

309003074

Building Address 12901 Beantree Rd.
Commanor, Md 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Commanor Hill

Section 1 Area _____ Lot 1

Tax Map _____ Parcel _____ Grid _____

Zoning RD Map Coordinates _____ Lot Size .951A

Property Owner's Name Ronan - Trust
 Address 12901 Beantree Rd
 City Commanor, Md State MD Zip Code 21029
 Home Phone 301 547 7165 Work Phone 301 547 0885
 Applicant's Name & Mailing Address, (if other than stated herein): _____

 Phone _____ Fax _____

Existing Use _____
 Proposed Use Expansion
 Estimated Construction Cost \$ 300,000

Description of Work one story addition on slab

Contractor Company TSL Per. E. Co.
 Contact Person Troy S. Slicker
 Address 2501 Birchwood Rd.
 City MD State MD Zip Code 21171
 License No. 121629
 Phone 410 954 6232 Fax 410 675 2977

Occupant or Tenant Ronan - Virginia Trust

Contact Name Troy Slicker
 Address 2501 Birchwood Rd
 City MD State MD Zip Code 21171
 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: <u>10'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>116</u>	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"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input checked="" 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>16'</u> Width <u>26'</u> 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of Bedrooms <u>0</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 Troy Slicker
 Title/Company Per. E. Co.

Print Name Troy Slicker
 Date 11-12-09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

****PLEASE WRITE NEATLY AND LEGIBLY****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ	11/12/09	[Signature]
State Highways		
Building Officials		
Dev. Engineering, DPZ	11/12/09	[Signature]
Health	12/17/09	[Signature]
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: <u>50</u>
Rear: <u>30</u>
Side: <u>10</u>
Side St.: <u>30</u>
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for New Town Zone <u>214</u>
SDP/Red-line approval date _____

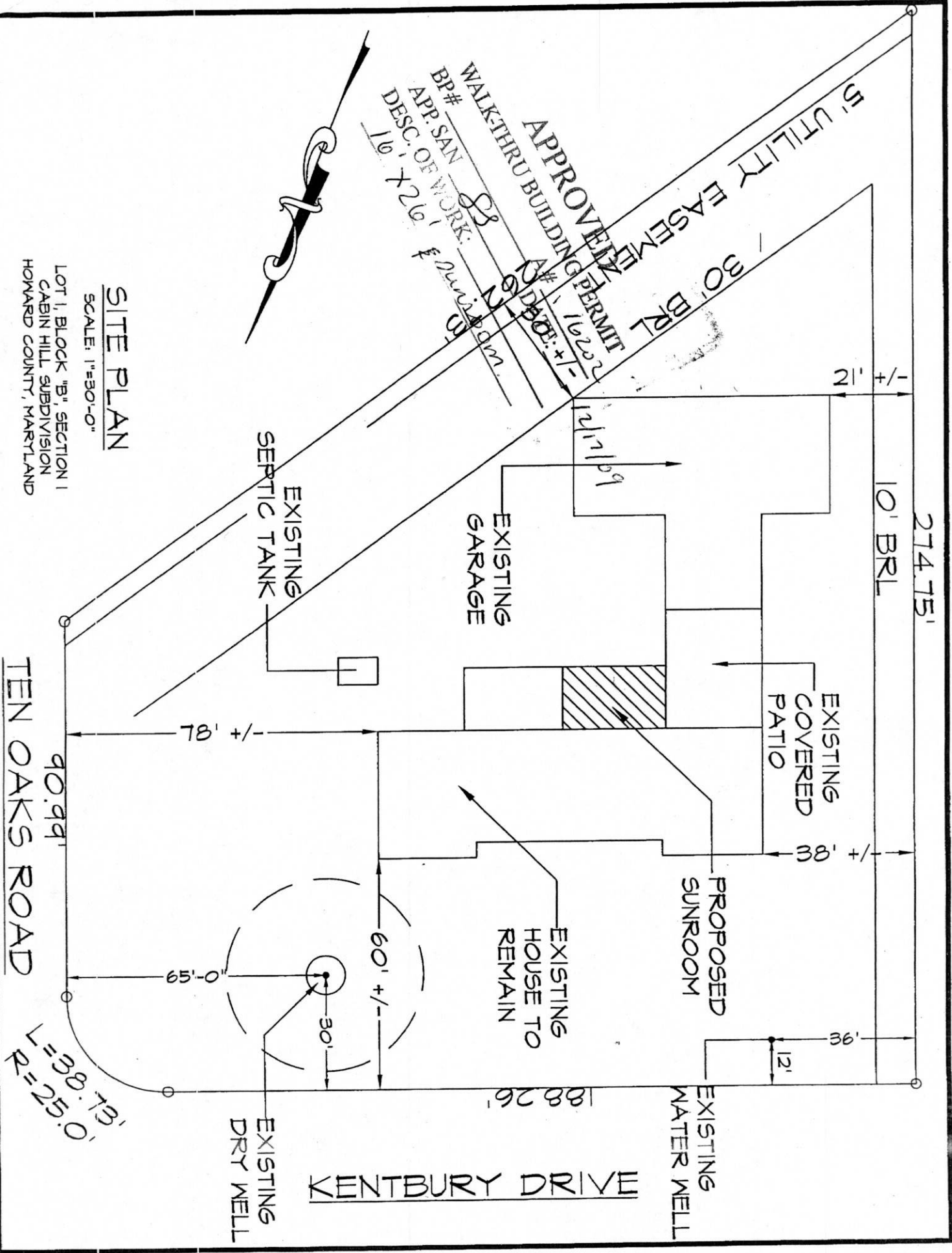
PROPERTY ID #
Filing fee \$ <u>225</u>
Permit fee \$ <u>77.50</u>
Excise tax \$ <u>10</u>
Add'l per fee \$ <u>200</u>
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Accepted by _____

APPROVED
 WALK-THRU BUILDING PERMIT
 2022/10/26
 16' X 26'

SITE PLAN
 SCALE: 1"=30'-0"

LOT 1, BLOCK "B", SECTION 1
 CABIN HILL SUBDIVISION
 HOWARD COUNTY, MARYLAND



November 30, 2009

Environmental Health Department
Howard County, Maryland

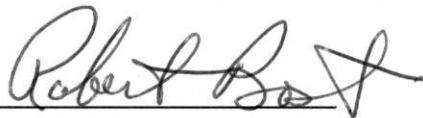
To whom it may concern,

We would like a variance to add a 16 x26 addition between the Sunroom and the existing areaway to keep water out of our basement when we have heavy rain.

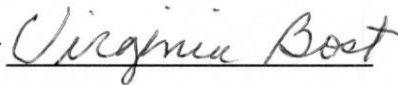
The septic system and the repair area are located at the opposite end of the house and would not be near the addition.

Sincerely,

Robert Bost



Virginia Bost



12901 Kentbury Drive
Clarksville, MD 21029

301 854-3765

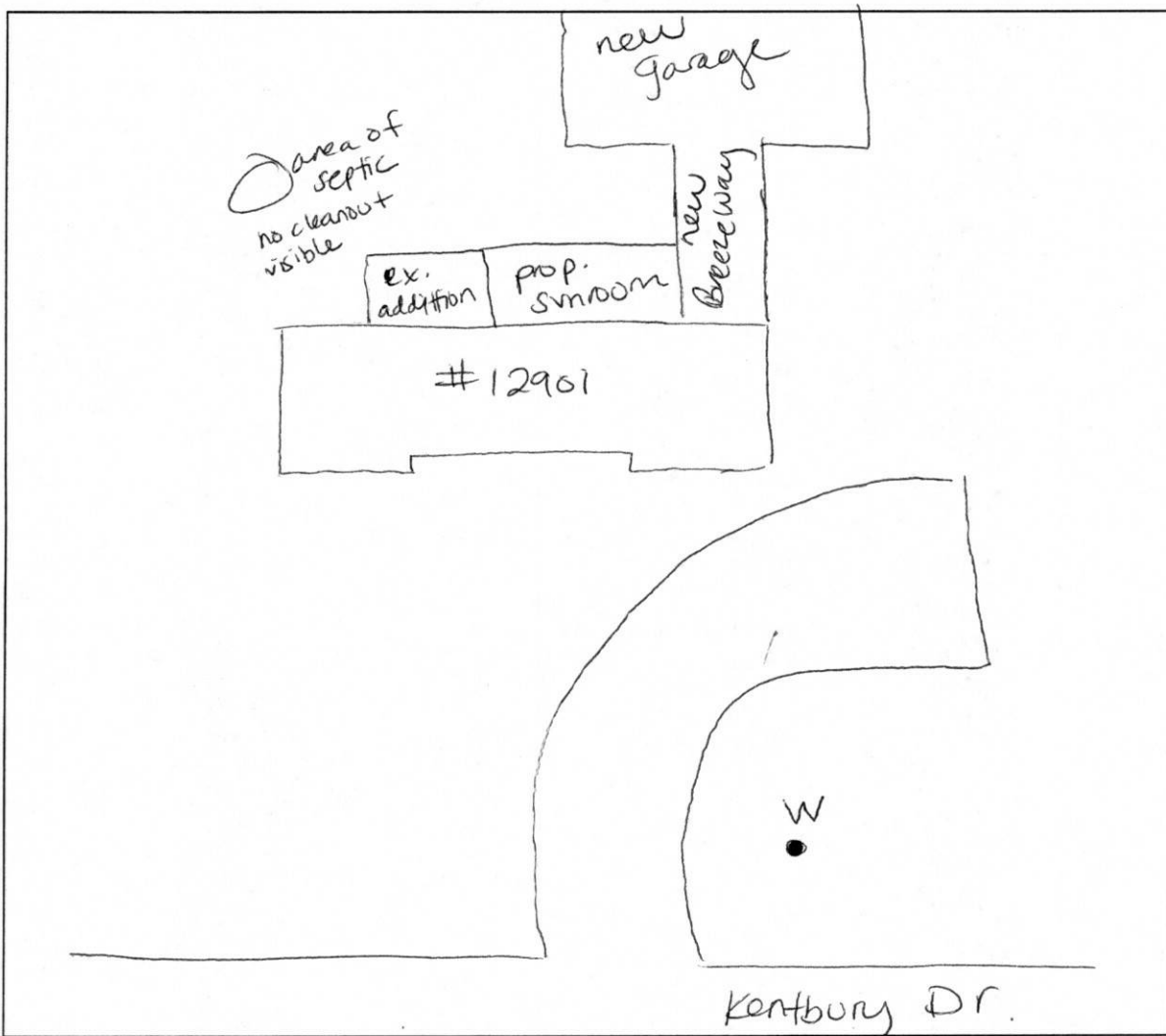
call 410-984-0232 Troy Slifer (contractor)
troy.slifer@gmail.com

A16202

SITE INSPECTION SHEET

OWNER: Robert Bast PHONE #: _____
ADDRESS: 12901 Kentbury Dr. CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ WELL TAG #: no tag
COUNTY #: _____
PROPOSAL: 16 x 26 Sunroom

LOCATION DIAGRAM



COMMENTS: site plan for sun room matches existing conditions on property. Prior ^{approved} garage addition still under construction but footprint matches site plan.

DATE: 12/16/09 INSPECTOR: HS



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 17, 2009

Robert & Virinia Bost
12901 Kentbury Drive
Clarksville, MD 21029

RE: Variance Approval
12901 Kentbury Drive
Clarksville, MD 21029

Dear Sir and Madam:

The Department of Health has received your waiver request dated December 4, 2009 for the above referenced property. This agency will grant **approval** of the waiver to the required Percolation Certification Plan as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed sixteen (16) foot by twenty-six (26) foot addition is located within one hundred feet of the existing well and is not useable for on-site sewage disposal.

Be advised that any future addition may require percolation testing and a Percolation Certification Plan will be required. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

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

Respectfully,

Michael J. Davis, R.S.
Assistant Director
Bureau of Environmental Health

c: File

ATTN: SARA SAPPINGTON

December 4, 2009

Environmental Health Department
Howard County, Maryland

To whom it may concern,


We would like a variance from having to complete a percolation certification plan and perc testing on the property in regards to the proposed 16X26 sunroom addition between the Sunroom and the existing areaway to keep water out of our basement when we have heavy rain.

Sincerely,
Robert Bost 

Virginia Bost 

12901 Kentbury Drive
Clarksville, MD 21029

301 854-3765

12/17/09

Approved

**HOWARD COUNTY
PERMIT APPLICATION**

309 003 147
PERMIT NUMBER

Building Address 12901 Kenberry Rd.
Clarksville MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Cedar Hill

Section 1 Area _____ Lot 1

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Robert & Virginia Best
Address 12901 Kenberry Rd.
City Clarksville State MD Zip Code 21029
Home Phone 301 854 0685 Work Phone 210 251 0085
Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use Single Family Dwelling
Proposed Use Garage
Estimated Construction Cost \$ 100,000

Contractor Company TRE Real Estate LLC
Contact Person Tracy Stiles
Address 2501 Broadbuck Rd.
City MD State MD Zip Code 21771
License No. 121637
Phone 410 984 0232 Fax 410 675 2977

Description of Work Detached garage workshop

Occupant or Tenant Robert & Virginia Best
Contact Name Tracy Stiles
Address 2501 Broadbuck Rd.
City MD State MD Zip Code 21771
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: <u>15'</u>	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>2700</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1 st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2 nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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	

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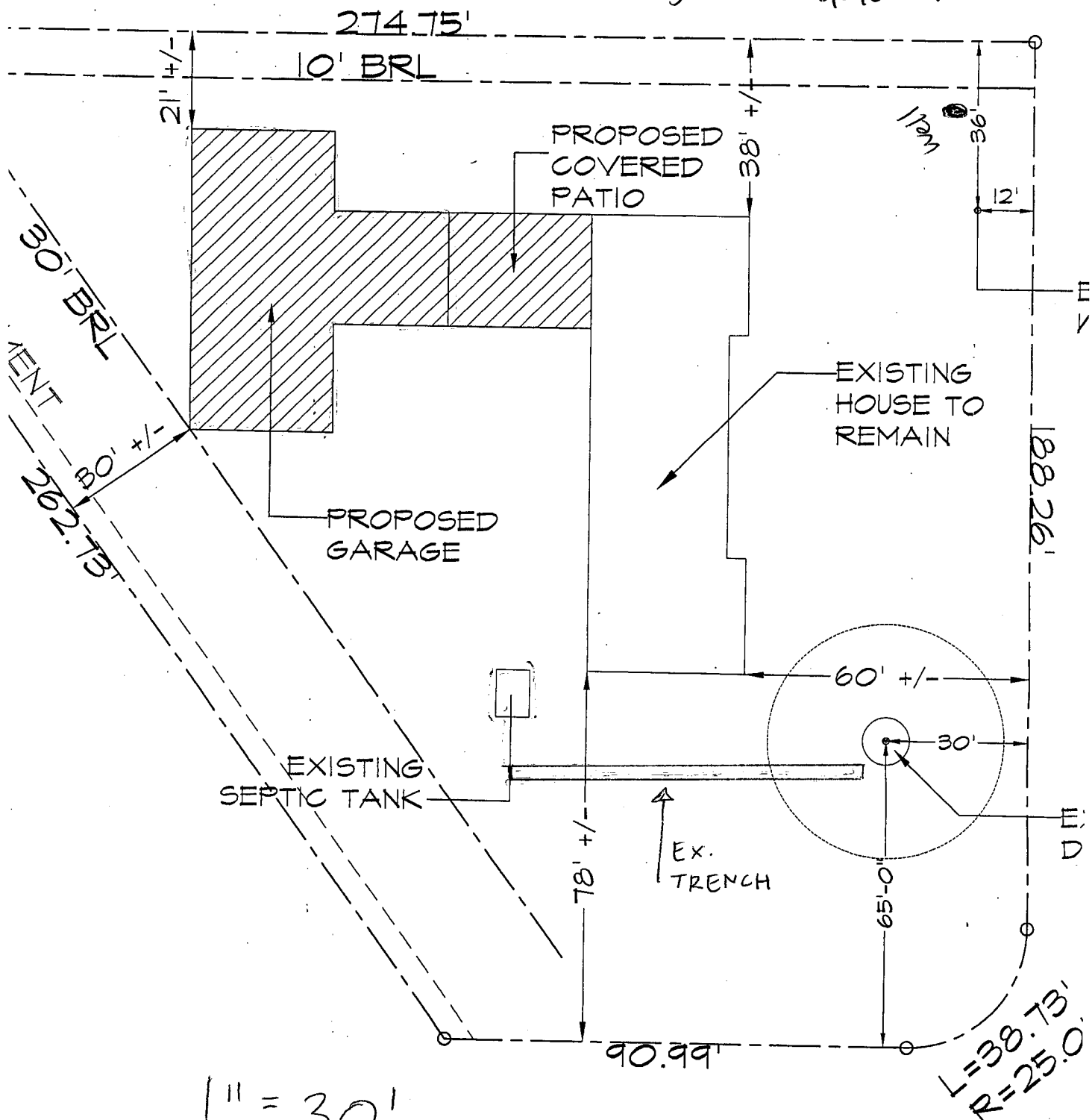
Applicant's Signature [Signature]
Title/Company Contractor TRE Real Estate

Print Name Tracy Stiles
Date 8-16-09

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

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ/SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
Health	<u>9-10-09</u>	<u>[Signature]</u>		All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
				Historic District?	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date	Accepted by _____

BD9002147
garage OK HS
9-10-09



TEN OAKS ROAD

BD9002147
12901 Kentbury 1