



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B14003735

Building Address: 815 Iron Rail Court
 City: Woodbine State: Md. Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Morgan Station
 Section: _____ Area: _____ Lot: 8
 Tax Map: 3 Parcel: 44 Grid: 0021
 Zoning: _____ Map Coordinates: _____ Lot Size: 3 Acres

Property Owner's Name: Steven Clark
 Address: 1506 Rising Ridge
 City: Mt. Airy State: Md. Zip Code: 21771
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Vacant lot
 Proposed Use: Single family dwelling
 Estimated Construction Cost: \$ 575,000
 Description of Work: 2 story SF w/ 2 car side load garage, unfinished basement w/ walk out exit
 Occupant or Tenant: Occupant
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: CE Rensberger and Family
 Address: 1 S. Main Street
 City: Woodboro State: Md. Zip Code: 21798
 Phone: 301-370-4042 Fax: _____
 Email: _____

Contractor Company: CE Rensberger and Family
 Contact Person: Joel Rensberger
 Address: 1 S. Main Street
 City: Woodboro State: Md. Zip Code: 21798
 License No.: 16677
 Phone: 301-370-4042 Fax: Dawn Lawson
 Email: dlawson@jannyanbuilders.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>29'</u>	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories: <u>3</u>	Depth Width	
Gross area, sq. ft./floor: <u>16072</u>	1 st floor: <u>42</u>	<u>160</u>
Area of construction (sq. ft.): <u>4816</u>	2 nd floor: <u>34</u>	<u>44</u>
Use group: _____	Basement: <u>42</u>	<u>160</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space	
<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: <u>4</u>	
	Multi-family Dwelling	
	No. of efficiency units: _____	
	No. of 1 BR units: _____	
	No. of 2 BR units: _____	
	No. of 3 BR units: <u>n/a</u>	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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]
 Email Address: _____
 Title/Company: Production Administrator

Print Name: Dawn Lawson
 Date: 10/9/2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

****PLEASE WRITE NEATLY & LEGIBLY****
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



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 Applicant's Name: CE Rensberger and family
 Address: 1 S. Main Street
 City: Woodboro State: Md. Zip Code: 21798
 Phone: 301-370-4042 Fax: _____
 Email: _____

Contractor Company: CE Rensberger and Family
 Contact Person: Jaci Rensberger
 Address: 1 S. Main Street
 City: Woodboro State: Md. Zip Code: 21798
 License No.: 66177
 Phone: 301-370-4042 Fax: Dawn Lawson
 Email: dawson@janjanbuilders.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>29'</u>	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>3</u>	Depth Width
Gross area, sq. ft./floor: <u>6072</u>	1 st floor: <u>42</u> <u>60</u>
Area of construction (sq. ft.): <u>4816</u>	2 nd floor: <u>34</u> <u>44</u>
Use group:	Basement: <u>42</u> <u>60</u>
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>4</u>
<input checked="" type="checkbox"/> Wood Frame	<u>Multi-family Dwelling</u>
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: <u>n/a</u>
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit:	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Grading Permit Number:</u>	
<u>Building Shell Permit Number:</u>	

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Applicant's Signature: Dawn Lawson
 Email Address: _____
 Title/Company: Production Administrator

Print Name: Dawn Lawson
 Date: 10/9/2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

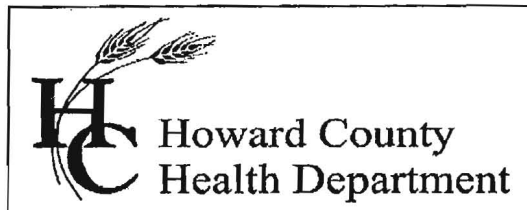
PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

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<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>3/25/15</u>	<u>Robert F. Mcker</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
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All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Filing Fee	\$ <u>100.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check #	_____



w/ LETTER, SITE PLAN, PHOTO

Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

Date: November 18, 2014

To: C.E. Rensberger & Family, c/o Dawn Lawson, Applicant
dlawson@danryanbuilders.com

From: Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian II, Well and Septic Program
410-313-2691

RE: B14003735, Building Permit Application for construction of single-family dwelling at 815 Iron Rail Court (Tax Map 3, Parcel 44)

The referenced Building Permit Application is 'On Hold'. The following issues must be resolved for Health Department approval of the proposal.

1. The well casing must be extended to at least 8 inches above the surface of the soil. Approval of the building permit will be withheld until after the well casing is inspected and approved by an Environmental Sanitarian employed by the Howard County Health Department. Please notify me when the well casing has been properly extended.
2. A BAT Site Plan for installation of the septic system must be submitted and approved prior to Health Department approval of the building permit. Requirements for this plan are attached. Submit two copies of the BAT Site Plan directly to the Bureau of Environmental Health, to my attention.
3. The Plot Plan must be revised. Accurately illustrate the sewage disposal area (SDA) and the approved replacement well locations as they were approved on the most recent Percolation Certification Plan (signed 12/21/2012). Submit the amended Plot Plan to the Howard County Division of Inspections, Licenses, and Permits (DILP) as a formal revision. Please be sure that all well and septic system setbacks are observed, including the required distances to stormwater management facilities.

Please be advised that Use and Occupancy will not be permitted by the Health Department until such time that all functions of the septic system are approved and the well is certified as a potable water source.

RB

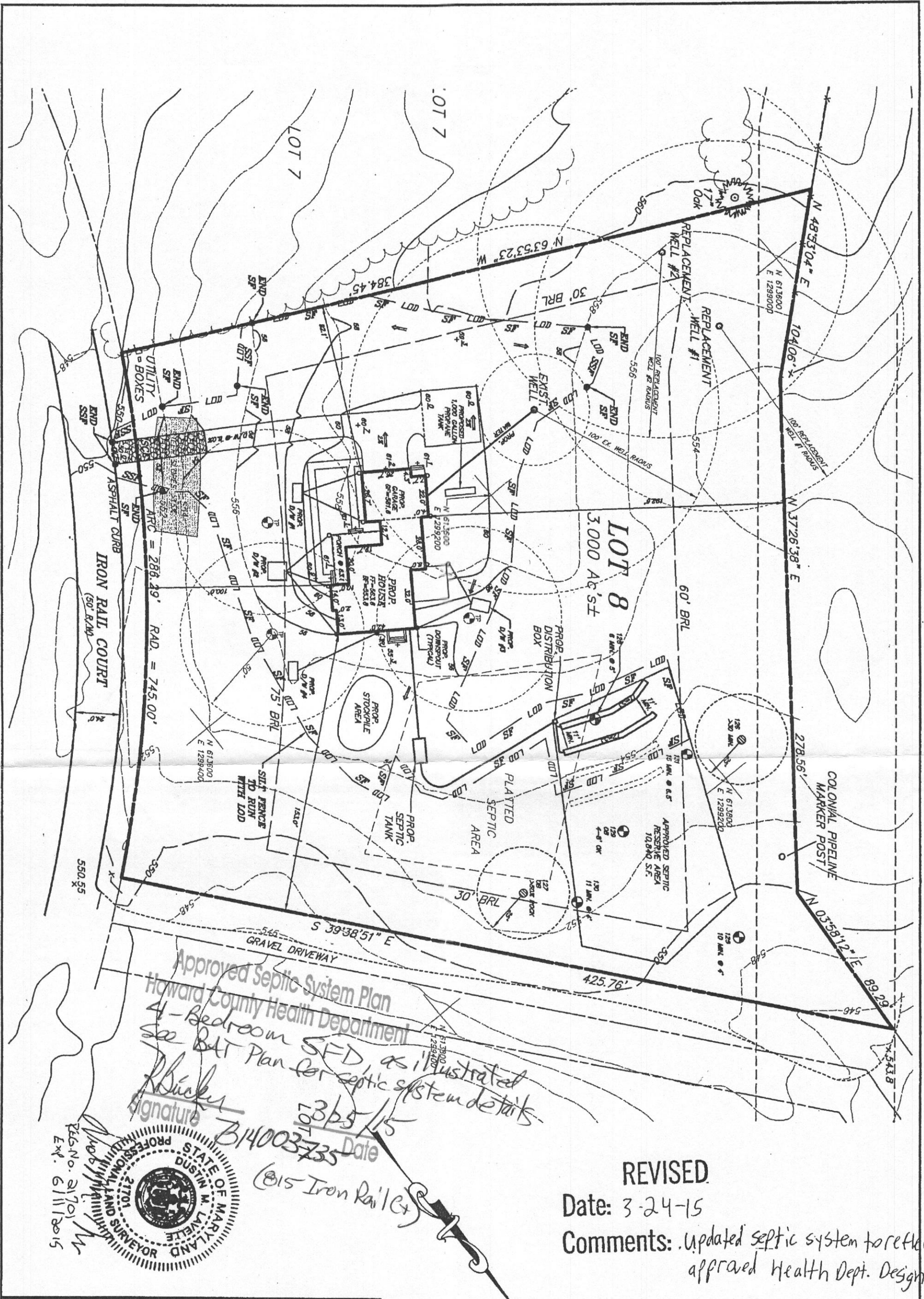
Enclosure: (1), BAT Site Plan content requirements

Copy: file

815 Iron Rail Court
Woodbine, MD 21797
Site Visit: 10/28/14
Well Head Inspection

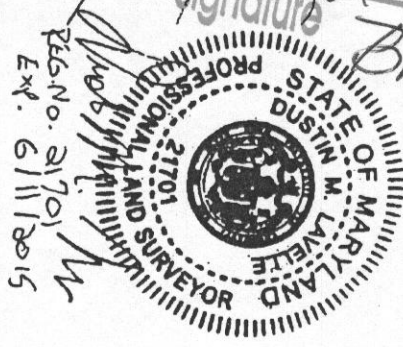


Well Casing - Top portion of well casing was removeable.



Approved Septic System Plan
 Howard County Health Department
 4-Bedroom SFD, as illustrated
 See B&T Plan for septic system details

R. Buckler
 Signature
 3/24/15
 Date
 B14003735
 ©15 Iron Rail Co



REVISED
 Date: 3-24-15
 Comments: Updated septic system to reflect approved Health Dept. Design

BUILDING PERMIT PLOT PLAN #14-103
 LOT 8
MORGAN STATION
 SITUATED ON IRON RAIL COURT
 TAX MAP 3, PARCEL 44
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 DATE: OCTOBER 8, 2014 SCALE: 1" = 50'

REVISIONS:
 3/24/2015 - PER HEALTH DEPARTMENT COMMENTS

LAVELLE & ASSOCIATES
 INCORPORATED
 PLANNERS • LAND SURVEYORS
 5732 Industry Lane
 Frederick, Maryland 21704
 Tel: (301) 695-9722
 Fax: (301) 695-9788



Health

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 6/11/15

Permit No.: B15002560

Building Address: 815 IRON RAIL COURT (LOT 8)
City: WOODBINE State: MD Zip Code: 21797
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision: THE STATION
Section: Area: Lot:
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Property Owner's Name: STEVEN + CARYN CLARKE
Address: 1229 WOODBINE ROAD
City: WOODBINE State: MD Zip Code: 21797
Phone: 410 479 0591 Fax:
Email:

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: BILL FOX
Address:
City: State: Zip Code:
Phone: Fax:
Email: bfox@thompsongas.com

Contractor Company: THOMPSON GAS
Contact Person: J. RANDALL THOMPSON
Address: 6105 OLD NATIONAL PIKE
City: BOONSBORO State: MD Zip Code: 21713
License No.: GAS09104
Phone: 301-432-6011 Fax: 301-432-1147
Email: rthomp1c@thompsongas.com

Existing Use: SFD
Proposed Use: RESIDENCE
Estimated Construction Cost: \$ 5,000.
Description of Work: INSTALL 1000 GALLON UG PROPANE TANK, RUN LINE TO SUBCUT OUTSIDE OF HOME, NO INSIDE WORK
Occupant or Tenant:
Was tenant space previously occupied? Yes No
Contact Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Engineer/Architect Company:
Responsible Design Prof.:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Table with 2 columns: Commercial Building Characteristics and Residential Building Characteristics. Includes fields for Height, No. of stories, Gross area, Area of construction, Use group, Construction type, etc.

Table with 2 columns: Utilities and other building systems. Includes sections for Water Supply, Sewage Disposal, Heating System, Sprinkler System, Grading Permit Number, and Building Shell Permit Number.

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: Edward J. Bennett
Print name: Edward J. Bennett
Address: Bennett@thompsongas.com
Date: 6/9/15
Title/Company: MANAGER

RECEIVED JUN 11 2015

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

LICENSES & PERMITS DIVISION

Table with 3 columns: AGENCY, DATE, SIGNATURE OF APPROVAL. Includes rows for State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), and Health.

Table for DPZ SETBACK INFORMATION. Includes fields for Front, Rear, Side, Side St., All minimum setbacks met?, Is Entrance Permit Required?, Historic District?, Lot Coverage for New Town Zone?, and SDP/Red-line approval date.

Table for Filing Fee, Permit Fee, Tech Fee, Excise Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub-Total Paid, Balance Due, and Check NO # 47-025427117.

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updsted Forms\Building applmp B.2012.docx

* Mail Permit to Contractor once Issued *

USE THIS EMAIL FOR APPLICATION



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Elizabeth Bobo, County Executive
David M. Hammerman, Director

CANCELLATION NOTICE

DATE: September 26, 1990

TO: (XX) Office of Planning and Zoning
(XX) Bureau of Engineering
(XX) ~~Health Department (Environmental)~~
() Inspectors: (Building)
() (Plumbing)
() (Electrical)
() (Fire)
(XX) Licenses & Permits Division: (Building)
(XX) (Plumbing)
(XX) Tax Assessment Office
(XX) Owner/owner
(XX) Other Plan Review & State Hwy.

RE: Cancellation and/or Expired Permit/Application
Serial Number Bldg. Permit Serial #28912
Date of Issue 2/13/90
Owner HCL Partnership - Morgan Station - Lot #8
Location 791 Morgan Station Rd., Lisbon, 21765
Description of Work single family dwelling
Reason 1987 - BOCA - 112.2 - Suspension of Permit (work not started)

Avis Corbin
FROM: Avis Corbin, Chief
License and Permit Division

- White-Licenses & Permit Division
- Green-Office of Planning & Zoning
- Yellow-Engineering
- Pink-Health Department
- Gold-Owner/Other

CANCEL

Davis, Michael J

From: Davis, Michael J
Sent: Wednesday, February 11, 2015 9:21 AM
To: 'Clarkefmly@aol.com'
Subject: 815 Iron Rail Court
Attachments: 20150211091313802.pdf; 20150211082737864.pdf; 20150210124812237.pdf

Ms. Clarke,

Here is a copy of the building permit application with the email address, a copy of Robert's email, and our comment letter dated November 18, 2015. Don't hesitate to call me at (410) 313-2651 if you have any questions or concerns.

Mike

Michael J. Davis
Assistant Director
Bureau of Environmental Health
Howard County Health Department

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.