

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 513258-B

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX69088~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

RPS # 326423

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Villa Monticello LOT 3 ROAD 14089 Monticello Drive

PROPERTY OWNER John & Roseanne Buettner

ADDRESS _____

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

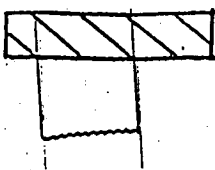
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 513258 B

NOTE:



AREA SHOWN REPRESENTS DUMP AS PER STATE ROADS COMMISSION OF MD. PLAT # 40156. (SEE DEED REFERENCE 647/426)

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

B00113814

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

14089 Monticello Drive
COOKSVILLE MD.

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
INSTALL A-15X32
INGROUND FIBRE GLASS
SWIMMING POOL DE-FILTER
FENCE PER CODE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
3	113	1		24		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Villa Monticello	RC-DEP	8	4	6040

OWNER NAME AND ADDRESS
~~JOHN~~ ROSEANNE BUETTNER
SAME
PHONE NO. 410-442-2716

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
		5'	

OCCUPANT'S NAME AND ADDRESS
SAME
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
MERMAID POOLS
1139 THOMPSON AVE, SEVERN MD - 21144
PHONE NO. 410-551-9924

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

EXISTING USE
SINGLE FAMILY DWELLING

PROPOSED USE
SWIMMING POOL

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EST. CONSTRUCTION COST 22,000
LICENSE NUMBER 43092
PERMIT FEE

Signature: *James C. Newberry, Inc.*
TITLE: Contractor
DATE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____
TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET _____
BACK (CORNER LOT ONLY) _____ SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 8/2/98	<i>[Signature]</i>
FIRE PROTECTION		
STORM WATER MGM.	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

APPROVED

DATE

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591 Wed or Thur 1:00-3:00

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

8:25:98
 Will be doing a walk thru
 on Thursday
 8:27:98 (14M)

8/24/13/3

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

14089 Monticello Drive
 COOKSVILLE MD.

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

INSTALL A-15X32
 ING ROUND FIBRE GLASS
 SWIMMING POOL DE-FILTER
 FENCE PER CODE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
3	113	1		24		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
	RC-DEP	8	4	6040

OWNER NAME AND ADDRESS PHONE NO.

John + Roseanne BUETTNER
 SAME 410-442-2716

OCCUPANT'S NAME AND ADDRESS PHONE NO.

SAME

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
		8'	

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

MERMAID POOLS 410-551-9924
 1139 THOMPSON AVE, SEVERN MD - 21144

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

John C. Newberry, Inc.
 Contractor
 SIGNATURE TITLE DATE

EXISTING USE PROPOSED USE

Single Family Dwelling Swimming Pool

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
22,000	43092	

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK (CORNER LOT ONLY) _____ SDP # _____

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
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 Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X	
FIRE PROTECTION		
STORM WATER MGM.	X	

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED DATE

LP-69-591

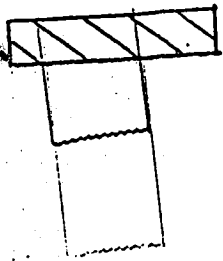
wed or Thur 1:00-3:00

Distribution of Copies:
 White - Building Official
 Green - Planning & Zoning

Yellow - Engineering
 Pink - Health Dept.
 Gold - S.H.A.

NOTE:

AREA SHOWN REPRESENTS DATA AS PER STATE ROADS COMMISSION OF MD. PLAT # 40156. (SEE DEED REFERENCE 647/426)



MONTICELLO DRIVE

20' MAC. PAVING

SCALE: 1" = 50'



MACADAM DRIVE

683°57'50"E

160.00'

50' BRL 0%

SEPTIC

STAIR AND

BRICK PORCH
REARNT. BTR (20'x0.5')

(Potential Septic Repair Area)

CONC. PAD

N00°02'10"E

2 CAR GARAGE - 103'x200'
WOOD AND VINYL

CONC. PORCH
STAIRS

CHIMNEY (17'x60')

1 1/2 STORY BRICK DWG.

Pool

WELL - 55'

2

METAL SHED 30'x100'

4

6.H.A FENCE
(STATE HIGHWAY ADMINISTRATION)

3

BALTIMORE NATIONAL PIKE
R=3710.72' L=150.02'
N03°57'50"W, 2.00'

(U.S. ROUTE 40 DENIED ACCESS HIGHWAY)

BRL - BUILDING RESTRICTION LINE

8/26/98

Proposed pool location OK

as shown - should not impact ex. well or septic;

JVS

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard Maryland, Panel No. 8 of 45

RPS# 7

A 50830-F

✓

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00128431

Building-Address 11521 STAR DUST LN
ELLIOT CITY MD 21042
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 0430 Subdivision BRANTWOOD
Section N/A Area N/A Lot 12
Tax Map 16 Parcel 214 Grid 22
Zoning R1DFO Map Coordinates _____ Lot size 1.0824AC.

Property Owner's Name KOREN, STEVEN & BEVERLY
Address 11521 STAR DUST LN.
City ELLIOT CITY State MD Zip Code 21042
Home Phone 410 5311201 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD WITH SUN PORCH.
Estimated Construction Cost \$ \$10,000
Description of Work ENCLOSE EXISTING
DECK WOOD PORCH FOR USE AS A
15'x13'x8' SUN PORCH.

Contractor Company PATIO ENCLOSURES, INC.
Contact Person _____
Address 224 8th Avenue, N.W.
Glen Burnie, MD 21061
City _____ State _____ Zip Code _____
License No. MHI # 12744 Phone _____ Fax _____

Occupant or Tenant _____
Contact Name SAME AS OWNER
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth 13' Width 15'
1st floor: _____
2nd floor: (1954)
Basement: TOTAL
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 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.

Gregory A Falter
Applicant's Signature
PATIO ENCLOSURES INC.
Title/Company

GREGORY A FALTER
Print Name
1/10/01
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: _____	41929
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St: _____	
Health	<u>2/16/01</u>	<u>[Signature]</u>	All minimum setbacks met?	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	
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 New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

P513264

50830-4 ✓

Building Address 11521 STAR DUST LN
ELLICOTT CITY, MD 21042
 Suite/Apt. #: 101 SDP/WP/Petition #: 00
 Census Tract 0120 Subdivision BRANTWOOD
 Section N/A Area 1/2 Lot 12
 Tax Map 10 Parcel 214 Grid 22
 Zoning R100 Map Coordinates _____ Lot size 1.0824AC.

Property Owner's Name KAREN GLEN'S FEVERLY
 Address 11521 STAR DUST LN.
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410 551 1261 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD WITH SUN PORCH.
 Estimated Construction Cost \$ #10,000
 Description of Work ENCLOSURE EXTENSION
TO BACK YARD PORCH FOR USE AS A
15' X 12' X 8' SUN PORCH.

Contractor Company PATIO ENCLOSURES, INC.
 Contact Person _____
 Address 224 8th Avenue, N.W.
Glen Burnie, MD 21061
 City _____ State _____ Zip Code _____
 License No. MHI # 12744
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name SAME AS OWNER
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth <u>13'</u> Width <u>15'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____ <u>(195#)</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ <u>TOTAL</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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 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.

Karen A Falter
 Applicant's Signature
PATIO ENCLOSURES, INC.
 Title/Company

GREGORY A FALTER
 Print Name
1/10/11
 Date

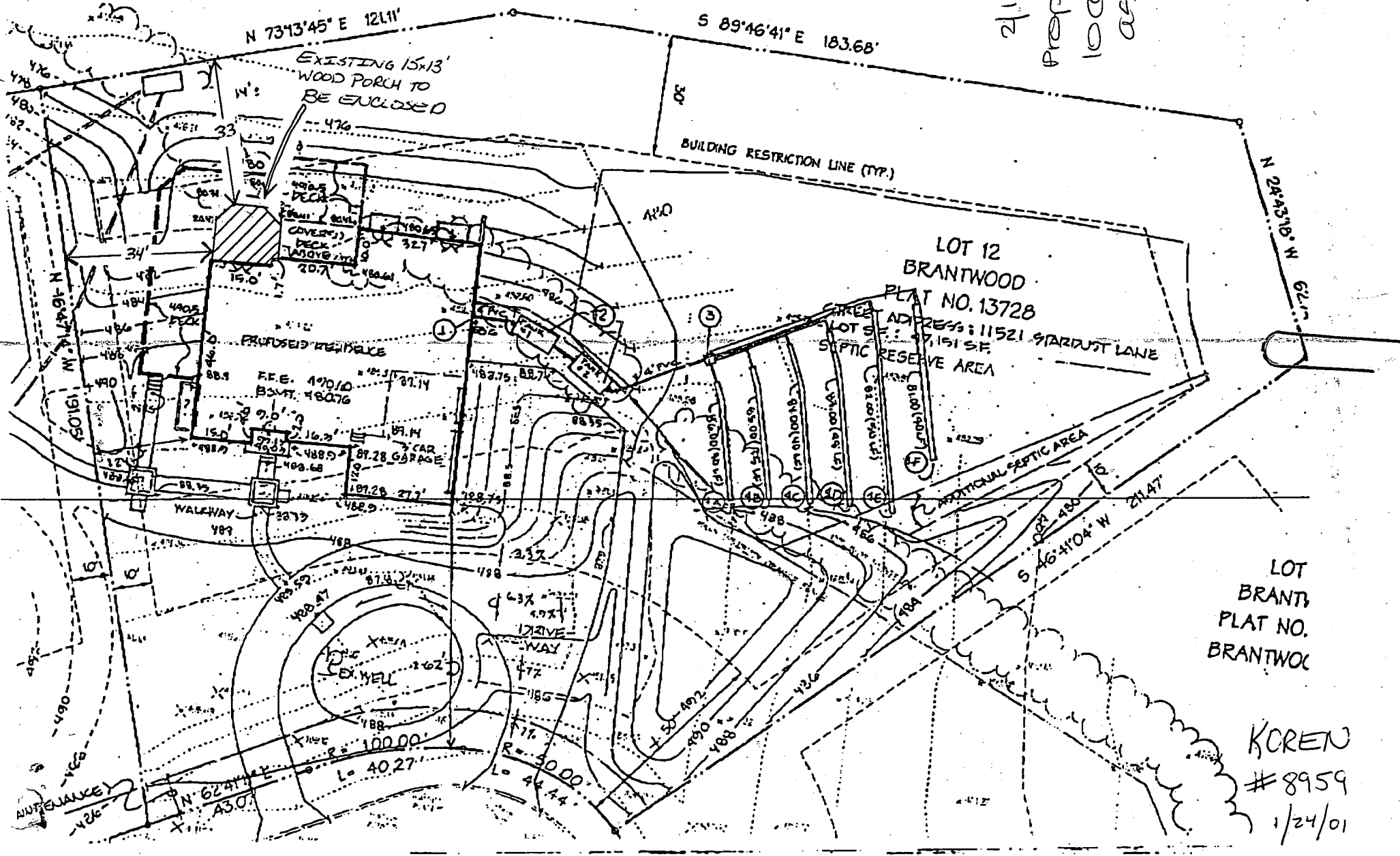
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

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			Side St: _____	Add'l per. fee \$ _____
Health	<u>2/16/01</u>	<u>DOUGLAS KOPKO</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>1778</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>36471</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by: _____

30 SCALE

216101
Proposed porch
location OK
as shown.
DKC



LOT
BRANT
PLAT NO.
BRANTWOC

KOREN
#8959
1/24/01