



# 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.: B15002752

Building Address: 13113 LAKESIDE DRIVE  
 City: CAMPBELL State: MD Zip Code: 21229  
 Suite/Apt. #: N/A SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: 605101 Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Existing Use: SFD  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 5000  
 Description of Work: AC FULL BATHROOM, BEDROOM  
PATHING WITH TRAILER SLITCH  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: DEJUNIS MAFFEY  
 Address: 13113 LAKESIDE DRIVE  
 City: CAMPBELL State: MD Zip Code: 21229  
 Phone: 443.375.7983 Fax: \_\_\_\_\_  
 Email: DEJUNISMAFFEY@GMAIL.COM  
 Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: HORFINGER  
 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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse							
No. of stories: _____	<table border="1"> <thead> <tr> <th>Depth</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td>1<sup>st</sup> floor: <u>43</u></td> <td><u>54</u></td> </tr> <tr> <td>2<sup>nd</sup> floor: <u>43</u></td> <td><u>53</u></td> </tr> </tbody> </table>		Depth	Width	1 <sup>st</sup> floor: <u>43</u>	<u>54</u>	2 <sup>nd</sup> floor: <u>43</u>	<u>53</u>
Depth	Width							
1 <sup>st</sup> floor: <u>43</u>	<u>54</u>							
2 <sup>nd</sup> floor: <u>43</u>	<u>53</u>							
Gross area, sq. ft./floor: _____	Basement: _____							
Area of construction (sq. ft.): <u>710</u>	<input type="checkbox"/> Finished Basement							
Use group: _____	<input type="checkbox"/> Unfinished Basement							
	<input checked="" type="checkbox"/> Crawl Space							
	<input type="checkbox"/> Slab on Grade							
<b>Construction type:</b>	No. of Bedrooms: <u>5</u>							
<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>							
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____							
<input type="checkbox"/> Masonry	No. of 1 BR units: _____							
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____							
<input type="checkbox"/> State Certified Modular	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 checked="" type="checkbox"/> Private
<b>Sewage 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 checked="" 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 checked="" 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.

Dejunis Maffey  
 Applicant's Signature  
DejunisMaffey@GMAIL.COM  
 Email Address  
 \_\_\_\_\_  
 Title/Company

Dejunis Maffey  
 Print Name  
6/24/2015  
 Date

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>8/7/15</u>	<u>H. O. [Signature]</u>

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	\$ <u>25.00</u>
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>135.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

**Oswald, Hank**

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**From:** Oswald, Hank  
**Sent:** Tuesday, July 14, 2015 10:30 AM  
**To:** 'DENNISMATTEY@GMAIL.COM'  
**Subject:** B15002752\_13713 Lakeside Drive  
**Attachments:** WS\_Lakeside\_13713\_SepticPermit-1998.pdf; Bedroom Definition\_Sec 3.801.pdf

Mr. Mattey:

This letter is in response to building permit B15002752. The application describes renovations including additional bedroom in the existing basement. Upon review the submittal, the building permit did not include a copy of the floor plans of the existing house and proposed changes. Floor plans are needed to ensure that the septic system is sized properly for the existing use plus proposed changes. According to the permit on record (see attached), the existing septic system is sized for 4 bedrooms.

Building permit approval is being placed on hold until floor plans have been forwarded to the Health Department for review. I may be reached at (410) 313-1786, if you would like to discuss the project.

Respectfully,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
410.313.1786

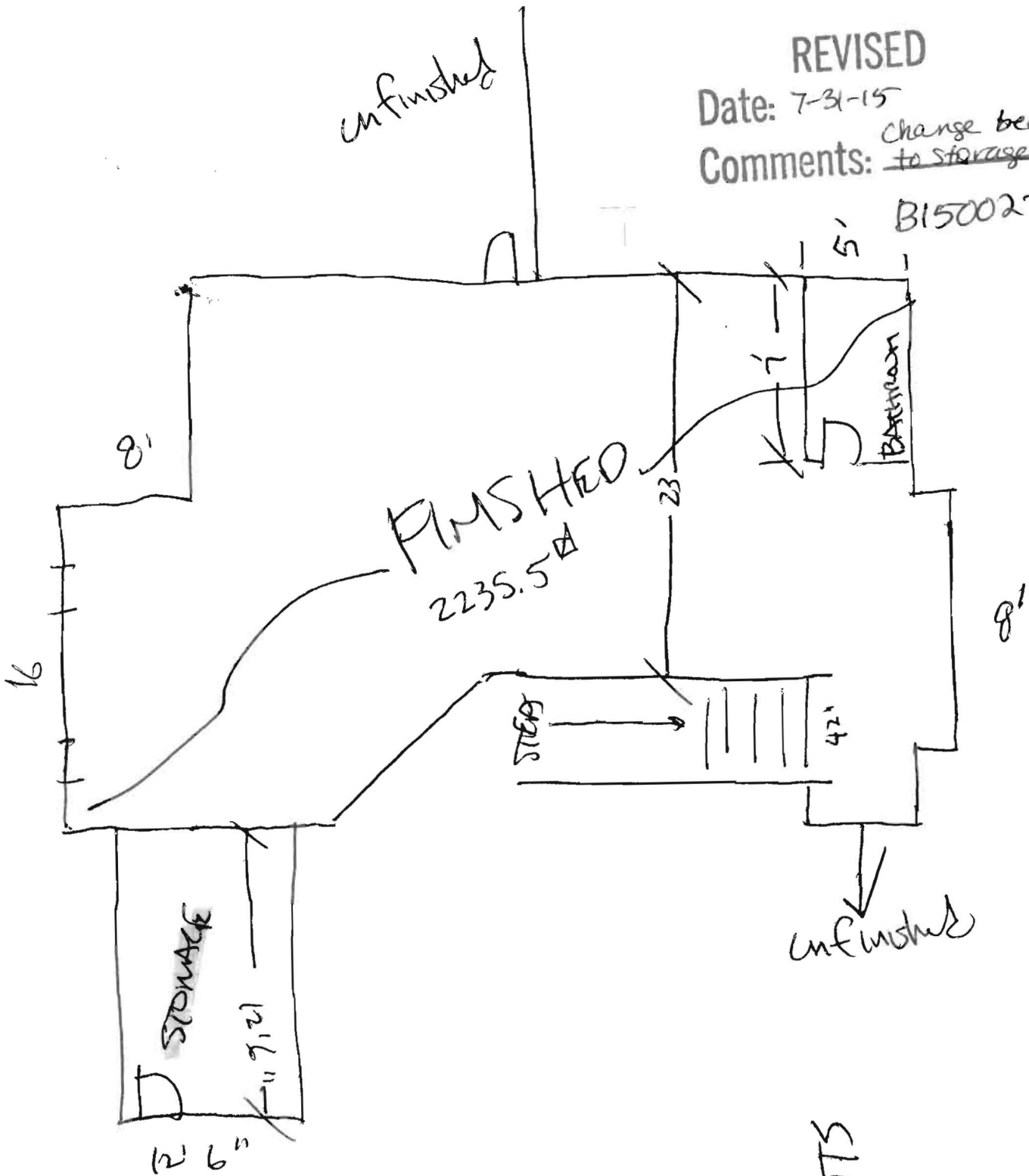
unfinished

REVISED

Date: 7-31-15

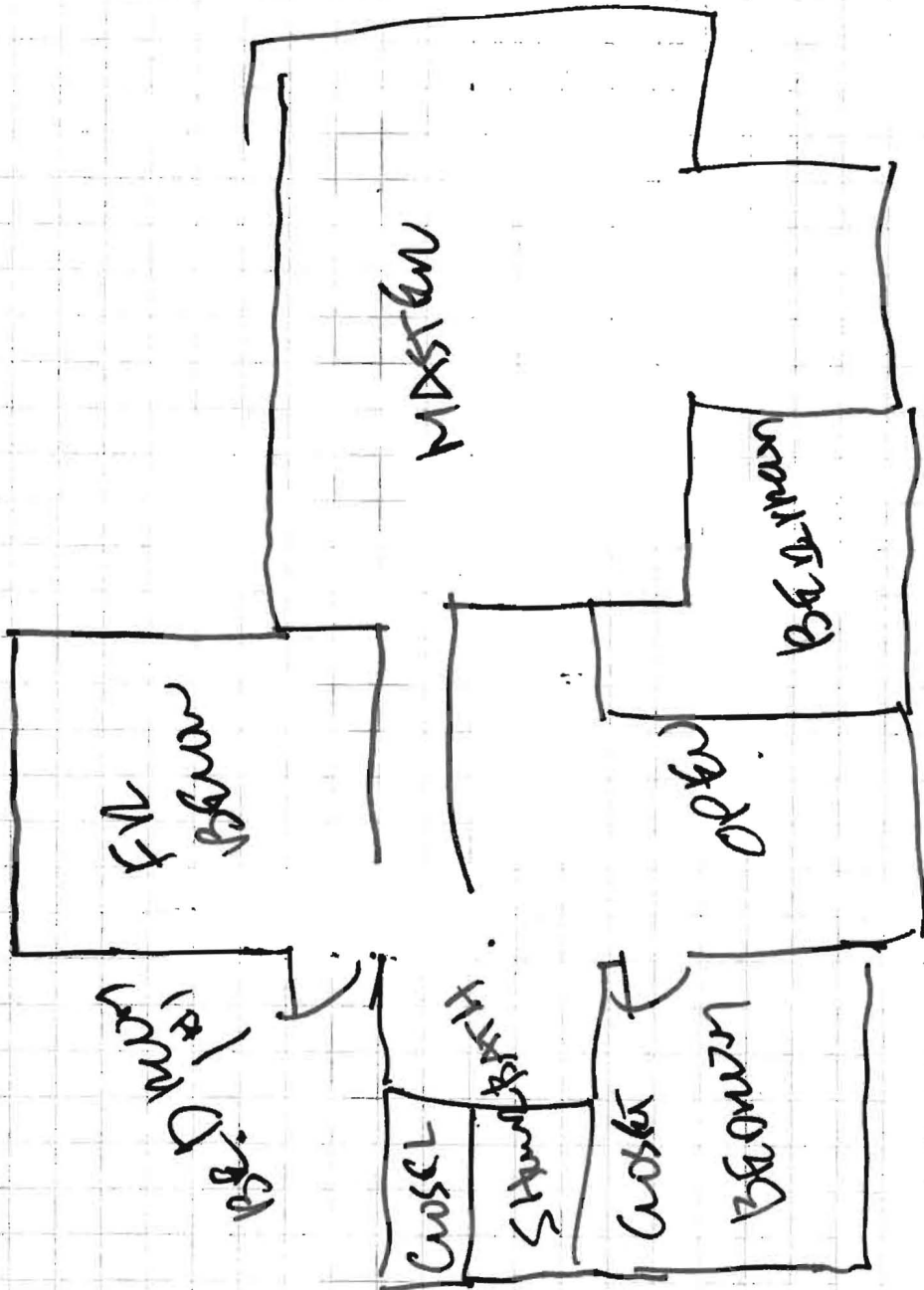
Comments: ~~change bedroom~~  
to storage area

B15002752



unfinished

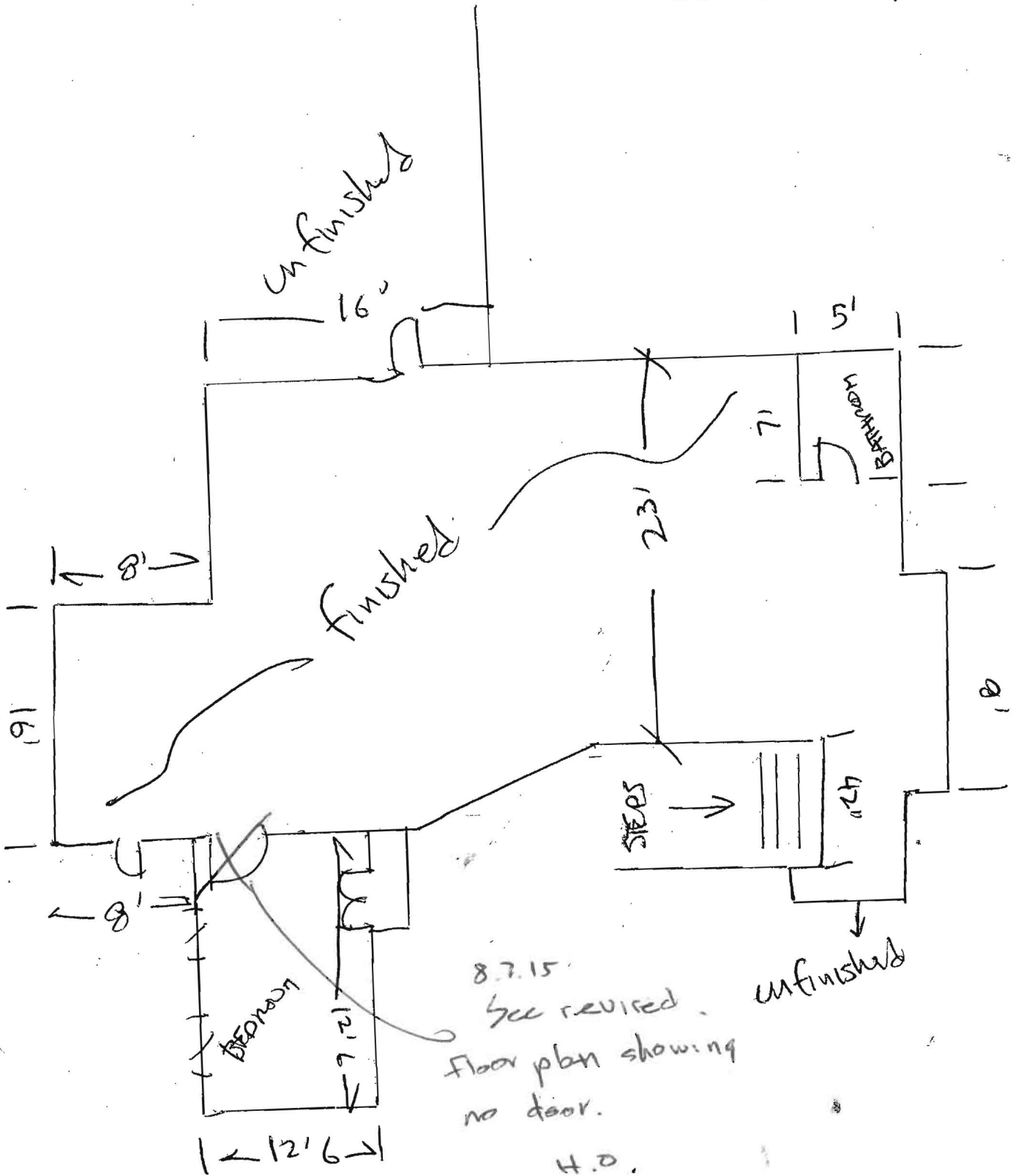
NTS

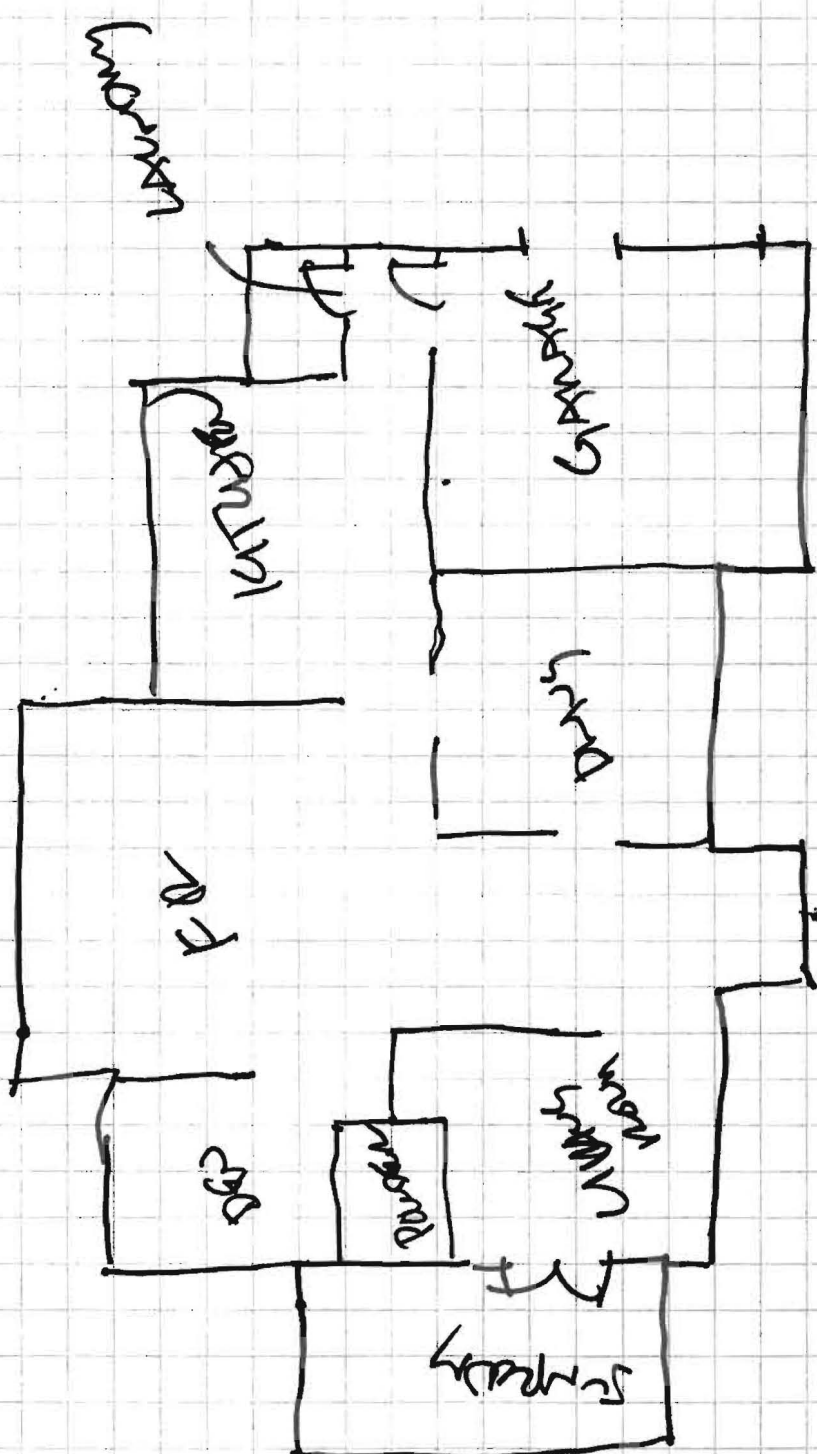


Zur Front

# BASEMENT LEVEL

2235.5 ~~✓~~ FINISHED





X  
 |  
 KÜCHE