

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004600

Building Address 13025 Linden Church Rd,
Clarksville MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 5 acres

Property Owner's Name Allen W. Curcavo

Address 13025 Linden Church Rd,

City Clarksville State MD Zip Code 21029

Home Phone 410-531-3680 Work Phone 240-793-2652

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Owner Fax _____

Existing Use Single Family Residence

Proposed Use Add accessory storage building

Estimated Construction Cost \$ 25,000

Description of Work Build detailed accessory
storage building for tools, equipment and
general storage of household goods.
36-42

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Allen W. Curcavo

Contact Name Owner

Address 13025 Linden Church Rd,

City Clarksville State MD Zip Code 21029

Phone 240-793-2652 Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
No. of stories:		<input type="checkbox"/> Public		Depth	Width	<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private		1st floor:		<input checked="" type="checkbox"/> Private	
Use group:		Sewage Disposal:		2nd floor:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public		Basement:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private		Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:		Height: _____		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Multi-family dwellings:		No. of efficiency units: _____	
		Natural Gas <input type="checkbox"/>		No. of 1 BR units: _____		No. of 2 BR units: _____	
		Propane Gas <input type="checkbox"/>		No. of 3 BR units: _____		No. of 3 BR units: _____	
		Sprinkler system: N/A <input type="checkbox"/>		Other Structure: <u>Storage Building</u>		Other Structure: _____	
		<input type="checkbox"/> Full		Dimensions: <u>36' x 42'</u>		Dimensions: _____	
		<input type="checkbox"/> Partial		Footings: <u>30" diameter</u>		Footings: _____	
		<input type="checkbox"/> Other Suppression		Roof Height: <u>20' at peak</u>		Roof Height: _____	
		<input type="checkbox"/> # of Heads _____		_____ State Certified Modular		_____ State Certified Modular	
				_____ Manufactured Home		_____ Manufactured Home	

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 HERETO; (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.

Allen W. Curcavo
Applicant's Signature

Allen W. Curcavo
Print Name

Title/Company

11-13-2007
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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>12/24/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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>132</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:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	

13025 Linden Church Rd.
Clarksville, MD 21029

December 11, 2007

Attn: Heidi Scott
Howard County Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147

Re: Building Permit Application #B07004600
Variance Request to Waive Percolation Certification Plan Requirement

Dear Ms. Scott:

This is in response to your letter to me dated December 3, 2007 regarding the above-referenced building permit application.

I would like to request a variance to have the requirement for Percolation Certification Plan waived. The relevant facts that I believe should address your concerns and permit the variance to be granted are:

1. The proposed building will be used for storage of agricultural/garden equipment and miscellaneous household goods.
2. We have no intention to ever convert any part of the proposed building into living space. Also, no animals will be kept or sheltered in the building at any time.
3. We have no intention to install plumbing of any kind in the proposed building, either for water supply or for drain / waste purposes.
4. The proposed building is located more than 200 feet from our well, the location of which is marked on the attached copy of the property survey.
5. The proposed building is located more than 150 feet from our septic drain field and reserved area for possible future septic drain field use, the location of which is marked on the attached copy of the property survey.
6. The proposed building is located more than 135 feet from our septic tank, the location of which is marked on the attached copy of the property survey.
7. Our current dwelling is located between the proposed building and the locations of our well and septic tank.
8. The well, septic tank and drain fields are located at an elevation more than 10 feet higher than the grade elevation at the site of the proposed building.
9. We are currently experiencing no problems with our well or septic system. There are no signs of failure of either, or of groundwater penetration or contamination, etc.

Thank you for your consideration of the request for variance. Please don't hesitate to contact me if you need any additional information or clarification.

Sincerely,



Allen W. Curran

Encl: (1)