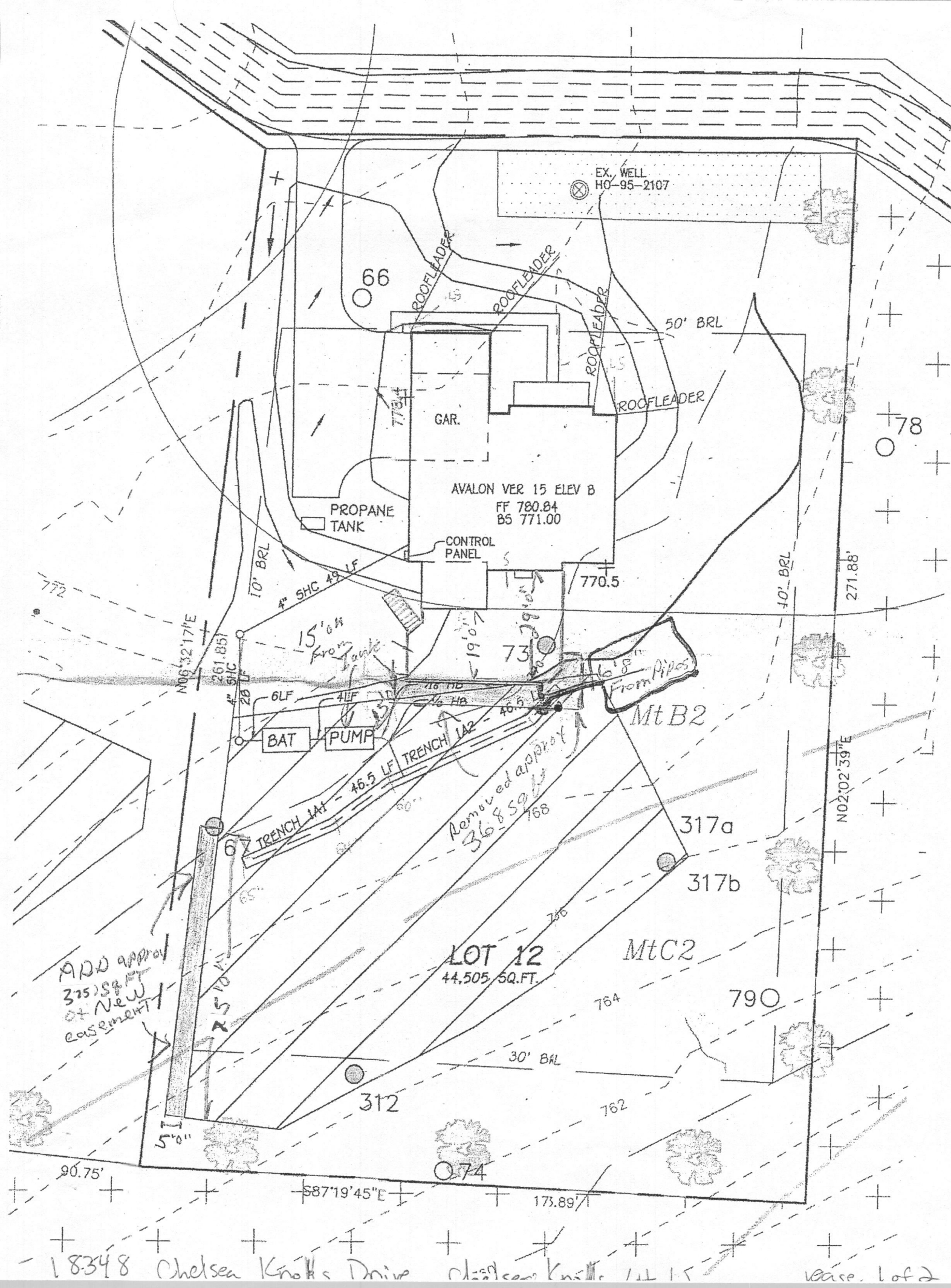
*Bayle Shrader for Maureen Rossman*

Health Officer, Howard County Health Dept.

*5/26/2016*

Date

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