

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B06001094

Building Address 6813 Koandah Gardens  
Highland, MD 20777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Koandah Gardens  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 19  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Jin Chen  
 Address 6813 Koandah Gardens  
 City Highland State MD Zip Code 20777  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD w 22x15 Deck  
 Estimated Construction Cost \$ 6,000.00  
 Description of Work 22x15 Deck on  
rear of house w/ steps to  
grade. Elevated 8' off ground

Contractor Company Robson's Remodeling  
 Contact Person Craig Robson  
 Address PO. Box 63  
 City Highland State MD Zip Code 20777  
 License No. 42108  
 Phone 301 854 0521 Fax 301 854 0542

Occupant or Tenant Same as owners  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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: <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: Electric <input type="checkbox"/> Oil <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: <u>Rein + Post</u> Roof Height: _____
_____ State Certified Modular _____ 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 [Signature]  
 Title/Company Owner / Robson's Remodeling

Print Name J. Craig Robson  
 Date 7/5/06

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, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health	<u>7/5/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

**FLOOD CERTIFICATION**

The house as shown on this property lies within Zone C, area of minimal flooding, as indicated on Federal Emergency Management Agency maps entitled "FIRM, Flood Insurance Rate Map"

29

21

N89°24'20"E 178.02'

**APPROVED**

30' B.R.L. WALK-THRU BUILDING PERMIT

BP# 1306001014 A# 491180

145' LOT 1 APP. SAN & DATE: 7/5/06

1.0000 DESC. OF WORK:

22'x15' elevated deck 8' w/ steps to side

22x15 Deck w/ steps to grade.

18

20

N11°32'42"E 272.25'

S24°17'53"W 304.26'

PRIVATE SEWER ESM'T PLAT 15632



22' x 15' deck

SEE INSET

DRIVE

PORCH

WALK

88' B.R.L.

Ex. Well No Top

(108')

S17°38'20"E 60.00'

17

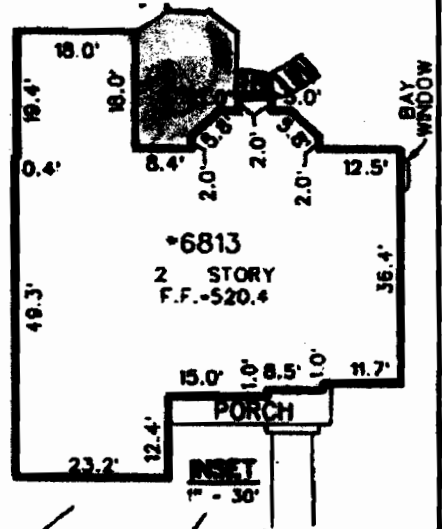
N53°02'56"W 130.00'

16

21

PARCEL A

22



\*6813  
2 STORY  
F.F.-520.4

INSET  
1" = 30'

PERMIT # B00147061

PUBLIC 10' TREE MAINTENANCE EASEMENT

KOANDAH GARDENS (PUBLIC ACCESS PLACE)

Front: 88'  
Side: 10'  
Rear: 30'

Job No.: 711-08-50

Scale: 1" = 40'

WALL CHECK DRAWING

Date: JULY 13, 2004

Drawn: J.B.V.

Checked: J.B.V.

- PLEASE NOTE:
- 1) DIMENSIONS SHOWN WITHIN "X" ARE COMPUTED TO AN ACCURACY OF PLUS OR MINUS ONE FOOT.
  - 2) NO TITLE REPORT WAS FURNISHED. THIS PROPERTY IS SUBJECT TO ALL APPLICABLE EASEMENTS, RIGHTS-OF-WAY, COVENANTS AND THOSE DOCUMENTS WHICH THE UNDERSIGNED HAS NOT BEEN PROVIDED.
  - 3) THIS PLAT IS A BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
  - 4) THIS PLAT IS NOT TO BE RELIED UPON FOR THE CONSTRUCTION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS.
  - 5) THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

05 436710

LAYOUT 9/1/04 INSP 4 \_\_\_\_\_  
INSP 2 9/2/04 INSP 5 \_\_\_\_\_  
INSP 3 9/3/04 INSP 6 \_\_\_\_\_

ISSUE DATE: 8/10/2004

P 520817

APPROVAL DATE: 9/3/04

A 49118

# PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 3 N. Main Street, Mt. Airy PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Koandah Gardens LOT NUMBER: 19

ADDRESS: 6813 Koandah Gardens Court PROPERTY OWNER: M.I. Homes of DC

SEPTIC TANK CAPACITY (GALLONS): 1250 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: 200 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the center of the high edge of the staked SDA. Run (2) 50' trenches on contour in both directions (total 4 trenches).
NOTES:	

PLANS APPROVED: MER /KN DATE: 5/5/04

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 OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

**BUILDING PERMIT SIGNED  
AND RETURNED**

11/10/04 B06150415 1000 gal ug propane tank  
7/5/06 B06001094 22x15 Deck

A49118