

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <del>300133762</del> 300133762
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Building Address **6408 IVY SPRING RD**  
**ELKRIDGE, MD 21075**

Route/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract **001202** Subdivision **Harwood Park**

Section **N/A** Area **N/A** Lot **1101A**

Tax Map **38** Parcel **873** Grid **19**

Zoning **R-12** Map Coordinates \_\_\_\_\_ Lot size **12848 SF**

Property Owner's Name **SPRINGLAND LLC**

Address **10830 GUILFORD RD. #301**  
**ANNAPOLIS**  
City **JUNCTION** State **MD** Zip Code **20701**

Home Phone **N/A** Work Phone **301 362-3500**

Applicant's Name & Mailing Address, (if other than stated herein):  
**Susan Taber**

Phone **301 362-3500** Fax \_\_\_\_\_

Existing Use **N/A** **Recent LOT**

Proposed Use **RESIDENCE Single Family Home**

Estimated Construction Cost \$ **N/A**

Description of Work **New construction single family home construction**  
**Wellington model 4 BR 2 1/2 bsmt attached**  
**unfinished garage rough-in**

Occupant or Tenant **N/A**

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company **WILLIAM DOUGLAS ASSOC. INC**

Contact Person \_\_\_\_\_

Address **10830 GUILFORD RD #301**  
**ANNAPOLIS**  
City **JUNCTION** State **MD** Zip Code **20701**

License No. **MHBR 630**

Phone **301 362-3500** Fax **301 362-3536**

Engineer or Architect Company **Benchmark Eng, Inc**

Contact Person **Don Mason**

Address **8480 Balt. Nat'l Pike #418**  
City **Elicott City** State **Md** Zip Code **21043**

Phone **410 465-8105** Fax **410 465-6644**

**BUILDING DESCRIPTION - COMMERCIAL** **N/A**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: <b>34'</b> <b>50'</b>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <b>30'</b> <b>42'</b>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <b>34'</b> <b>50'</b>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <b>N/A</b> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <b>4</b>	
Multi-family dwellings: <b>N/A</b>	
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 Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 ON TO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

William Boettner  
Applicant's Signature

William Boettner  
Print Name

\_\_\_\_\_  
Title/Company

10/11/02  
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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <b>100</b>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>7/2/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <b>14632</b>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <b>13549</b>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



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

October 28, 2002

Springland LLC  
Att: Susan Tabor  
10830 Guilford Road  
Annapolis, MD 20701

*Junction*

RE: Building Permit Application B00138762  
6408 Ivy Spring Road  
Proposed Single Family Dwelling

Dear Mrs. Tabor:

This office has received the above referenced building permit application, but cannot recommend approval at this time. As a result of the note provided on the building permit site plan, the Health Department has recommended that the well must be abandoned and sealed by a licensed well driller and the septic tank and drywell must be pumped, crushed and filled in with clean dirt. Once the following documents have been received by this agency the approval will be issued

Please contact this office at (410) 313-2640 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  
File

*resent 11/4/02*

