



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: _____

Permit No.: B14000840

Building Address: 8159 LARK BROWN ROAD
 City: ELK RIDGE State: MD Zip Code: 21075
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: 10,919 sq ft Plot: _____
 Tax Map: 37 Parcel: 383 Grid: 19
 Zoning: M-1 Map Coordinates: _____ Lot Size: _____

Existing Use: HOUSE
 Proposed Use: BUSINESS
 Estimated Construction Cost: \$ 99,000
 Description of Work: TOTAL RENOVATION
(change-in-use)
No Change in Foot Print
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: N/A
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: WAVELY INVESTMENTS
 Address: 5300 DORSEY HALL DR
 City: ELLCOTT CITY State: MD Zip Code: 21042
 Phone: 44-3-367-0422
 Email: RGREEN@LDANNO.COM

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

Contractor Company: OLD TOWN CONSTRUCTION
 Contact Person: RON GREEN
 Address: 5304 DORSEY HALL DRIVE
 City: ELLCOTT CITY State: MD Zip Code: 21042
 License No.: 13452774
 Phone: 410-977-1300 Fax: 443-367-0420
 Email: RGREEN@LDANNO.COM

Engineer/Architect Company: J-SQUARED DESIGN
 Responsible Design Prof.: JOWA JONKIN
 Address: 117 W 125 #3
 City: NY State: NY Zip Code: 10011
 Phone: 410-961-3601 Fax: _____
 Email: JJUNKIN@JSQUAREDDESIGN.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	Depth	Width
Gross area, sq. ft./floor: <u>936</u>	1 st floor:	
Area of construction (sq. ft.): <u>1150</u>	2 nd floor:	
Use group: <u>B</u>	Basement:	
Construction type:	<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 checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	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	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	<u>N/A</u>
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: RGREEN@LDANNO.COM
 Email Address: RGREEN@LDANNO.COM
 Title/Company: AGENT LD+D

Print Name: RONALD GREEN
 Date: 3-20-14

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

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

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

DPZ SETBACK INFORMATION	
Front:	
Rear:	<u>0 FT</u>
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>200.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>3023</u>

Williams, Jeffrey

From: Ron Green <[REDACTED]>
Sent: Friday, February 27, 2015 9:21 AM
To: Williams, Jeffrey
Subject: RE: B14000840 8159 Lark Brown Rd

I will check into the item needed, thanks for the heads up.

From: Williams, Jeffrey [mailto:[REDACTED]]
Sent: Friday, February 27, 2015 9:13 AM
To: Ron Green
Cc: [REDACTED]
Subject: B14000840 8159 Lark Brown Rd

Please see the attached Health comments regarding the above referenced building permit. The permit is on hold pending completion of the items listed in the letter. Thanks

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
[REDACTED]
[REDACTED]

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Type *	Condition Name *	Status	Sev
Building	Health Review	Applied	No
Applied Date	Effective Date	Expiration Date	
06/19/2014			
Applied by User *	Current User	Applied by Dept *	Current Department
Health Department		Health Department Tech	
		--Select--	--Select--

Comment **Standard Comment**

All building permits for this property must be sent to the Health Department for review. This property is currently served by an onsite septic system and not connected to public sewer. It may also have an onsite well. The Health Department may not approve any building permits until any onsite septic systems and wells are properly abandoned. Any questions call Jeff Williams x4261

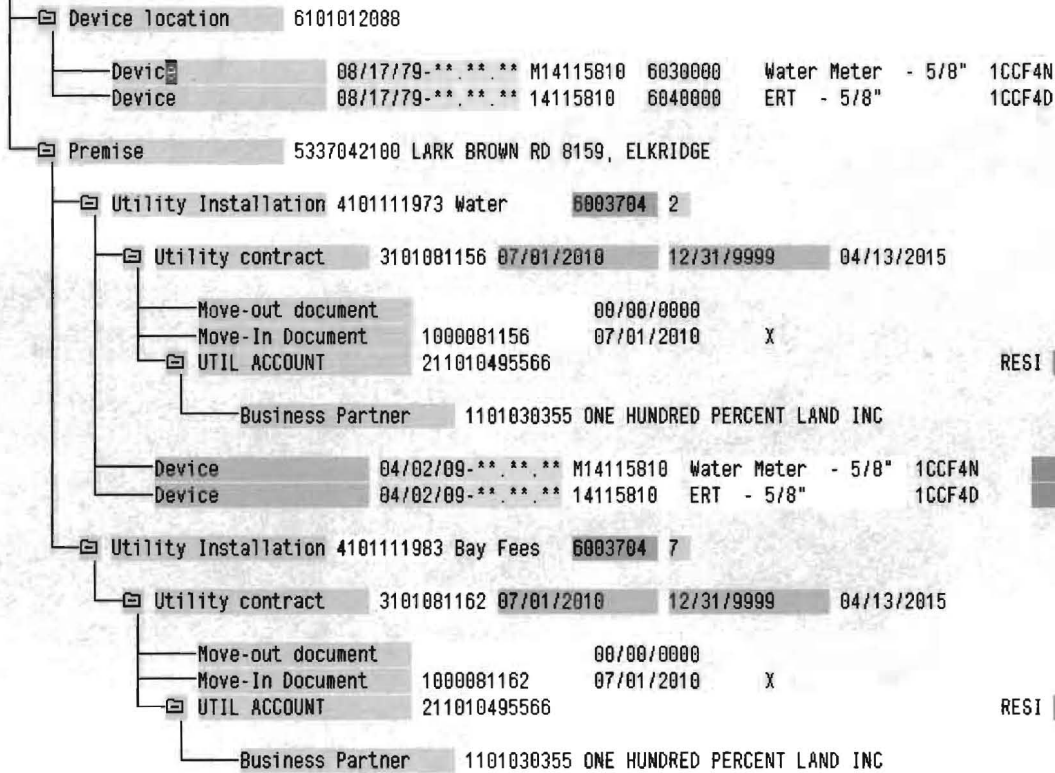
[check spelling](#)



Data Environment from 01/01/2000 to 02/26/2015



Connection Object 7101012630 ELKRIDGE, LARK BROWN RD 8159





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

February 27, 2015

Waverly Investments
5300 Dorsey Hall Drive
Ellicott City, MD 21042

RE: B14000840
8159 Lark Brown Road
Elkridge, MD 21075

Dear Owner:

The Health Department has reviewed the building permit application, B14000840, for renovations and a change in use from a dwelling to a commercial office space at 8159 Lark Brown Road. This structure is served by an onsite sewage disposal system and is not connected to public sewer. Prior to Health approval of this building permit or any building permit for this property, the structure must be connected to public sewer and the onsite sewage disposal system must be properly abandoned with documentation submitted to the Health Department. This entails having the septic tank and the drywell pumped out by a licensed sewage hauler, crushing the tank, and filling both with clean fill material. The company performing the crush/fill operation must submit a description of the work printed on company letterhead along with the pumping receipt to the Health Department for review.

Additionally, public utility records indicate that the dwelling was connected to public water in 1979, yet it was constructed in 1955. A site visit by a representative of the Health Department Well & Septic Program to investigate for an abandoned well in or around the dwelling must be conducted prior to Health approval of a building permit. If a well is found, it must be properly sealed by a licensed well driller with an abandonment report submitted to the Health Department for review and approval.

Please contact me at jewilliams@howardcountymd.gov or 410-313-1771 with any questions regarding this letter or to schedule a site visit.

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

Jeff Williams
Program Supervisor, Well & Septic Program

CC: Old Town Construction
J-Squared Design