

Building Address 3548 LANCWAY DR
ELLICOTT CITY MD 21042

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

Census Tract _____ Subdivision Benson

Section 1 Area _____ Lot 12

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size 70,000

Property Owner's Name Richard Bond
 Address 3548 LANCWAY DR
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410-531-2449 Work Phone 301-345-4100
 Applicant's Name & Mailing Address, (if other than stated herein): _____

 Phone _____ Fax _____

Existing Use Home
 Proposed Use Home
 Estimated Construction Cost \$ 75,000
23-24 19-11

Description of Work Adding Garage Family Room
Dining Room, Office and Porch
12-13 110-13 10-13

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company Harmon Construction
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company Ron Johnson, Architect
 Contact Person Ron Johnson
 Address 11407 Buckley Field Way
 City Macclesville State MD Zip Code 21044
 Phone 410-442-3667 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Richard Bond
 Applicant's Signature

 Title/Company

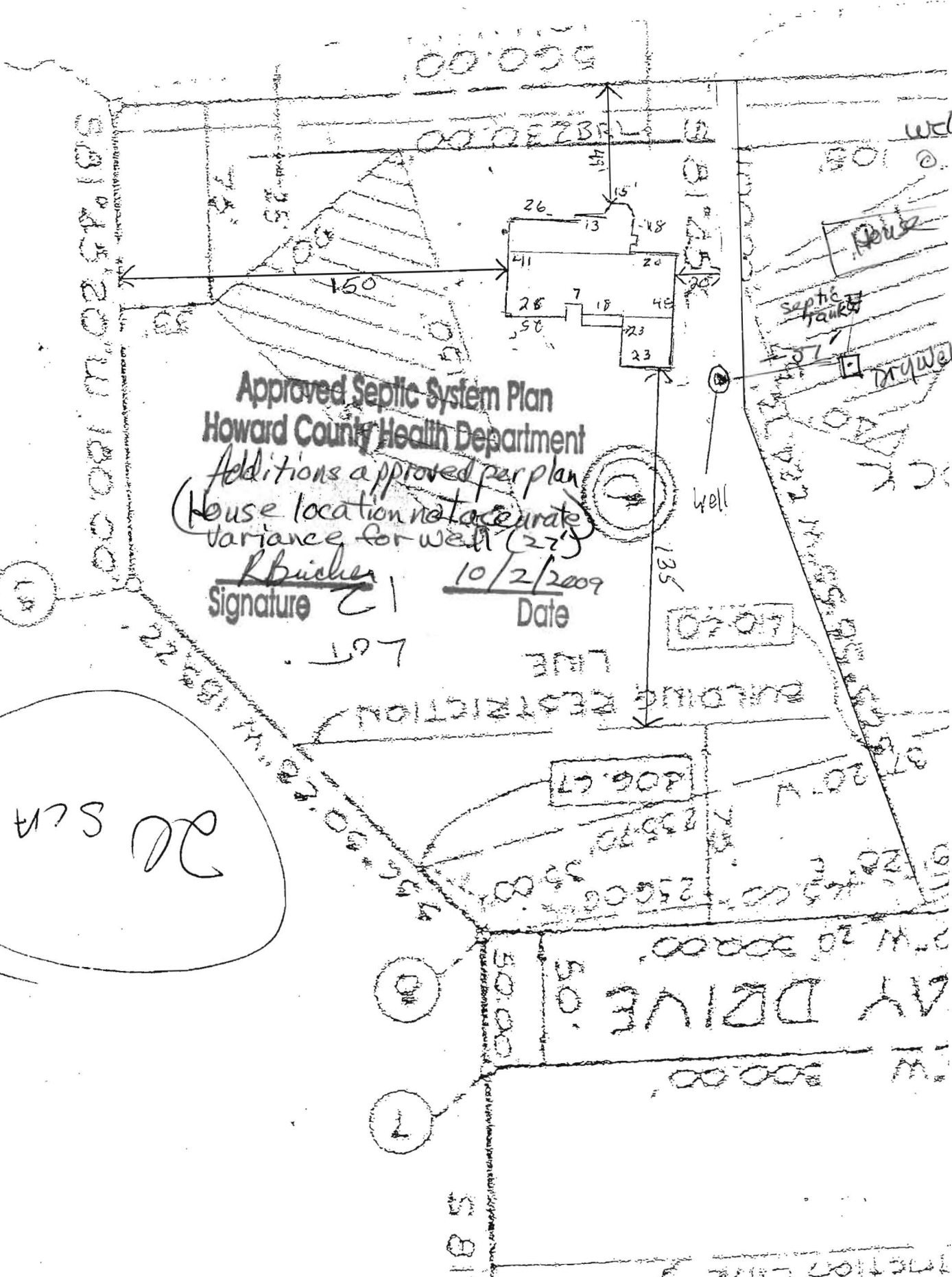
Richard Bond
 Print Name

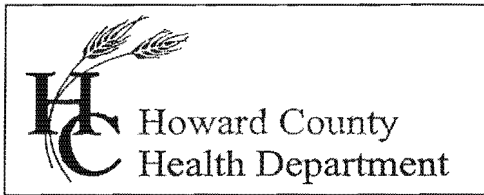
9-9-09
 Date

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 \$ <u>25.00</u>
<input type="checkbox"/> State Highways				Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Officials				Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
<input checked="" type="checkbox"/> Health	<u>10/2/2009</u>	<u>R Busler</u>		All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection				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"/>				Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>4753</u>
ONE STOP SHOP: <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Validation # _____
				SDP/Red-line approval date _____	Accepted by _____

1:40'





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

October 13, 2009

Mr. Richard Bond
3548 Lakeway Drive
Ellicott City, MD 21042

RE: **Variance Approval**
3548 Lakeway Drive
Ellicott City, MD 21042

Dear Mr. Bond,

This letter is being issued as follow up to the Health Department's verbal approval of your waiver request. The Department of Health has received your variance request dated October 2, 2009 for the above referenced property. This agency will grant **approval** of the variance provided that the proposed attached garage is constructed without a basement and is constructed no closer than twenty-seven feet six inches to the existing well. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance. 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

Richard Bond
3548 Lakeway Dr.
Ellicott City MD
21042

Dear Sarah Sappington,

I am writing you to request a variance to reduce a well setback requirement from 30 feet to 27.6 feet. The reason for this request is to continue with a partially built garage on my property. We have completed all required water testing and the results have all come back well within the parameters.

Thank you for your time,

Richard Bond



Permit #B09002353

10/2/09
mg @ Appl.

To Bureau of Environmental Health
7178 Gateway Drive
Columbia MD 21046

Dear Sarah Sappington,

I'm writing to request a variance for a well setback
from 30 to 27 feet. The reason for this request is to
resume building a Garage at my Residence.

We have completed water testing and have turned in
the results already.

THANKS FOR YOUR ASSISTANCE,

Richard Bond
RICHARD BOND
3548 LAKEWAY DR
ELICOTT CITY MD
21042

~~SARAH~~
Variance request.
Building permit

permit # B09002353

Water Quality Report
included NH₃ report
EQURS Friday

PROPOSED ADDITIONS AND ALTERATIONS TO THE
BOND RESIDENCE

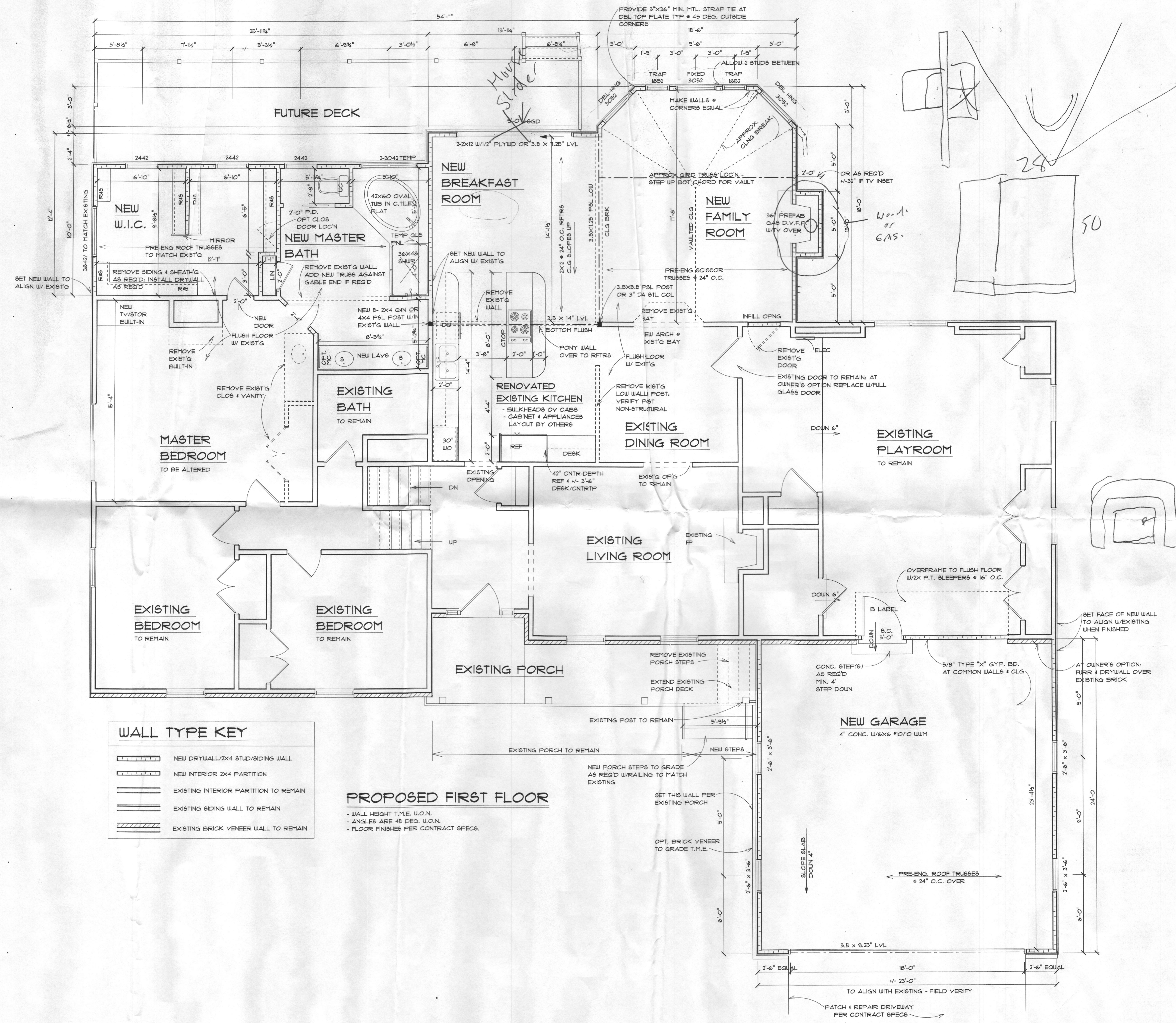
DISK I.D.

SCALE: 1/4" = 1'-0"
 OR AS NOTED

REVISIONS

DATE 06-29-05

SHEET NO.



WALL TYPE KEY

	NEW DRYWALL/2X4 STUD/SIDING WALL
	NEW INTERIOR 2X4 PARTITION
	EXISTING INTERIOR PARTITION TO REMAIN
	EXISTING SIDING WALL TO REMAIN
	EXISTING BRICK VENEER WALL TO REMAIN

PROPOSED FIRST FLOOR

- WALL HEIGHT T.M.E. U.O.N.
- ANGLES ARE 45 DEG. U.O.N.
- FLOOR FINISHES PER CONTRACT SPECS.

