

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B09000202

Building Address 1909 Long corner Rd.
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel 176 Grid 22
Zoning _____ Map Coordinates _____ Lot size 1.24 Ac

Property Owner's Name William M. Kelly
Address 1909 Long corner Rd.
City Mount Airy State MD Zip Code 21771
Phone 301-607-5058 Phone 301-305-1928
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family
Proposed Use Addition
Estimated Construction Cost \$ 90,000.00
Description of Work To build a 2 story addition with a full basement (1680# finished area) 21' x 40'

Contractor Company _____
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

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"/> 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: _____ 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"/>	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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>110</u> 2nd floor: <u>40</u> Basement: <u>110</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ 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.

Applicant's Signature _____
Title/Company _____

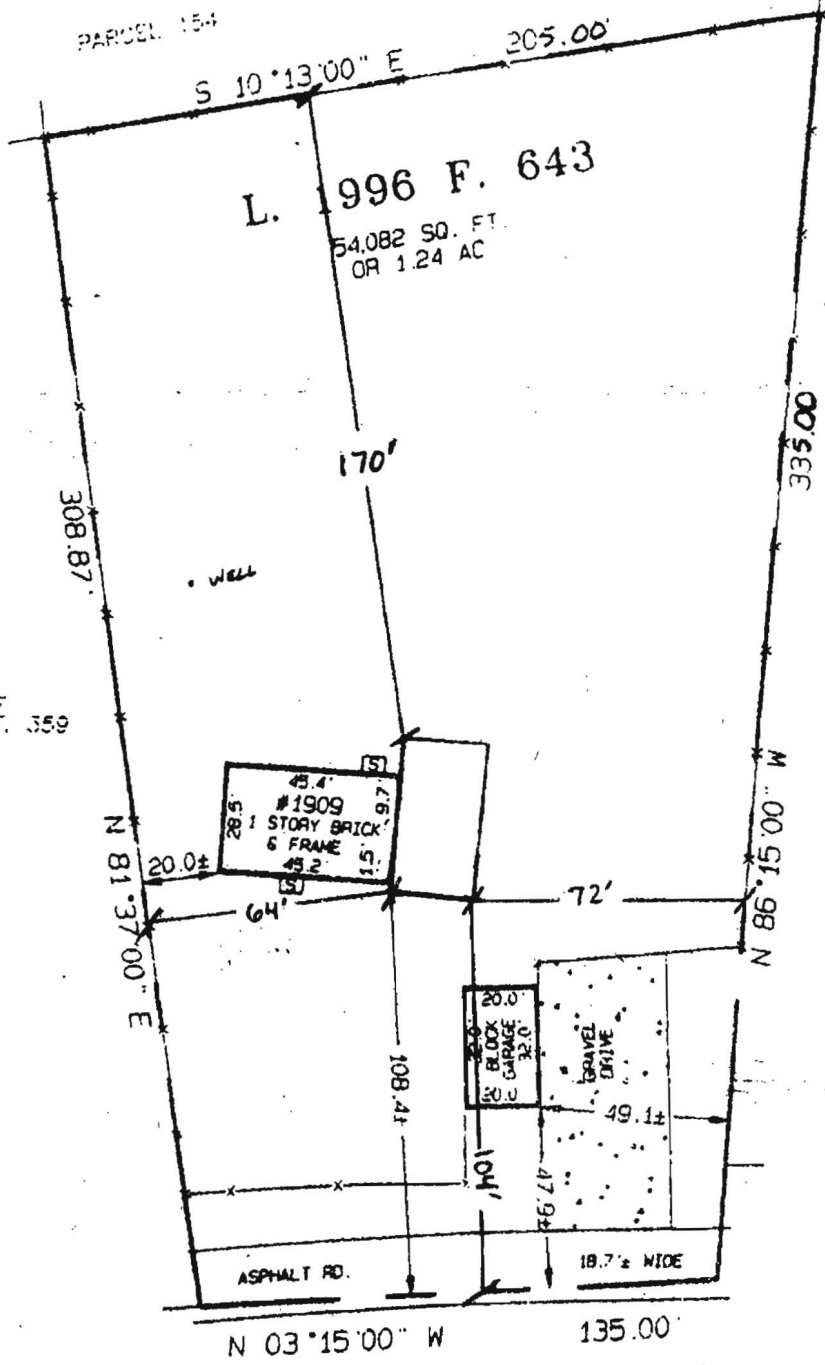
Print Name Joseph E. St. Pierre
Date February 12 2009

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>11/9/09</u>	<u>Brian Baker</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 # <u>1004</u>
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- White: Building Official Green: LDD, DPZ			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Yellow: DED, DPZ Pink: Health Gold: SHA

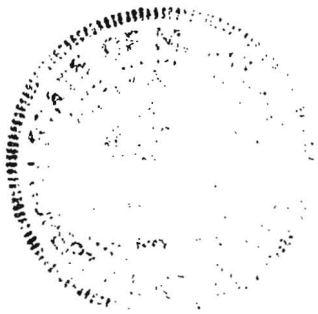
CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan 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 re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.



Notes:

1. Flood zone "C" per H.U.D. panel No. 240044-0006B
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 1 Foot.



LOCATION DRAWING
GRAY PROPERTY
 L. 1996 F. 643
 HOWARD COUNTY, MARYLAND

LONG CORNER ROAD

SURVEYOR'S CERTIFICATE

THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION.

REFERENCES

PLAT BK.
 PLAT NO.

LIBER 1996
 FOLIO 643



SNIDER & ASSOCIATES
 SURVEYORS - ENGINEERS
 LAND PLANNING CONSULTANTS
 2 Professional Drive, Suite 218
 Gaithersburg, Maryland 20879
 301/948-5100, Fax 301/948-1288

DATE OF LOCATIONS

SCALE: 1" = 50'

WALL CHECK:

DRAWN BY: C.W.T.

HSE. LOC.: 2-8-98

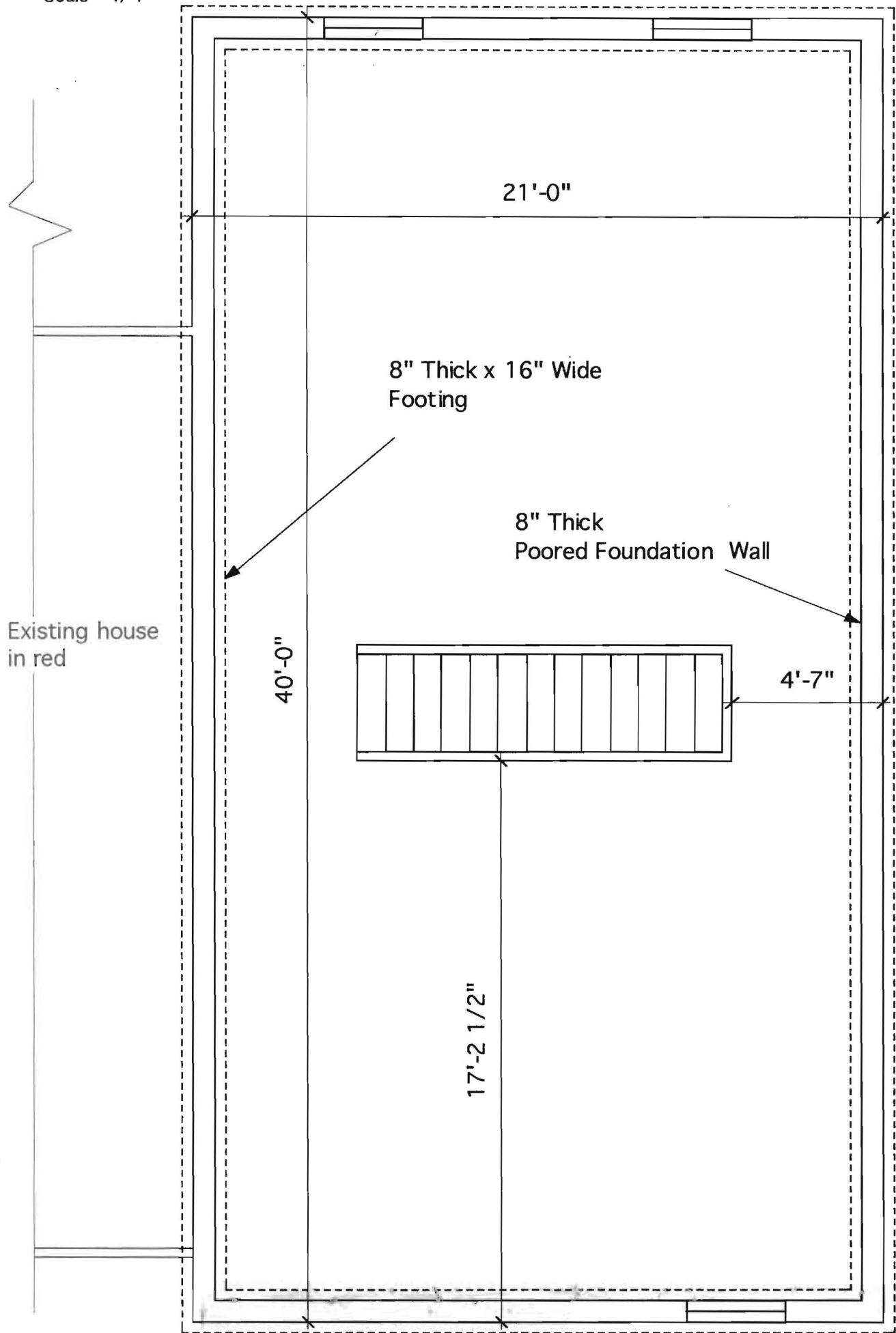
JOB NO.: 98-221

Jeffrey A. Foster
 MARYLAND PROPERTY LINE SURVEYOR REG. NO. 507

Stubbings - Sharkey Addition
1909 Long Comer Rd.
Mount Airy, Md. 21771

Foundation Plan

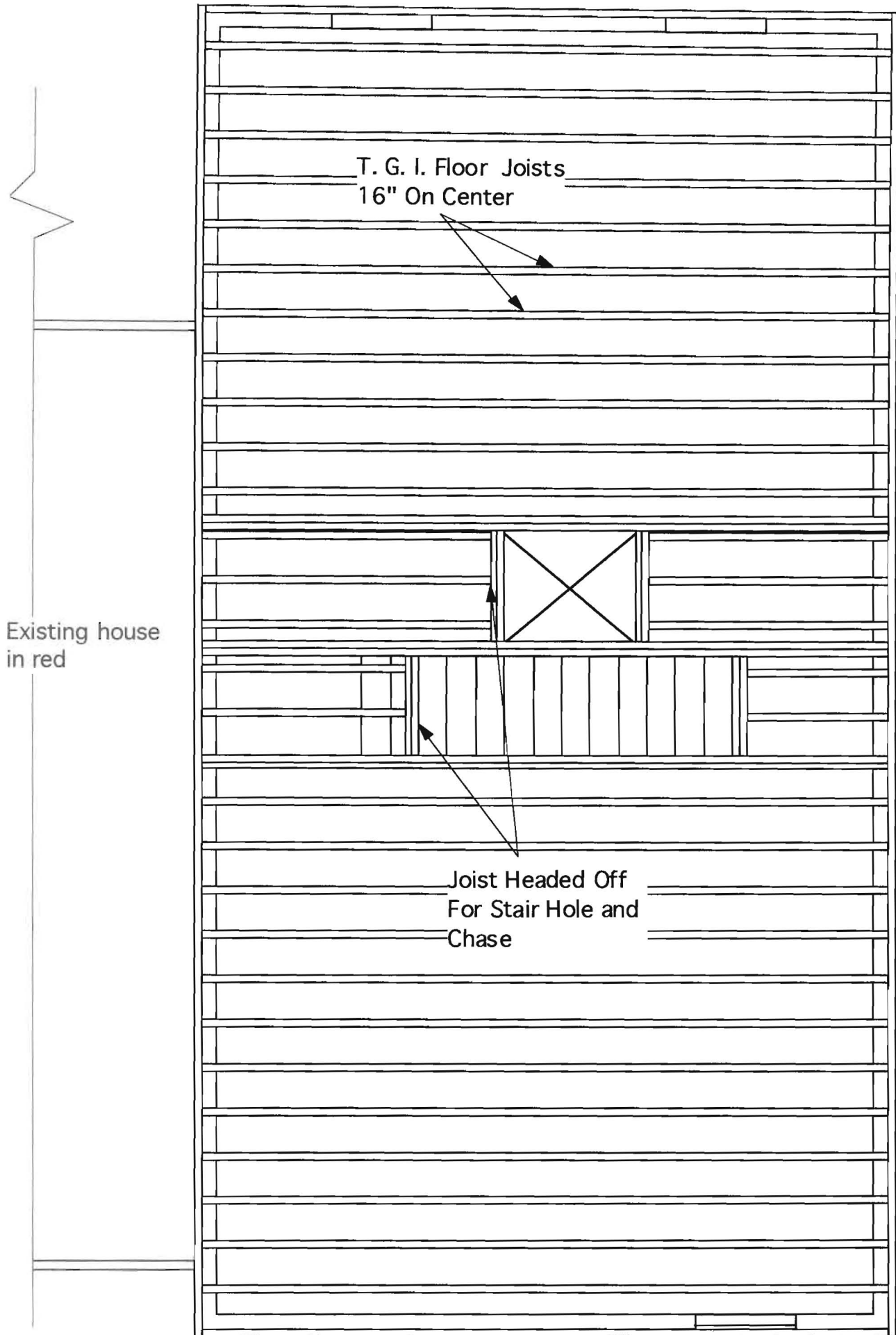
Scale - 1/4"



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First Floor Joist Plan

Scale - 1/4"



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Wall Bracing

Braced Walls To
Meet IRC 2006 Edition
Section R -602.10

Scale - 1/4"

Braced Wall
Line

Braced Wall
Line

Family Room

Existing house
in red

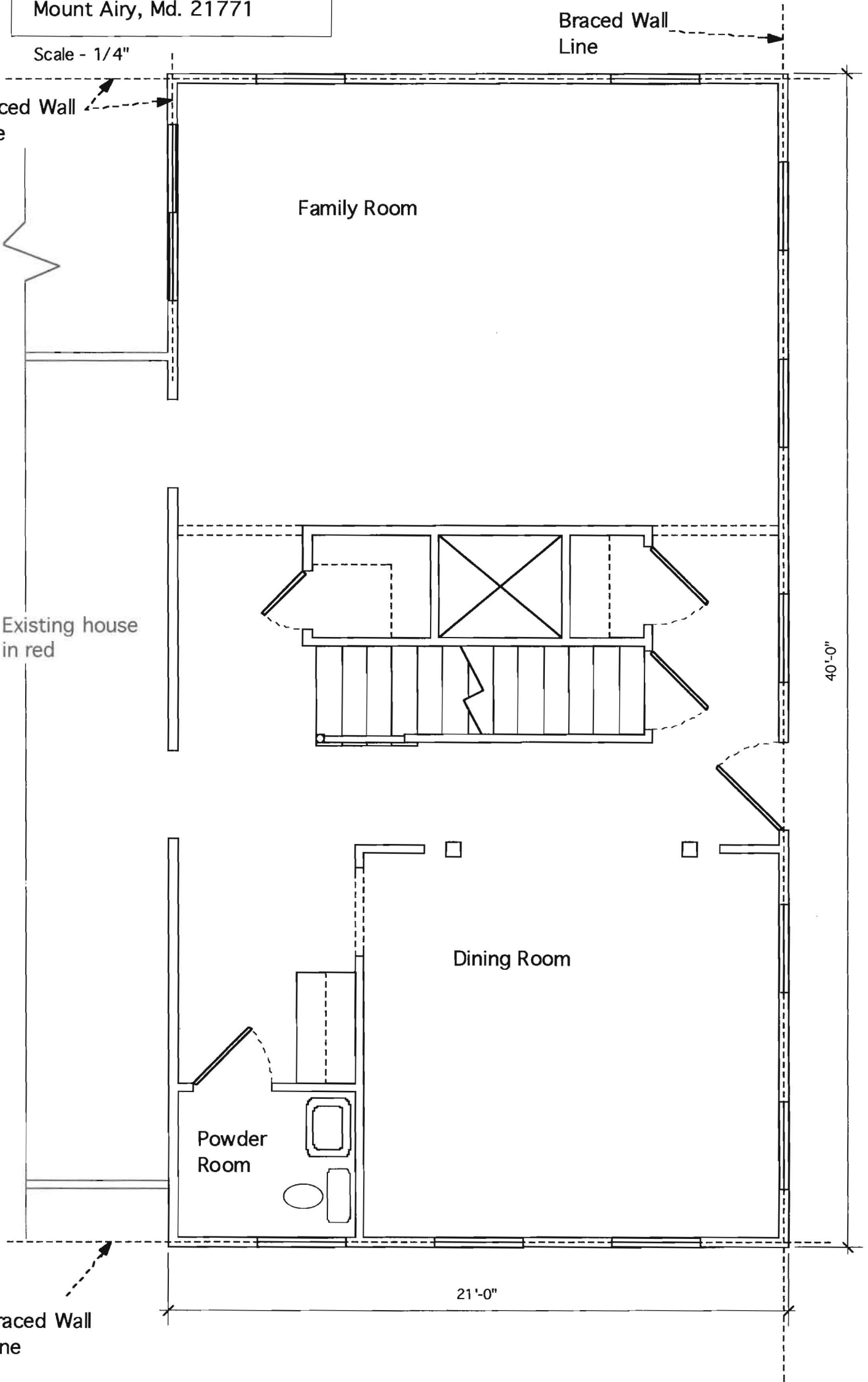
40'-0"

Dining Room

Powder
Room

21'-0"

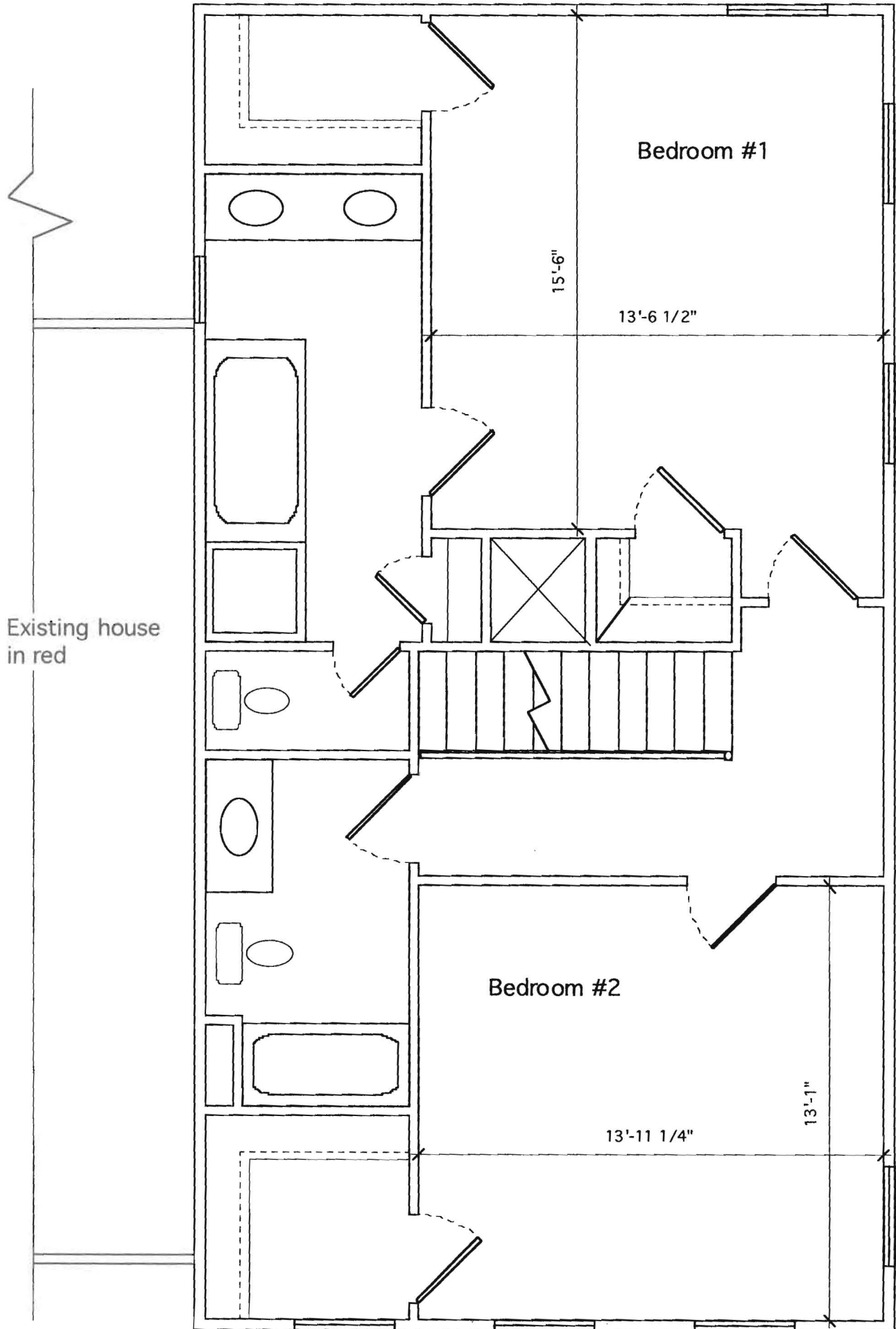
Braced Wall
Line



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Second Floor Plan - 1

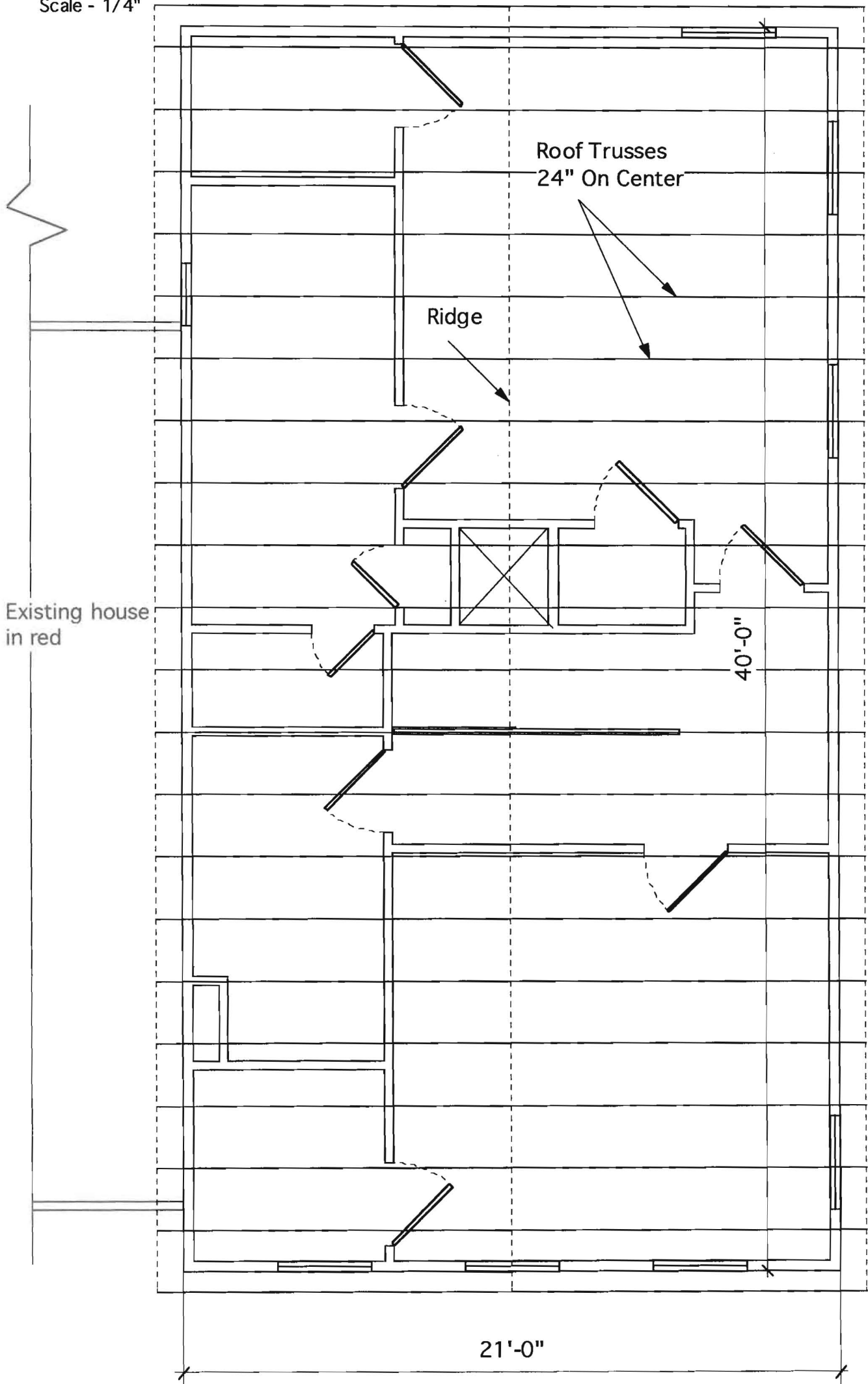
Scale - 1/4"



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Roof Framing Plan

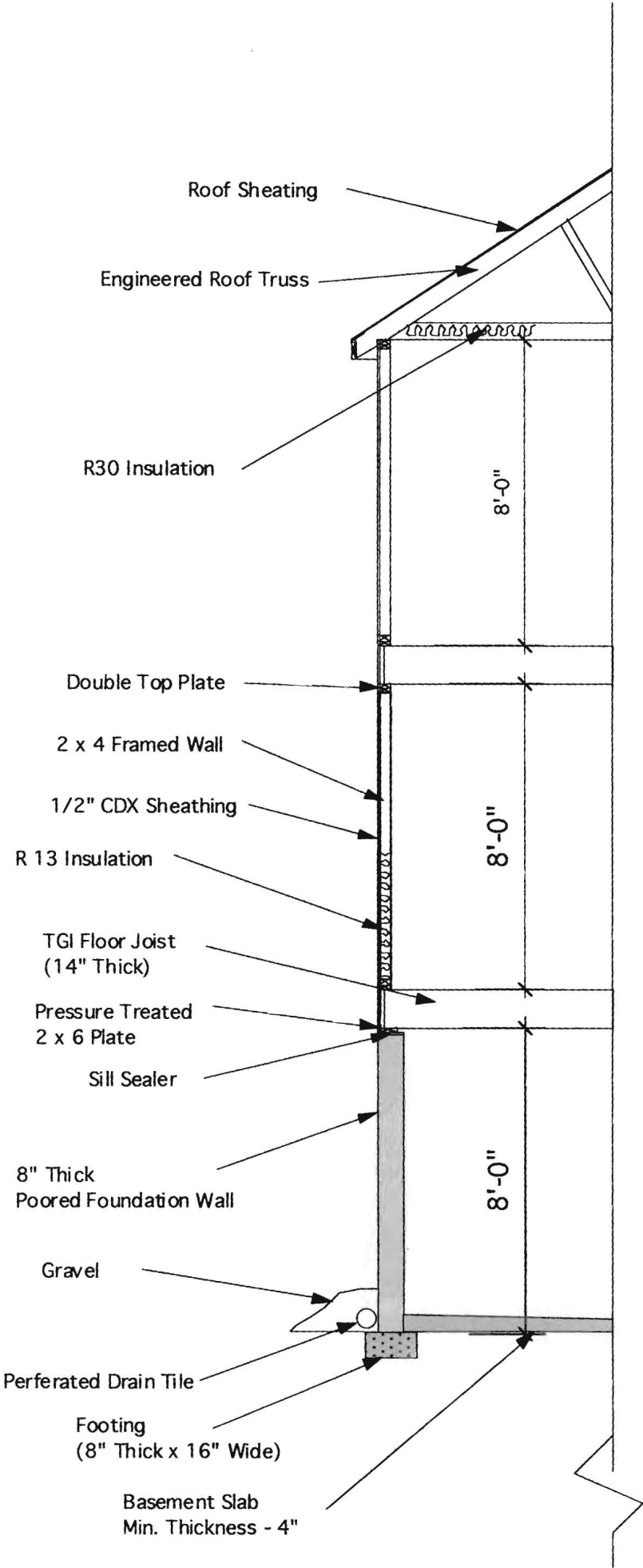
Scale - 1/4"



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Wall Section

Scale - 1/4"



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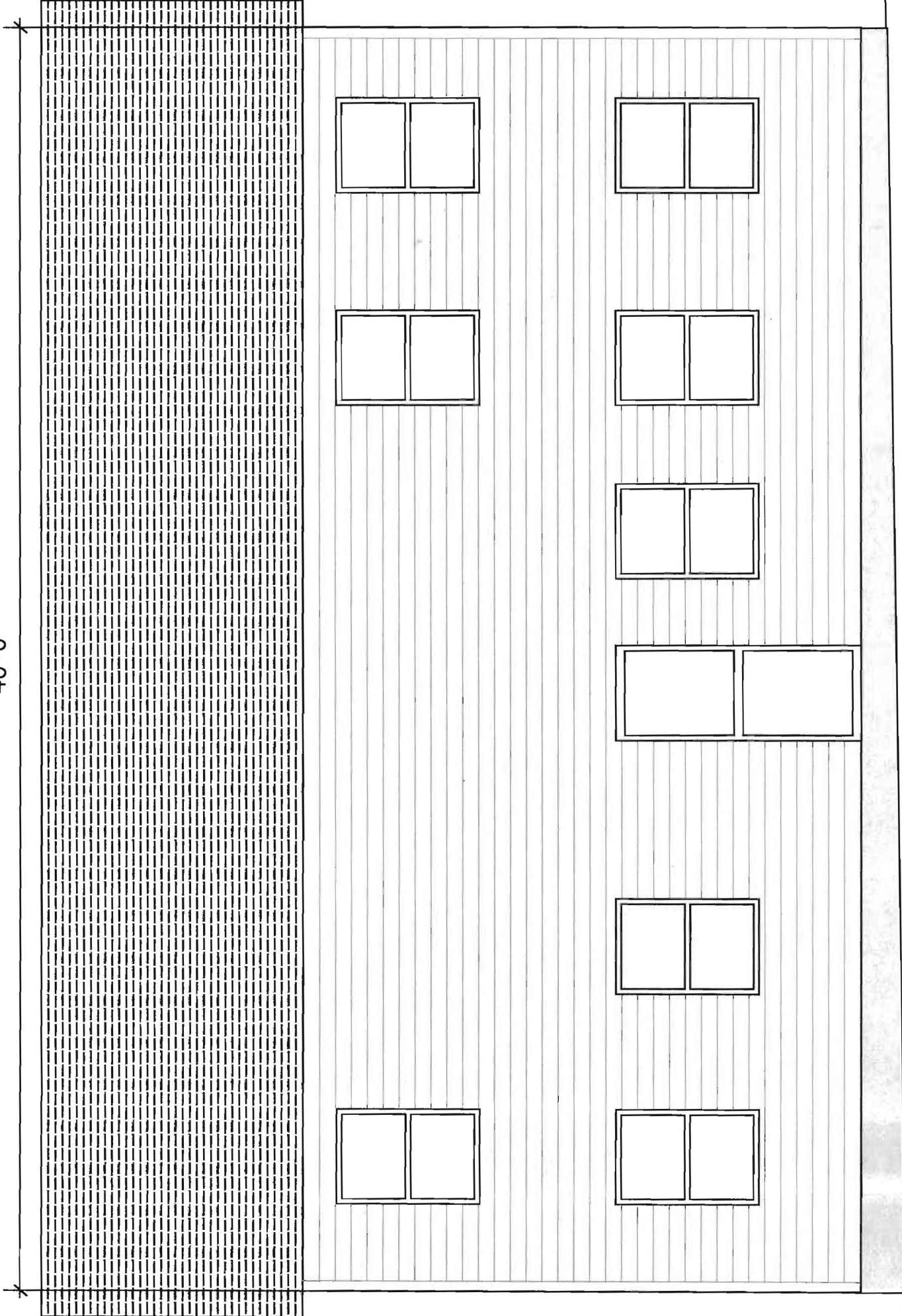


Stubblings - Sharkey Addition
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Addition Side Elevation

40'-0"





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

March 3, 2009

Joseph Stubbings
1909 Long Corner Road
Mount Airy, MD 21771

RE: B09000202
1909 Long Corner Road
21' x 40' Addition

Dear Mr. Stubbings,

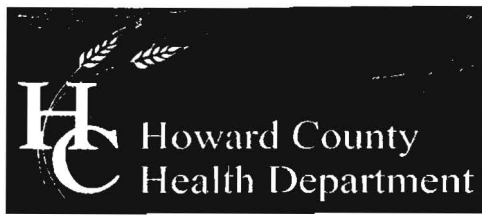
Building permit application B09000202 for the above referenced property has been reviewed by our office and has been placed on hold. Our records show **no** sewage disposal easement for your property or a percolation certification plan.

Further review of this building permit will also require the submittal of detailed floor plans. In addition, *Howard County Code Subtitle 8, Section 3.805.*, requires a Percolation Certification Plan for establishment of a sewage disposal area. A sewage disposal area is the area set aside on the property for the purpose of the initial sewage disposal system and any subsequent repairs to this system. An adequate sewage disposal area is required prior to building permit approval. Please refer to the enclosed pages for further explanation. Also, refer to our website under Well and Septic www.hchealth.org

Moreover, in order to move forward, percolation testing must be performed to demonstrate that adequate area with proper soils is available for future on-site sewage disposal. A test application, a plan indicating the septic reserve area and a fee of \$506.00 needs to be submitted to the Health Department prior to testing. The homeowner is responsible for having a backhoe capable of digging a minimum of 14' deep holes and a qualified backhoe operator on-site at the time of the testing. The proposed test area must also be marked prior to the commencement of digging. Once proper testing has been completed the Percolation Certification Plan must be submitted illustrating the sewage disposal area. Homeowners are strongly encouraged to contact a professional engineer, surveyor, or consultant to prepare this plan.

Lastly, at the time of the percolation testing, the condition of your existing septic system will have to be determined. If the system is failing, or on the verge of failing, it will need to be repaired. Regardless, the system will need a septic tank upgrade because of the proposed increase in living space. The existing drywell and trench may have to be upgraded if additional bedrooms are being added to the house because of the proposed addition. A septic upgrade or repair permit is required before work is started on any of these activities. Septic system sizing is based both on the number of bedrooms in the house and the amount of living area.

If you have any questions regarding this matter, please contact me at the above address or by calling 410-313-2643.



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website: www.hchealth.org

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

Sincerely,

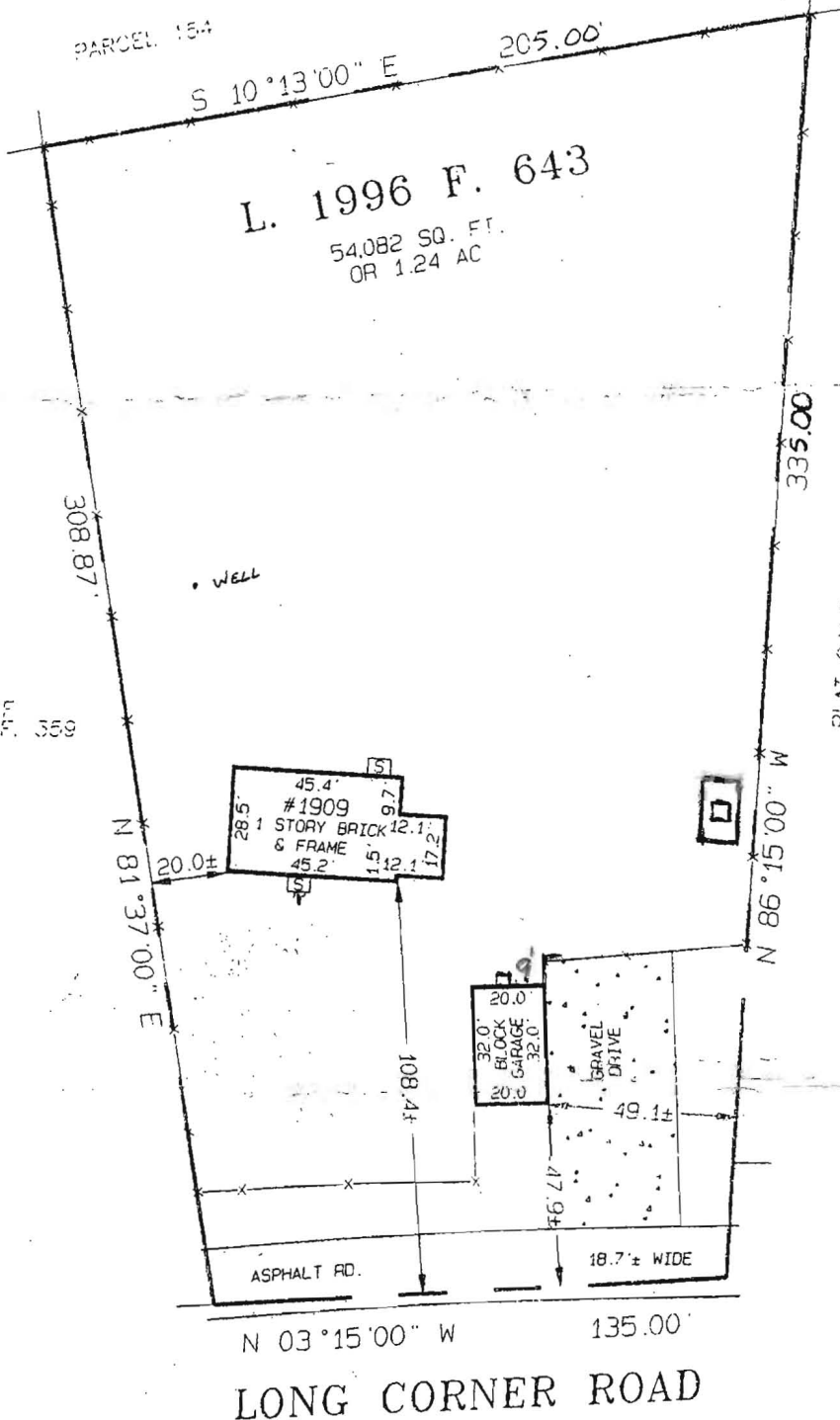
Brian Baker

Brian Baker, R.S.
Well and Septic Program

Cc:File

CONSUMER INFORMATION NOTES:

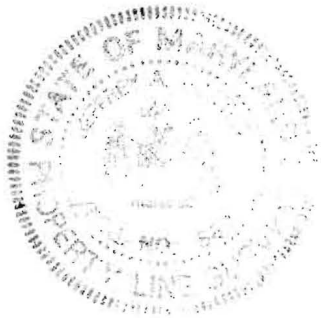
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L. 484 F. 359



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Jeffrey A. Foster
 MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587

REFERENCES

PLAT BK.	
PLAT NO.	
LIBER	1996
FOLIO	643



SNIDER & ASSOCIATES
 SURVEYORS - ENGINEERS
 LAND PLANNING CONSULTANTS
 2 Professional Drive, Suite 216
 Gaithersburg, Maryland 20879
 301/948-5100, Fax 301/948-1286

DATE OF LOCATIONS	SCALE: 1" = 50'
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