

Health

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10001037

Building Address 725 LONG CORNER ROAD
Mt. Airy MD 21771

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 1 Parcel 24 Grid 24

Zoning _____ Map Coordinates _____ Lot Size 1.46 AC

Existing Use RESIDENTIAL - SINGLE FAMILY DETACHED

Proposed Use SINGLE FAMILY - WITH ACCESSORY APARTMENT

Estimated Construction Cost \$ 80,000

Description of Work NEW ACCESSORY APARTMENT ADDITION
WITH 1 BEDROOM, LIVING ROOM, KITCHEN, AND BATHROOM.

Occupant or Tenant _____

Contact Name BILL HAUPTMAN / HAUPTMAN BUILDERS

Address 2945 LONESOME DOVE ROAD

City Mt. Airy State MD Zip Code 21771

Phone 301 831 0711 Fax 301 829 0655

Property Owner's Name STEPHAN + KIMBERLY ROMANCHUK
Address 725 LONG CORNER ROAD
City Mt. Airy State MD Zip Code 21771
Home Phone 301 829 9452 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Contractor Company HAUPTMAN BUILDERS

Contact Person BILL HAUPTMAN

Address 2945 LONESOME DOVE RD.

City Mt. Airy State MD Zip Code 21771

License No. MHC 26526

Phone 301 831 0711 Fax 301 829 3149

Engineer or Architect Company TIMOTHY SPITZLEY ARCHITECTS

Contact Person TIM SPITZLEY

Address 12225 JORDAN LAKE RD.

City LAKE ODESSA State MI Zip Code 48849

Phone 616 374 8235 Fax 616 374 4119

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>2</u>	
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: _____	
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.

Bill Hauptman
Applicant's Signature

BILL HAUPTMAN
Print Name

BILL@HAUPTMANBUILDERS.COM
Email Address

OWNER / HAUPTMAN BUILDERS
Title/Company

4/26/10
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY.

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ			
<input type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Officials			
<input type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health			
<input type="checkbox"/> Fire Protection			

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
YES NO

PROPERTY ID# 25-00

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ 1334

Check # 1334

Validation # _____

Is Sediment Control approval required prior to issuance?
YES NO

Is Entrance Permit Required?
YES NO

Historic District?
YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

203636



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

May 13th, 2010

Stephan & Kimberly Romanchuk
725 Long Corner Rd
Mt. Airy, MD 21771

Re: Building Permit Application B10001037

Dear Mr. & Ms. Romanchuk,

This office has recently received the above referenced building permit application for an accessory apartment addition. However, we are unable to recommend approval of your application at this time. The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a septic easement having "adequate area for an initial septic system and two 2 repairs".

The Howard County Health Department requires that you have an approved Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application and any subsequent building permit applications.

Percolation tests must be conducted in order to establish a septic easement. Certification of an existing on-site sewage disposal system is accomplished by exposing, and documenting the condition of, the components of the septic system. An Environmental Sanitarian records data of these evaluations. Our records show that you septic system consists of two drywells. This type of system is not adequate for the building permit proposal. An increase in bedrooms requires the current septic system to be upgraded to conventional trenches. The amount of trench is based on the number of bedrooms.

Usually the data are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. The Health Department maintains lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

Sincerely,

A handwritten signature in cursive script that reads 'Heidi Scott'.

Heidi Scott, R.S.
Well & Septic Program

HS
Copy: file