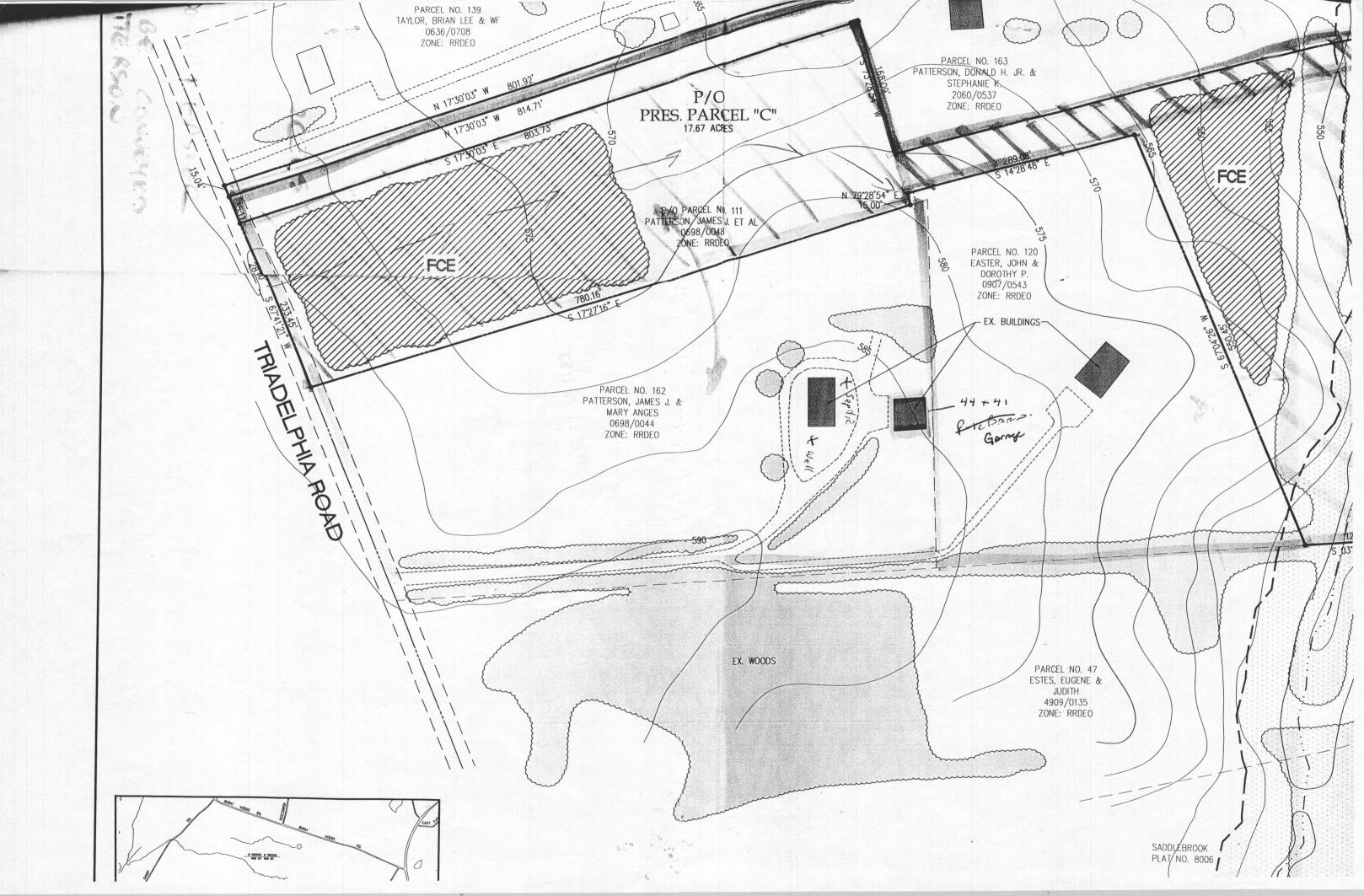
DEPARTMENT OF HISPECTICUS, LICENSES AND PERMITS WAS COMPT HOUSE DRIVE ELLICOTT CITY, MO 2004 PERMITS (400, 313-458) INSPECTIONS (400, 313-1850 AUTOMATED INFORMATION (410) 313-3800	HOWARD PERMIT AP	COUNTY PLICATION	-	MIT NUMBER
Building Address	ardin 10.	Property Owner's Name	JAMESU	PATTERSON
GLENELG MD 21737		Address		
Suite/Apt. #: SDP/WP/Petition #:		14056 112	IADELIA	A RD-
Census Tract Subdivision		City <u>CLENEL</u>	State	MI Zip Code 2173
		Phone 410-45-0	HI Phone	
Section Area Lot		Applicant's Name & Mailin	ng Address, (if of	ther than stated hereon):
Tax Map Parcel Grid		Phone	Fax	
Zoning Map Coordinates	Lot size	and the second sec		
Existing Use NONC Pale Barn		Contractor Company		
Proposed Use				
Estimated Construction Cost \$		Contact Person		
Description of Work 41 41 Para Prove		Address		
Gan				
A cars + n		CityStateZip Code License No Phone Fax		
Occupant or Tenant		Engineer or Architect Company		
Contact Name JAMES J PATTERSON		Contact Person		
Address 14050 TISTAL CL PHIA 300		Address		
City GLENELS State Mp Zip Code +1737		City State Zip Code		
Phone 4 10 489410 1 Fax		Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	Utilities	Building Characte	eristics	Utilities
Height:	Water Supply:	SF Dwelling D SF Tow	nhouse 🗆	Water Supply:
No. of stories:	Public Private	1st floor:	Width	Public Private
	Sewage Disposal: Public	2nd floor: 41	77	Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement D Unfinis	hed Basement	Private
Use group:	Electric Yes I No I Gas Yes No I	Crawl space C Slab on G No. of Bedrooms	rade 🗆	Electric Yes I No I Gas Yes No I
	Heating System:	Height: Multi-family dwellings:	12112	Heating System:
Construction type:	Electric D Oil D	No. of efficiency units:		Electric D Oil D Natural Gas D
Reinforced Concrete Structural Steel	Natural Gas  Propane Gas	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:		Propane Gas
Masonry Wood Frame	Sprinkler system: N/A	Other Structure:		Sprinkler system: N/A
	Full Partial	Dimensions: Footings:	A CONTRACTOR OF CONTRACTOR	NFPA #13D NFPA #13R
State Certified Modular	Other Suppression	Roof Height:		Other:
	# of Heads	State Certified Modu Manufactured Home		
E UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS WARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HI	E/SHE WILL PERFORM NO WORK ON THE ABOVE REF	PPLICATION: (2)THAT THE INFORMATION IN FERENCED PROPERTY NOT SPECIFICALLY	S CORRECT; (3) THAT HE	J /SHE WILL COMPLY WITH ALL REGULATIO LICATION; (5) THAT HE/SHE GRANTS COU
FICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE P	UNY USE OF INSPECTING THE WORK PERMITTED AN	The Market Street Stree	TTERSIN	
Stand St. A. W. S. Market Street Stre		Print Name		27 WY 8 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
pplicant's Signature		the Alexand	Patter	et)
pplicant's Signature			and a second	
pplicant's Signature	hecks payable to: DIRECTOR OF ** PLEASE WRITE NEA	Date FINANCE OF HOWARD CO	UNTY	an the
pplicant's Signature tle/Company C	thecks payable to: DIRECTOR OF ** PLEASE WRITE NEA - FOR OFFICE	Date FINANCE OF HOWARD CO TLY AND LEGIBLY. ** E USE ONLY -		PROPERTY IN
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## Peter L. Beilenson, M.D., M.P.H., Health Officer

May 15th, 2008

James Patterson 14050 Triadelphia Rd. Glenelg, MD 21737

## Re: Building Permit Application #B08001254

Mr. Patterson,

This office has recently received the above referenced building permit application for construction of a detached garage. At this time we are unable to recommend approval of your application.

Prior to approval of a building permit the Health Department requires an approved Percolation Certification Plan per Howard County Code Sec. 3.805. The purpose of this plan is to formally establish adequate septic replacement area on your property following completion of satisfactory percolation testing.

Since no original percolation test records or a previously approved plan could be located for your property a variance request signed by the homeowner may be submitted to our office in order to waive the requirement of a Percolation Certification Plan. Items taken into consideration include current condition of the existing septic system, size of the property, location and potential problems of the structure in relation to the existing septic field, tank, well, etc. In addition please attach a site plan that includes the location of your well, septic tank and drywell cleanout(s) Forward this letter to the following address:

Howard County Health Dept. Bureau of Environmental Health Attn: Michael Davis 7178 Columbia Gateway Drive Columbia, MD 21046

Please be advised that variance requests are subject to a review period of 2 to 3 weeks. Pending this review a letter will be mailed indicating whether your variance request has been approved or denied. For questions or concerns please do not hesitate to contact our office during business hours Monday thru Friday 8:00 am to 5:00 pm at (410) 313-1771.

Sincerely,

Heidi Scott Well & Septic Program Development Coordination Section COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

	5/5/00 Scanned by Aut	Date 5/5/20
Date:	war allow from the second seco	
To:	JANEN FATTERS	
	(Person's Name and Division)	RECEIVED
From:	Your Name, Company Name and Telephone Number)	- UN SCIVED
Cublest		MAY 5 2000
Subject:	Project name	-PLAN REVIEW
	Project site address 14050 TRia delphia Rd	-PLAN REVIEW DIVISION
	Building permit # $BCGOOD54$ SDP #	
	Other information pertinent to this project	-
✓ Please ch	check the attachments below that you are submitting with this transmittal:	
Let	etter of response to Howard County plan review code letter	
Rev	evised plans and/or revised details: When submitting for a complete re-review, duplicate s	ets shall be submitted.
Stri	ructural steel certification	
 Ene	nergy conservation calculations	
	ertification for (be specific).	
	opies of (be specific).	
	wo sets of single family dwelling model plans to be placed on permanent file: Model name	and/or #
	and a second	
*********	ther SREVISED SITE PLANS	
Is t	there anyone else that should be contacted regarding this project if there are questions?	
If	f so, please list that person's name and telephone number below:	
(Per	(Telephone number)	
PLEASE A	ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIC	SNED AND SEALED, IF
	ARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED	
	ATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINE.	
	ECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PRO	
<ul> <li>The second se</li></ul>	HE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND A ORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, T	· · · · · · · · · · · · · · · · · · ·
	OTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP.	
	ES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE	

AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A <u>MINIMUM OF FIVE (5) WORKING DAYS</u> FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by A W

white: Plan Review Division yellow: Applicant pink: Permit Division

3

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