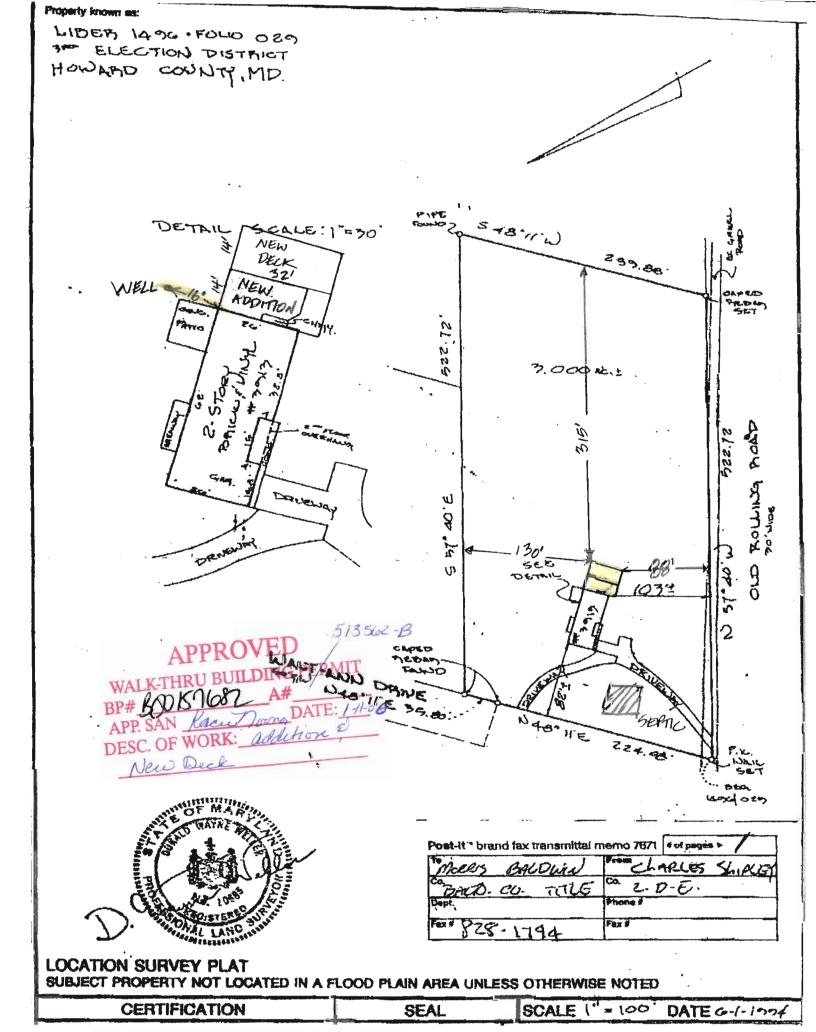
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE ORIVE ELECTRY OF 1043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800

## HOWARD COUNTY PERMIT APPLICATION RANIST CO.

PERMIT NUMBER

4.01		<del></del>	21687		
Building Address 3913 WA	-TAND DR.	Property Owner's Name HARK	24 Kta	NEY	
ELLICOTT CITY	MD 21043	Address 3913 WALTAUN DR.			
Suite/Apt. #: SDP/WP/Pe	tition #:			,	
Census Tract 6030 Subdivision	City ELLICOTT GTY State MDZip Code 21043				
Section N/A Area N/A Lot N/A		Home Phone Work Phone			
Tax Map 22 Parcel 28	Applicant's Name & Mailing Address, (if other than stated hereon):				
Zoning Map Coordinates	Phone Fax				
Existing Use / STORY SFD		Contractor Company LONG WOOD CONST.			
Proposed Use DINING RM, DECK Estimated Construction Cost \$ 50,000					
Estimated Construction Cost \$		Contact Person STEVE MURRAY			
Description of Work 14x32 DR ADDITION 14x32 DECK		Address 11 JESSE SMITH RD			
17 452	JECK	City MT. AIRY Sta	on MT. AIRY ON MIDE ON ZITTE		
		City MT. AIRY State MD Zip Code 21771			
A h . Let	<u>ν</u>	Phone 30/7485269Fax	<u> </u>		
Occupant or Tenant		Engineer or Architect Company			
Contact Name		Contact Person	Contact Person		
Address		Address			
City State _	Zip Code				
Phone Fax		City State Zip Code			
r note Fax		Phone Fax			
BUILDING DESCRIPTION	- <u>COMMERCIAL</u>	BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics	<u>Utilities</u>	Building Characteristics		<u>Utilities</u>	
Height:	Water Supply: Public	SF Dwelling	Water St		
No. of stories:	Private	1st floor:	Pri		
	Sewage Disposal: Public	2nd floor: Basement:	بيرغ ا	DIC	
Gross area, sq. ft. per floor:	Private	Finished Basement  finished Baseme	ent 🗆 Pri	vate	
Use group:	Electric Yes  No  C	No. of Bedrooms	Electric Gas	Yes □ No □ Yes □ No □	
	Heating System:	Multi-family dwellinge: No. of efficiency units:	Heating		
Construction type: Reinforced Concrete	Electric Oil 🗆	No. of 1 BR units:  No. of 2 BR units:	Electric Natural (	□ Oil □ Gas □	
Structural Steel	Natural Gas □ Propane Gas □	No. of 3 BR units:	Propane	Gas 🗆	
Masonry Wood Frame	Sprinkler system: N/A	Other Structure: Dimensions:	-	r system: N/A 🗆 FPA#13D	
	Full	Footings:Roof Height:	-  N	FPA #13R	
\$tate Certified Modular	Partial Other Suppression	State Certified Modular	O	ther:	
de	# of Heads	Manufactured Home			
THE UNDERSIGNAD HERE OF CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNT WHICH ARE APPLICABLE THERETO; (4) THAT HE/ THE RIGHT TO ENTEY WITH THE PROPERTY FOR THE PURPOSE OF	(1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APP SHE WILL PERFORM NO WORK ON THE ABOVE REFE	PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT I RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS AR	HE/SHE WILL COMPLY W PPLICATION; (5) THAT HE	ITH ALL REGULATIONS OF USHE GRANTS COUNTY OFFICIAL	
THE RIGHT OF ENTER THE PURPOSE OF	INSPECTING THE WORK PERMITTED AND POSTING I	Here Mur	v01.		
Applicant's Signature		Print Name	7-9		
Title/Company		D-4			
	** PLEASE WRITE NE	Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.**			
AGENCY DATE	- FOR OFFIN SIGNATURE APPROVAL	CE USE ONLY - DPZ.SETBACK.INFORMATIC	ON	PROPERTY ID#:	
Land Development, DPZ		Front:	Filing fee		
		Rear:	Permit fee		
Der Englanden DOT		Side St.:	Excise tax Add'l per. fee	\$ 1924 RE 12	
Health 1-11-06 Kacu Dona		All minimum setbacks met?	TOTAL FEES	\$ 06 <b>4</b> 06 6 8 0 0	
Fire Protection		YES II NO II	Sub-total paid	<u>\$</u>	
Is Sediment Control approval required prior to issuance?  YES  NO		Is Entrance Permit required?  YES □ NO □	Balance due Check		
		Historic District?	Validation	1.0000000000000000000000000000000000000	
		YES I NO I			
************************************		Lot Coverage for NewTown ZoneSDP/Red-line approval date		Accepted by	
Distribution of Copies- White: Building C	Official Green: LDD, DPZ	Yellow: DED, DPZ Pink: Healt	AND A SHEET OF SAME AND ADDRESS.	ETRITAD GLASSING VALUE TO A 1911	
T:Norms\PERMIT,FRM				Rev. 11/4//04	



## LONGWOOD CONSTRUCTION

12311 JESSE SMITH RD. • MT. AIRY, MD 21771 (301) 829-8825 • FAX (301) 865-6222

MHIC 44141

December 14, 2005

Mr. Mike Davis **Environmental Health** 7178 Columbia Gateway Drive Columbia, Maryland 21046

Re: Variance for Well Setback/ 3913 Walt Ann Drive, Ellicott City, MD

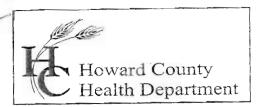
Dear Mr. Davis:

I am writing to request a variance from the required setback from an existing well at the above-referenced property. The well is 16' from the existing house and we would like to build a single story addition that will also maintain a minimum 16' setback from the well.

I am attaching a plat hereto that accurately depicts the conditions in the field.

Thank you for your consideration.

1



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 29, 2005

Steven P. Murray Longwood Construction 12311 Jesse Smith Rd. Mt. Airy, MD 21771

RE:

3913 Walt Ann Drive

Ellicott City, MD

Dear Sirs,

The Department of Health has received your variance request dated December 14, 2005 for the above referenced property. This agency will grant your **approval** for the variance provided that the addition is constructed without a basement and is constructed no closer than sixteen feet to the existing well. Any deviations from the site plan submitted with the request 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.

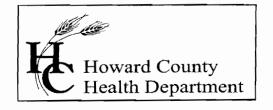
Respectfully,

Michael J. Davis, R.S.

Director, Well and Septic Programs

cc: File

WALK-THRU BUILDING PERMIT 2-13
WALK-THRU BUILDING PERMIT 2-13
DATE: 1-11-06
DESC. OF WORK OLD LOS
DESC. OF WOR



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
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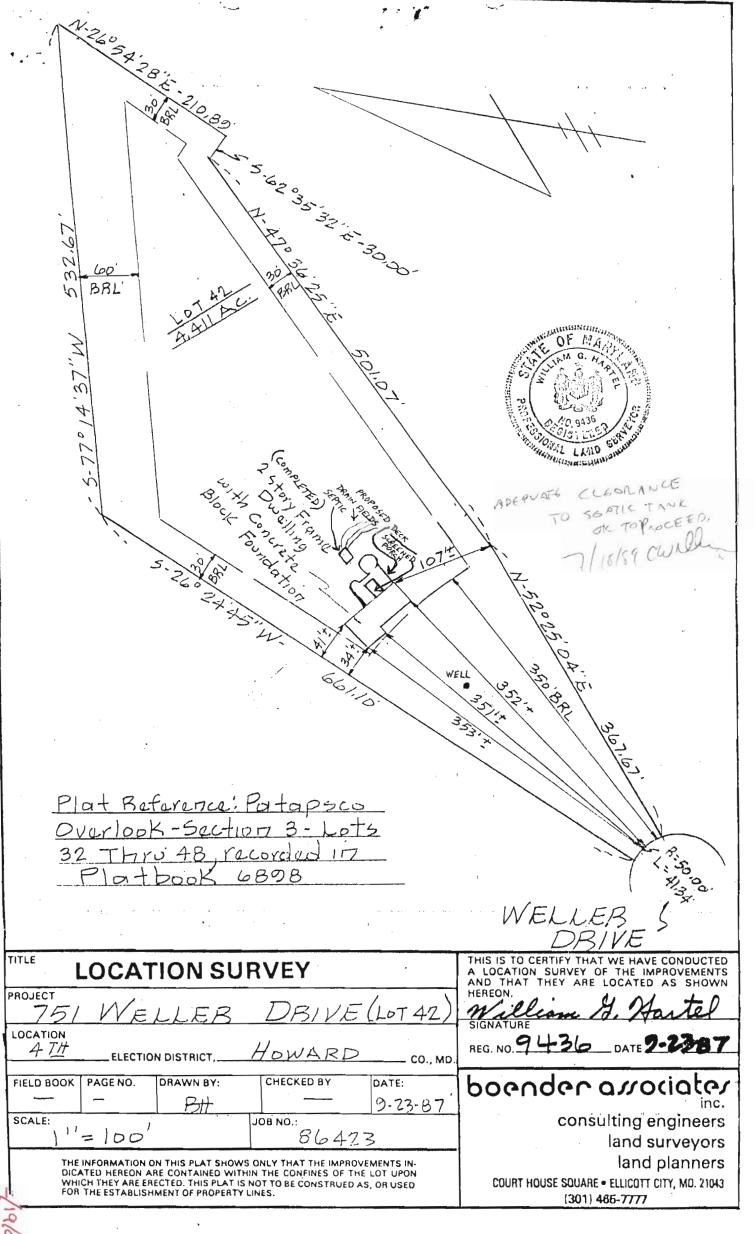
Respectfully,

Michael J. Davis, R.S

Director, Well and Septic Programs

cc:

File



3/1/04 Approved 24'×43' allition to home; No additioned bedrooms No impaction suptic assument / tonk or well. En Health

SHOWN ON LOCATION SURVEY -526° 24' 45" W WELLER DR. HOUSE CEX. DIST. ARMA SPURRIER RES. ADDITION 751 WELLER DRIVE MOUNT AIRY, Md. 21771 1"=100.00 N62° 35' 32" W INFORMATION TAKEN FROM A LOCATION SURVEY DATED 01/06/92 PREPARED BY NTT ASSOC., INC., 16205 OLD PREDERICK RD., MT. ARY, MD. 21771. PROPERTY IS LOCATED AT "LOT 42", PATAPSCO OVERLOOK SECTION 3 (LOTS REVISED SITE PLAN - LOCATION OF NEW ADDITION RELATIVE TO PROPERTY LINES. 32 - 48) 751 WELLER DRIVE, 4THELECTION DISTRICT, HOWARD HENRY R. WILLARD, JR., ARCHITECT COUNTY, MD. 21771. P.O. BOX 186, GLENELG, Nd. 21737

02/19/04

DEPARTMENT OF INSPECTIONS, LICENSES AND F	ERMITS				
3430 COURT HOUSE DRIVE HOWARD		000111		RMIT NUMBER	
PERMITS (410)313-2455 INSPECTIONS (410)313	PERMIT A	PLICATION 190003145			
AUTOMATED INFORMATION (410) 313-380		PLICATION	1,00		
Building Address 3913 WE	LT-ANN DaIVE	Property Owner's Name	HARRY	1 KENNOY	
Elleiot Cer Md	Property Owner's Name HARRY KENNEY				
· COLLON COST 11/N	Address 3913 WALT. ANN DRIVE				
Suite/Apt. #:SDP/WP/P	City E(()(of C) State 4D Zip Code				
1					
Census Tract 6030 Subdivision	Home Phone 410 - 531-2037 Work Phone 800-235-6138				
Section 1/A Area 1/A	Applicant's Name & Mailing Address, (if other than stated hereon):				
1	DAUID KIRBY 2812 CAPE HORN RD WESTMINSTER MIS 2115 41059618 Phone 410-374-6755 Fax				
Tax Map 22 Parcel 48	WESTMINSTER MIS 21157, 105				
Zoning RLOW Map Coordinates 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		Phone 4(0 ~ 374-6	755 Fax	× ( )	
Existing Use House British	STORAL SINGLE	Contractor Company (	APE Itor	10 ARTISANS	
Proposed Use / Sannes \	WLARIOS EXT TIRE	<b>D-</b>			
Estimated Construction Cost \$ / 0	000	Contact Person Paris KIRBY			
		Address 2812 CAPE Honn RD			
Description of Work	10 × 90 1000				
BARN to ZOX	40 WIFH 200	City WESTMINSTER State MO Zip Code 21157			
1	E NEW YSTAMAGE	License No. 46710			
		I	Phone (410) 374-6755 Parcell 596-1815		
Occupant or Tenant 6 000		Engineer or Architect Company			
Contact Name		Contact Person			
OSTRUCTIVALING		Contact Person			
Address		Address	Address		
City	7in Code	Oin.	<b>.</b> .		
City State	Zip Code	City State Zip Code			
Phone Fax		Phone	F	ax	
BUILDING DESCRIPTION	- <u>COMMERCIAL</u>	BUILDING DES	SCRIPTION - 1	<u>RESIDENTIAL</u>	
Building Characteristics	<u>Utilities</u>	Building Charact	eristics	<u>Utilities</u>	
Height:	Water Supply:	SF Dwelling □ SF Tow	nhouse □	Water Supply:	
	Public	Depth	Width	Public	
No. of stories:	Private	1st floor: 28	40	Private	
			70		
	Sewage Disposal:	2nd floor:	70	Sewage Disposal:	
Gross area so ft per flyor: 1100	Public	2nd floor: Basement:	70	Sewage Disposal: Public	
Gross area, sq. ft. per floor: 1,10.0		Basement: Finished Basement  Unfini	ished Basement 🗆	Sewage Disposal:	
Gross area, sq. ft. per floor: 1,10.0	Public Private Electric Yes   No	Basement: Finished Basement  Unfini Crawl space  Slab on G	ished Basement 🏻	Sewage Disposal: Public	
Gross area, sq. ft. per floor: 1,10.0 Use group:	Public Private	Basement: Finished Basement  Unfini	ished Basement 🏻	Sewage Disposal: Public Private	
	Private  Private  Electric Yes   No   G	Basement: Finished Basement □ Unfini Crawl space □ Slab on G No. of Bedrooms  Multi-family dwellings:	ished Basement 🗆	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   B	
Use group:	Private  Private  Electric Yes   No   Gas Yes   No   D	Basement:  Finished Basement □ Unfini Crawl space □ Slab on G No. of Bedrooms  Multi-family dwellings: No. of efficiency units:	ished Basement □ Frade □	Public Private  Electric Yes   No   No   Heating System:	
	Private  Private  Electric Yes   No   G	Basement:  Finished Basement □ Unfini Crawl space □ Slab on G No. of Bedrooms  Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	shed Basement []	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   B	
Use group:  Construction type: Reinforced Concrete Structural Steel	Private  Private  Electric Yes   No   Gas Yes   No   Gas Yes   No   Gas   No	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	ished Basement []	Public Private  Electric Yes   No   Sas Yes   No	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry	Private  Private  Private  Clectric Yes   No   O    Gas Yes   No   O    Heating System:  Clectric   Oil   O    Natural Gas   O    Propane Gas   O	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	ished Basement []	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Disposal:  Heating System:  Electric   Oil   Natural Gas   Propane Gas   Disposal:	
Use group:  Construction type: Reinforced Concrete Structural Steel	Problec Private  Private  Electric Yes   No   O    Gas Yes   No   O    Heating System:  Electric   Oil   Oil    Natural Gas   Oil    Propane Gas   Oil    Sprinkler system: N/A   Oil	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:	ished Basement  irade	Sewage Disposal:  Public  Private  Electric Yes   No   Gas Yes   No   Disposal:  Heating System:  Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   Disposal:	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry	Problec Private  Electric Yes   No   Gas   Gas   Gas   Fropane Gas   Gas   Gas   Fropane Gas   Gas   Full   Full   Full   Gas   Gas	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:	ished Basement  irade	Sewage Disposal:  Public  Private  Electric Yes \( \) No \( \)  Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: \( N/A \) NFPA #13D	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry	Problec Private  Private  Electric Yes   No   O    Gas Yes   No   O    Heating System:  Electric   Oil   Oil    Natural Gas   Oil    Propane Gas   Oil    Sprinkler system: N/A   Oil	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:	ished Basement  irade	Sewage Disposal:  Public  Private  Electric Yes   No   Gas Yes   No   Disposal:  Heating System:  Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   Disposal:	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Private  Private  Private  Electric Yes   No   Gas Yes   No   Gas Yes   No   Gas   Gas   Gas   Gas   Gas   Gas   Fropane Gas   Full   Full   Partial	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:  State Certified Mod	ished Basement  irade   irade	Public	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular	Problec Private  Private  Electric Yes   No   Gas Yes   No   Gas Yes   No   Gas   Ga	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:  State Certified Moomanufactured Hone	shed Basement []	Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Date    Heating System:  Electric   Oil   Natural Gas    Propane Gas   Sprinkler system: N/A    NFPA #13D  NFPA #13R  Other:	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersioned hereby certifies and agrees as follows: (1) 1  which are applicable therefo; (4) that he/site will perform no	Private  Private  Private  Electric Yes   No   Gas   G	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:  State Certified Moc Manufactured Hon	ished Basement  irade	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:	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The UNDERBIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) I	Private  Private  Private  Electric Yes   No   Gas   G	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:  State Certified Moo Manufactured Hon N, (2) THAT THE BYFORMATION IS CORRECT, ECEPICALLY DESCRIBED IN THES APPLICATION	tular  (3) THAT HE/SHE GRANTS	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:	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersioned hereby certifies and agrees as follows: (1) 1  which are applicable therefo; (4) that he/site will perform no	Private  Private  Private  Electric Yes   No   Gas   G	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:  State Certified Moo Manufactured Hon N, (2) THAT THE BYFORMATION IS CORRECT, ECEPICALLY DESCRIBED IN THES APPLICATION	tular  (3) THAT HE/SHE GRANTS	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:	
Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) That he/site well perform not thus property for the purpose of inspecting the work permitting applicant's Signature	Private  Private  Private  Electric Yes   No   Gas   G	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:  State Certified Moo Manufactured Hon N, (2) THAT THE BYFORMATION IS CORRECT, ECEPICALLY DESCRIBED IN THES APPLICATION	tular  (3) THAT HE/SHE GRANTS	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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Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersined hereby certifies and agrees as follows: (1) that the steel will perform not this property for the furpose of inspecting the work permitting property for the furpose of inspecting the work permitting applicant's Signature  Control of the furpose of inspecting the work permitting applicant's Signature  Title/Company	Private  Private  Electric Yes   No   Gas   G	Basement:  Finished Basement  Crawl space  Slab on G No. of Bedrooms  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:  State Certified Mood Manufactured Hom M. (2) THAT THE EMPORMATION IS CORRECT, ECEPTICALLY DESCRIBED IN THIS APPLICATION  Print Name  3/24/00  Date	tular  (3) THAT HE/SHE GRANTS	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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Distribution of Copies-

White: Building Official

Green: LDD, DPZ

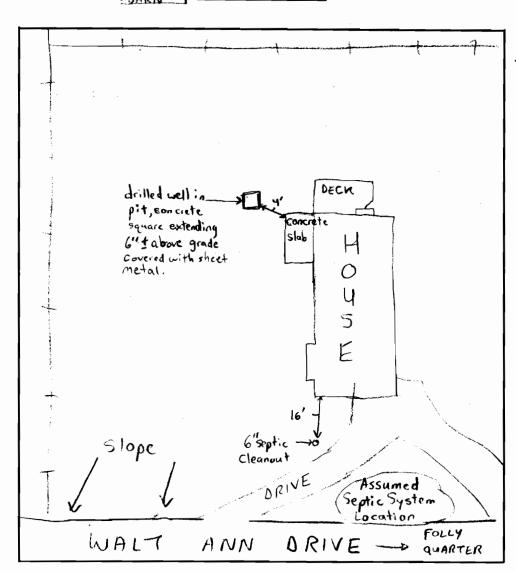
Gold: SHA

Pink: Health

Yellow: DED, DPZ

## Building Permit SITE INSPECTION SHEET

	OWNER:	arry Kenny	DATE REQUESTED:	
	ADDRESS:	3913 Walt - Ann Drive	DRILLER/CONTRACTOR: David Kirb	<u></u>
•		Ellicott City, MD 21042	WELL TAG NUMBER: None	
TAX	& PARCEL:	<u> 22 1 28 </u>	COUNTY: Howard	
			stall lox40') to 28 x46' with 2nd F	loor
	Storage	, and new 4 storage bays	<u> </u>	
		HORSE LOCATION	N DIAGRAM	



COMMENTS: 4/24/00-NO SEPTIC ORWELL RECORDS AVAILABLE, FIELD INSPECTION

VERIFIES SEPTIC AND WELL LOCATION, HORSE BARN PROPOSAL HASNO IMPACT TO

WELL OR EPTIC SRM

DATE: 4/24/00 INSPECTOR: Steven R. Weg

