Permits: 410-313-24554 Inspections: 410-313-1810 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive Ellicott City, MD 21043

Permit Number:

| Building Address: | C. A. S. E. F. J. | Property Owner's Name: | | | |
|---|---|---|--|--|--|
| , 1 · Å | | Address: | | | |
| | | City: 1-4-1 State: Zip Code: | | | |
| Suite/Apt. #SDP/WP/BA #: | | l u plain | | | |
| Census Tract: | | Applicant's Name & Mailing Address | | | |
| Section: Are | ea:Lot: | Applicant s Name & Maining Address | , (il other than stated herein). | | |
| Tax Map: Parcel: | Grid: | | | | |
| Zoning: Map Coordinat | es:Lot Size: | Phone:F | ax: | | |
| Existing Use: | | Email: | f | | |
| Proposed Use: | | Contractor Company: | | | |
| | | Contact Person: | | | |
| Estimated Construction Cost: \$ | · | Address: | | | |
| Description of Work: | | City:State: | Zip Code: | | |
| | | License No. : | | | |
| | · | Phone: | | | |
| Occupant or Tenant: | | Email: | | | |
| Was tenant space previously occupied? | | Engineer/Architect Company: | Market and an administration of the second o | | |
| | | Responsible Design Prof.: | | | |
| Contact Name: | | | | | |
| Address: | | Address: | | | |
| City: State: Zip Code: | | | City:State:Zip Code: | | |
| Phone: | Fax: | Phone: | Fax: | | |
| Email: | <u> </u> | Email: | | | |
| BUILDING DESCRIPT | TION - COMMERCIAL | BUILDING DESCRIF | PTION – RESIDENTIAL | | |
| Building Characteristics | Utilities | Building Characteristics | Utilities | | |
| Height: | Water Supply | ☐ SF Dwelling ☐ SF Townhouse | Water Supply | | |
| No. of stories: | ☐ Public | Depth Width 1st floor: | ☐ Public ☐ Private | | |
| Gross area, sq. ft./floor: | ☐ Private | 2 nd floor: | Sewage Disposal | | |
| | Sewage Disposal | Basement: | ☐ Public | | |
| Area of construction (sq. ft.): | ☐ Public | ☐ Finished Basement | ☐ Private | | |
| | ☐ Private | Unfinished Basement | Electric: ☐ Yes ☐ No Gas: ☐ Yes ☐ No | | |
| Use group: | Electric: | ☐ Crawl Space ☐ Slab on Grade | Gas: ☐ Yes ☐ No Heating System | | |
| | Gas: Yes No | No. of Bedrooms: | ☐ Electric | | |
| Construction type: | Heating System | Multi-family Dwelling | □ Oil | | |
| ☐ Reinforced Concrete | □ Electric □ Oil | No. of efficiency units: | ☐ Natural Gas | | |
| ☐ Structural Steel | ☐ Natural Gas ☐ Propane Gas | No. of 1 BR units: No. of 2 BR units: | ☐ Propane Gas | | |
| Masonry | Sprinkler System: | No. of 3 BR units: | | | |
| ☐ Wood Frame | □ N/A | Other Structure: | | | |
| ☐ State Certified Modular | Full | Dimensions: | | | |
| Roadside Tree Project Permit | ☐ Partial | Footings: | > Roadside Tree Project Perm | | |
| ☐Yes ☐No Roadside Tree Project Permit # | Other Suppression No. of Heads: | Roof: | ☐Yes ☐No Roadside Tree Project Permit # | | |
| Noausiue mee Project Permit # | | ☐ State Certified Modular ☐ Manufactured Home | Noausiue Tree Project Permit # | | |
| THIS APPLICATION; (5) THAT HE/SHE GRANTS CO | WHICH ARE APPLICABLE THERETO; (4) THAT HE/SI UNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS F | TO MAKE THIS APPLICATION; (2) THAT THE INFORMATIVE WILL PERFORM NO WORK ON THE ABOVE REFERENT ROPERTY FOR THE PURPOSE OF INSPECTING THE WOR | ICED PROPERTY NOT SPECIFICALLY DESCRIBED | | |
| Email Address | 3 # | Pote | | | |
| Email Adaress | | Date | | | |
| Title/Company | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |

-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|----------------------|--------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health // | -28-11 | DinaBunara |
| Fire Protection | 1 | |

☐ CONTINGENCY CONSTRUCTION START

 \square One stop shop

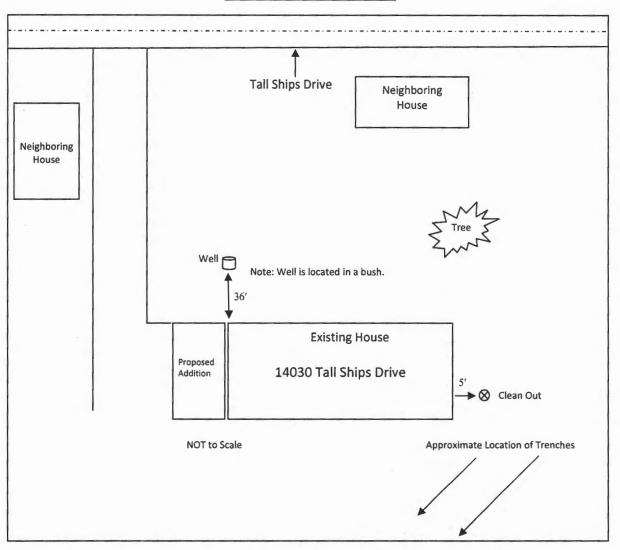
| Front: | | |
|------------------------------|-------|-----|
| Rear: | | |
| Side: | | |
| Side St.: | | |
| All minimum setbacks met? | ☐ Yes | □N |
| Is Entrance Permit Required? | ☐ Yes | □No |
| Historic District? | ☐ Yes | □No |
| Lot Coverage for New Town Z | one: | |
| SDP/Red-line approval date: | | |

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

SITE INSPECTION SHEET

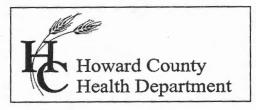
| OWNER:Steve Dennis | PHONE #: (301) 906-9030 | | | |
|--|-------------------------|--|--|--|
| ADDRESS:14030 Tall Ships Drive | CONTRACTOR:Home owner | | | |
| West Friendship, Maryland 21794_ | WELL TAG #:HO-81-1446 | | | |
| SUBDIVISION:Rover Mill Estates | LOT:28 COUNTY #: Howard | | | |
| PROPOSAL: _ Scheduled site visit for variance and building permit review | | | | |

LOCATION DIAGRAM



COMMENTS: _Owner is applying for a building permit for a family room and garage addition. An inspection was performed to confirm the information regarding septic system location and to possibly verify location of the trenches. The trenches were not able to locate and there was no indication that the septic system is failing. The tank clean out was observed and there was no indication of failure.

| Date: | November 8, 2011 | INSPECTOR: _ | _Dana Bernard | REHS/RS |
|-------|------------------|--------------|---------------|---------|
|-------|------------------|--------------|---------------|---------|



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(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

November 18, 2011

Mr. Steve Dennis 14030 Tall Ships Drive West Friendship, MD 21794

RE: Waiver Approval

14030 Tall Ships Drive West Friendship, MD 21794

Dear Sir:

The Health Department received your waiver request dated October 27, 2011 for the above referenced property. This agency will grant **approval** of the waiver to the required Percolation Certification Plan as required by the *Howard County Code*, *Subtitle 8*, *Section 3.805*. The waiver has been approved on the basis that the proposed addition is within the one hundred (100) foot well setback to the sewage reserve area and therefore does not affect future sewage disposal area. Additionally, the proposed addition does not increase the number of bedrooms in the home.

Be advised that any future addition may require percolation testing and a Percolation Certification Plan will be required. Any deviations from the site plan submitted with the request will be subject to further review by this Department. A floor plan of the proposed addition must be submitted to the Health Department prior to approval of the building permit.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.

Assistant Director

Bureau of Environmental Health

RECEIVED WENTER LITTER

10-27-11

2011 NO -1 AM 10: 18

Bureau of Environmental Health

7178 Columbia Gateway Drive

Columbia, MD 21046

Attn: Dana Bernard, REHS,RS

RE: Building Permit

Steven Dennis, 14030 Tall Ships Drive, West Friendship, MD 21794

Dear Dana,

I am writing to ask you for a variance for the requirement to (1) install a "2000 gallon Septic Tank", and also a variance for the requirement to (2) provide a "Percolation Certification Plan". My wife and I have been here for 18 years and raised our family here, and now it is only my wife and I that are occupying the home. We plan to live here for another 12 - 15 years. We would like to add a small family room and a garage with no extra fixtures or water usage.

I would appreciate it very much if you would please consider allowing us a variance for these two requirements. Thank you in advance for your consideration.

All the best,

Steve Dennis

(301) 906-9030

STEVEN E. DENNIS 14030 TELL Ships Dr.