

Health Dept.

DEPARTMENT 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	PERMIT NUMBER B09007792
Building Address <u>13079 WILLIAMFIELD DR</u> <u>ELLICOTT CITY MD 21042</u>		Property Owner's Name <u>STONE, TOM & SARA</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>13079 WILLIAMFIELD DR</u>	
Census Tract <u>603000</u> Subdivision <u>ROSEMARY ESTATES</u>		City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>	
Section _____ Area _____ Lot <u>25-A</u>		Phone <u>410-531-2064</u> Phone _____	
Tax Map <u>22</u> Parcel <u>309</u> Grid <u>4</u>		Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning <u>R</u> Map Coordinates _____ Lot size <u>1.35 AC</u>		Phone _____ Fax _____	
Existing Use <u>SFD</u>		Contractor Company _____	
Proposed Use <u>SFD & ADDITION</u>		Contact Person <u>PATIO ENCLOSURES, INC.</u>	
Estimated Construction Cost \$ <u>\$118,000</u>		<u>224 8th AVENUE, N.W.</u>	
Description of Work <u>CONSTRUCT A 2-STORY</u>		<u>GLEN BURNIE, MD 21061</u>	
<u>ADDITION ON DWELLING</u>		Address <u>443-797-0351</u>	
<u>14'x30' OVERALL</u>		City _____ State _____ Zip Code _____	
Occupant or Tenant <u>"OWNER"</u>		License No. _____	
Contact Name _____		Phone _____ Fax _____	
Address _____		Engineer or Architect Company _____	
City _____ State _____ Zip Code _____		Contact Person _____	
Phone _____ Fax _____		Address _____	
		City _____ State _____ Zip Code _____	
		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: <u>8 14' x 30'</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>14' x 22'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Structural Steel _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	Height: _____	Natural Gas <input type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____	No. of 1 BR units: _____	NFPA #13D _____
	Partial _____	No. of 2 BR units: _____	NFPA #13R _____
	Other Suppression _____	No. of 3 BR units: _____	Other: _____
	# of Heads _____	Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof Height: _____	
		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.

Gregory A. Falter (Agent)
Applicant's Signature
Date
Print Name
Title/Company

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	7/22/09	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	7/17/09	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ

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DPZ SETBACK INFORMATION

Front: 50
Rear: 30
Side: 10 / N/A
Side St.: _____

All minimum setbacks met?

YES ☒ NO ☐

Is Entrance Permit required?

YES ☐ NO ☒

Historic District?

YES ☐ NO ☒

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

Yellow: DED, DPZ

Pink: Health

Filing fee

Permit fee

Excise tax

Add'l per. fee

TOTAL FEES

Sub-total paid

Balance due

Check # 5411

Validation # _____

PROPERTY ID#

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

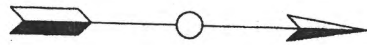
Accepted by _____

Gold: SHA

Rev. 11/4/04



PROPOSED 2 STORY
SUNROOM / STUDY ADDITION



S 86° 44' 53" W 30.30'
N 11° 22' 55" W 249.81'

DRYWELL

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN SS DATE: 7/17/09
DESC. OF WORK: 14' x 30' sunroom addition

TANK

PROPOSED TWO
STORY ADDITION

250.00

S 78° 37' 05" W

14'
30'

EXISTING TWO
STORY
FRAMED DWELLING

GARAGE

30' +/-

17'-1"
30' +/-

85' +/-

62' +/-

Well
HO-73-3099

S 11° 22' 55" E 217.02'

Donald & Sara Stone
13097 Williamfield Dr.
Ellicott City, MD 21042

Client: STONE

Date: 6-2-209

Job Number: N/A

Designer:

THIS SURVEY WAS CREATED USING INFORMATION PROVIDED BY
PUBLIC RECORDS AND IN FIELD MEASUREMENTS FOR THE SOLE
PURPOSE OF OBTAINING A BUILDING PERMIT AND IS NOT TO BE
USED AS AN EXACT LOCATION SURVEY.

Scale: 1" = 40'

Rev: #

Map-22 Grid-4 Parcel-309

Land Area: 1.35 AC

Private Well & Private Septic

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 13079 WILLIAMFIELD DR
ELLICOTT CITY MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 25-A
Tax Map 22 Parcel 309 Grid 4
Zoning _____ Map Coordinates _____ Lot size 1.35 AC

Property Owner's Name STONE, DON & SARA
Address 13079 WILLIAMFIELD DR
City ELLICOTT CITY State MD Zip Code 21042
Phone 410-531-2064 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD
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Estimated Construction Cost \$ \$118,000
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Contractor Company
Contact Person PATIO ENCLOSURES, INC.
224 8th AVENUE, N.W.
GLEN BURNIE, MD 21061
Address 443-797-0351
MHI # 12744
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant "OWNER"
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type: _____
Reinforced Concrete _____
Structural Steel _____
Masonry _____
Wood Frame _____
State Certified Modular _____

Utilities
Water Supply: _____
Public _____
Private _____
Sewage Disposal: _____
Public _____
Private _____
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System: _____
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
Full _____
Partial _____
Other Suppression _____
of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling ☒ SF Townhouse ☐
Depth _____ Width _____
1st floor: 14' x 30'
2nd floor: 14' x 22'
Basement: _____
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____
Height: _____
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: _____
State Certified Modular _____
Manufactured Home _____

Utilities
Water Supply: _____
Public _____
Private ☒
Sewage Disposal: _____
Public _____
Private ☒
Electric Yes ☒ No ☐
Gas Yes ☐ No ☒
Heating System: _____
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
NFPA #13D _____
NFPA #13R _____
Other: _____

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Gregory A. Falter (Agent)
Applicant's Signature

GREGORY A. FALTER
Print Name

Title/Company

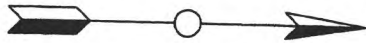
Date

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>7/17/09</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies: White: Building Official				
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



PROPOSED 2 STORY
SUNROOM / STUDY ADDITION



S 86° 44' 53" W 30.30'
N 11° 22' 55" W 249.81'

APPROVED
WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN SS DATE: 7/17/09
DESC. OF WORK: 14' x 30' sunroom addition

DRYWELL



TANK

PROPOSED TWO
STORY ADDITION

14'
30'

EXISTING TWO
STORY
FRAMED DWELLING

GARAGE

N 86° 44' 53" E 282.84'

S 78° 37' 05" W 250.00'

117'-1"
130' +/-

85' +/-

62' +/-

Well

HO-73-3099

S 11° 22' 55" E 217.02'

Donald & Sara Stone
13097 Williamfield Dr.
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Client: STONE

Date: 6-2-209

Job Number: N/A

Designer:

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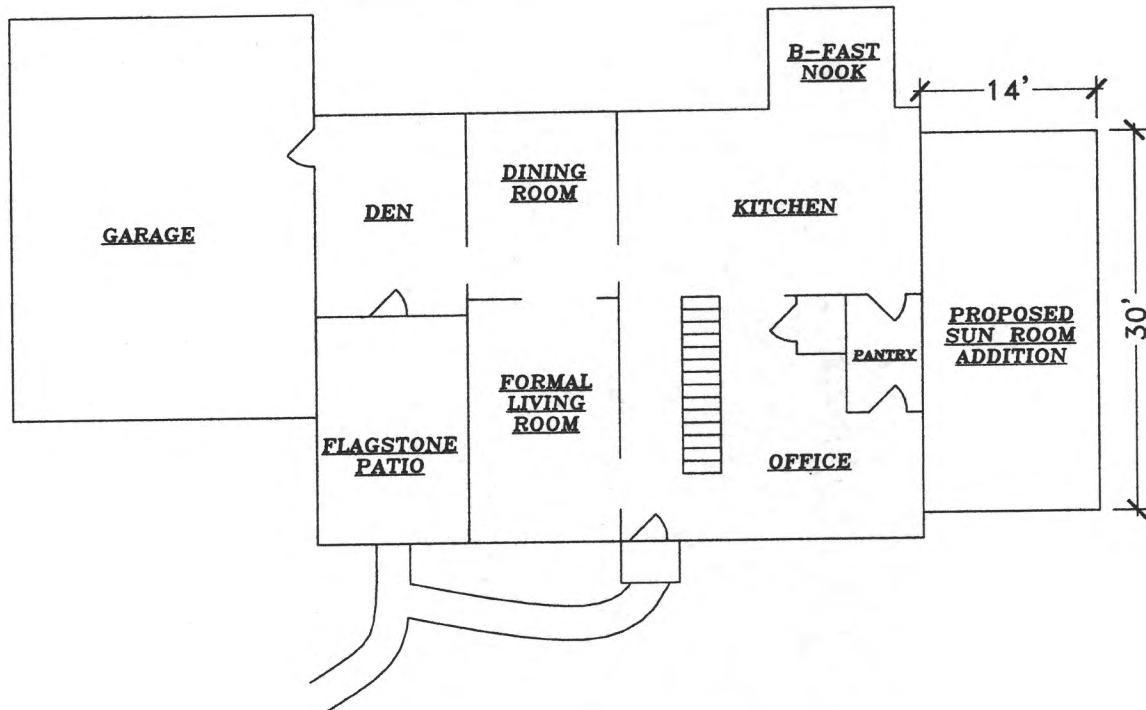
Rev: #

Map-22 Grid-4 Parcel-309

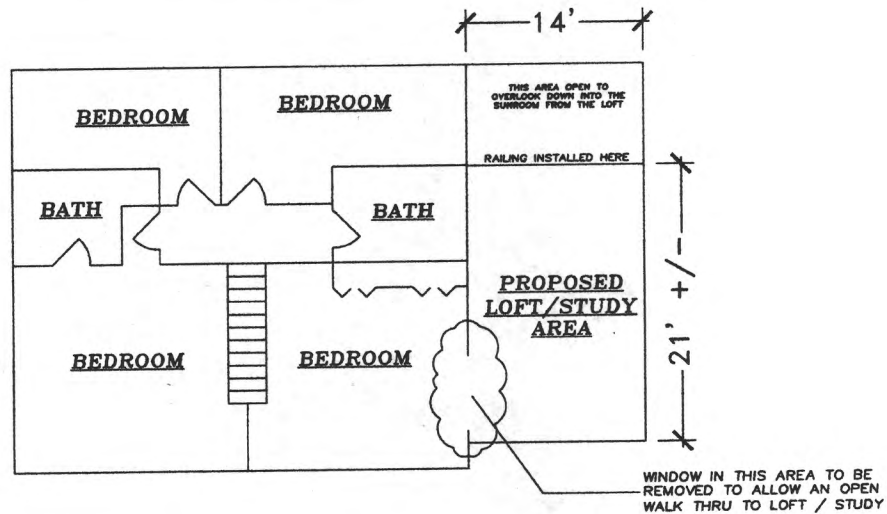
Land Area: 1.35 AC


Private Well & Private Septic

FIRST FLOOR LAYOUT



SECOND FLOOR LAYOUT



Client: Stone	Date: 6/18/2009	 RIC-LEE CORPORATION
Job Number: 37775	Designer: JT	
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	Rev: - Date: -	

13079 Williamsfield Drive

July 9, 2009

Sarah

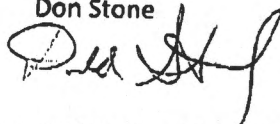
Please accept this as a variance request for the proposed Patio Enclosure sunroom. I am in the process of obtaining a building permit for an attached two-story sunroom (14 feet x 30 feet) to the south side of my current residence. I am the original owner for this home.

This variance request pertains to the county requirement for a perk test and a perk certification plan.

I am looking forward to your response.

Sincerely

Don Stone



PS. Any questions, please call my wife Sally at 443 756-9808.

8/16/09
Approved
mg Davis

Sunroom w/in
100 ft of well
∴ not useable
for OSDS
Records lost

AS6357
P31625

GENERAL NOTES:

- 1. NEW WOOD FOUNDATION (FIRST LEVEL) PER DETAILS SHOWN ON SHEET 2.
 - 2x10's spaced 16" o.c.
 - Double 2x10 rim joists and headers.
 - Typical joist hangers on all joists.
 - All hardware to be ACQ compatible as required.
 - Typical 6x6 posts notched and thru bolted to rim joists and headers with min. 1/2" dia. hardware.
 - R-30 Insulation installed in joist bays.
 - Insulation to be covered on underside with exterior grade plywood.
 - Typical 3/4" subflooring to be installed on joists.
 - Small 3' landing / open deck outside sliding doors.
- 1. NEW WOOD FOUNDATION (SECOND LEVEL) PER DETAILS SHOWN ON SHEET 2.
 - 2x12' floor joists spaced 16" o.c.
 - Double 2x12 rim joists and headers as required per A.B.W.P
 - Typical joist hangers on all joists.
 - All hardware to be ACQ compatible as required.
 - Typical 3/4" subflooring to be installed on joists.
- 2. WALL FRAMING IS TO BE 2x6 LUMBER.
- 3. R-19 INSULATION INSTALLED IN EXTERIOR WALL CAVITIES.
- 4. TYPICAL SHEATHING, VAPOR BARRIER AND CEDAR SIDING INSTALL ON EXTERIOR.
- 5. INTERIOR FINISH TO BE G.W.B READY FOR PAINT.
- 6. CEILING RAFTERS TO BE 2x12'S SPACED 24" ON CENTERS WITH REQUIRED HURRICANE TIES.
- 7. GABLE RIDGE BEAM IS TO BE A MINIMUM OF A DOUBLE 1 3/4"x 14 LVL.
- 8. OWNER IS TO INSTALL A RAILING PER CODE AT SECOND FLOOR OVERLOOK TO LOWER LEVEL.
- 9. TYPICAL GUTTERS AND DOWN SPOUTS TO GRADE.
- 10. NEW ADDITION AREA TO BE CONDITIONED VIA (2) THRU WALL HEAT PUMPS INSTALLED IN BASE WALLS (LOCATION T.B.D.).
- 11. ALL GLASS IS TO BE TEMPERED SAFETY GLAZED AS REQUIRED.
- 12. EXISTING WINDOWS AND DOORS IN HOUSE WALL TO BE REMOVED AND CASED TO ALLOW ACCESS TO NEW ENCLOSURE, HOWEVER ANY STRUCTURAL RE-HEADERING WILL BE DONE SO AS ADVISED BY A CERTIFIED STRUCTURAL ENGINEER.
- 13. ALL REQUIRED, DESIRED ELECTRICAL, MECHANICAL AND PLUMBING WORK WILL BE DONE SO UNDER SEPARATE PERMITS.
- 14. MEASUREMENTS OF SECOND FLOOR SYSTEM ARE APROXIMATE AND MAY VARY DEPENDING ON THE EXISTING OBSTRUCTING SITE CONDITIONS.
- 15. ALL MATERIALS INSTALLED PER MFG'S SPECIFICATIONS.
- 16. ADDITIONAL INFORMATION AVAILABLE UPON REQUEST.

STONE, Sara & DON
13079 WILLIAMS FIELD RD.
ELLCOTT CITY, MD 21042


SHEET MANAGER

SHEET 1	OF 5	COVER AND NOTES
SHEET 2	OF 5	FOUNDATION PLAN
SHEET 3	OF 5	PLAN VIEWS
SHEET 4	OF 5	ELEVATIONS
SHEET 5	OF 5	DETAILS

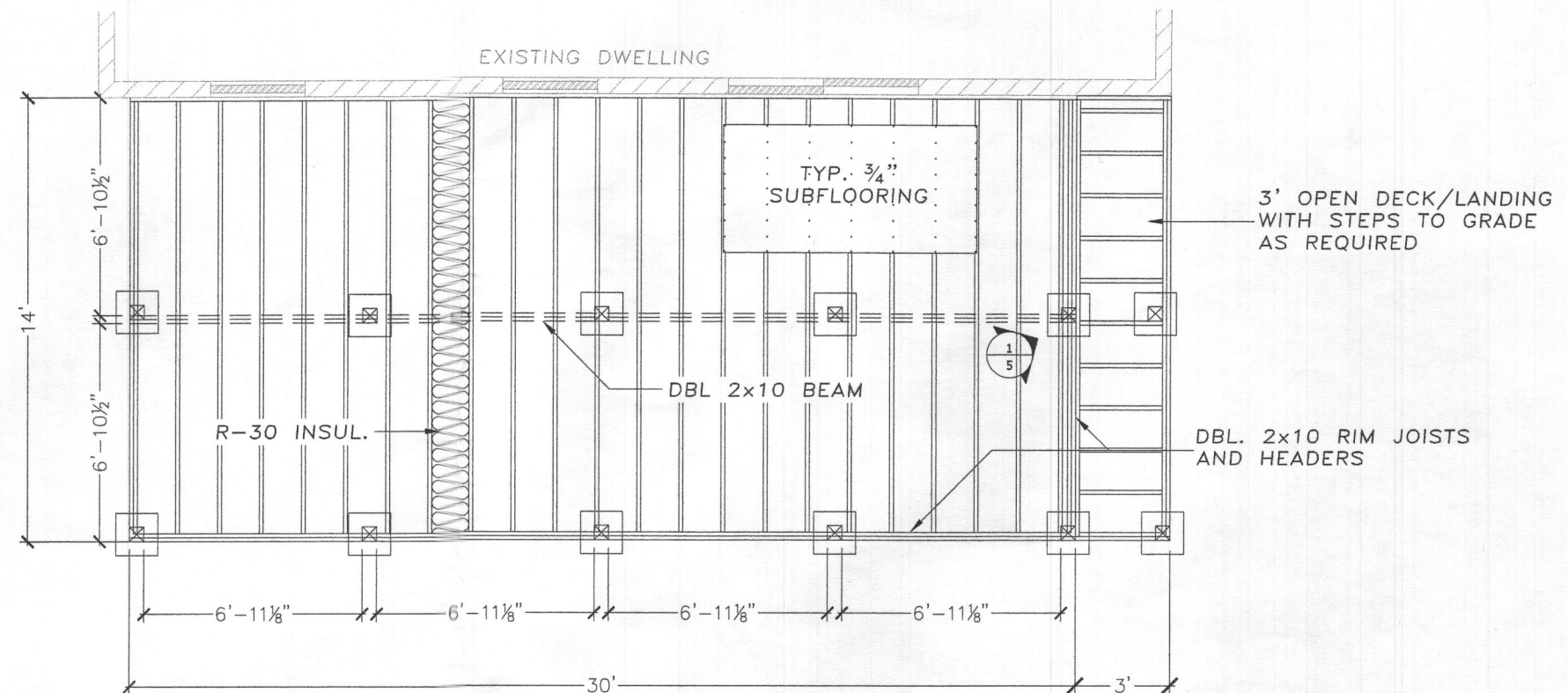
ABBREVIATIONS:

O.C	ON CENTER.
G.W.B	GYPSUM WALL BOARD.
A.B.W.P	ALTERNATE BRACED WALL

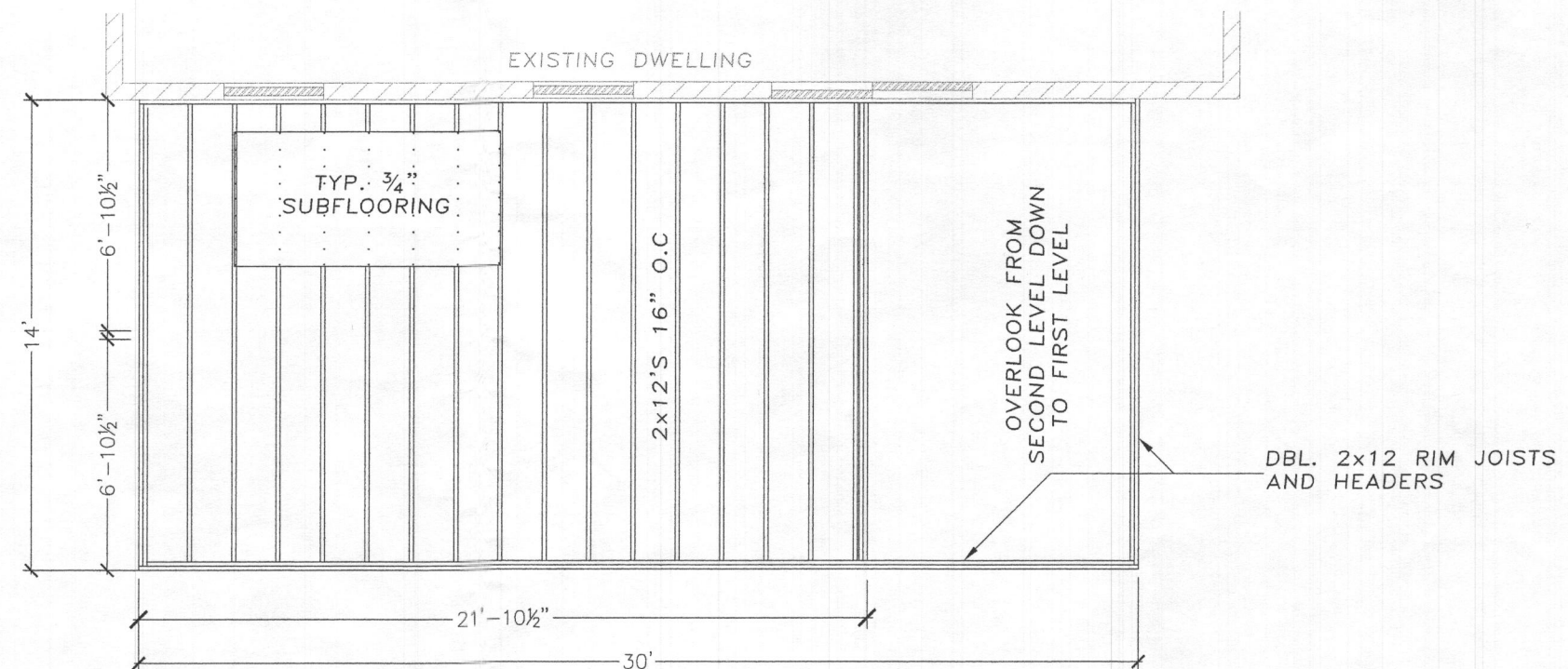
APPROVALS


Client: Stone	Date: 5/26/2009	 RIC-LEE CORPORATION
Job Number: 37775	Designer: JT & GF	
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LOWER LEVEL (1ST FLOOR) FOUNDATION PLAN



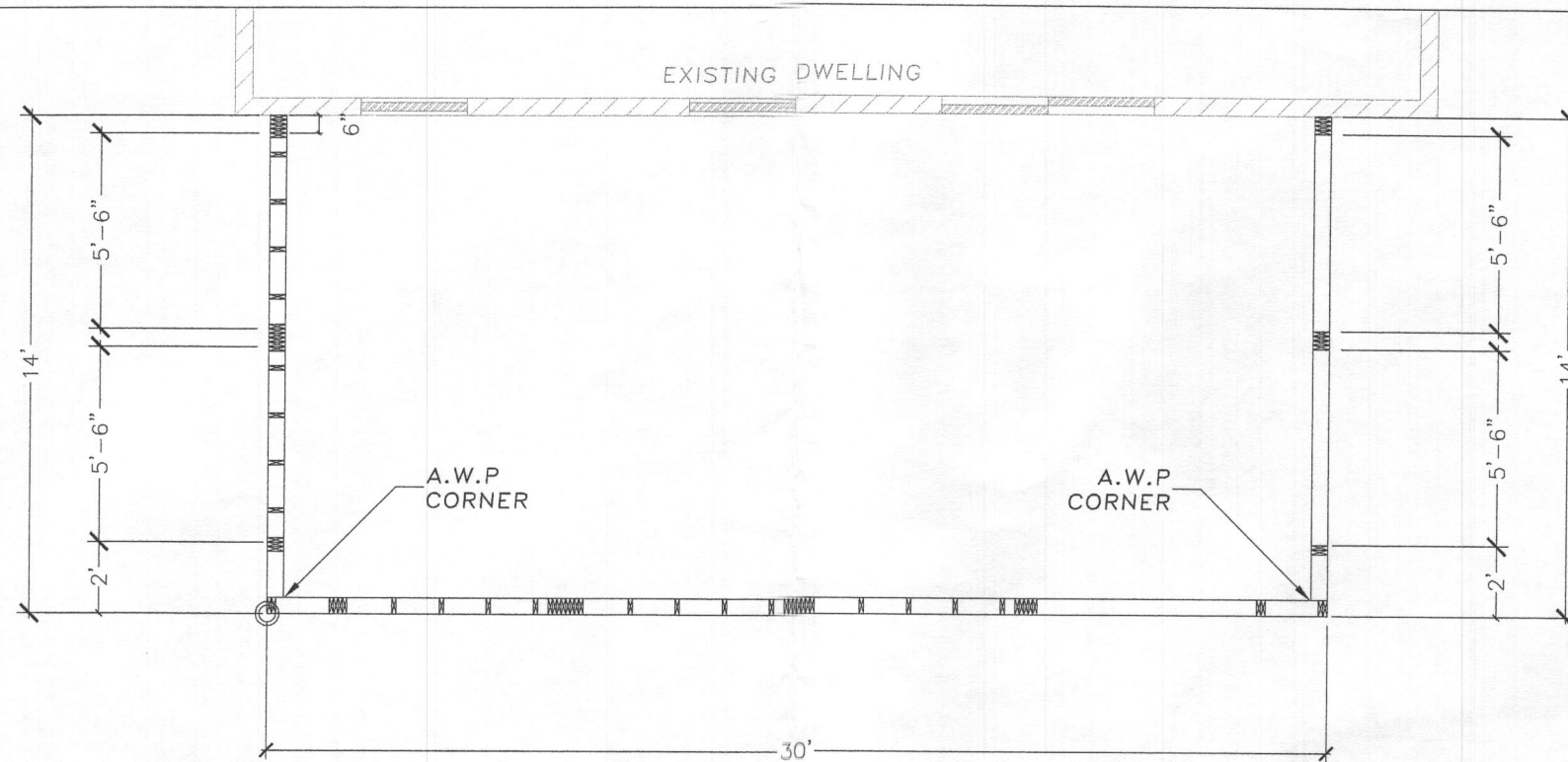
UPPER LEVEL (2ND FLOOR) FOUNDATION PLAN



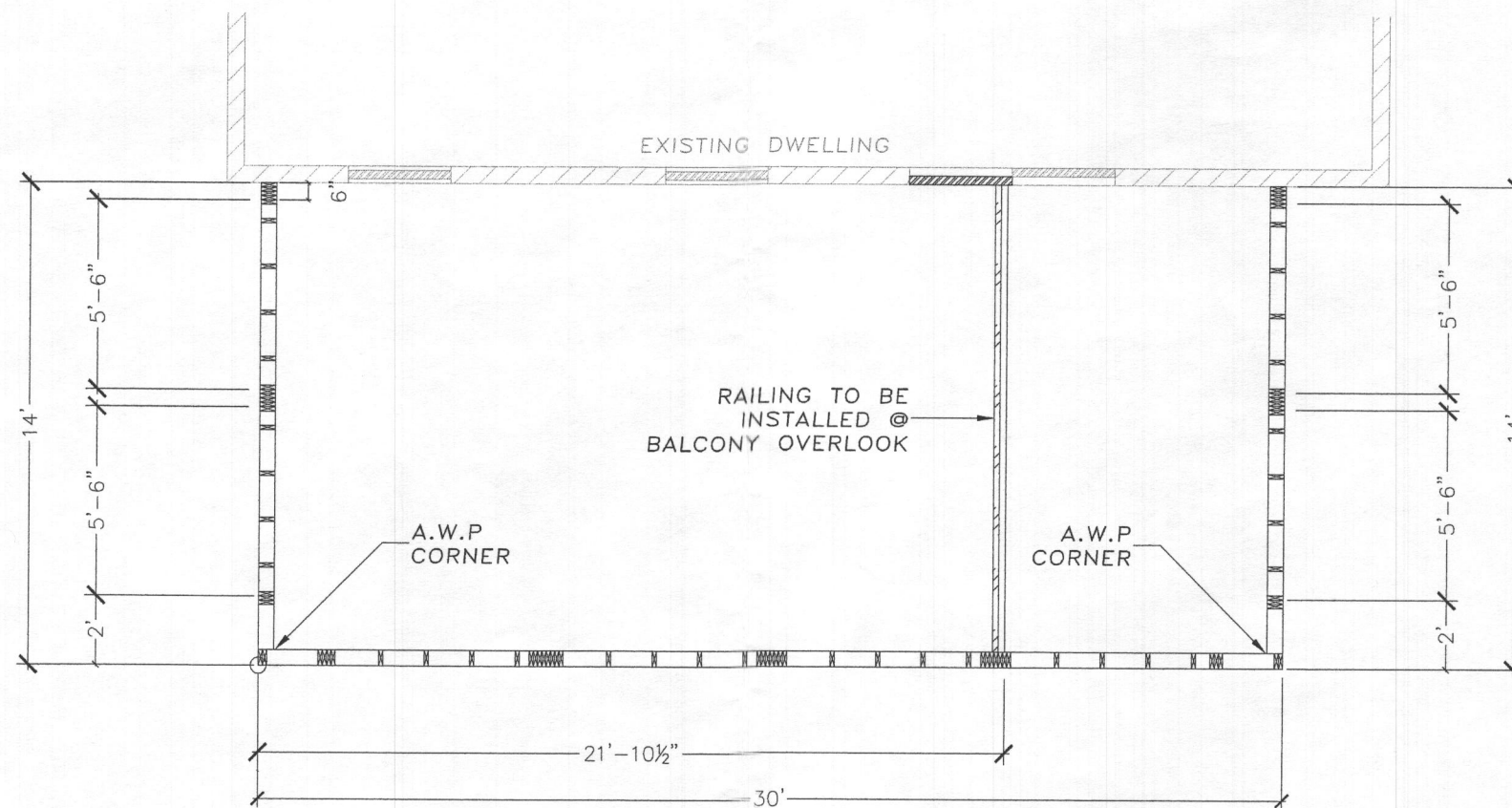
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LOWER LEVEL
(1ST FLOOR)
FOUNDATION PLAN



UPPER LEVEL
(2ND FLOOR)
FOUNDATION PLAN



Client: Stone

Date: 5/26/2009

Job Number: 37775

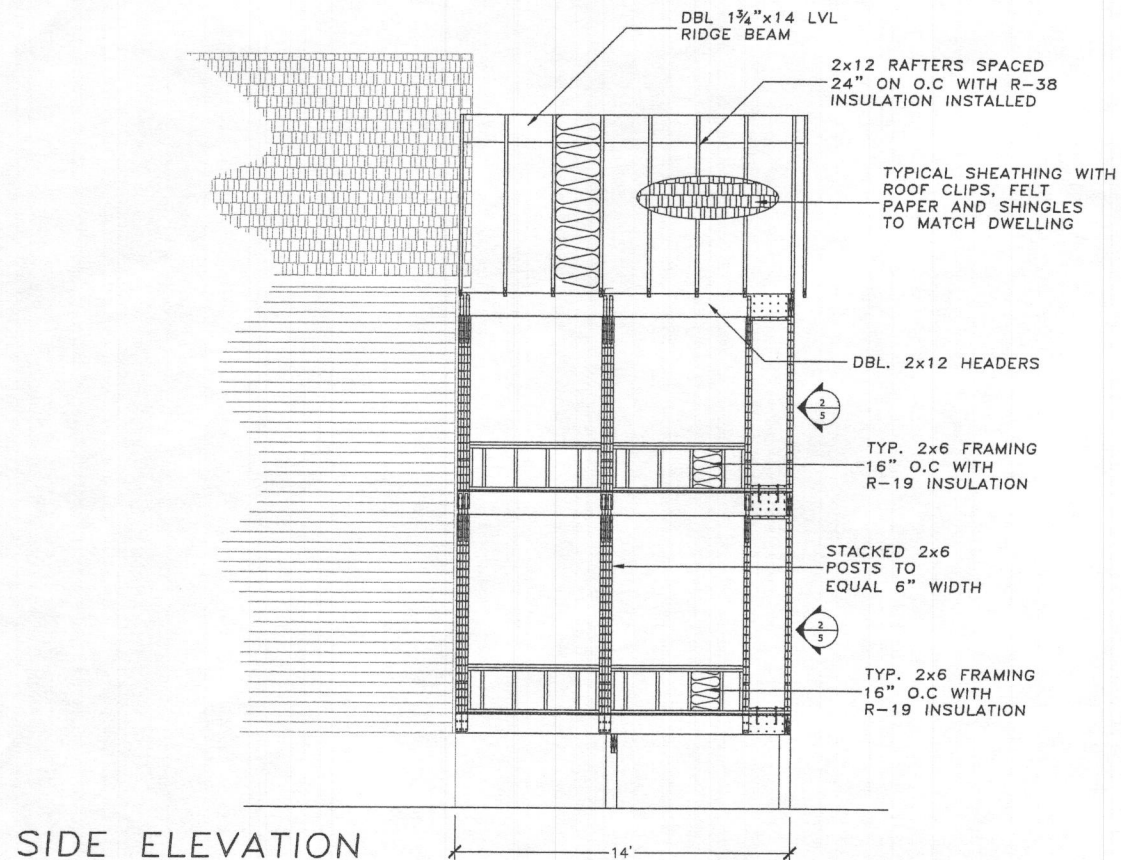
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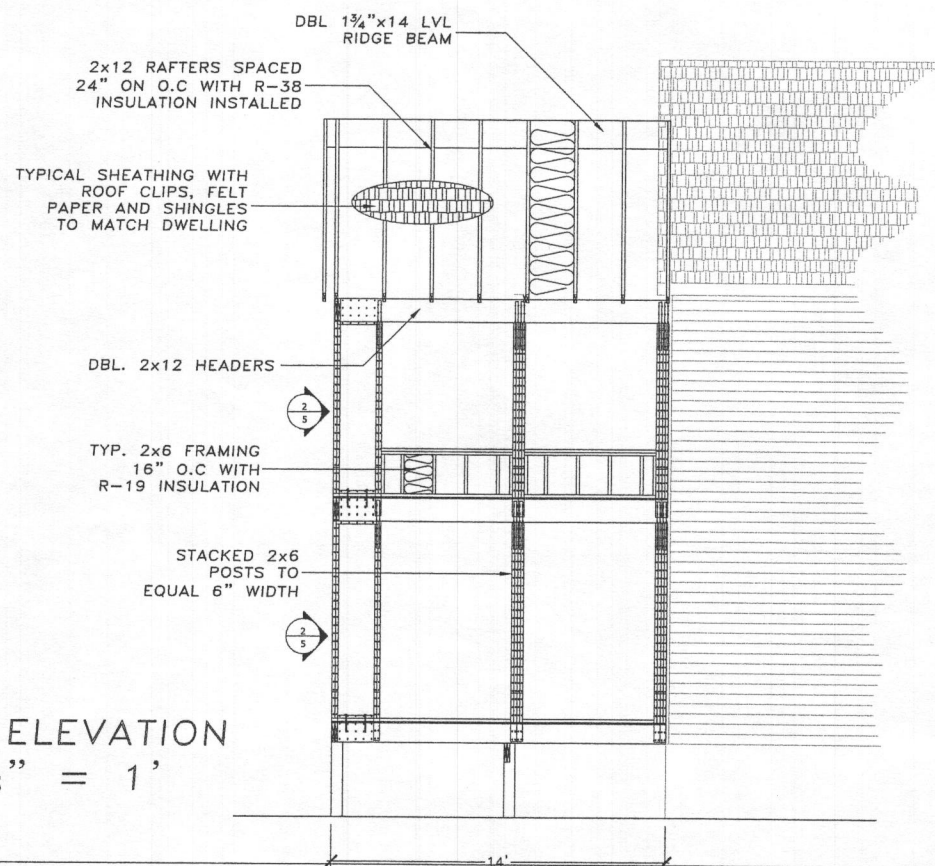
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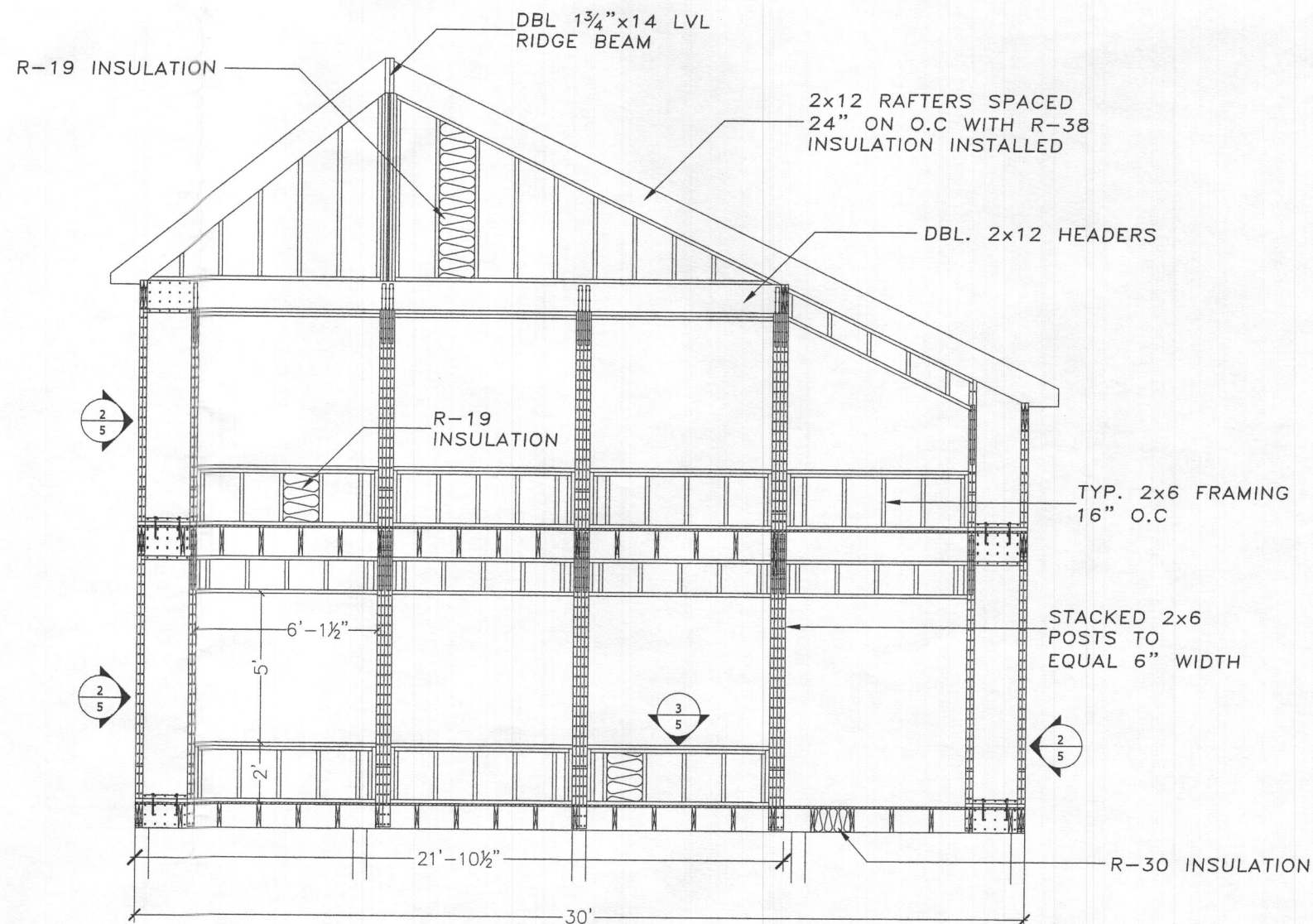





SIDE ELEVATION
 $\frac{3}{16}'' = 1'$



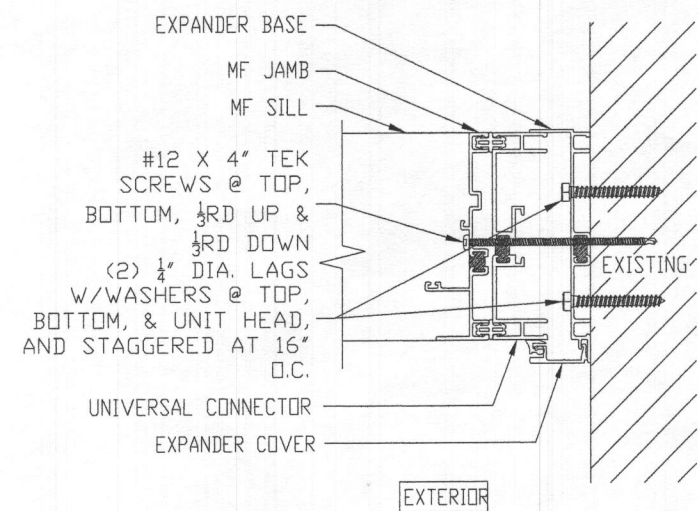
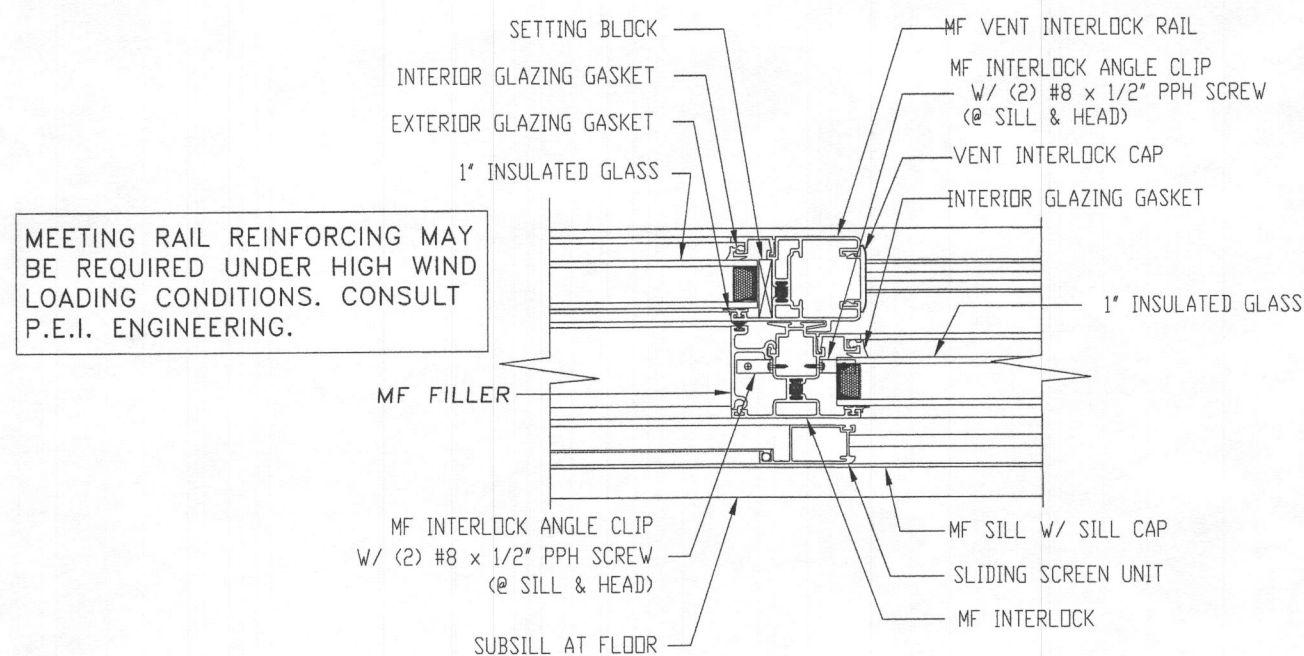
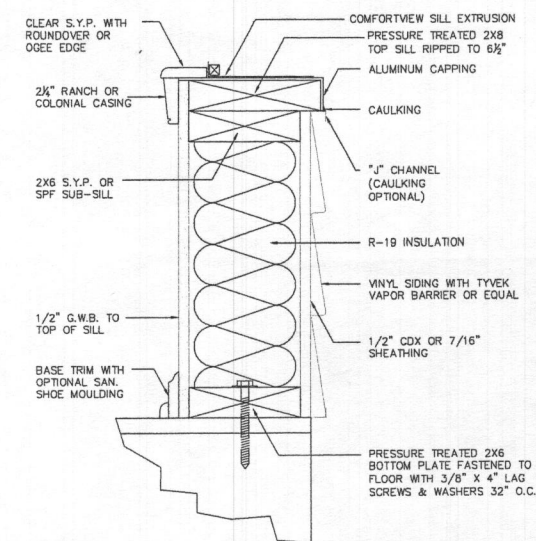
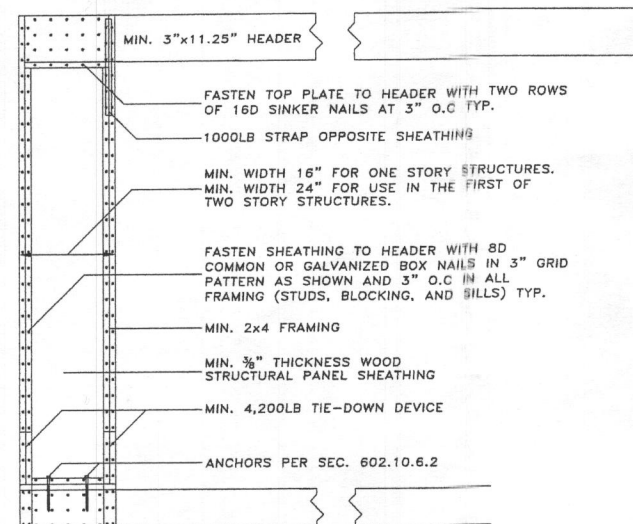
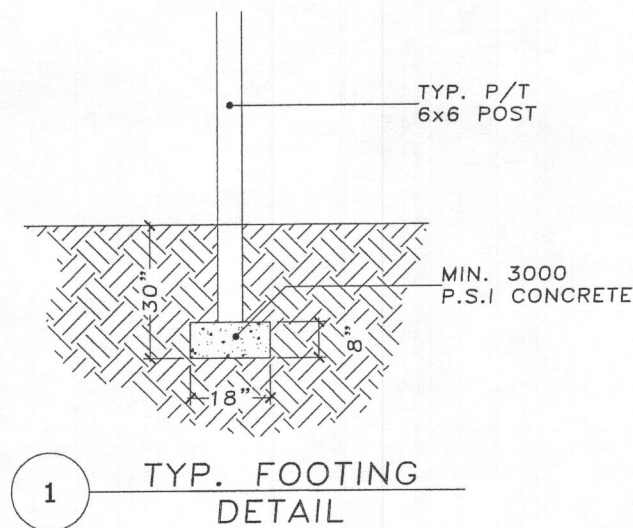
SIDE ELEVATION
 $\frac{3}{16}'' = 1'$




REAR ELEVATION
 $\frac{3}{16}'' = 1'$

Client: Stone	Date: 5/26/2009	 RIC-LEE CORPORATION
Job Number: 37775	Designer: JT & GF	
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