

SKK

Building Address 2956 Marriottsville Rd
Ellicott City MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 16 Parcel 148 Grid 22
 Zoning _____ Map Coordinates 11A5 Lot size _____

Property Owner's Name WIESLAW DESKA
 Address 2956 MARRIOTTVILLE Rd.
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 413 535 0575 Work Phone 410 960 5723
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use same w/ Add
 Estimated Construction Cost \$ 30,000
 Description of Work 1 story addition
2 Bedrooms 20x40

Contractor Company Z.W. CONSTRUCTION
 Contact Person ZYG MONT WAPINSKI
 Address 217 SHERWOOD Rd.
 City Cockeysville State MD Zip Code 21230
 License No. 17501
 Phone 410/215-4221 Fax _____

Occupant or Tenant owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| Height: _____ | Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>20'</u> <u>40'</u> 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____ |

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.

Wieslaw Deska
 Applicant's Signature
Wieslaw Deska
 Title/Company

WIESEAN DESKA
 Print Name
6.18.02
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|----------------|------------------------|--|---------------------------|
| Land Development DPZ | | | Front: _____ | 31561 |
| State Highways | | | Rear: _____ | Filing fee \$ _____ |
| Building Official | | | Side: _____ | Permit fee \$ _____ |
| Dev. Engineering DPZ | | | Side St: _____ | Excise tax \$ _____ |
| Health | <u>7/18/02</u> | <u>Steven R. Krieg</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Balance due \$ _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Check # <u>110</u> |
| | | | | Validation # <u>53346</u> |
| | | | | Accepted by _____ |



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

July 2, 2002

Wieslaw Deka
2956 Marriottsville Road
Ellicott City, Maryland 21042

RE: Building Permit B00136945
2956 Marriottsville Road
Proposed 2 Bedroom Addition (20x40)

Dear Mr. Deka:

This office has received the building permit, but cannot recommend approval at this time because the existing trench (installed without a permit) is not documented to be adequate to accommodate the potential increase in sewage flow for a two-bedroom addition, and there is insufficient information to determine the existing water well location.

Any recommendation for building permit approval is contingent upon clarification of the number of bedrooms in the existing dwelling as well as the finished dwelling. Additional requirements include:

- 1) a percolation test to determine soil suitability for installation of a septic system repair to accommodate the potential increase in flow
- 2) to establish adequate future septic replacement area
- 3) and to verify the location of the existing well.

The septic system repair process involves a repair permit (\$25 fee) and is best completed through a professional septic contractor.

Please contact this office at (410) 313-2694 if you have any questions or to arrange permit issuance.

Very Truly Yours,

John A. Boris, Jr., R.S.
Well and Septic Program

JAB

cc: Department of Inspections, Licenses & Permits
Z.W. Construction Co.

File



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

Resolved

November 1, 2002

Wieslaw Deka
2956 Marriottsville Road
Ellicott City, MD 21042

RE: Building Permit # B00136945
2956 Marriottsville Road
Proposed 2 Bedroom Addition

Dear Mr. Deka:

On July 18, 2002, this office recommended the approval of the referenced building permit under the condition that additional septic system capacity (Septic Permit # 517353) would be installed to accommodate the new addition within a few months.

To this date, this office has received no notification from a contractor of when the septic system will be installed, therefore, it has been requested that a stop work order be issued for the proposed addition or a final inspection is withheld until additional septic system capacity has been installed.

If you have any questions, or would like to discuss this matter further please call me at (410)313-2640.

Bruce, 11/21/02

*OK to release stop
work order. Issues
w/ septic system
resolved - Steven R. Krieg*

Respectfully,

Steven R. Krieg

Steven R. Krieg
Registered Environmental Sanitarian
Well and Septic Program

SRK

cc: DILP (Bruce Forejt)
Z. W. Construction (Zygmunt Wapinski)
Fogles Septic Clean, Inc. (Kurt Cassell)
File *11/21/02*

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

PO0146699

Building Address 2956 MARRIOTTESVILLE
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Wieslaw DEKA
 Address SAME
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use Garage
 Estimated Construction Cost \$ 4500
 Description of Work 1 Story 21' x 26' with 2 car garage

Contractor Company DAHER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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Applicant's Signature _____
 Title/Company _____

WIESLAW DEKA
 Print Name _____
 313-1004
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

Property known as: L. 1903 F. 383

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

3RD ELECTION DISTRICT

HOWARD COUNTY MD

7/2/02 PROPOSED 2 BR ADD'N TO EX.

HOUSE W/ UNKNOWN # BR;

WELL LOC. NOT SHOWN, MAY

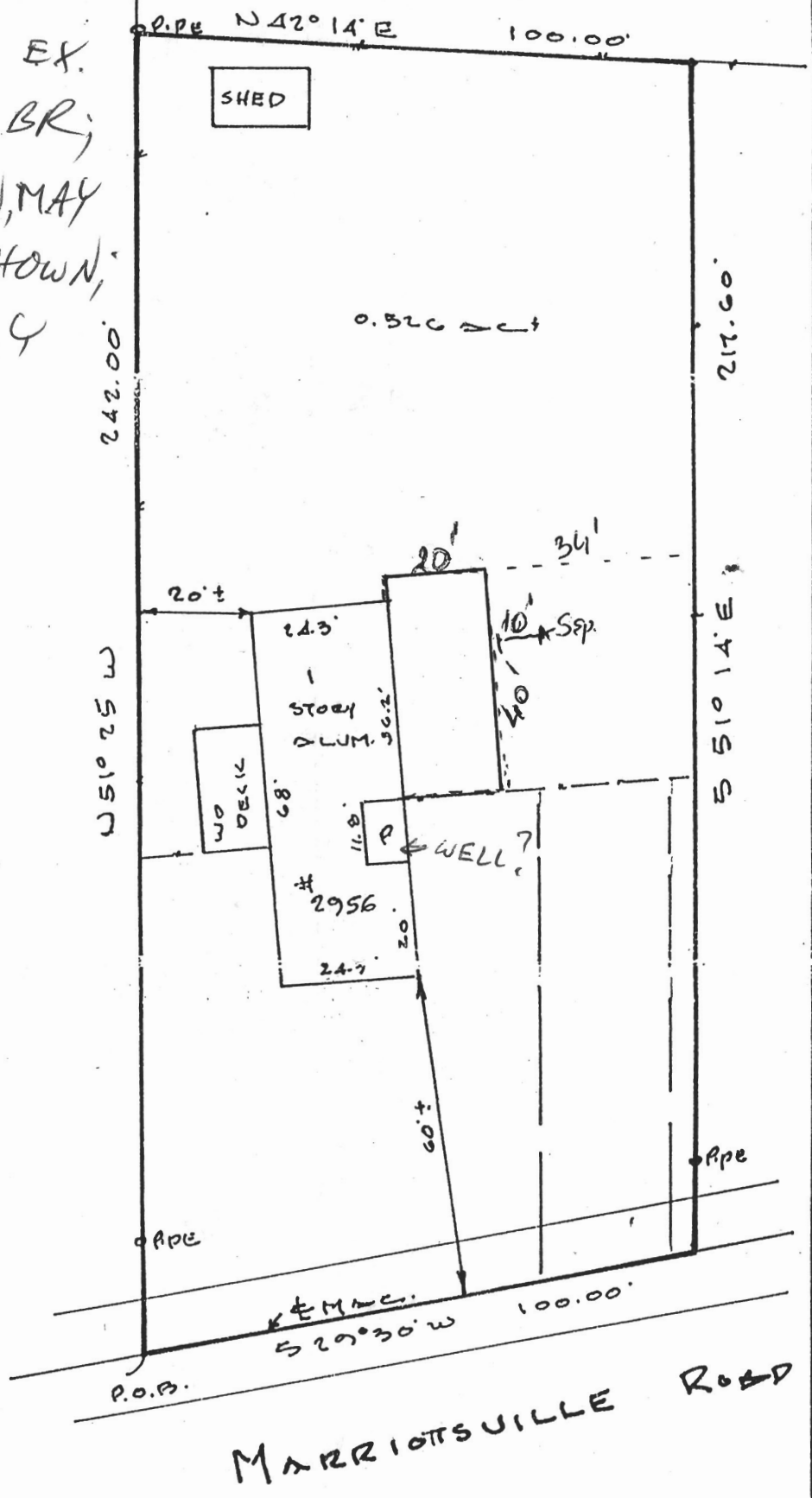
~~BE~~ BE IN LOC. SHOWN;

SEPTIC REPAIR LIKELY

REQ'D


T/CTO CONTRACTOR
RE: ABOVE

MP
7/2/02



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

| CERTIFICATION | SEAL | SCALE 1" = 30' DATE 7-17-1997 |
|--|---|--|
| <p>This is to certify that I have surveyed the property known as: <u>2956</u> <u>MARRIOTTSVILLE ROAD</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p> |  <p>Walter Park</p> | <p>LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045</p> <p>(Balt.) 410-715-1070 (Wash.) 301-596-3424 (FAX) 410-715-9540</p> |