

PERMIT NUMBER: B

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 3495 WOODBINE RD WOODBINE, MD 21797			Unit:
City: WOODBINE	State: MD	Zip Code: 21797	
Subdivision/Village/Complex Name: 1003		SDP/WP/BA #:	
Lot: 2	Tax Map: 0013	Parcel: 0155	Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use: INGROUND POOL 15'x30' 3'6"-6' Depth	Estimated Cost: \$ 50,000.00
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

Electric Low Volt for Inground Pool

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (<i>As it appears on tax records</i>): LINDA SPITALE	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 3495 WOODBINE RD	
City: WOODBINE,	State: MD Zip Code: 21797
Phone:	Email: linda.a.spitale@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: BH MID ATLANTIC, INC.	Contact Name: Jamie McDowell
Street Address: 9104 INDUSTRY DRIVE	
City: Manassas Park	State: VA Zip Code: 20111
Phone: (703) 257-7555	Email: jmcdowell@bluehaven.com

CONTRACTOR INFORMATION REQUIRED

Business Name: BH MID ATLANTIC, INC.	
Licensee's Name: BH MID ATLANTIC, INC.	License #: 126804
Street Address: 9104 INDUSTRY DRIVE	
City: MANASSAS PARK	State: VA Zip Code: 20111
Phone: (703) 257-7555	Email: jmcdowell@bluehaven.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:				
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width: Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupiable Area: sq ft	

AGREEMENT/ DISCALIMER REQUIRED

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.

Jamie McDowell
 APPLICANT'S ORIGINAL SIGNATURE

4/24/2023
 DATE SIGNED

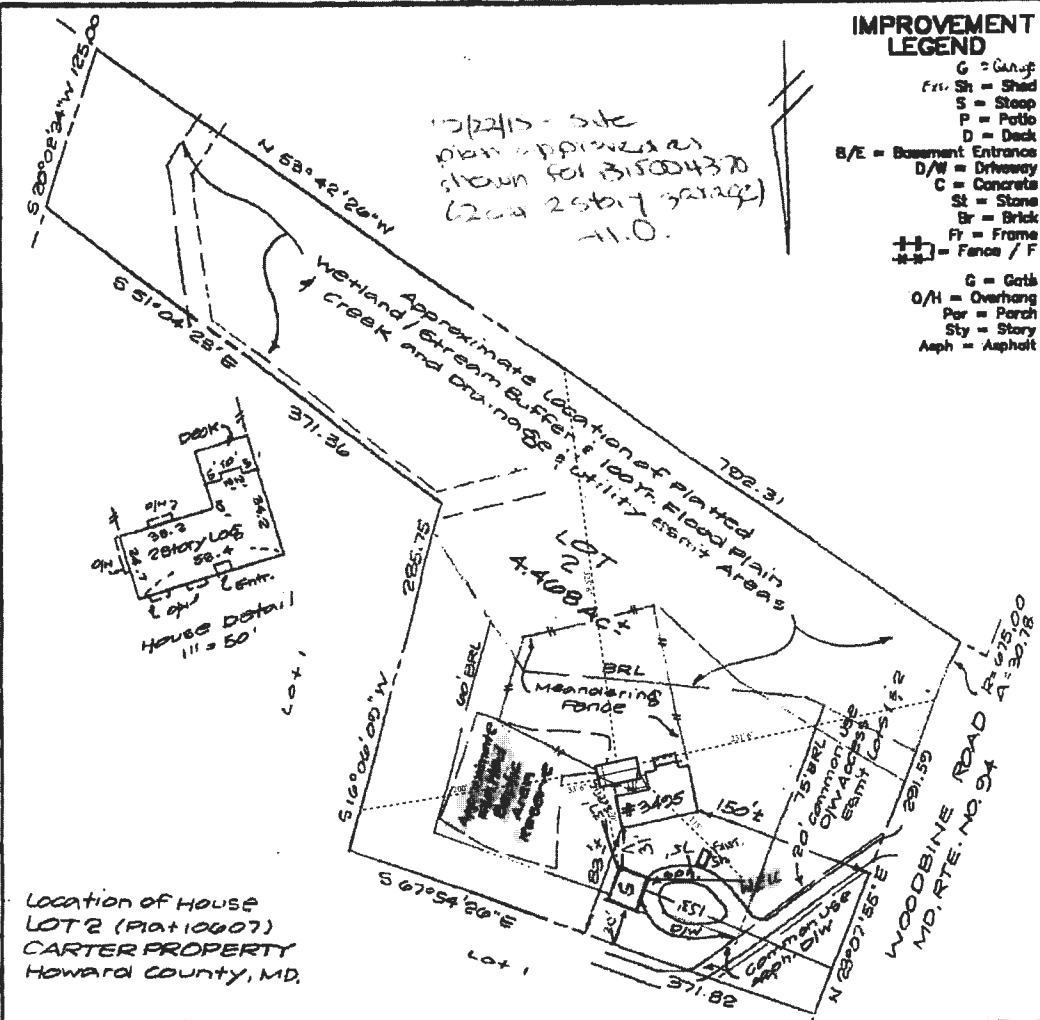
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	

NOTES: 1. THIS LOCATION DRAWING WAS PREPARED UNDER THE DIRECT REVIEW AND SUPERVISION OF DAVID L. HALLER-MD. REG. NO. 240
 2. NO TITLE REPORT PROVIDED
 3. THIS LOCATION FOR TITLE PURPOSES ONLY - NOT TO BE USED FOR DETERMINING PROPERTY LINES
 4. PROPERTY CORNER MARKERS NOT GUARANTEED BY THIS LOCATION

CASE / FILE NO. 20271

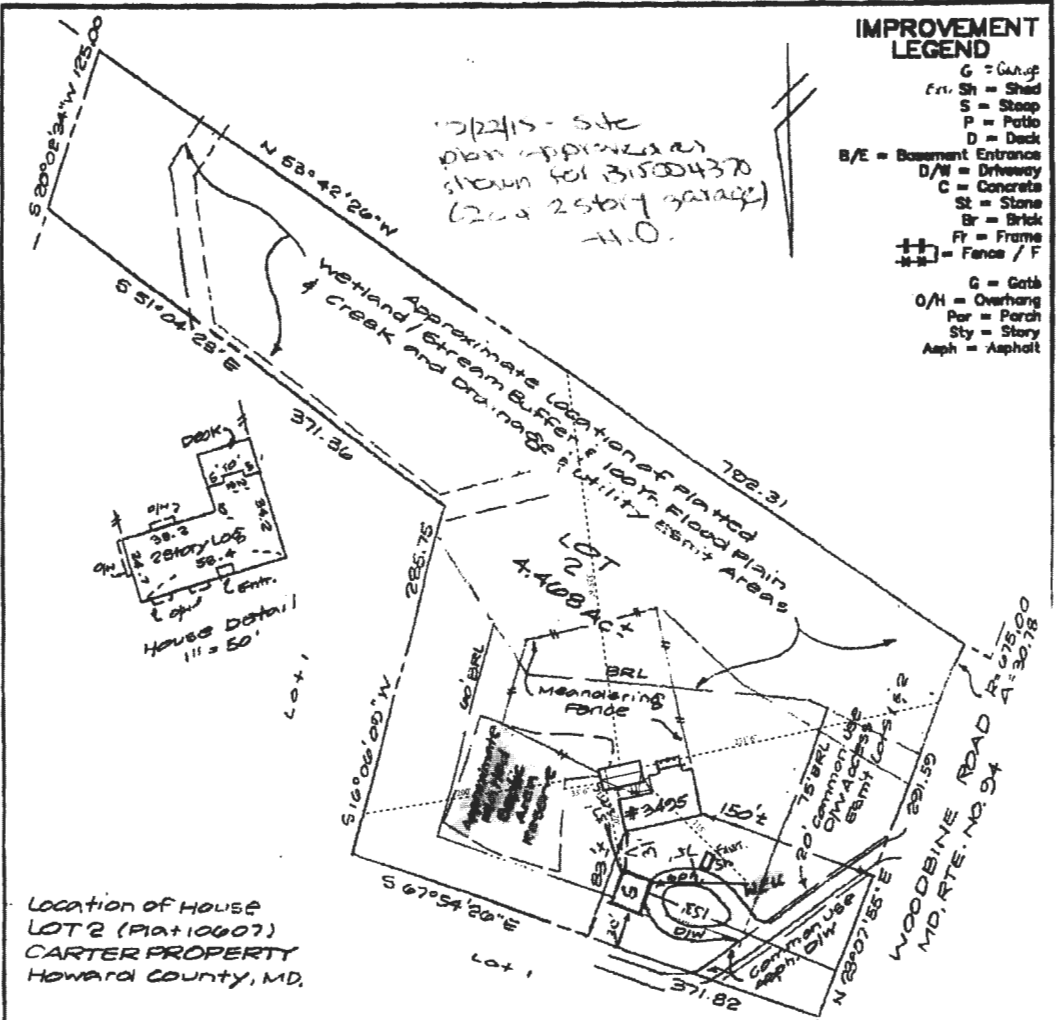


CERTIFICATE I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION. DAVID L. HALLER MARYLAND R.P.L.S. No. 240	REFERENCES PLAT BK PLAT NO 10607	 HALLER-BLANCHARD & ASSOCIATES P.O. BOX 1774 FREDERICK, MARYLAND 21702 (301) 848-7788
	LIBER FOLIO	

THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE OF THIS PLAN AND IS FOR MORTGAGE PURPOSES FOR Hendrickson

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CASE / FILE NO. 20971



LOCATION OF HOUSE
 LOT 2 (Plat 10607)
 CARTER PROPERTY
 HOWARD COUNTY, MD.

CERTIFICATE I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY A FIELD LOCATION. DAVID L. HALLER MARYLAND P.L.S. No. 240	REFERENCES PLAT BK PLAT NO 10607	 HALLER-BLANCHARD & ASSOCIATES P.O. BOX 1774 FREDERICK, MARYLAND 21702 (301) 848-7768
	LIBER FOLD	

THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE OF THIS PLAN AND IS FOR MORTGAGE PURPOSES FOR Hendrickson



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: 9/28/15

Permit No.: B15004370

Building Address: 3445 WOODBINE RD
City: ANDOVER State: MD Zip Code: 21777
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 2
Tax Map: 13 Parcel: 155 Grid: _____
Zoning: RC Map Coordinates: _____ Lot Size: 4,900

Existing Use: STP
Proposed Use: GARAGE/SHED
Estimated Construction Cost: \$ 2,000.00
Description of Work: 2 CAR GARAGE WITH 2ND FLOOR SHED DETACHMENT

Occupant or Tenant: N/A
Was tenant space previously occupied? Yes No
Contact Name: FRANK HENRICKSON
Address: 3445 WOODBINE RD
City: ANDOVER State: MD Zip Code: 21777
Phone: 410-739-4309 Fax: _____
Email: BIGDART@YAHOO.COM

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: <u>28</u> x <u>28</u>
	2 nd floor: <u>28</u> x <u>28</u>
Area of construction (sq. ft.):	Basement: <u>N/A</u>
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>1/1</u>
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: FRANK HENRICKSON
Address: 3445 WOODBINE RD
City: ANDOVER State: MD Zip Code: 21777
Phone: 410-739-4309 Fax: _____
Email: BIGDART@YAHOO.COM

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: WATERLOO STRUCTURES
Contact Person: AL STUBBS
Address: 2112 LINDSEY BLVD
City: THURSDAY State: PA Zip Code: 17365
License No.: 191771
Phone: 717-371-2141 Fax: 717-371-7000
Email: AL@WATERLOOSTRUCTURES.COM

Engineer/Architect Company: DRAWING CONSULTANTS LLC
Responsible Design Prof.: JOHN LSH
Address: 5912 DO SHARPSBURG RD
City: GREENBELT State: MD Zip Code: 21738
Phone: 301-492-1253 Fax: _____
Email: JOHN@DRAWINGCONSULTANTSLLC.NET

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> 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: Frank Henrickson

Print Name: FRANK HENRICKSON

approved
8/24/23
JW

Date: August 8th, 2023

To: Jeffery Williams, Assistant Director

From: Linda Spitale

I am seeking a waiver for Permit # B23001676, which pertains to the property at 3495 Woodbine Road in Woodbine, MD. My intention is to obtain approval for the construction of a swimming pool in my backyard, in preparation for my son's upcoming wedding scheduled for October. A percolation certification plan has been granted approval previously. While I have already submitted a revised percolation certification plan for consideration, outlining necessary adjustments to the septic area to accommodate the pool installation. I am kindly requesting an exemption from the percolation testing requirements as outlined in Sec. 3.805 below, which is normally required with the percolation certification plan in my case. Notably, the septic field remains in excellent condition and maintains a distance of 25 feet from the revised septic area. And based on Sec. 3.805 my proposal aligns with the exemptions listed. I urge you to review the content of Sec. 3.805 provided below, as it will aid in your assessment of whether to grant this waiver.

Sec. 3.805. PERC certification plan requirements.

(a) *PERC Certification Plan.* Except as provided in paragraph (1) of this subsection, before a building permit is issued, a PERC certification plan shall be submitted and approved that complies with the provisions of this subtitle.

- (1) A building permit may be exempt from a PERC certification plan when the proposed structure:
 - (i) Does not increase the amount of living space;
 - (ii) Is less than 250 square feet and is not a garage; and
 - (iii) The existing on-site sewage disposal system is adequate for the existing property use.

Your thoughtful evaluation is greatly appreciated.



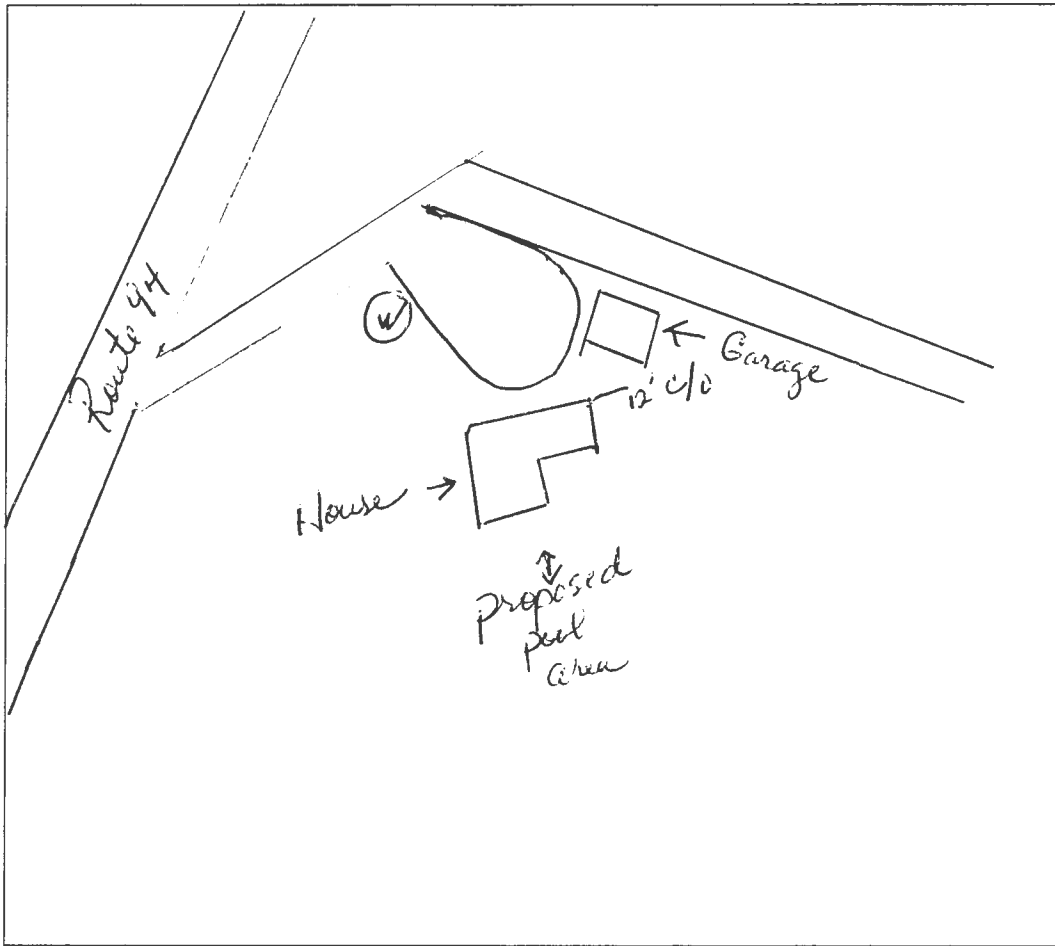
Linda Spitale

Date: 8/11/2023

SITE INSPECTION SHEET

OWNER: Linda Spitala PHONE #: 732-991-6245
ADDRESS: 3495 Woodlure CONTRACTOR: BH Mid-Atlantic, Inc.
Woodlure, Maryland WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
PROPOSAL: Pool (Inground)

LOCATION DIAGRAM



COMMENTS: Site Plan appears to match up with well and septic on plan. No signs of failure.

DATE: 8-17-23

INSPECTOR: D. Beard



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: 9/28/15

Permit No.: B1504570

Building Address: 3415 Gwynn Rd
 City: Beltsville State: MD Zip Code: 20814
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 2
 Tax Map: 13 Parcel: 13C Grid: _____
 Zoning: TC Map Coordinates: _____ Lot Size: 4,700

Property Owner's Name: James J. & Patricia M. Henderson
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Residential
 Proposed Use: Commercial
 Estimated Construction Cost: \$ _____
 Description of Work: Commercial building
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: James Henderson
 Address: _____
 City: Beltsville State: MD Zip Code: 20814
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: James Henderson Construction
 Contact Person: James Henderson
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: James Henderson Construction
 Responsible Design Prof.: James Henderson
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	2 nd floor:
Area of construction (sq. ft.):	Basement: <u>N/A</u>	
Use group:	<input type="checkbox"/> Finished Basement	
Construction type:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Structural Steel	No. of Bedrooms: <u>1</u>	
<input type="checkbox"/> Masonry	Multi-family Dwelling	
<input type="checkbox"/> Wood Frame	No. of efficiency units:	
<input type="checkbox"/> State Certified Modular	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: James Henderson
 Date: 9/28/15

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>10/2/15</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? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4111</u>

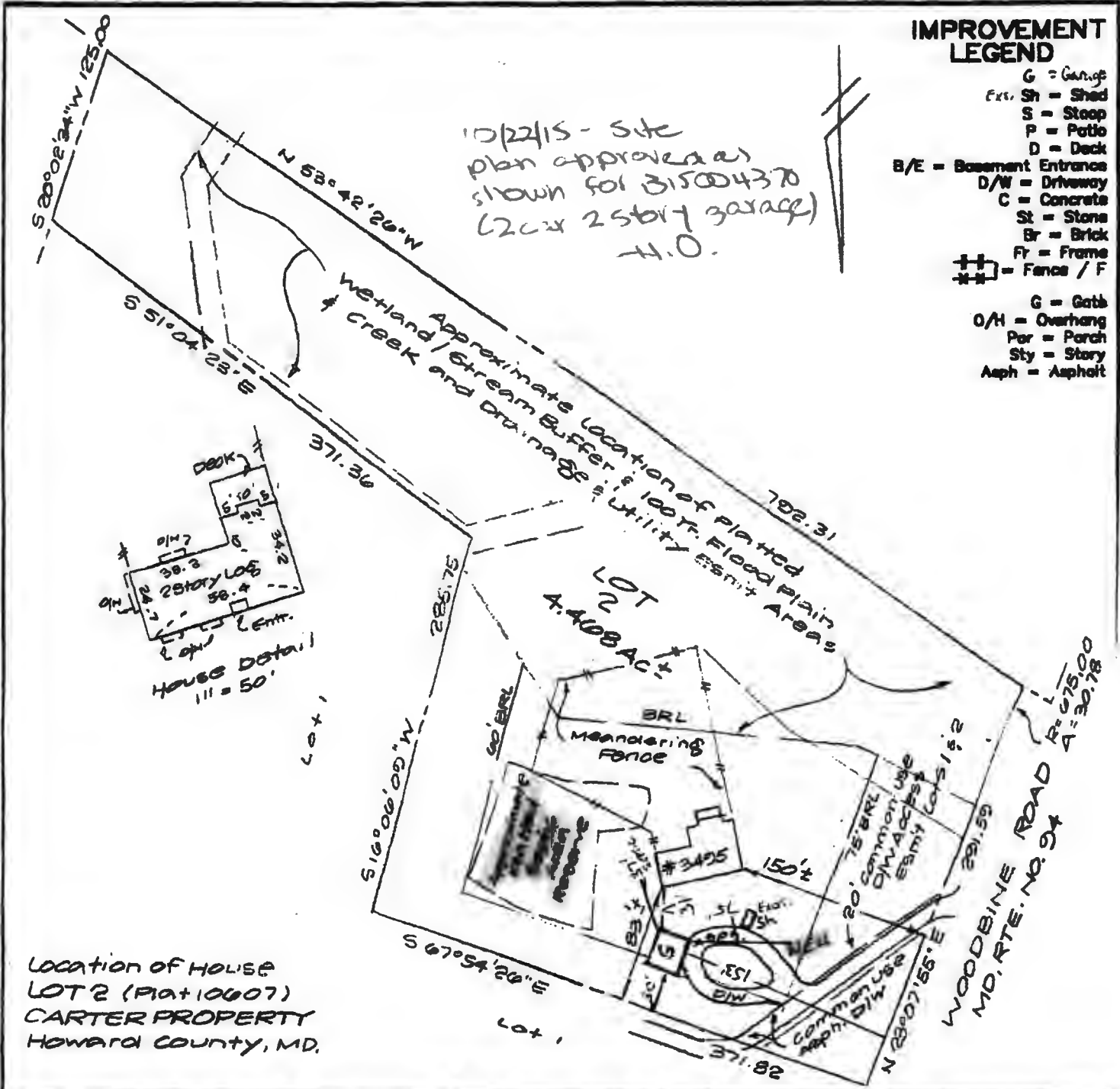
- NOTES: 1. THIS LOCATION DRAWING WAS PREPARED UNDER THE DIRECT REVIEW AND SUPERVISION OF DAVID L. HALLER-MD. REG. NO. 240
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CASE / FILE NO. 20971

IMPROVEMENT LEGEND

- G = Garage
- Ext. Sh = Shed
- S = Steep
- P = Patio
- D = Deck
- B/E = Basement Entrance
- D/W = Driveway
- C = Concrete
- St = Stone
- Br = Brick
- Fr = Frame
- Fence / F
- G = Gath
- O/H = Overhang
- Por = Porch
- Sty = Story
- Asph = Asphalt

10/22/15 - Site plan approved as shown for 315004370 (2 car 2 story garage) H.O.



Location of House LOT 2 (Plat 10607) CARTER PROPERTY Howard County, MD.

CERTIFICATE I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION. DAVID L. HALLER MARYLAND R.P.L.S. No. 240	REFERENCES PLAT BK PLAT NO 10607 LIBR FOLIO	 HALLER-BLANCHARD & ASSOCIATES P.O. BOX 1774 FREDERICK, MARYLAND 21702 (301) 848-7788
	DATE OF PLAN WALL CHECK HSE. LOG: 1-4-12 BOUNDARY:	SCALE: 1" = 100' DRAWN BY: BB JOB NO.: 11226

THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE OF THIS PLAN AND IS FOR MORTGAGE PURPOSES FOR Hendrickson

Menu

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Showing 1 of 1

<input type="checkbox"/> <u>Permit #</u>	<u>Status</u>	<u>Record Type Alias</u>	<u>Street #</u>	<u>Street Name</u>	<u>Type</u>	<u>Unit Type</u>	<u>Unit #</u>	<u>City</u>
<input type="checkbox"/> <u>B23001676</u>	Review In Process	Residential Pool or Spa Permit	3495	WOODBINE	RD			WOODB

Plans Submitted are not to scale

Page of 1