

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B06008875

Building Address 6801 Koandah Gdns.  
Highland MD 20777

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

Census Tract \_\_\_\_\_ Subdivision Koandah Gardens

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 16

Tax Map 34 Parcel 78 Grid 22

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use SFD

Proposed Use SFD w/ Decks + screened porch

Estimated Construction Cost \$ 12,000.00

Description of Work 12x16 screened porch w/attached 24x10 Deck and a separate 20x18 Deck, and a Front Porch

Occupant or Tenant Same as owners

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

Address \_\_\_\_\_

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

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

Property Owner's Name Brian Zhou  
Kristina Tao  
Address 6801 Koandah Gdns.

City Highland State MD Zip Code 20777

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone 301 854-9007 Fax \_\_\_\_\_

Contractor Company Robson's Remodeling

Contact Person Craig Robson

Address 6821 Koandah Gdns.

City Highland State MD Zip Code 20777

License No. 42108

Phone 301 854 0521 Fax 301 854 0542

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
1st floor:		Sewage Disposal:	
2nd floor:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Basement:		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Heating System:	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of Bedrooms _____		Natural Gas <input type="checkbox"/>	
Height: _____		Propane Gas <input checked="" type="checkbox"/>	
Multi-family dwellings:		Sprinkler system: N/A <input type="checkbox"/>	
No. of efficiency units: _____		NFPA #13D _____	
No. of 1 BR units: _____		NFPA #13R _____	
No. of 2 BR units: _____		Other: _____	
No. of 3 BR units: _____			
Other Structure: _____			
Dimensions: _____			
Footings: <u>Pier &amp; Post</u>			
Roof Height: _____			
<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  
Craig Robson's Remodeling  
Title/Company

Print Name J. Craig Robson  
Date 12/14/06

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering CIPZ	<u>12/14/06</u>	<u>[Signature]</u>	Side St.: _____	Advt'l per. fee \$ _____
Health			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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Gold: SH/A				

APPROVED

WALK-THRU BUILDING PERMIT

APP# 306008875 A# 49115

APP. SAN SFD DATE: 12/14/6

DESC. OF WORK: 3 Decks

& Screened Porch

HIGHLAND  
MAJOR COLLECTOR  
(80' R/W)

R=4123.75'

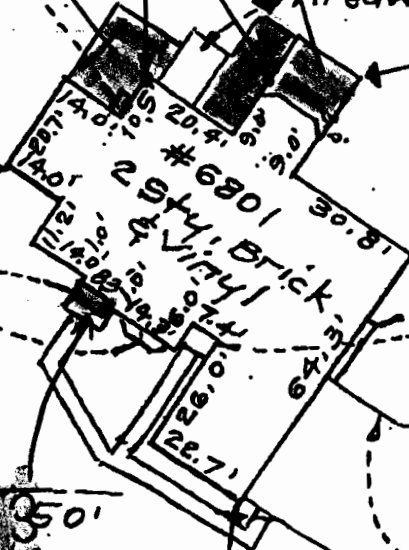
L=72.63' N48°19'12.7"W 102.38'

N49°24'38"E

213.99'

S53°02'56"E

LOT 16  
0.9880 Ac. ±  
43,037 sq ft



N86°40'30"W - 35.35'

S41°40'33"W - 9.85'

R=530.00'  
L=42.56'  
R=86.36'  
L=18.37'

S58°27'54"W 93.66'

R=25.00'  
L=23.63'

R=60.00'  
L=22.10'

KOANDAH

Public 10' Tree Maintenance Easement

GARDENS

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of the property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

*[Signature]*



CLARK, FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS  
7135 MINSTREL WAY COLUMBIA, MARYLAND 21046  
TELEPHONE: BALT. (410)381-7500 - WASH. (301)821-8100

REFERENCE	DRAWN BY: KWC	CHECKED BY: PAS
Plot M.D.R. No. 15632	DATE: 10-6-03	FILE NO.:
	SCALE: 1" = 40'	11242-W

LAYOUT 330 7/29/03 INSP 4 \_\_\_\_\_  
 INSP 2 7/20/03 INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 7/11/2003

APPROVAL DATE: 7/30/03

# PERMIT

P 519036

A 49115

**INDEXED**

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

K & K Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 14960 Frederick Road, Woodbine PHONE NUMBER: 410-442-1336

SUBDIVISION: Koandah Gardens Estate LOT NUMBER: 16

ADDRESS: 6801 Koandah Gardens PROPERTY OWNER: Dorr Property

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour, 4-60' trenches.
NOTES:	No basement service by gravity. <b>SHALLOW SYSTEM ONLY</b>

PLANS APPROVED: Steven R. Krieg OK SRK 7/1/03 DATE: 2/24/2003

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**BUILDING PERMIT SIGNED AND RETURNED** 313-2640 FOR INSPECTION OF SEPTIC SYSTEM

9-3-03 B00143844- 1/6 ROSEMARY  
 12/4/06- B06008875- 12x16 porch w/ 24x10 Deck

A49115