

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09000360

Building Address 691 Long Corner Rd.
MT Airy, MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size 1.767 Acres

Property Owner's Name Robert G. Anderson
Address 691 Long Corner Rd
City MT Airy State MD Zip Code 21771
Phone 301-879-0477 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use single family home
Proposed Use single family home
Estimated Construction Cost \$ 135,000
Description of Work second floor addition to existing single family house. No changes to existing house footprint.

Contractor Company R. Lone Construction
Contact Person Randy Sutherland
Address 4707 Muesel Hill Rd.
City Woodrow, Va State MD Zip Code 21754
License No. 12137
Phone 202-645-1590 Fax _____

Occupant or Tenant owner occupied
Contact Name Robert G. Anderson
Address 691 Long Corner Rd.
City MT Airy State MD Zip Code 21771
Phone 301-879-0477 Fax _____

Engineer or Architect Company 1st Works Inc
Contact Person Malissa Ohara
Address 4071 Childers Rd
City Christiansburg State VA Zip Code 24073
Phone 540-382-7614 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"/>
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"/> Depth _____ Width _____ 1st floor: <u>70</u> <u>31</u> 2nd floor: <u>30</u> <u>34</u> Basement: <u>31</u> <u>5</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 <u>3</u> Height: <u>25</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ 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 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.

Robert G. Anderson
Applicant's Signature
Title/Company _____

Robert G. Anderson
Print Name
3/27/08
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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>2/16/08</u>	<u>Robert G. Anderson</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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>244</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\form\PERMIT.FRM			SDP/Red-line approval date _____	

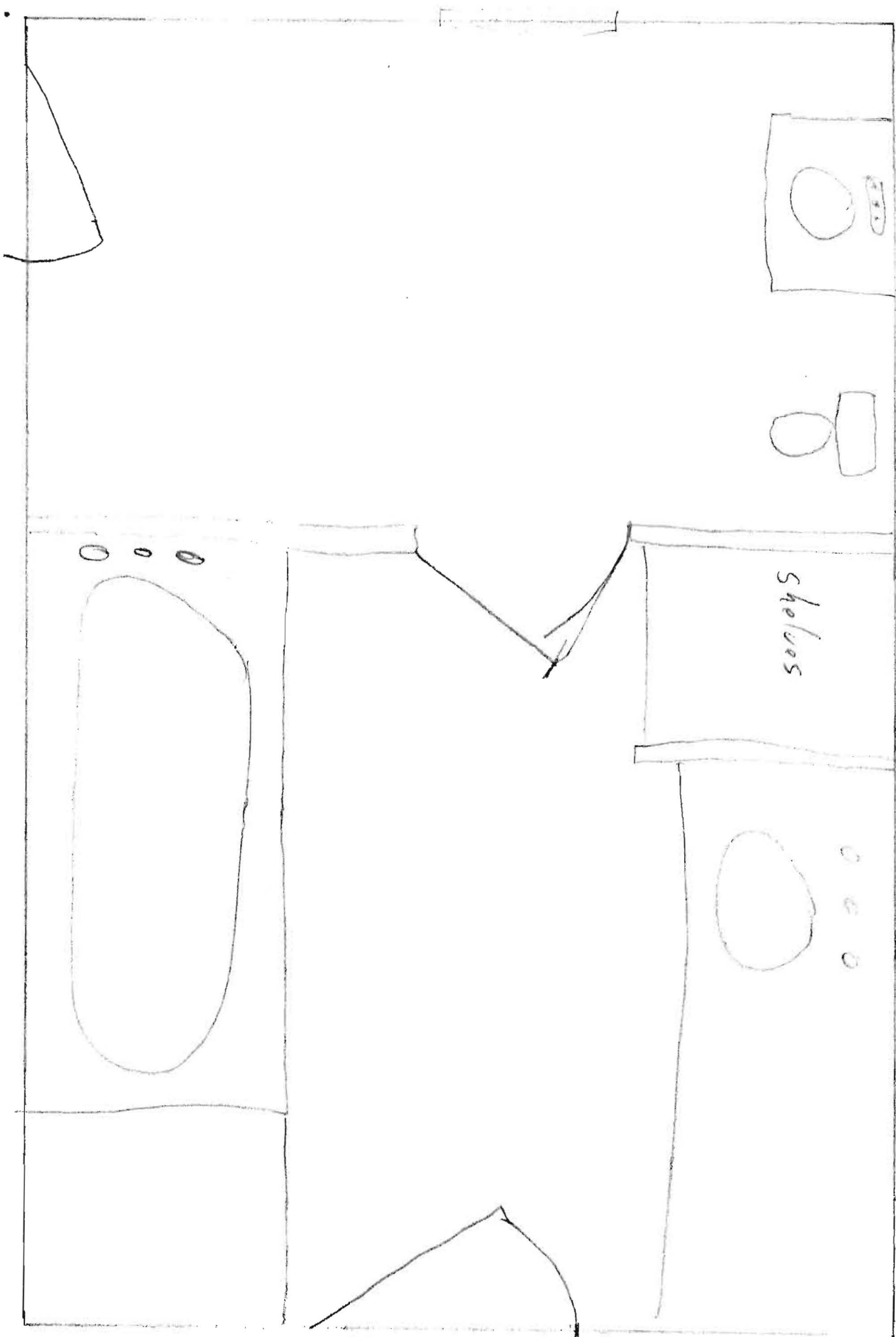
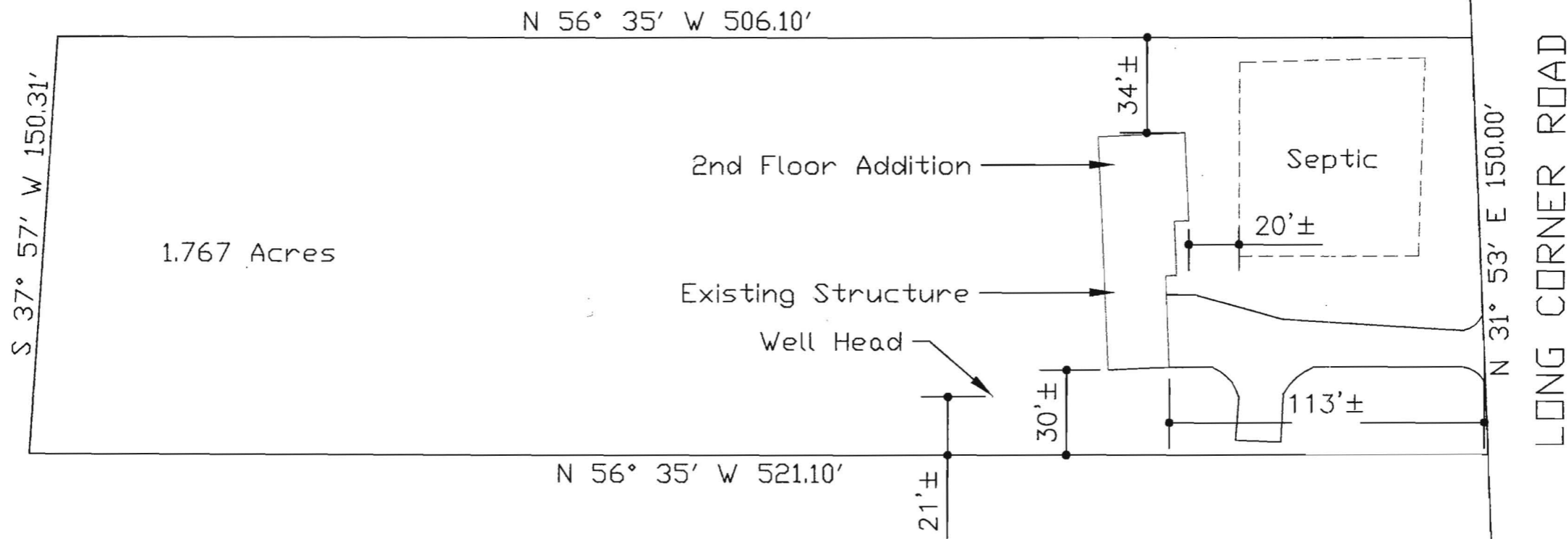
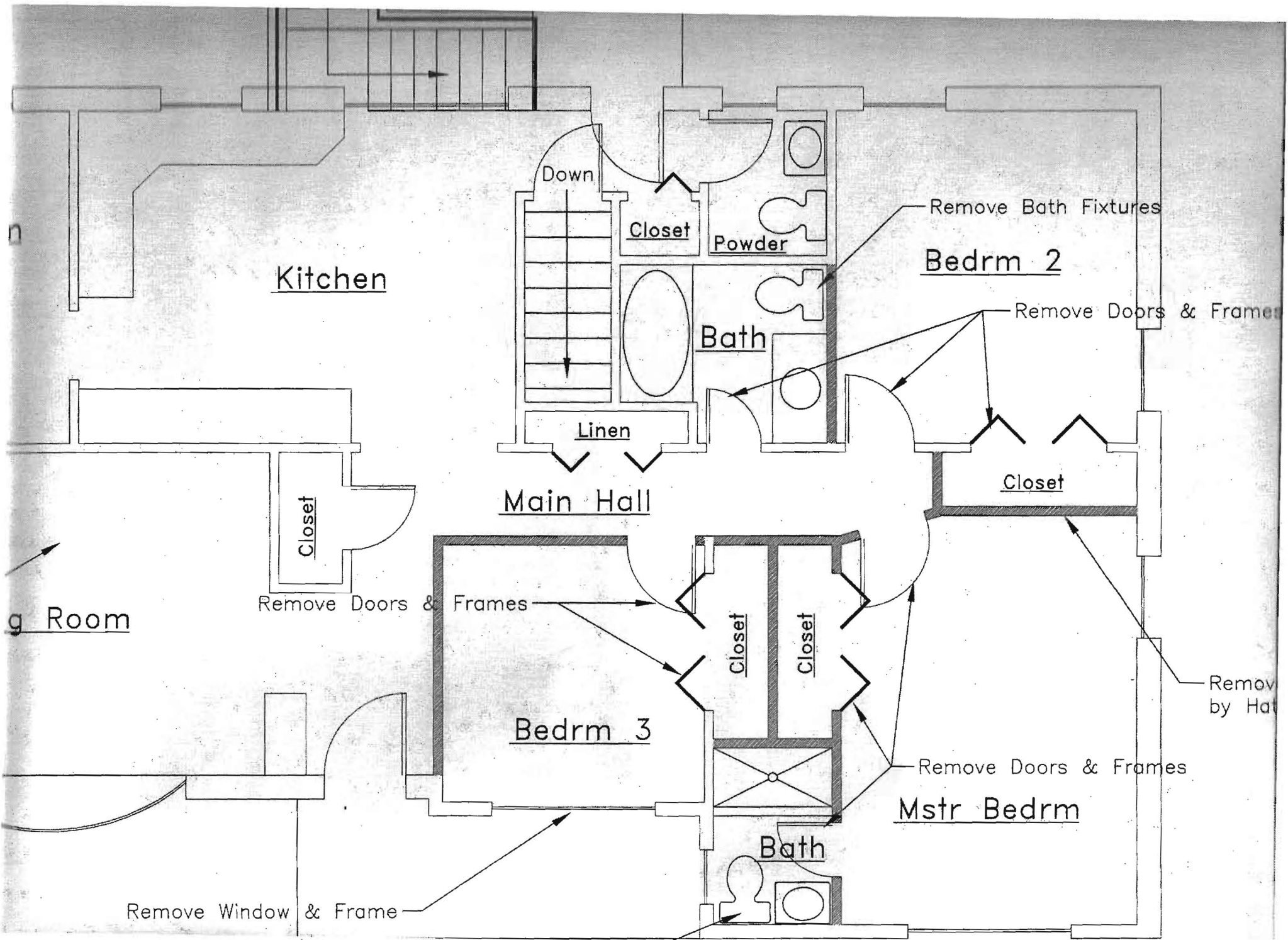


EXHIBIT 1116

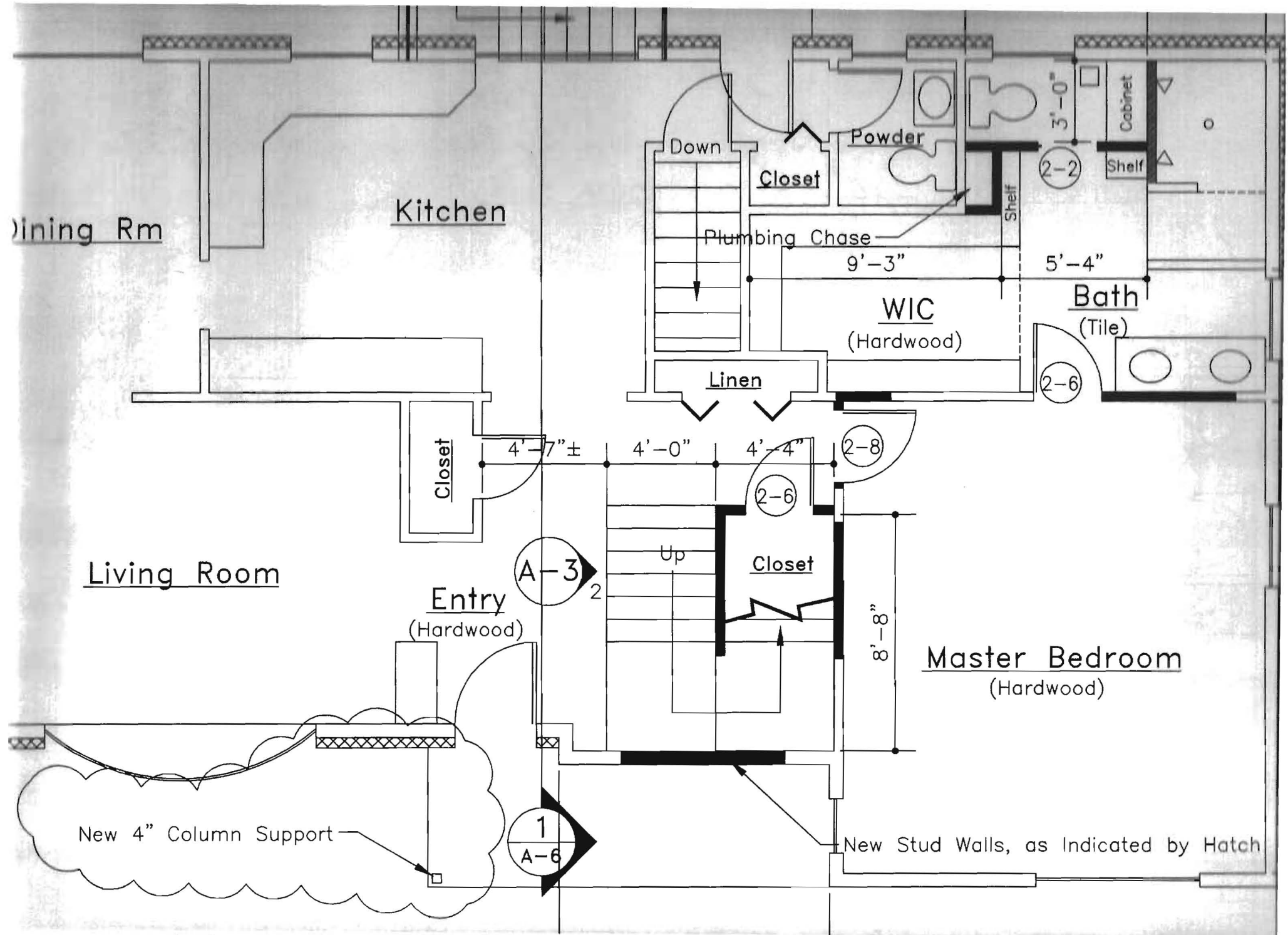
Anderson Residence
691 Long Corner Road
Mt. Airy, Maryland
Howard County



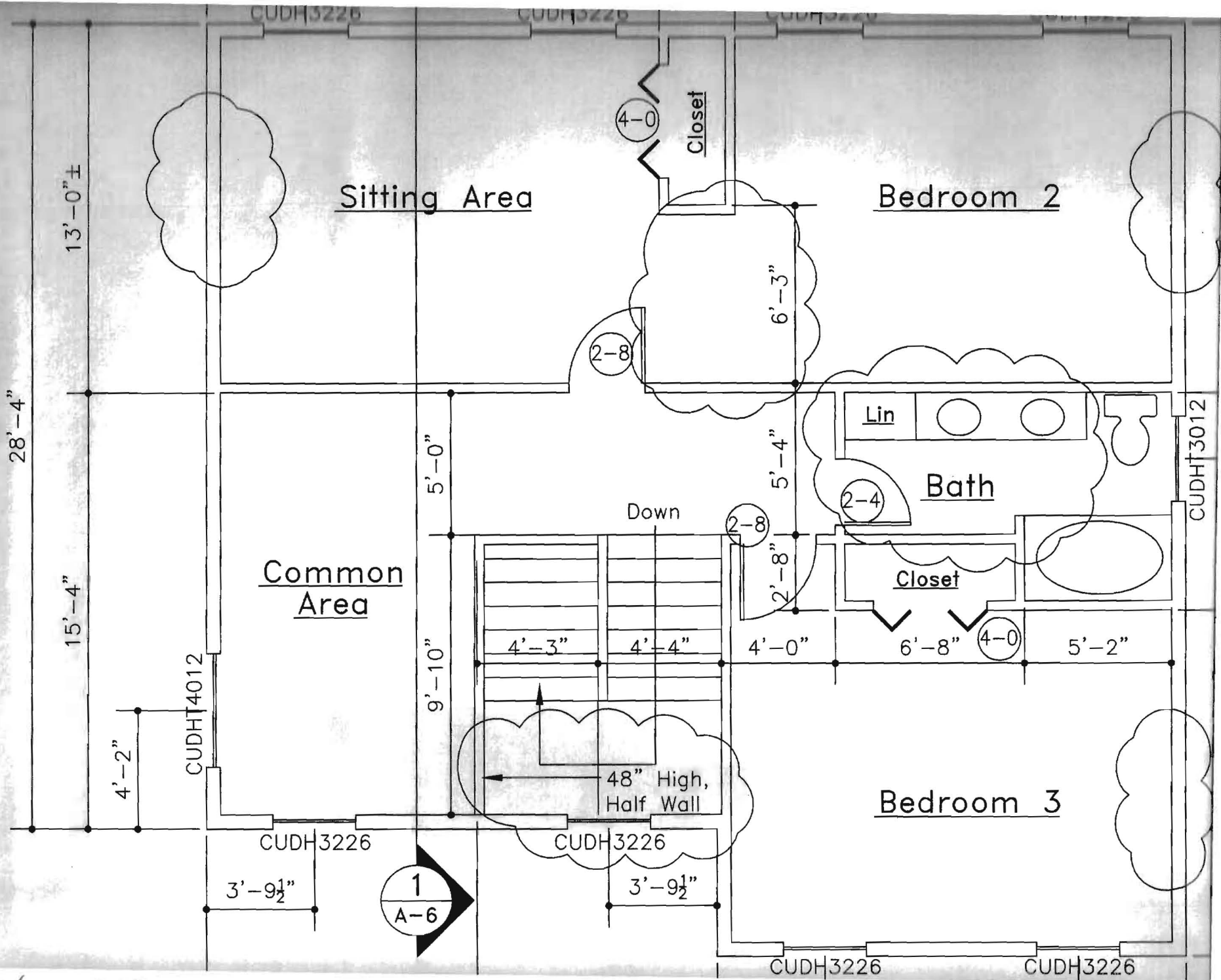
scale: 1" = 50'-0"



First Fl. Demo



New First DADA



New 2ND



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

April 21st, 2008

Robert Anderson
691 Long Corner Rd.
Mt. Airy, MD 21771

**Re: Building Permit
#B08000860**

Dear Mr. Anderson,

This office has recently received the above referenced building permit application for a second floor addition to an existing single story house. However, we are unable to recommend approval of your application at this time.

Prior to building permit approval for an increase in living space, a septic easement must be established with the Health Dept. According to our records percolation testing was conducted at your property in March 2007. Results from those tests indicated unsatisfactory soil conditions for conventional on-site wastewater treatment due to high rock content. Subsequently, alternative tests (sand mound testing) were conducted in order to establish further septic area, however the testing was never completed.

Therefore, prior to consideration for Health Dept. approval additional testing must be completed to determine sufficient sewage disposal area on the property to accommodate the existing septic system and room for two future replacement systems. Your application and payment submitted on Feb, 23rd, 2007 will not expire until Feb. 23rd, 2009.

Upon completion of testing submittal of a Percolation Certification Plan will also be required per Howard County Code Sec. 3.805. The purpose of this plan is to formally describe the septic easement on your property that will be approved by the Health Officer and will remain on file with the Health Department. Your building permit application will be placed on hold until all Health Dept. requirements are met.

If you have any questions or concerns regarding this matter please call our office at 410-313-1771 or you may contact me directly at 410-313-6287.

Sincerely,

Heidi Scott
Well & Septic Program
Development Coordination Section

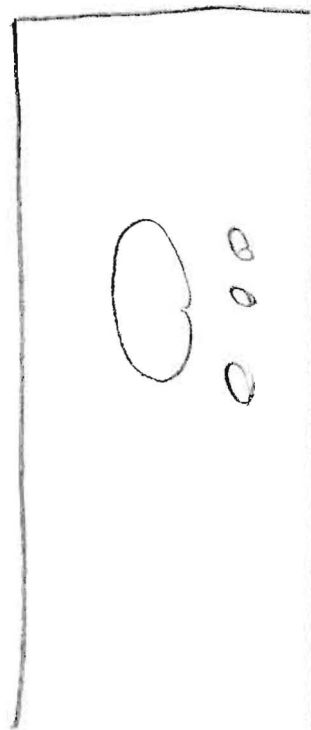
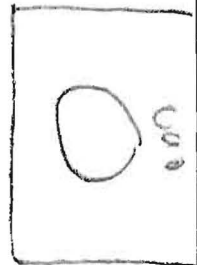
Cc: File

B00141875

OKD 515103
SRK

5'4"

6'4"



NEW - Proposed

