

PERMIT NUMBER: B **21062610**

DATE ACCEPTED: **7/12/2021**

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

**BUILDING SITE ADDRESS** *REQUIRED*

Street Address: <b>13458 Charolais Court</b>		Unit:
City: <b>Highland</b>	State: <b>MD</b>	Zip Code: <b>20777</b>
Subdivision/Village/Complex Name: <b>Allnutt</b>		SDP/WP/BA #: <b>N/A</b>
Lot: <b>46</b>	Tax Map: <b>34</b>	Parcel: <b>375</b>
Grading Permit #: <b>N/A</b>		

**DESCRIPTION OF WORK** *REQUIRED*

Existing Use: <b>SFD</b>	Proposed Use: <b>SFD with Addition</b>	Estimated Cost: <b>\$ 175,000.00</b>
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
<b>Two additions on the back side (west) of the current existing structure. Each addition will be a single story. The addition on the left side (south) will be a recreation room (~28'x13') and the addition on the back right side (north) will be an office (~11'x15').</b>		

**PROPERTY OWNER INFORMATION** *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): <b>Vineet Rajan &amp; Sandhya Rajan</b>	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <b>13458 Charolais Court</b>	
City: <b>Highland</b>	State: <b>Maryland</b>
Phone: <b>(724) 531-2471</b>	Email: <b>vineetandsandhya@gmail.com</b>
Zip Code: <b>20777</b>	

**APPLICANT NAME** *REQUIRED INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name:	Contact Name: <b>Vineet Rajan</b>
Street Address: <b>13458 Charolais Court</b>	
City: <b>Highland</b>	State: <b>Maryland</b>
Phone: <b>(724) 531-2471</b>	Email: <b>vineetandsandhya@gmail.com</b>
Zip Code: <b>20777</b>	

**CONTRACTOR INFORMATION** *REQUIRED*

Business Name: <b>TBD</b>	License #:
Licensee's Name:	State:
Street Address:	Zip Code:
City:	State:
Phone:	Email:

**ARCHITECT/ENGINEER INFORMATION** *INDIVIDUAL WHO SIGNED PLANS IF APPLICABLE*

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

**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 checked="" type="checkbox"/> No
Utilities: <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	Fire Alarm System: <input checked="" 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: <b>4</b>	# Half Baths: <b>0</b>	# Fireplaces: <b>0</b>		
Garage/Carport Info: <input checked="" 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 checked="" type="checkbox"/> Partial					
1 <sup>st</sup> Fl Width: <b>86</b>	1 <sup>st</sup> Fl Depth: <b>48</b>	2 <sup>nd</sup> Fl Width: <b>0</b>	2 <sup>nd</sup> Fl Depth: <b>0</b>	Bsmt Width: <b>86</b>	Bsmt Depth: <b>48</b>
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.

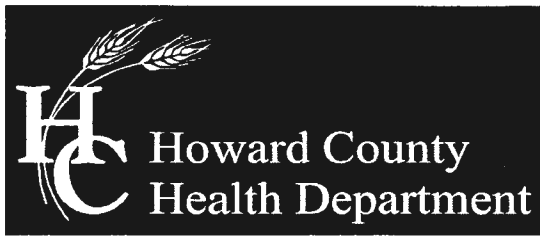
APPLICANT'S ORIGINAL SIGNATURE:  DATE SIGNED: **7/10/21**

**FOR OFFICE USE ONLY** *(CHECKS FORWARDED TO THE PERMIT DIVISION OF HOWARD COUNTY)*

AGENCIES REQUIRED/APPROVALS: **9/1/2021**

<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <b>RJE</b>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	





**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

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

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

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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August 27, 2021

Vineet & Sandhia Rajan  
13458 Charolais Court  
Highland, MD 20777

**RE: Waiver Approval with on-site disposal system upgrade**  
13458 Charolais Court  
Highland, MD 20777

Vineet & Sandhia Rajan,

This letter is being issued in response to your waiver request dated August 12, 2021. Your request for a waiver of the Howard County Code requirement for a percolation certification plan for the eleven (11) by fifteen (15) foot and twenty-eight (28) by thirteen (13) foot additions to the home has been **approved**. The proposed additions have little to no impact on the area available for future on-site sewage disposal repairs.

The Code of Maryland Regulations (COMAR) requires the Health Department to certify the existing on-site sewage disposal and water supply systems as capable of treating and disposing of the existing sewage flows and meeting the water demand and any reasonable foreseeable increase in sewage flows or water demand. The Approving Authority shall consider the number of bedrooms, total enclosed living space and changes that affect the volume or character of the wastewater in making this determination. The on-site sewage disposal system has been sized for three (3) bedrooms and the floor plan illustrates four (4) bedrooms. Therefore, the on-site sewage disposal system will need to be upgraded for four (4) bedrooms. The Health Department does not have the authority to approve a variance to COMAR.

Any deviations from the proposed work illustrated on the site plan submitted with the waiver request will be subject to further review by this department. Future proposed improvements to the property requiring a building permit may require perc testing and a percolation certification plan.

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

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael J. Davis', is written over the typed name.

Michael J. Davis, Director  
Bureau of Environmental Health

August 12, 2021

Mike Davis, Deputy Directory  
8930 Stanford Boulevard  
Columbia, MD 21045

Dear Mr. Davis,

We are writing in regards to submitting a Percolation Certification Plan waiver for building permit submission **B21002610** for the property at:

**13458 Charolais Court  
Highland, MD 20777**

We are seeking a Percolation Certification Plan waiver for three reasons.

First, the addition we are requesting will be within 100 feet of the existing well.

Second, the well is in good working condition and up to code as confirmed by our recent inspection by National Water Service in July, 2021.

Third, the existing on site sewage disposal system is also in good working order and confirmed during our most recent septic cleaning by Fyock Septic Services in June, 2021.

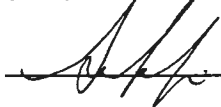
We thank you for your consideration and look forward to hearing from you.

Respectfully,

Vineet Rajan  
(724) 531-2471  
vineetandsandhia@gmail.com



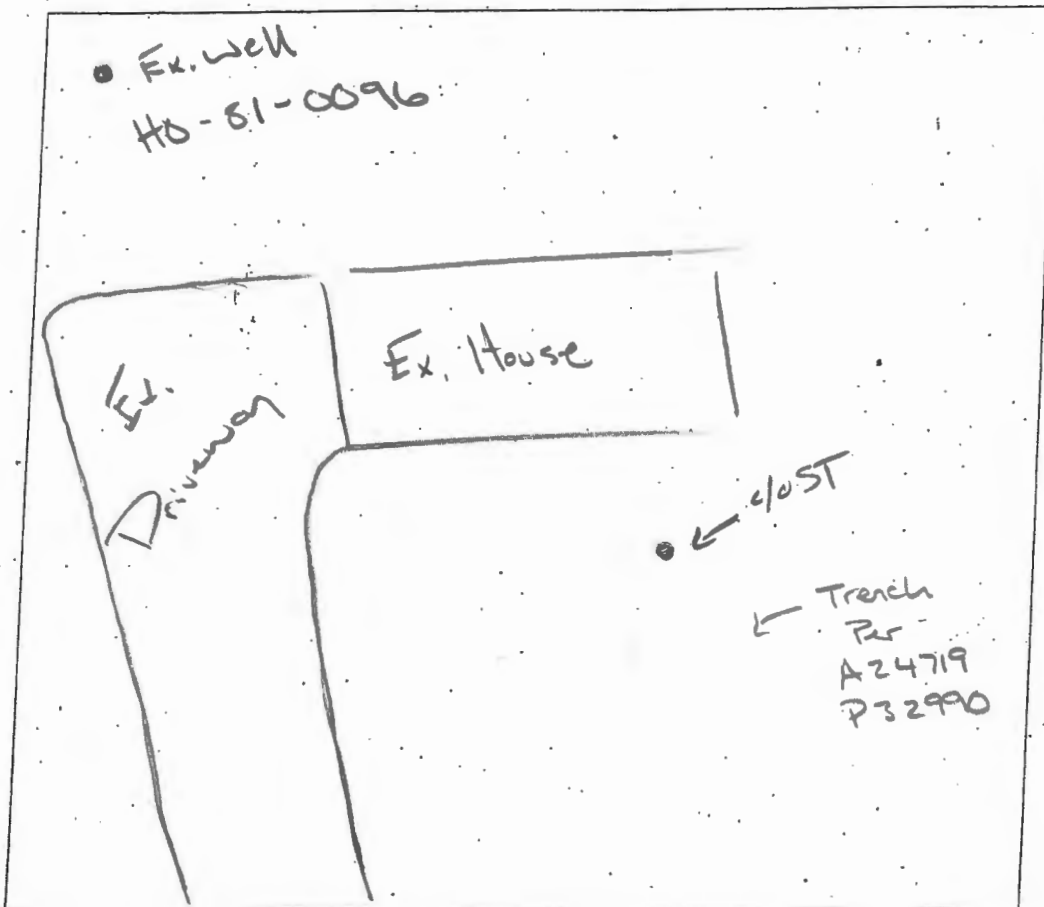
Sandhia Rajan  
(724) 531-2848



SITE INSPECTION SHEET

OWNER: Vincent + Sandria Rajan PHONE #: 724 531 2471  
ADDRESS: 13458 Chardois Ct. CONTRACTOR: \_\_\_\_\_  
Highland, MD WELL TAG #: HO-81-0096  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: Howard  
PROPOSAL: Living Space Addition (Office + Rec Room)

LOCATION DIAGRAM



COMMENTS: Septic appears to be in good condition. No signs of failure. Saw baffle and scum layers, all good levels. Well looks in good condition. 2' above grade. 2 piece secure cap with well tag. Well has been GPS located.

DATE: 8/16/2021 INSPECTOR: FSF

COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 8/16/21  
To: Robert Freemon, Health Department  
(Person's Name and Division)  
From: YINEET SANDHIA RAJAN (724) 531-2848  
(Your Name, Company Name and Telephone Number)  
Subject: Project name \_\_\_\_\_  
Project site address 13458 Charolais Ct, Highland, 20777  
Permit # B21002610 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
  - Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted. per Health Dept
  - Letter Summarizing Changes
  - Energy conservation calculations
  - 3 Copies of Plans for Addition (be specific).
  - Health Department Request  DPZ/ DED Request  Applicant's Request
  - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
  - Other \_\_\_\_\_

Contact Person Information: (Required)

SANDHIA RAJAN  
Please Print Name  
Telephone No: 724-531-2848  
E-Mail Address: YINEETAND SANDHIA @Gmail.com

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by MR

Revisor **RECEIVED**  
NO Fee  
AUG 16 2021  
LICENSES & PERMITS  
DIVISION

■ 2nd Submission

■ only modification  
found on page A004  
tabbed orange

■ widened doorway to  
> 4ft per health dept  
guidelines - highlighted

■ Building perm# B21002610





