



# 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.: B14000522

Building Address: 1045 Long Corner Rd  
 City: Mt Airy State: MD Zip Code: 21771  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Douglas Mast  
 Address: 1045 Long Corner Rd  
 City: Mt Airy State: MD Zip Code: 21771  
 Phone: 240-405-8763  
 Email: d.mast@mastconstruction.com

Existing Use: \_\_\_\_\_  
 Proposed Use: Hot tub install  
 Estimated Construction Cost: \$ 8700  
 Description of Work: Install Hot tub on ground, 8'x8'

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Self  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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

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

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: Douglas E. Mast Print Name: Douglas E. Mast  
 Email Address: d.mast@mastconstruction.com Date: 2-27-14  
 Title/Company: Owner

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

**-FOR OFFICE USE ONLY-**

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
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?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No  
 Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ 55.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 2539



# 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.: B14000522

*Handwritten: 2/27/14*

Building Address: 1045 Longfellow Rd  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD  
Proposed Use: Hot Tub  
Estimated Construction Cost: \$ \$700.00  
Description of Work: Install Hot Tub (8x8)

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Commercial Building Characteristics	Residential Building Characteristics
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No. of stories: _____	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
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<b>Construction types:</b>	<input type="checkbox"/> Finished Basement
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<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units: _____
<b>Roadside Tree Project Permit #</b>	No. of 2 BR units: _____
_____	No. of 3 BR units: _____
_____	Other Structure: _____
_____	Dimensions: _____
_____	Footings: _____
_____	Roof: _____
_____	<input type="checkbox"/> State Certified Modular
_____	<input type="checkbox"/> Manufactured Home

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

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** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Title/Company** \_\_\_\_\_

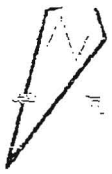
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3539</u>



Liber: 762  
 Folio: 625  
 5.001 acres  
 (more or less)

N/F  
 L. 2624  
 F. 407

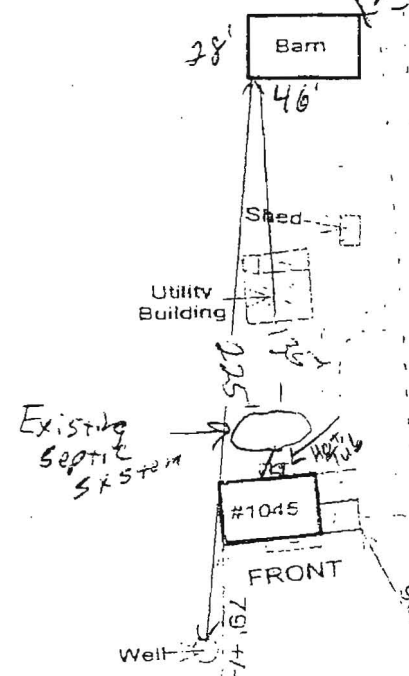
N/F  
 L. 782  
 F. 530

S 31° 00' 00" E 924.84'

N 35° 00' 00" W

N/F  
 L. 973  
 F. 170

N 29° 31' 00" W 540.16'



N 64° 29' 00" E 248.66'

LONG CORNER ROAD

LOCATION DRAWING

Scale

8

## Bricker, Robert

---

**From:** Bricker, Robert  
**Sent:** Tuesday, May 13, 2014 4:35 PM  
**To:** 'Doug Mast'  
**Cc:** Huskins, Thomas  
**Subject:** RE: B14000522\_N-O-V

Mr. Mast, I inspected the septic tank location today, at about noon. The hot tub is sitting within inches (1" to 3") of the corner of the septic tank. The Health Department requires a 5-foot setback from the location of the hot tub to any wall of the septic tank. If you are considering placement of the hot tub on a pad such as concrete or packed (and leveled) gravel, the structure and pad must be 5 feet from the septic tank wall. The Health Department may approve the hot tub when it is located 5 feet or more from the septic tank.

Permit application B 14000522 remains 'On Hold'.

Robert Bricker, REHS/R.S., L.E.H.S.

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**From:** Doug Mast [mailto:d.mast@mastconstructionllc.com]  
**Sent:** Monday, May 12, 2014 4:10 PM  
**To:** Bricker, Robert  
**Subject:** RE: B14000522\_N-O-V

I exposed it this morning since you said you were coming today.

Sent from my Samsung Epic™ 4G Touch

----- Original message -----

**From:** "Bricker, Robert" <RBricker@howardcountymd.gov>  
**Date:** 05/12/2014 3:39 PM (GMT-05:00)  
**To:** Susan Boyko <s.boyko@mastconstructionllc.com>  
**Cc:** Doug Mast <d.mast@mastconstructionllc.com>  
**Subject:** RE: B14000522\_N-O-V

Is it possible to schedule an inspection for Thursday (May 15<sup>th</sup>)? I may have time tomorrow, Tuesday afternoon, but will need to know by 8:30 am tomorrow (before I leave the office tomorrow morning) whether the excavation has been completed to expose the tank.

Robert Bricker, REHS/R.S., L.E.H.S.

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**From:** Susan Boyko [mailto:s.boyko@mastconstructionllc.com]  
**Sent:** Friday, April 25, 2014 1:25 PM  
**To:** Bricker, Robert  
**Cc:** Doug Mast  
**Subject:** Re: B14000522\_N-O-V

Good afternoon,

I received correspondence from Mr. Williams stating you would like me to submit to Mike Davis a request for a waiver for Percolation Certification Plan Requirements. I will be doing that today, but wanted to see if we still need to have another site visit to show you where the septic tank is located AND if so, in what order do we proceed (site visit THEN waiver request or vice versa)?

I look forward to your response.

Thank you,

Susan Boyko

Mast Construction, LLC

**From:** Bricker, Robert

**Sent:** Friday, April 18, 2014 4:40 PM

**To:** s.boyko@mastconstructionllc.com

**Cc:** Williams, Jeffrey

**Subject:** B14000522\_N-O-V

During a site inspection of the property on March 20, I could not determine where the septic tank is located. The top of the septic tank will have to be exposed and an Environmental Sanitarian observe the location of the Hot Tub in relation to the septic tank. The referenced Building Permit Application will remain in status 'On Hold' at least until after this inspection is completed.

ROBERT BRICKER, CPSS, REHS/RS

ENVIRONMENTAL HEALTH SPECIALIST

DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM

HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH

8930 STANFORD BOULEVARD

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Tuesday, June 03, 2014 9:15 AM  
**To:** Huskins, Thomas  
**Subject:** FW: B14000522

Mr. Huskins:

**Re: B14000522**

It appears that Mr. Mast has decided to get rid of the hot tub based on his response (below). While the hot tub now meets the Health Departments 5 foot set-back requirement, our office cannot approve the permit until a revised plot plan has been submitted for review. Please contact me with any questions or concerns.

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well and Septic Program  
8930 Stanford BLVD  
Columbia, MD 21045  
410-313-1786  
410-313-2648 (Fax)

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**From:** Doug Mast [<mailto:d.mast@mastconstructionllc.com>]  
**Sent:** Monday, June 02, 2014 7:12 PM  
**To:** Oswald, Hank  
**Subject:** RE: B14000522

Mr Oswald,

Due to a conflict with my wife over the hot tub. I am getting rid of it. Thanks for your help.

Douglas

Sent from my Samsung Epic™ 4G Touch

----- Original message -----

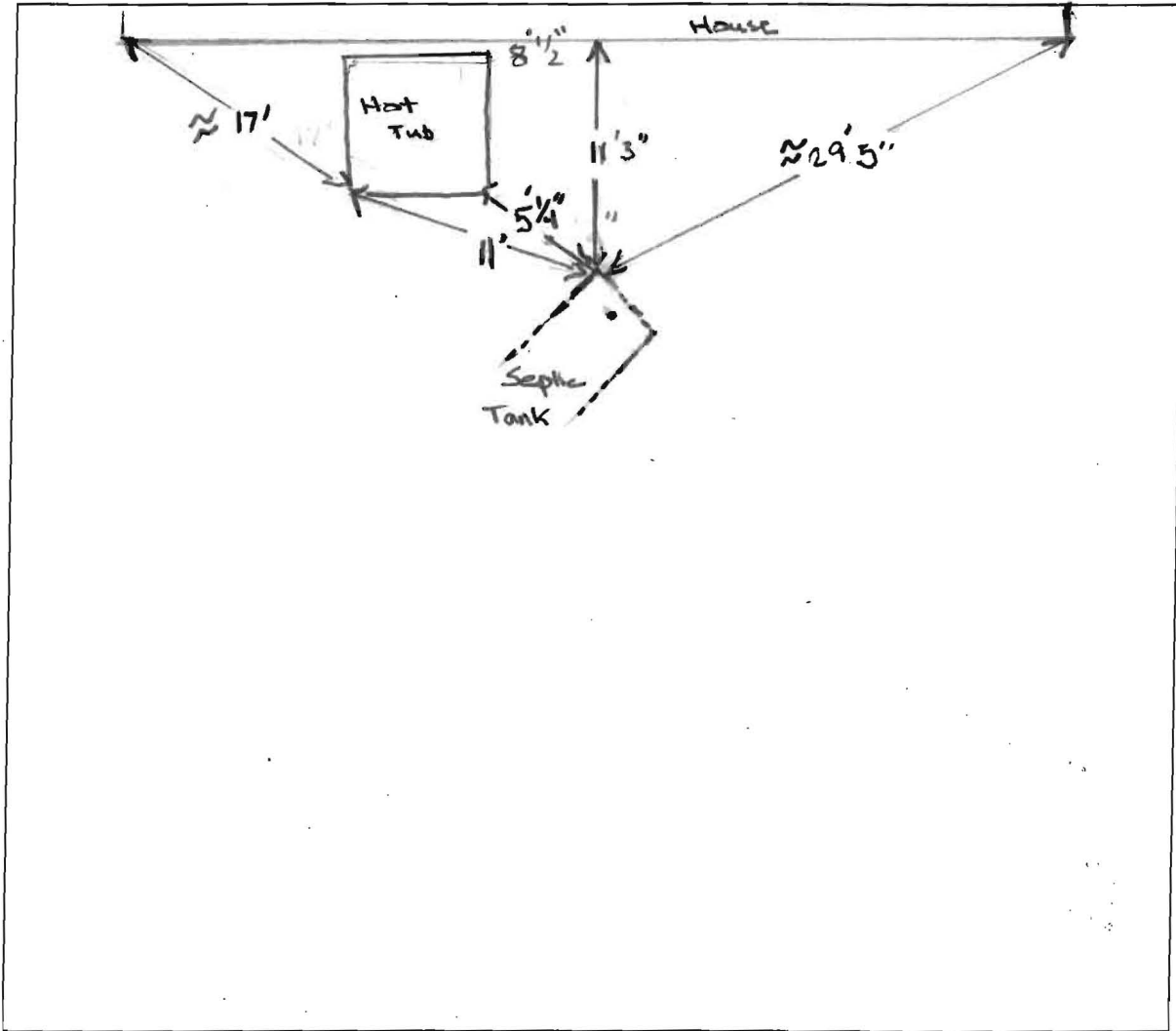
**From:** "Oswald, Hank" <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Date:** 06/02/2014 4:52 PM (GMT-05:00)  
**To:** [d.mast@mastconstructionllc.com](mailto:d.mast@mastconstructionllc.com)  
**Subject:** B14000522

Dear Mr. Mast:

SITE INSPECTION SHEET

OWNER: Doug Mast PHONE #: 240.405.0763  
ADDRESS: 1045 Long Corner Rd CONTRACTOR: \_\_\_\_\_  
WELL TAG #: HO-73-1404  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Relocate hot tub 5' or more from septic tank.

LOCATION DIAGRAM



COMMENTS: Hot tub is 5' 1/4" from nearest corner of septic tank.

DATE: 6/2/14 INSPECTOR: H. Oswald



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3400 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: B15001872

Building Address: 1045 Long Corner Rd  
 City: 4 Annapolis State: MD Zip Code: 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: existing SFD  
 Proposed Use: SFD with garage  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: Build 12' x 12' garage  
13'4" x 40' - 11' long

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Douglas E. Most  
 Address: 1045 Long Corner Rd  
 City: Annapolis State: MD Zip Code: 21771  
 Phone: 410-405-0765 Fax: \_\_\_\_\_  
 Email: d.most@mostconstructionllc.com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Owner  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
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<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<b>&gt; Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
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<input type="checkbox"/> Yes <input 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: d.most@mostconstructionllc.com  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: Douglas E. Most  
 Date: 5-7-15

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>4/15</u>	<u>[Signature]</u>

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

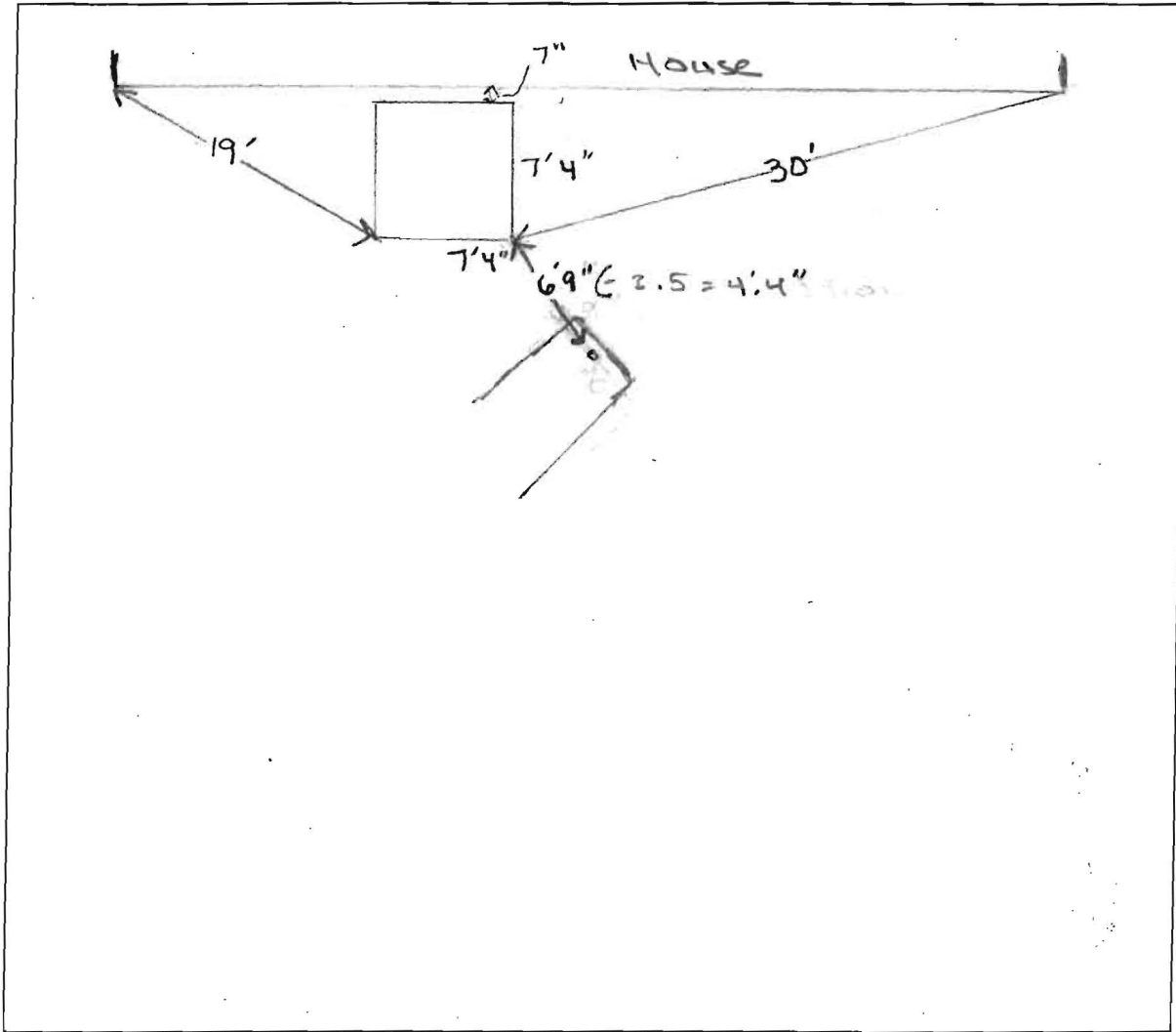
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Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input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

Filing Fee	\$	<u>55</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>10071</u>

SITE INSPECTION SHEET

OWNER: Doug Mast PHONE #: 240.405.0763  
ADDRESS: 1045 Long Corner Rd CONTRACTOR: \_\_\_\_\_  
WELL TAG #: 40-73-1404  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Relocate hot tub 5' from septic tank

LOCATION DIAGRAM



COMMENTS: Center of the tank cleanout is 6'9"  
from corner of hot tub. The edge of tank is approx  
4'4" from corner of hot tub.

DATE: 5/28/14 INSPECTOR: H. Oswald

- 5/28 - left message to return call
- 5/29 - left message to return call
- 6/29 - Spoke w/ applicant about moving hot tub to meet setback

SITE INSPECTION SHEET

OWNER: Doug Mast PHONE #: \_\_\_\_\_

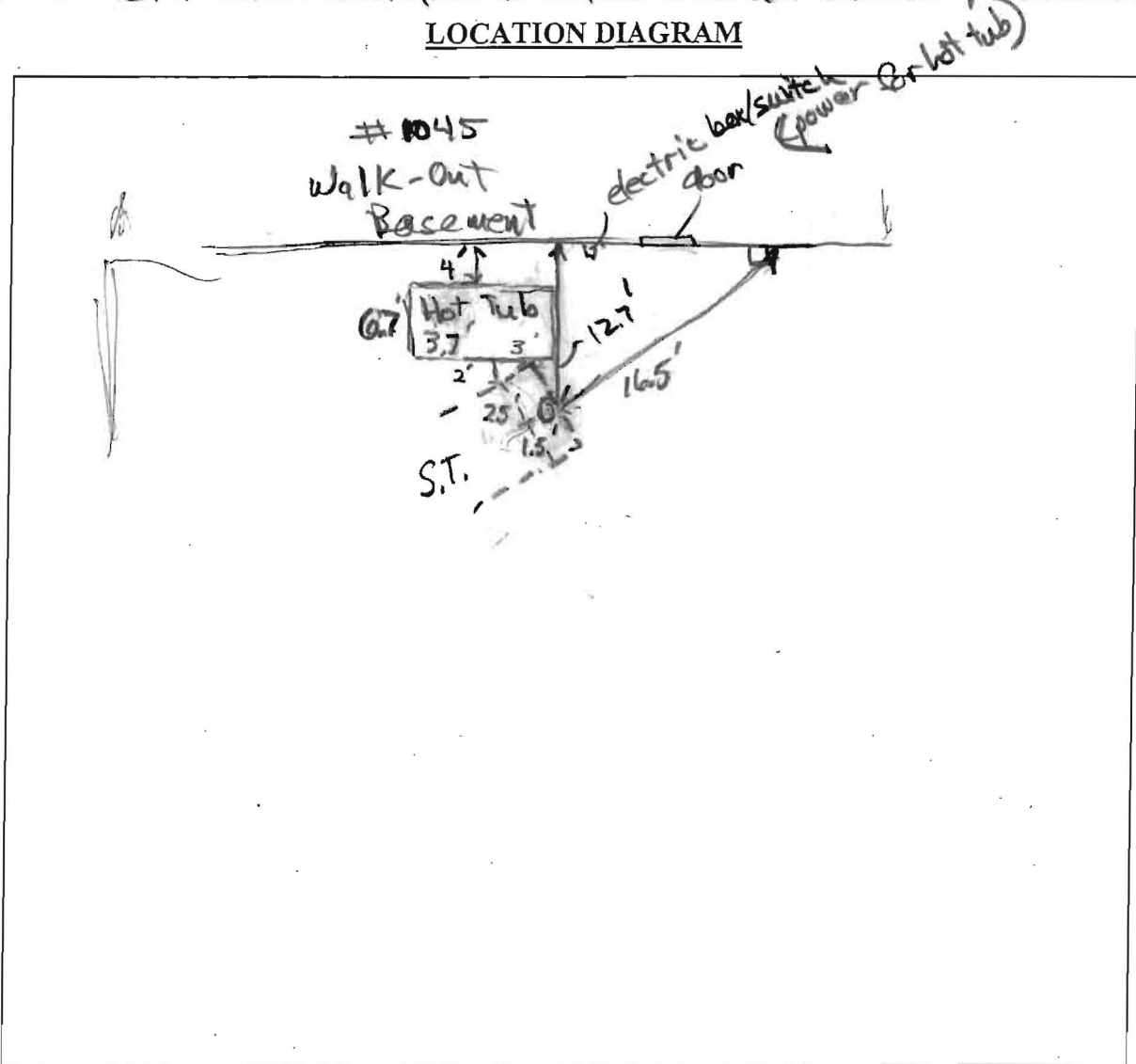
ADDRESS: 1045 Long Corner Road CONTRACTOR: \_\_\_\_\_

WELL TAG #: HO-73-1404

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Hot tub set on or very near to Septic Tank. Inspection is to determine relative locations of hot tub & septic tank.

LOCATION DIAGRAM



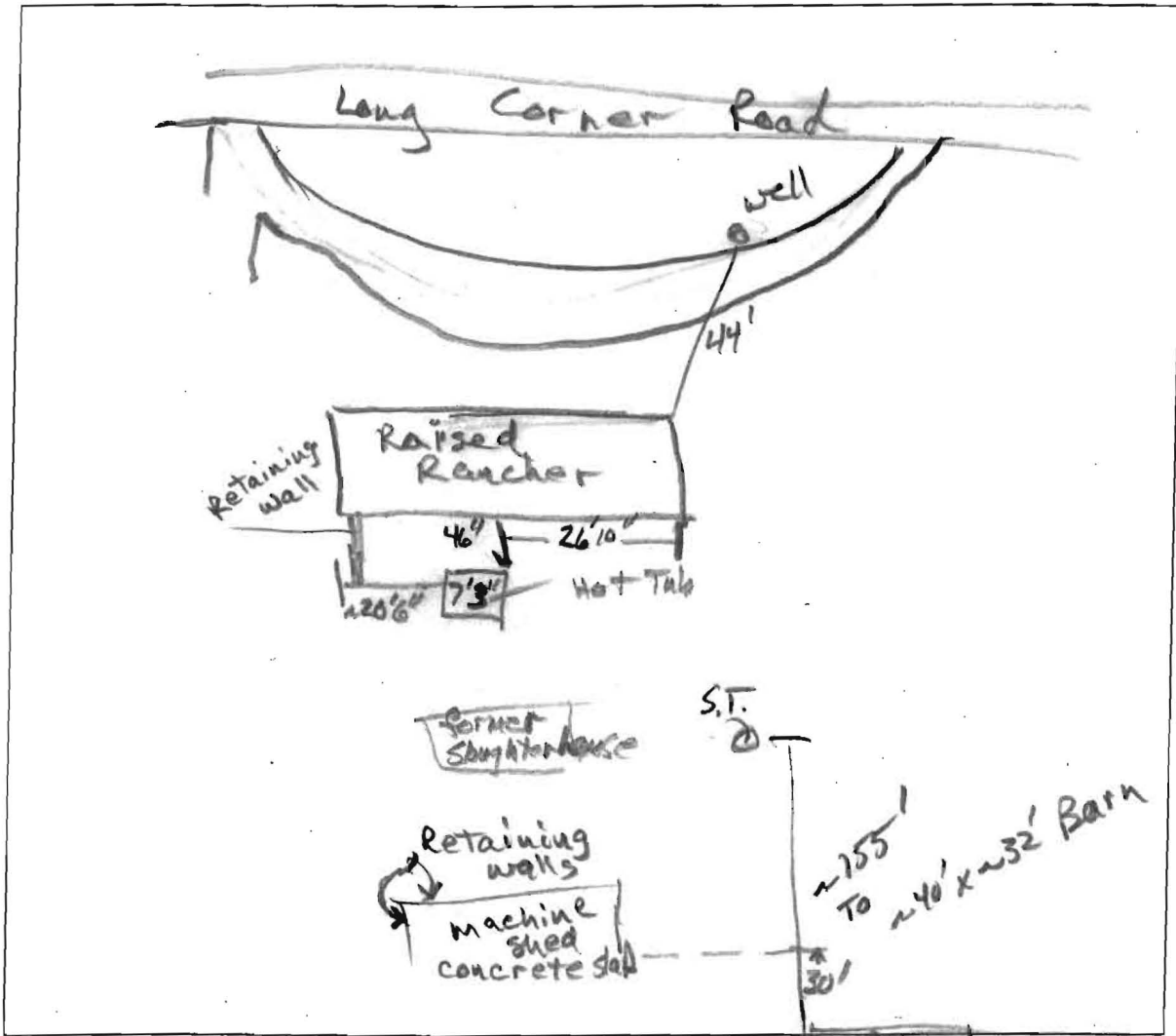
COMMENTS: Septic Tank has variable cover, 6" to 10".  
Invert In is at about 2' depth. Tank needs to be pumped.

DATE: 5/13/2014; ~12:10 am INSPECTOR: R. Bricker

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 1045 Long Corner Rd. CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: HO-73-1404  
PROPOSAL: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: Well; steel case ~15" tall; one-piece metal cap  
conduit open at cap port.

DATE: 3/20/2014 INSPECTOR: R Bricker

## Bricker, Robert

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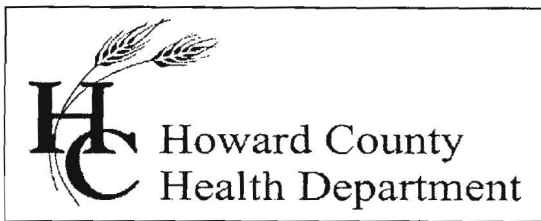
**From:** Bricker, Robert  
**Sent:** Tuesday, May 13, 2014 4:27 PM  
**To:** 'Doug Mast'  
**Cc:** Huskins, Thomas  
**Subject:** B14000519

Mr. Mast,

The building permit for Pole Shed constructed at former 'barn' location (B14000519) has been approved. Your request for waiver from Percoalition Certification Plan requirement is being approved, and you will receive a letter stating so within several weeks.

Robert Bricker, CPSS, REHS/R.S., L.E.H.S.  
Environmental Sanitarian II  
Bureau of Environmental Health  
Well and Septic Program, Development Coordination Section  
8930 Stanford Blvd.  
Columbia, MD 21045

Desk, 410-313-2691; FAX, 41-313-2648



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

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Twitter: HowardCoHealthDep

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

April 23, 2014

Susan Boyko  
Mast Construction, LLC  
[s.boyko@mastconstructionllc.com](mailto:s.boyko@mastconstructionllc.com)

RE: B14000519 (N-O-V), non-permitted construction of a pole shed

Please be advised that the Health Department may not approve Building Permit Applications unless if well and septic systems do not meet current code requirements. These criteria include designation of an area on the property suitable for disposal of wastewater the property. The area must be approved by the designee of the County Health Officer (the Approving Authority). Such an area is defined on a Percolation Certification Plan which is signed by the Approving Authority. A signed Percolation Certification Plan for the subject property is not found in the Bureau of Environmental Health files for the property. For Health Department approval of the pole shed construction, the owner may have a Percolation Certification Plan developed and signed, or the owner may request a waiver from the requirement for a Percolation Certification Plan.

I am attaching a document that describes Percolation Certification Plan content. If the owner chooses to have this plan developed for the subject property, the Bureau strongly recommends that the plan is developed by a Professional Engineer or Licensed Land Surveyor.

A Request for Waiver from Percolation Certification Plan Requirement may be sent to the Bureau of Environmental Health Assistant Director, Mike Davis. The request must be signed by the property owner. The owner may cite that there was an area of approximately 10,000 sq. ft that was tested in 1983, and that a septic system for the slaughterhouse was installed in the tested area at that time. The owner should discuss the current use or non-use of the slaughterhouse. The owner also may cite that the area tested in 1983 is downhill from the well and the residence. The owner may also discuss whether or not the footprint of the rebuilt pole shed has changed.

In addition to the written (or typed) request, submit a drawing to support the request. On this drawing, the property boundaries are represented and all structures need to be accurately represented, including the new barn(s). The structure on which the pole shed was reconstructed (B14000519) needs to be labeled clearly. Indicate and label locations of the well and the septic tanks.

If you have questions related to this inquiry, you may reply to me via email, [rbricker@howardcountymd.gov](mailto:rbricker@howardcountymd.gov), or call my desk, 410-313-2691.

Respectfully,



Liber: 762  
 Folio: 625  
 5.001 acres  
 (more or less)

N/F  
 L. 782  
 F. 530

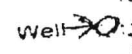
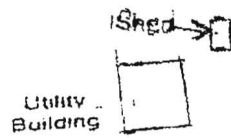
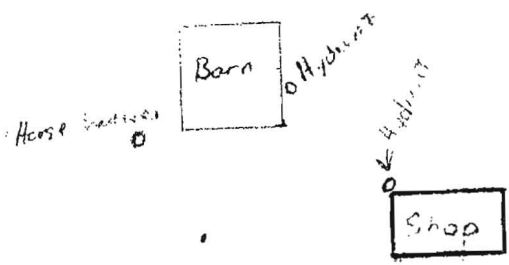
N/F  
 L. 2624  
 F. 407

S 31° 00' 00" E 924.84'

N 350.00'

N/F  
 L. 973  
 F. 170

N 29° 31' 00" W 540.16'



Retaining Wall

N 64° 29' 00" E 248.66'

LONG CORNER ROAD

LOCATION DRAWING

Scale: 1" = 100'

## Williams, Jeffrey

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**From:** Doug Mast <d.mast@mastconstructionllc.com>  
**Sent:** Tuesday, June 02, 2015 1:07 PM  
**To:** Williams, Jeffrey  
**Subject:** RE: B15001872  
**Attachments:** Mast block wall.jpg; Mast block wall2.jpg

Mr Williams,

I have attached 2 pictures that may help explain it better. As I said before, there was a wall there. It was leaning in towards the basement door when I bought the place. I simply dug out behind it, and replaced it. The grade is identical to when I bought the house.

As to the location of the septic tank. We had it pumped once since we are here, it is approx 12' directly out from the center of the rear of the house. I have no idea about a drainfield. The paperwork we have does not detail that specifically.

*Douglas Mast*

(240) 405-0763

Mast Construction, LLC

[www.mastconstructionllc.com](http://www.mastconstructionllc.com)

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**From:** Williams, Jeffrey [<mailto:jewilliams@howardcountymd.gov>]  
**Sent:** Tuesday, June 02, 2015 11:51 AM  
**To:** Doug Mast  
**Subject:** RE: B15001872

My reply was mainly related to what I thought was a newly proposed retaining wall. 96" high is a lot and I wanted to see proposed grading to make sure you were not cutting out soil or dumping extra soil over the existing septic tank or drainfield, which is a potential problem. If this is a replacement to an existing wall, that makes a bit of a difference. I'm assuming the wall is for the purpose of flattening out the driveway and drops off toward the rear yard? If so, do you know if it originally built up soil on the driveway side or cut out soil on the yard side?

The existing site plan just shows a general septic area, which is what our old drawings show in our file. We normally would like to see the specific location of the tank and drainfield. If this is replacing an existing wall, that might not be necessary.

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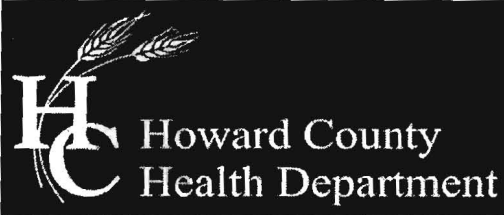
**From:** Doug Mast [<mailto:d.mast@mastconstructionllc.com>]  
**Sent:** Tuesday, June 02, 2015 11:18 AM  
**To:** Williams, Jeffrey  
**Subject:** RE: B15001872

Mr Williams,

I am confused by your request. The septic system is clearly shown on my site plan as I obtained it from the Health Department when I purchased my home 4+ years ago. I don't have any further information available to give you, then what the Health Department has on file.







**Bureau of Environmental Health**

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

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June 2, 2015

Douglas Mast  
1045 Long Corner Road  
Mt. Airy, MD 21771

**RE: B15001872  
1045 Long Corner Road  
Mt. Airy, MD 21771**

Mr. Mast:

This letter is in response to the building permit application you submitted for installation of a retaining wall at 1045 Long Corner Rd, B15001872. The Health Department requires the following item to be corrected in order for our review to proceed:

- The site plan must show the location of the septic system components.
- The site plan must show the proposed grading alterations around the retaining wall with two-foot contour lines specifying the existing topography and the proposed topography after grading. There should be no grading over the septic system components.

Please make the above correction to the plan and submit the revision to the Health Department to my attention. If you have any questions, feel free to contact me at [jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov) or 410-313-1771. Thank you.

A handwritten signature in black ink, appearing to read 'Jeff Williams', is written over a horizontal line.

Jeff Williams

Program Supervisor, Well & Septic Program

## Williams, Jeffrey

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**From:** Williams, Jeffrey  
**Sent:** Tuesday, June 02, 2015 11:01 AM  
**To:** 'd.mast@mastconstructionllc.com'  
**Subject:** B15001872  
**Attachments:** B15001872 letter\_1045 Long Corner Rd.pdf

Please see the attached Health Dept. response to the building permit B15001872.

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

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