

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B07003952

Building Address 3616 LYNDAY COURT
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Wynside Estates
 Section _____ Area _____ Lot 4
 Tax Map 22 Parcel 519 Grid 11
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name RICHARD & MARY HOFFMANN
 Address 3616 LYNDAY COURT
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410 531 2597 Work Phone 410 532 6200
 Applicant's Name & Mailing Address, (if other than stated hereon):
OWNER
 Phone _____ Fax _____

Existing Use RESIDENCE - SFD
 Proposed Use SFD & SUNROOM
 Estimated Construction Cost \$ 20,000
 Description of Work 9'x25' HEATED
SUN ROOM

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

Occupant or Tenant RICHARD & MARY HOFFMANN
 Contact Name RICHARD HOFFMANN, PE
 Address 3616 LYNDAY CT
 City ELLICOTT CITY State MD Zip Code 21042
 Phone 410 531 2597 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 _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	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"/> Depth _____ Width _____ 1st floor: <u>42'</u> <u>24'</u> 2nd floor: <u>42'</u> <u>24'</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>2 STORIES</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 Height: _____ _____ State Certified Modular _____ Manufactured Home	Water Supply: _____ _____ Public _____ Private Sewage Disposal: _____ _____ Public _____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" 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.

[Signature]
 Applicant's Signature

RICHARD F. HOFFMANN PE
 Print Name

 Title/Company

SEPT 24, 07
 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#
Land Development, DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>10/15/2007</u>	<u>[Signature]</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>1153</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			Lot Coverage for NewTown Zone _____	Accepted by _____
Green: LDD, DPZ			SDP/Red-line approval date _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

Richard & Mary Hoffmann
3616 Lynway Court
Ellicott City, MD 21042

October 15, 2007

Howard County Health Department
Bureau of Environmental Health
7178 Gateway Drive
Columbia, MD 21046

Attention: Gabe Creighton, Sanitarian
Well and Septic Program

Re: B07003952
Wayside Estates, Lot 4
3616 Lynway Court
Ellicott City, MD 21042
Proposed Sunroom

Dear Mr. Creighton:

We as the property owners are aware that the existing swimming pool and deck encumber the approved and recorded sewage disposal easement on our property.

We acknowledge and are aware that in the event of a septic system failure, the removal of this swimming pool and deck will be required and that a percolation test will be required to assist in the proper design of a replacement septic system.

Sincerely,

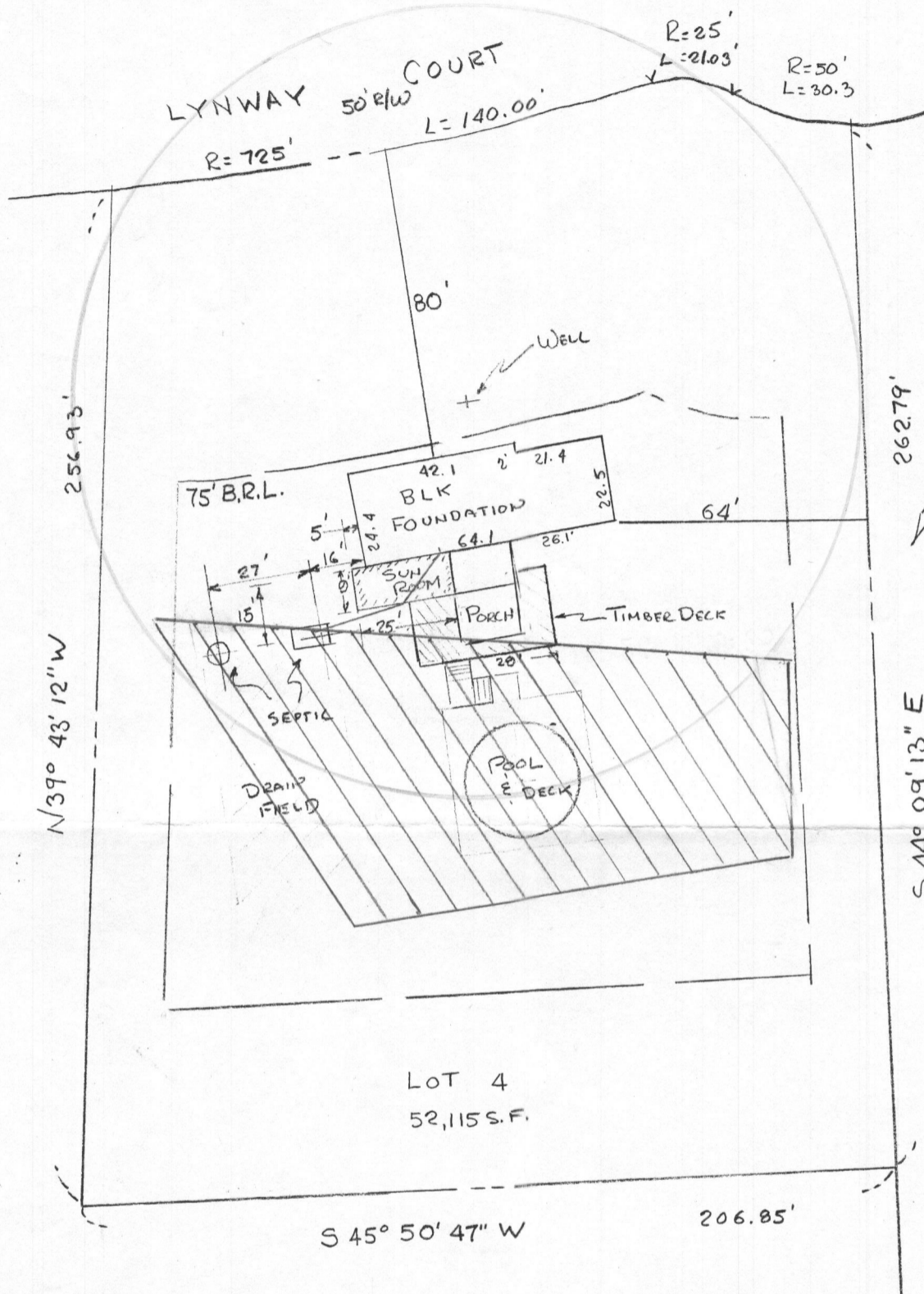


Richard F. Hoffmann

OK.
GAC

10/15/07
M J Dawn
Approved

Keep with file (Scan)



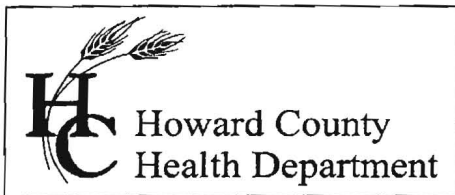
10/15/2007
 Sun Room proposal
 OK. GAC
Post & pier foundation

SUN ROOM ADDITION 9' x 25' = 225 sq'

PLOT PLAN

LOT 4 SECTION 3 WAYSIDE ESTATES
 PLAT 3774
 3RD ELECTION DIST. HOWARD CO, MD
 SCALE 1" = 40' SEPT 19, 2007
 KNOWN AS:
 3616 LYNWAY COURT
 OWNER:
 RICHARD F & MARY E HOFFMANN

S. D. 100 3210



Bureau of Environmental Health
7178 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 Beilenson, M.D., M.P.H., Health Officer

10/11/2007

To: Richard and Mary Hoffmann
3616 Lynway Ct.
Ellicott City, MD 21042

From: Gabe Creighton, Sanitarian
Well and Septic Program

Re: B07003952
Wayside Estates, Lot 4
3616 Lynway Ct.
Ellicott City, MD 21042
Proposed sunroom

To Whom It May Concern:

This department has received and reviewed the building permit application referenced above. Upon this review it has been determined that the improvements proposed by this building permit are not permissible without fulfilling additional requirements from this agency. It is the intent of this letter to officially inform you of these requirements.

The existing circumstance on this piece of property is that an above ground swimming pool, with surrounding deck surface has previously been constructed on the approved and recorded sewage disposal easement. The existing septic system consists of a septic tank, a dry well, and a subsurface disposal trench which may or may not be underneath the swimming pool.


Your building permit proposal for a 225 square foot sunroom addition on a post and pier foundation will not further destruct or impact the existing conditions on the property with regard to the septic system and its components. Based on the above facts, it is the decision of this department; the referenced building permit will be approved when the following item has been received.

- A letter addressed to this department, acknowledging that you (the property owners) are aware the existing swimming pool and deck on your property encumber the approved and recorded sewage disposal easement on your property. This letter should also state that you are aware that in the event of a septic system failure, the removal of said swimming pool and deck will be required, and percolation testing will be conducted to assist in the proper design of a replacement septic system.

Letter to: Richard & Mary Hoffmann
Re: B07003952
Page: 2

Upon receipt of this letter, you may send the items requested, either in writing to the above address or to the fax number provided, or you may contact me directly at (410) 313-2775.

Respectfully,

A handwritten signature in black ink, appearing to read "Gabriel A. Creighton". The signature is fluid and cursive, with a large initial "G" and "C".

Gabriel A. Creighton, R.S.
Development Coordination Section
Well and Septic Program

cc: File

-76°57'6."



39°16'14"



39°16'14"

-76°57'6."

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this report or the information contained herein or derived therefrom. The user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this information. There are no oral agreements or warranties relating to the use of this report.



10/10/07

1) Pool in Easement

→ 2) too close to septic Tank

3) wetseason soils on property

Post & Pier foundation setback ok

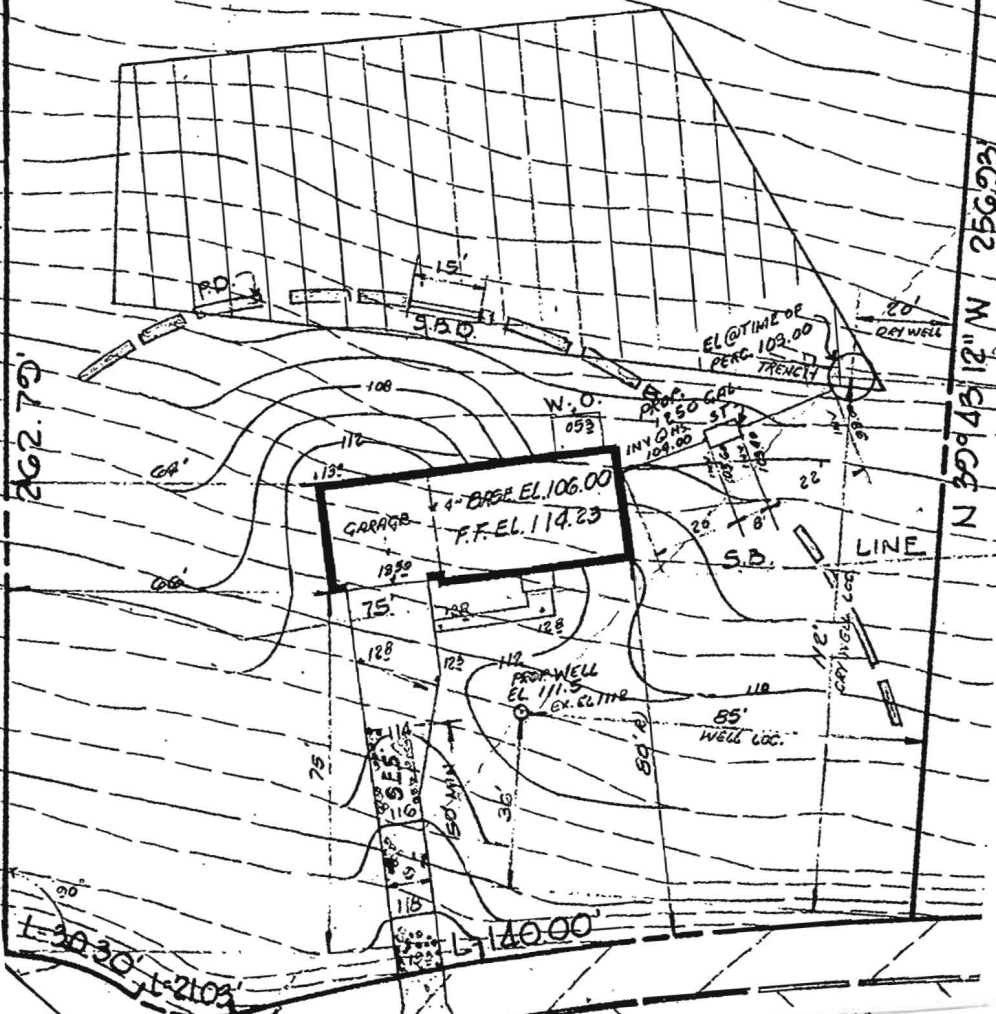
A23894

N 45° 50' 47" E 206.85'

LOT 4
52,113 S.F.

N 44° 09' 13" W
262.70'

N 30° 43' 12" W
256.93'



103711



Maryland Department of Assessments and Taxation
HOWARD COUNTY
Real Property Data Search (2007 vw5.1)

[Go Back](#)
[View Map](#)
[New Search](#)

Account Identifier: District - 03 **Account Number -** 304655

Owner Information

Owner Name: HOFFMAN RICHARD F **Use:** RESIDENTIAL
 HOFFMAN MARY **Principal Residence:** YES
Mailing Address: 3616 LYNWAY CT **Deed Reference:** 1) / 900/ 120
 ELLICOTT CITY MD 21042-1228 2)

Location & Structure Information

Premises Address **Legal Description**
 3616 LYNWAY CT LOT 4 1.196 AR
 ELLICOTT CITY 21042 3616 LYNWAY CT
 WAYSIDE ESTATES

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
22	11	519					4	1	Plat Ref:

Special Tax Areas **Town Ad Valorem** NO A/V, NO M/P, RURAL FIRE TAX
Tax Class

Primary Structure Built 1978 **Enclosed Area** 2,142 SF **Property Land Area** 1.19 AC **County Use**

Stories 2 **Basement** YES **Type** STANDARD UNIT **Exterior** FRAME

Value Information

	Base Value	Value Phase-in Assessments		
		As Of 01/01/2007	As Of 07/01/2007	As Of 07/01/2008
Land	201,900	334,400		
Improvements:	160,910	330,570		
Total:	362,810	664,970	463,530	564,250
Preferential Land:	0	0	0	0

Transfer Information

Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

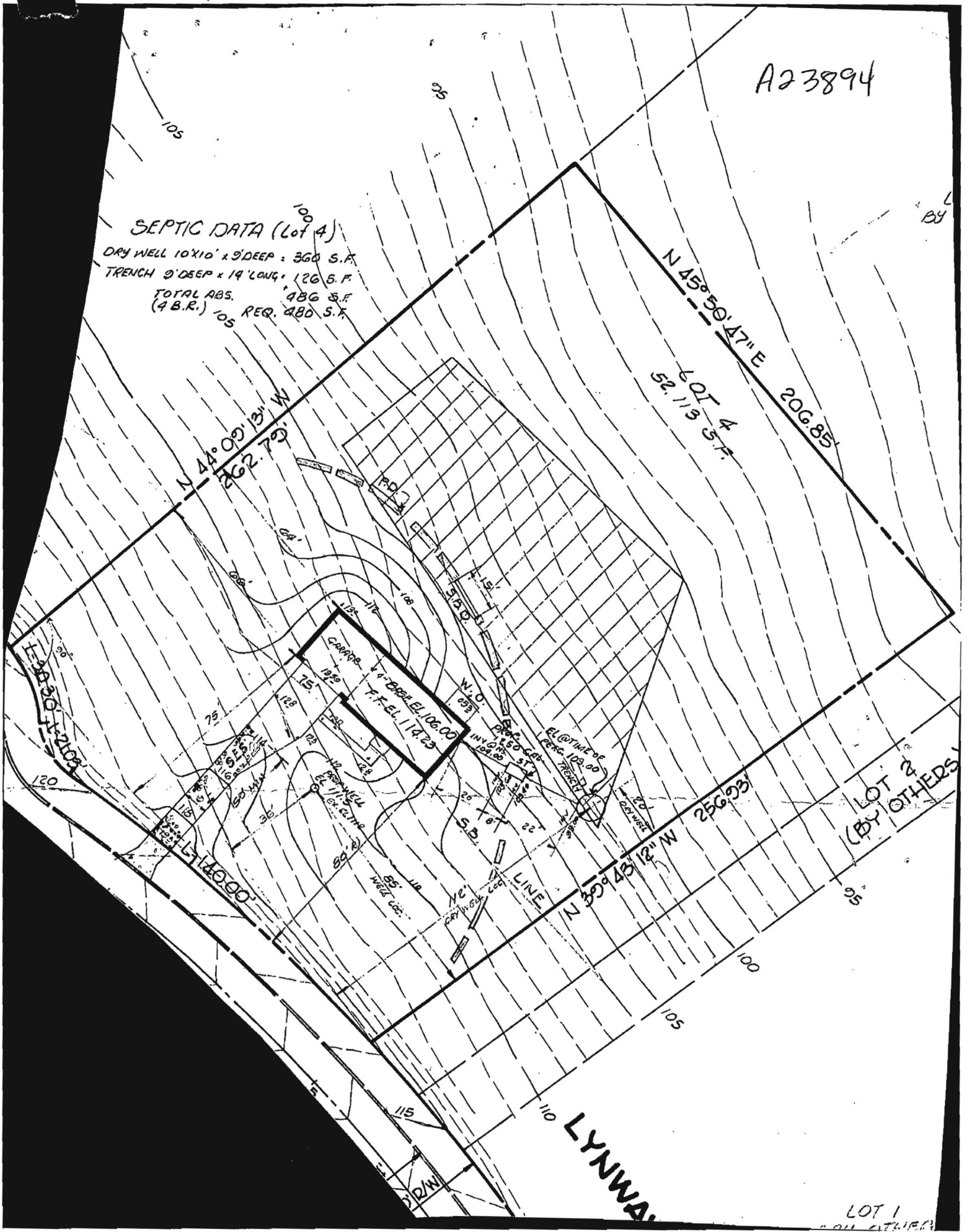
Partial Exempt Assessments	Class	07/01/2007	07/01/2008
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO **Special Tax Recapture:** * NONE *

A23894

SEPTIC DATA (Lot 4)

DRY WELL 10'x10' x 9' DEEP = 360 S.F.
TRENCH 9' DEEP x 19' LONG = 126 S.F.
TOTAL ABS. 486 S.F.
(4 B.R.) 105 REQ. 480 S.F.



N 44° 00' 13" W
262.79'

N 45° 50' 47" E 206.85'
52.119 S.F.

N 39° 43' 12" W 256.93'

LOT 2
(BY OTHERS)

LYNNWA

LOT 1