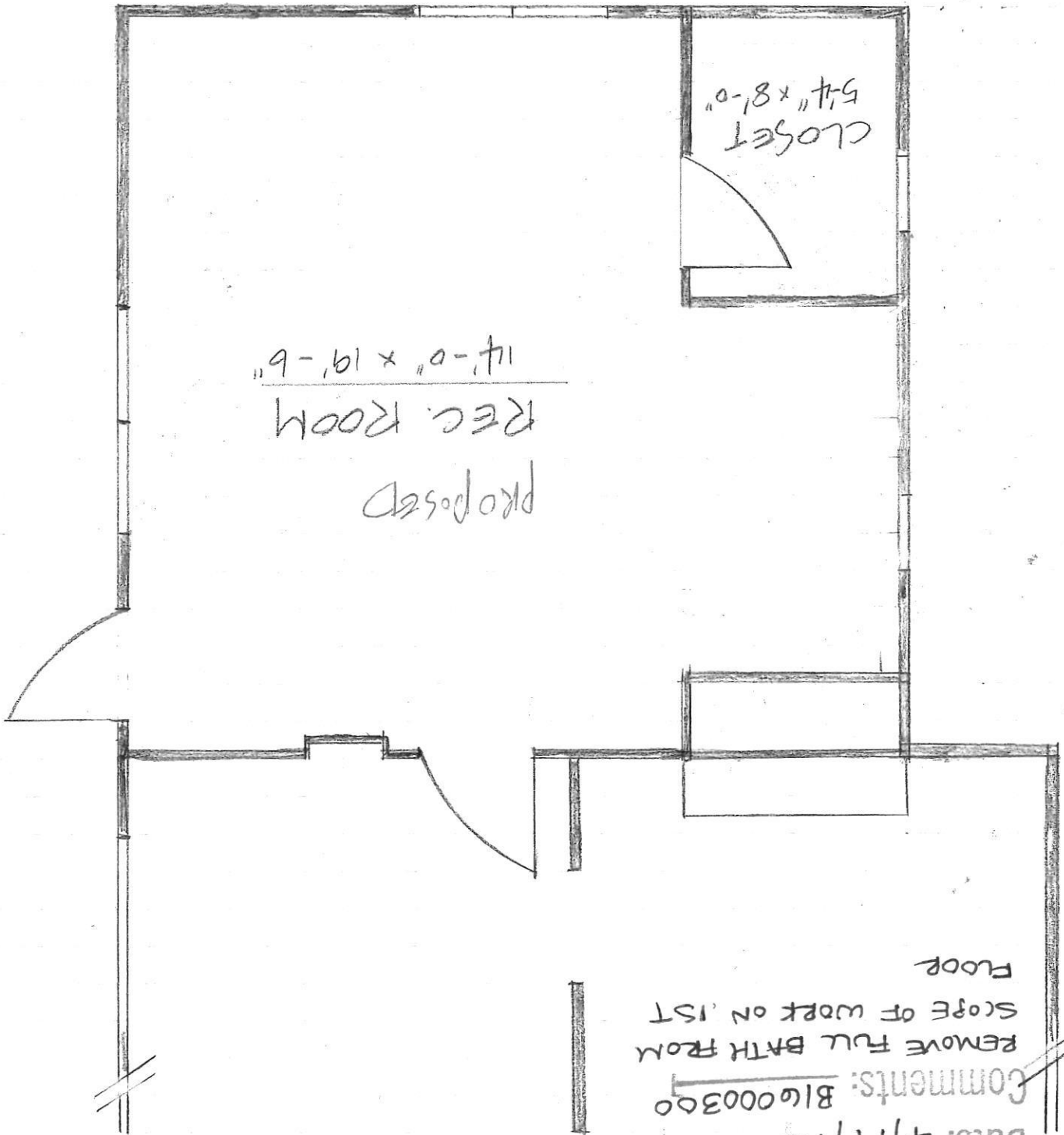


First Floor PLAN



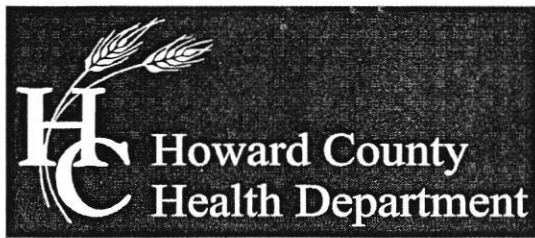
REVISED

Date: 4/19/16

Comments: B16000300

REMOVE FULL BATH FROM
SCOPE OF WORK ON 1ST

FLOOR



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

April 27, 2016

Joo Kil
12955 Triadelphia Mill Road
Clarksville, MD 21029

RE: Waiver Approval
12955 Triadelphia Mill Road
Clarksville, MD 21029

Dear Joo Kil:

This letter is being issued in response to your waiver request. This agency has **approved** the waiver to the required Percolation Certification Plan. While there is no Perc Certification Plan on file for this property, there is a platted sewage disposal area and soil profiles. The proposed addition does not include a bathroom and does not have direct access to a bathroom. Therefore it does not meet the definition of a bedroom in Howard County Code. Additionally there is no impact the area available for future on-site sewage disposal system repairs. Any deviations from the site plan submitted with the building permit will be subject to further review by this Department.

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

Respectfully,

Michael J. Davis
Assistant Director

Bureau of Environmental Health

Oswald, Hank

From: Davis, Michael J
Sent: Tuesday, April 05, 2016 1:07 PM
To: Oswald, Hank
Subject: FW: Septic Permit Waiver Request
Attachments: Perc Test and Plan Requirements.pdf; BP Response letter_12955 Triadelphia Road.pdf; A18490_P19012.pdf

I just found this request in my junk mail, but can't locate the file. Do you have it?

From: hyun kil [<mailto:hyunkil@hotmail.com>]
Sent: Monday, March 21, 2016 9:32 PM
To: Davis, Michael J
Subject: Septic Permit Waiver Request

Hello my name is Hyun Joo Kil. I am the owner of 12955 Triadelphia Mill Road Clarksville MD, 21029. In December 2015, I began converting the existing garage space into a bedroom. I was unaware that this conversion would require a building permit. I was given a notice to stop all work in January, and have been trying to acquire a building permit since. We have built a bathroom in the bedroom, and was told we would need a septic permit as well. We have a 1250 gallon septic tank, 3 and a half bathrooms, including the bathroom we have built, and 4 bedrooms, including the one we have built. In previous records for the house, 4 bedrooms are listed. However, one room was too small to function as a bedroom, so we have taken down the wall separating it from the master bedroom and have converted it into a walk in closet. At the moment our options are very limited, and if you would consider giving us a waiver, we would be extremely grateful. I have attached a few documents, please let me know if you have any questions or if there is anything else I could send you. Thank you so much for your time.

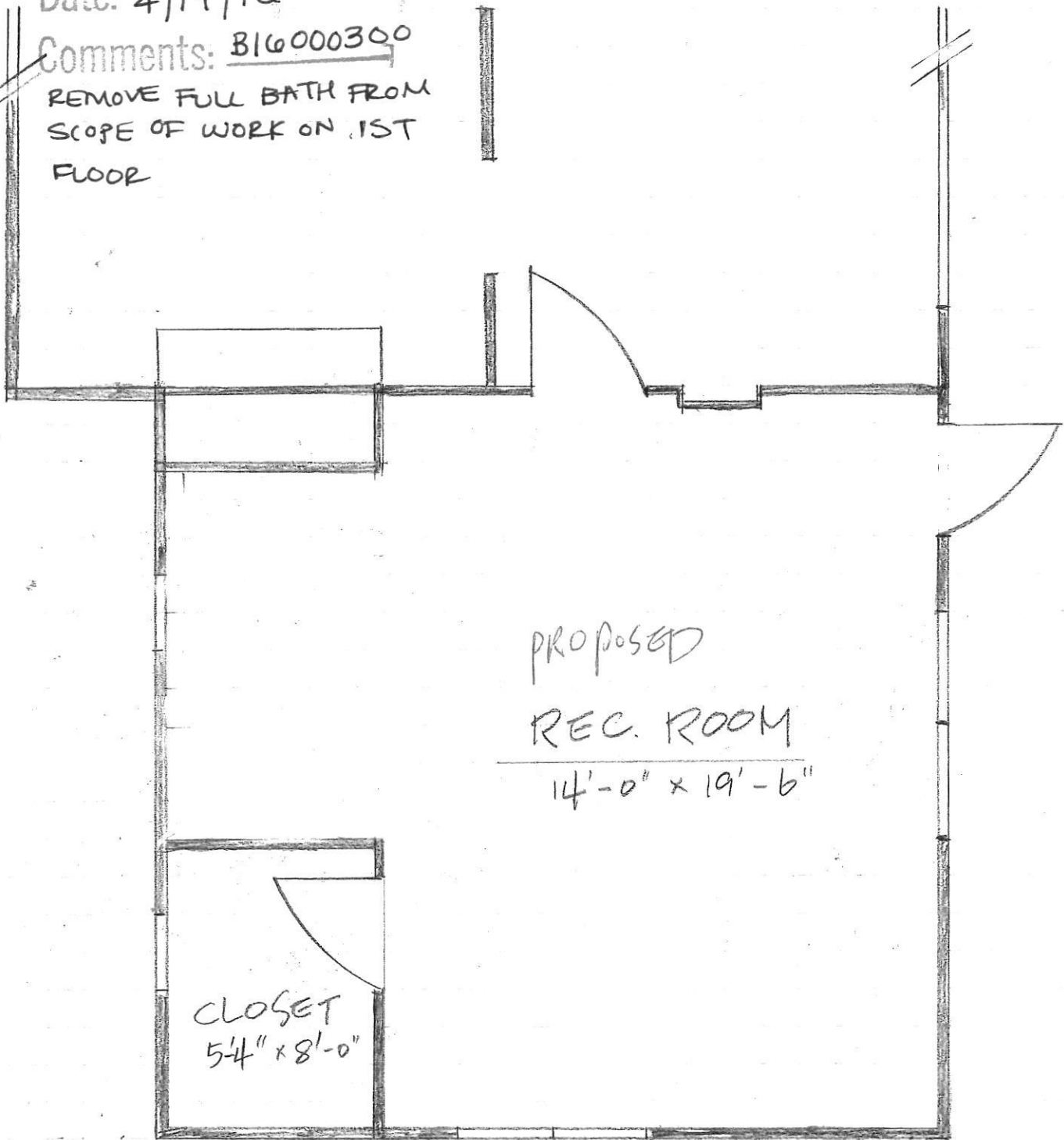
4/27/16
Approved
M J Davis

REVISED

Date: 4/19/16

Comments: B16000300

REMOVE FULL BATH FROM
SCOPE OF WORK ON 1ST
FLOOR



First FLOOR PLAN



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.: B1 6000300

CB 160071

Building Address: 12955 Triadelphia Road

City: Clarksville State: MD Zip Code: 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: Clarksville outside

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: 293 Grid: 10

Zoning: R Map Coordinates: _____ Lot Size: 4.150 Acres

Existing Use: Garage

Proposed Use: REG. ROOM

Estimated Construction Cost: \$ 12,000

Description of Work: CONVERTING GARAGE TO

REG. ROOM

FULL BATH, CLOSET, (2) WINDOWS, (6) LIGHT

Occupant or Tenant: APRX. 400 SBT

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: SUNG K. KIL

Address: 13589 Broecolino Way

City: Clarksville State: MD Zip Code: 21029

Phone: _____ Fax: _____

Email: Hyunkil@hotmail.com

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: HOMEOWNER

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: HOME OWNER

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Commercial Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft./floor: _____

Area of construction (sq. ft.): _____

Use group: _____

Construction type: _____

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

☐ Roadside Tree Project Permit

☐ Yes ☐ No

Roadside Tree Project Permit # _____

Utilities

Water Supply

☐ Public

☒ Private

Sewage Disposal

☐ Public

☒ Private

Electric: ☒ Yes ☐ No

Gas: ☐ Yes ☒ No

Heating System

☒ Electric ☐ Oil

☐ Natural Gas ☐ Propane Gas

Other: _____

Sprinkler System:

☐ Yes ☒ 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.

Applicant's Signature

Hyunkil@hotmail.com

Email Address

Print Name

SUNG K. KIL

Date

Title/Company

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	<u>4/27/16</u>	<u>H.Oswald</u>

Is Sediment Control approval required for issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100.00</u>
Total Fees	\$ <u>235.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies:

White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

* Owner to pick up one Issued *

PROPOSED REC. ROOM
14'-0" x 19'-6"

CLOSET
5'-4" x 8'-0"

REMOVE FULL BATH FROM
SCOPE OF WORK ON 1ST
FLOOR

Comments: B16000300

Date: 4/19/10

Comments: B16000350
REMOVE FULL BATH FROM
SCOPE OF WORK ON 1ST

Floor

REMOVE FULL BATH FROM
SCOPE OF WORK ON 1ST

4/14/16. met w/
owner, discussed
option to eliminate
full bath by modifying
FP & BP. checked
w/ Mike. He's on
board. Owner
will get back.

-H