

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 0003

PROPERTY ADDRESS 1201 Driver Rd Marnottsne 21104

TAX ACCOUNT # TAX MAP 0010 GRID 0005 PARCEL 0186 LOT NO. PAR 13 PROPOSED LOT SIZE (ACRES) 51.700

ZONING CATEGORY TIER

PROPERTY OWNER(S) State of MD / Allison Cardell

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 1201 Driver Rd Marnottsne, MD 21104

APPLICANT Freedom Septe RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-785-2847 CELL EMAIL chnsky@freedomsepte.com

MAILING ADDRESS 2808 Liberty Rd Sykesville MD 21784

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- Subdivision: Number of lots including residue: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
Construct new OSDs on undeveloped lot
Repair or replace failing OSDs
Upgrade existing OSDs

BUILDING:

- Residential with 3 existing or proposed bedrooms in the completed structure
Commercial (provide detail of type of use and numbers of employees/customers on accompanying plan)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.
Signature of Applicant: [Signature] DATE: 4/8/24

**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

**Application:** WS-PT-24-00962  
**Application Type:** EnvHealth/Well and Septic/Percolation Test/Application  
**Address:** 1201 DRIVER RD, Marriottsville, 21104

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Receipt No.	9315					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	1594	\$265.00	04/15/2024	SMARTIN		

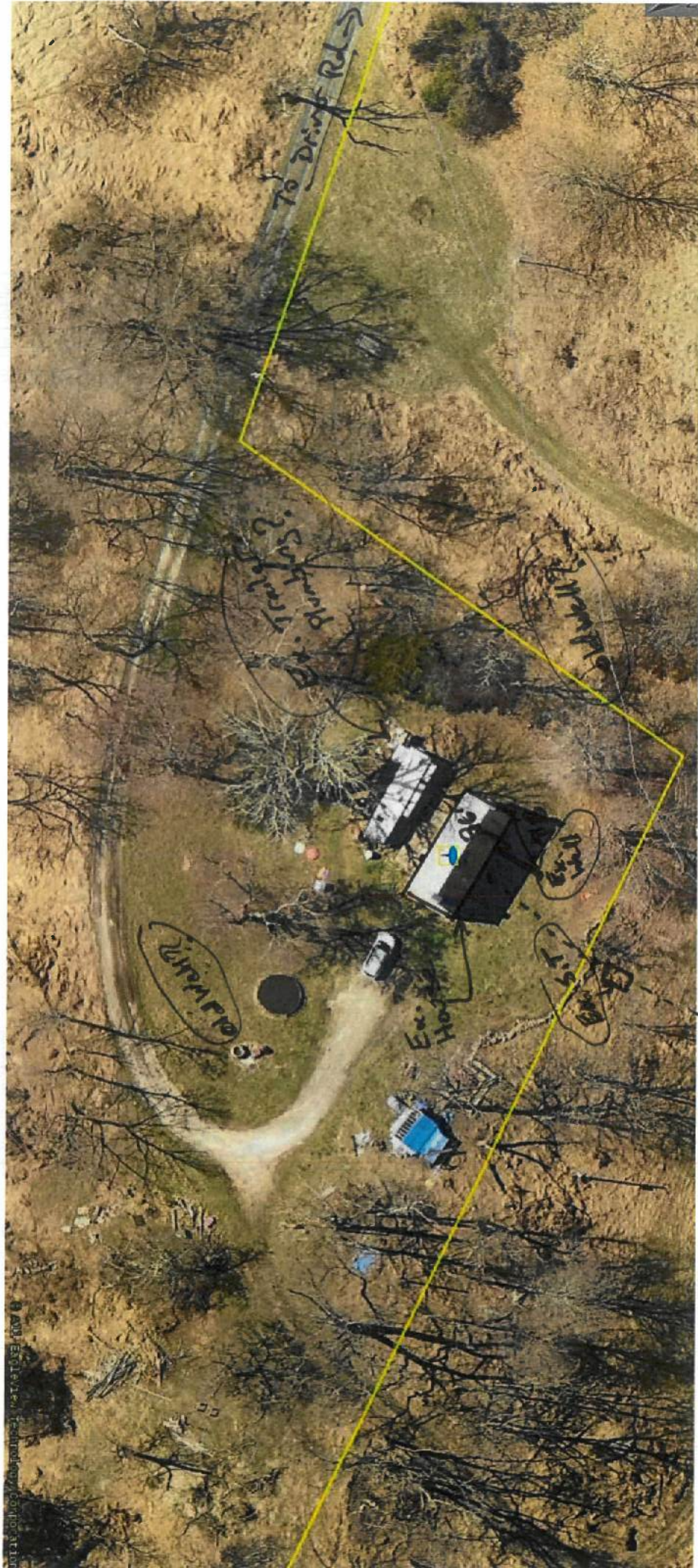
**Owner Info.:** STATE OF MARYLAND  
580 TAYLOR AVE  
ANNAPOLIS, MD 21401

**Work Description:**

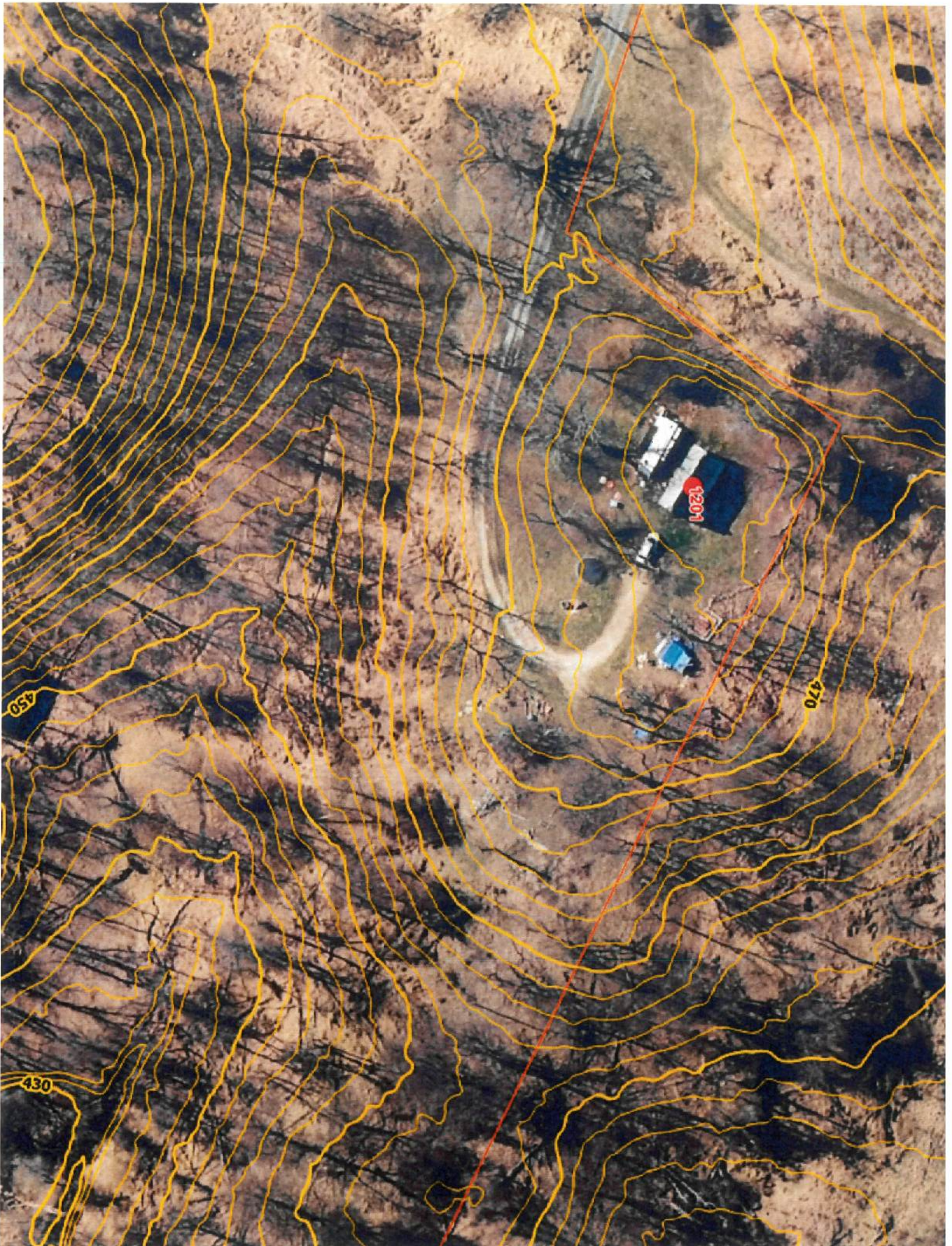


03/06/2023

1201 Driver Road - Site Plan



Dry Gas Bed  
No  
Growth



Record Detail \* (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Misc/Deck	B24001352	04/15/2024

**Description of Work**  
 SFD/ Build a 28.6x27 deck with 4x6 landing and two sets of steps to grade. Irregular shape deck on rear of home.\*\*\*\*SUBJECT TO FIELD INSPECTION\*\*

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>
11260	INDEPENDENCE	WAY
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>
--Select--		-76.90333
		<b>Y Coordinate</b>
		39.23553
<b>City</b>	<b>State</b>	<b>Zip Code</b>
ELLCOTT CITY	MD	21042
		<b>Primary</b>
		Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

<b>GIS ID *</b>	<b>Parcel</b>	<b>Parcel Area</b>	<b>Land Value</b>	<b>Improved Value</b>	<b>Exemption Value</b>	<b>Plan Area</b>
922646	28	1.22	292200	0	1062200	RURAL
<b>Legal Description</b>						
IMPVLOT 62 1.220 A[ ]11260 INDEPENDENCE WAY[ ]HOMEWOOD CROSSING PH 2						

[check spelling](#)

<b>Block</b>	<b>Lot</b>	<b>Census Tract</b>	<b>Council Dist</b>	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
9	62	605101	5				
<b>Plan Area</b>	<b>State Tax Id</b>	<b>Subdivision Name</b>					
	1405443253	Homewood Crossing					
<b>Section</b>	<b>Area</b>	<b>Tax Map</b>					
		29					
<b>Grid</b>	<b>Zoning District</b>	<b>ADC Map</b>					
29-10	RC-DEO	4934-F3					
<b>SDP No.</b>	<b>Final Plan No.</b>	<b>WP File No.</b>					
	F-05-031						
<b>Record Plat No.</b>	<b>WS Contract No.</b>	<b>FDP No.</b>	<b>Primary</b>				
18240-1824			Yes				
<b>Owner Occupied</b>	<b>Year Built</b>	<b>Historic District</b>					
<input type="radio"/> Yes <input type="radio"/> No	2008	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Historic District Registry No.</b>	<b>Stat Area</b>	<b>Flood Plain</b>					
	5-03	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Building No</b>							

Owner \* (This section is required.)

Search Reset Clear

**Name \***  
 NEAS, JEREMY

**Address Line 1**  
 11260 INDEPENDENCE WAY

**Address Line 2**

**Address Line 3**

<b>Mail City</b>	<b>Mail State</b>	<b>Mail Zip Code</b>
ELLCOTT CITY	MD	21042
<b>Phone</b>	<b>Primary</b>	
443-440-5053	Yes	
<b>E-mail</b>		
endlessconstruction@outlook.com		

Cell Number

Fax Number

Professionals (This section is not required.)

**License # \***  
 08010091613  
**License Type \***  
 MHIC Ind  
**Primary**  
 Yes

**Business Name**  
 ENDLESS CONSTRUCTION  
**First Name** Middle Name Last Name  
 JAMES MARTZ  
**Address Line 1**  
 903 AUTUMN VALLEY LANE  
**Address Line 2**

**City** State ZIP Code  
 GAMBRILLS MD 21054-0000  
**Phone 1** Phone 2 Fax  
 4434405053  
**E-mail**  
 RTHMARTZ@VERIZON.NET

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

**Type \***  
 Applicant  
**Relationship**  
 Applicant  
**Primary**  
 Yes

**First Name** MI Last Name  
 James M Martz IV  
**Full Name**  
 James M Martz IV  
**Organization Name**  
 Endless Construction  
**Street Address**  
 903 Autumn Valley Lane  
**Address Line 2**

**City** State ZIP Code  
 Gambrills MD 21054  
**Phone** Cell Fax  
 443-440-5053 443-603-6916  
**E-mail \***  
 endlessconstruction@outlook.com

Addl Info

**Est Construction Cost \*** Housing Units \* Number of Buildings \* Public Owned  
 20000 0 0 No  
**Construction Type**  
 434 - Additions, Alterations and Conversions - Residential

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

**Capital Project-No Fee \*** Capital Project Number Fee Exempt \* Roadside Tree Project Permit \* Roadside Tree Project Permit #  
 Yes  No   Yes  No  Yes  No

**Existing Use \*** Water Sewage Expiration Date  
 SFD  Private  Private  10/12/2024

Submit Cancel