

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 513222 A

A _____

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

RS# 240319

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Mt. Hebron LOT 13 ROAD 2417 Mt. Hebron

PROPERTY OWNER _____

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

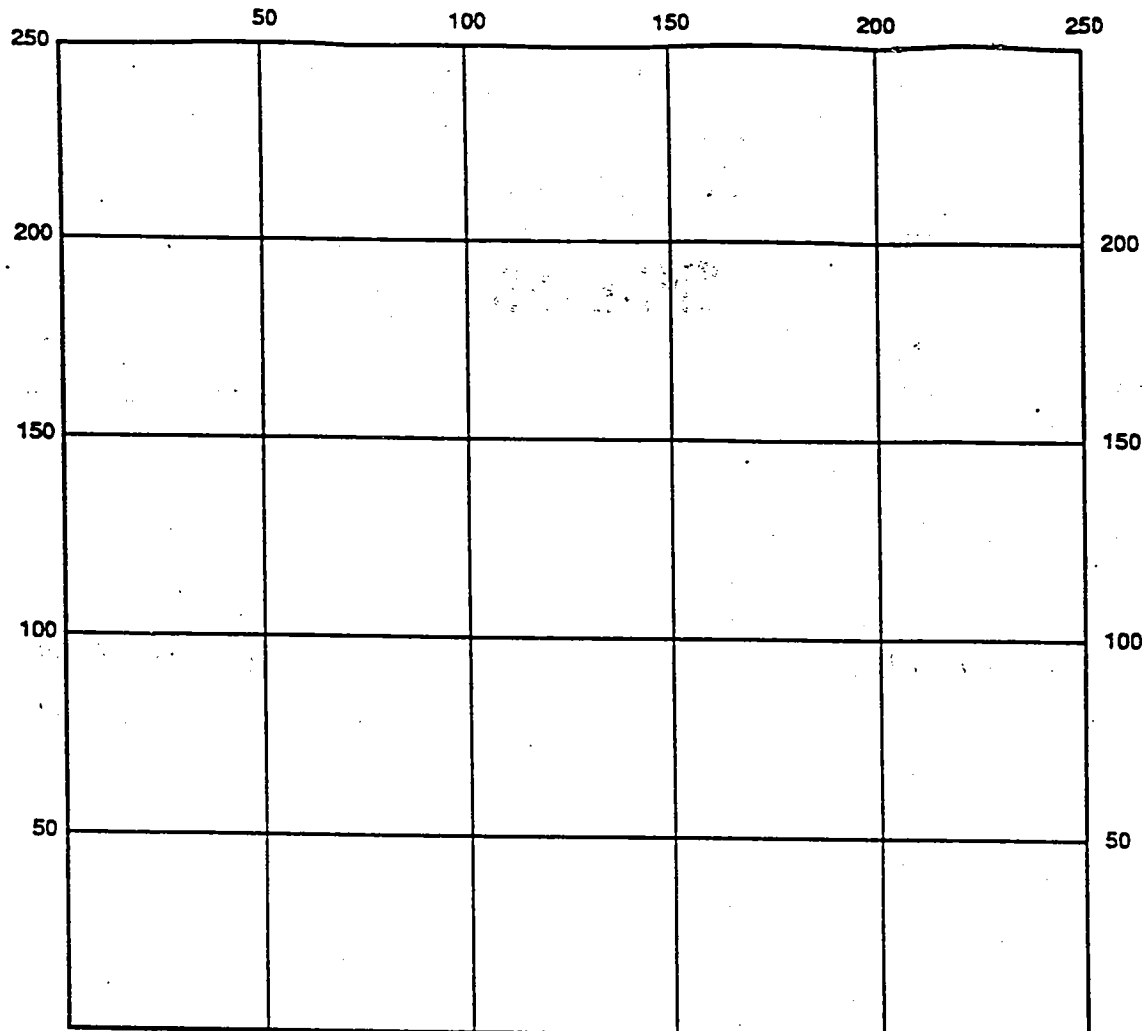
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 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**

513222A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level _____

Dosing Chamber Level _____

Dual Pump _____

Controls _____

Alarm _____

Pump Test _____

Piezometers _____

Observation Ports _____

Float Settings High Off: _____

High On: _____

Low Off: _____

Low On: _____

Alarm Float: _____

Remarks: _____

Trench: _____

Width _____

Length _____

Bottom _____

Depth _____

Inlet _____

Depth _____

Gravel _____

Depth _____

Date System Approved _____ Inspector _____

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 500119723

Building Address 2417 MOUNT HEBRON DRIVE
ELLICOTT CITY, MD 21042

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

Census Tract _____ Subdivision Mt. Hebron II

Section II Area _____ Lot 13

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TIMOTHY C. WILEY

Address 2417 MT. HEBRON DRIVE

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-461-3376 Work Phone 410-313-3700

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use _____

Estimated Construction Cost \$ 30,000.00 (ONCE CALL)

Description of Work 21'x10' ADDITION OFF REAR
(ENLARGING HBR AND BATH) +
14'x18' DECK/RE-FOOT ENTIRE HOUSE

Contractor Company G. EDWARDS CONSTRUCTION, INC

Contact Person HOWARD EDWARDS

Address 6645 MINE HOLLOW ROAD

City HIGHLAND State MD Zip Code 20777

License No. #16411

Phone 301-596-9147 Fax _____

Occupant or Tenant OWNER

Contact Name TIMOTHY C. WILEY

Address 2417 MT. HEBRON DRIVE

City ELLICOTT CITY State MD Zip Code 21042

Phone 410-461-3376 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: <u>30.0' x 50.2'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>(NO 2ND FLOOR)</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>30.0' x 50.2'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>3</u>	State Certified Modular _____
Multi-family dwellings: _____	Manufactured Home _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS 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.

Applicant's Signature [Signature]

Print Name TIMOTHY C. WILEY

Date 4 AUGUST 1999

Title/Company _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>8/5/99</u>	<u>[Signature]</u>
Fire Protection		

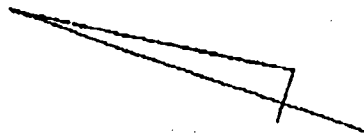
Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

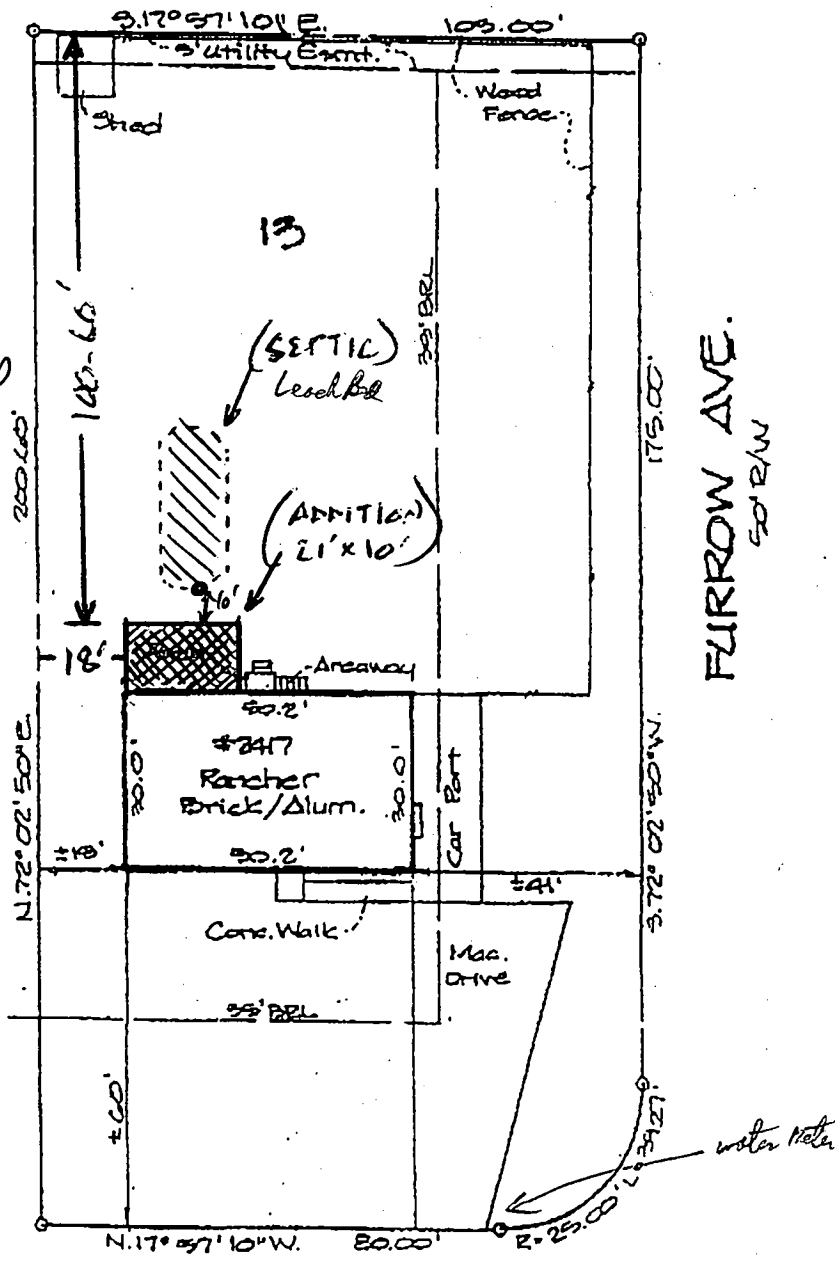
PROPERTY KNOWN AS: Lot 13
Mount Hebron
Section Two
2nd Election District
Howard County, MD
Plat Book 6 folio 24



B (No # yet)
2417 Mount Hebron Dr

Needs site inspection 8/4/99 PJP
No permit located
House built in 1957 (Oct)

Has public water
& is in Public Sewer District
Septic tank & leach field
are for use from proposed
work. Reconn. approval
R/Sinkley 8/15/99



FURROW AVE.
50' R/W

MOUNT HEBRON DR.
50' R/W

Sewer Manhole
O Color of roads

HOWARD COUNTY HEALTH DEPARTMENT

SEWER-SWAGE DISPOSAL SYSTEM

Permit No. 1007
District 1

ADOPTED

Bob Hill Construction Co.

a sewage disposal system located: North Ridge, Lot 11

Property Owner above

Address _____

Location _____

SPECIFICS:

PILE FIELD Length Width Depth

SEWAGE LINE Number Inside Dia.

Absorbent area

SEPTIC TANK CAPACITY 750 gal. 120 gal. If garbage grinder use install 120 gal.

OTHER: Based on a 10 minute population load.

2 dry wells 8 ft. in diameter and 5 ft. in depth, spaced 10 ft. apart at least 3 times the diameter of the dry wells, and 10 ft. below ground level.

FEE \$100

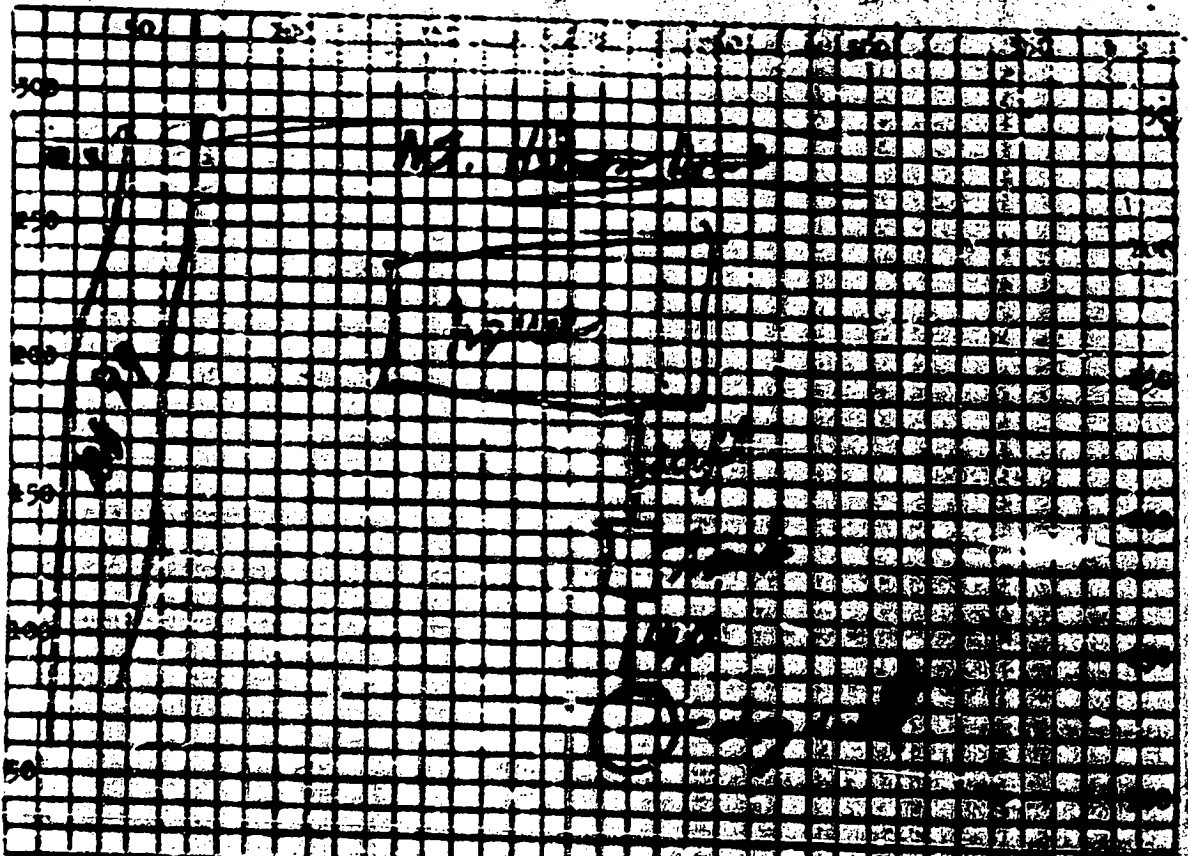
PLANS APPROVED BY: James E. Hennigan

Fill septic tank and distribution box with water before calling for inspection.

No work is to be covered until inspected and approved.

Neither the Howard County Commissioners nor the Health Department is responsible for the successful operation of any installation.

115



Each square = 10 feet.
 Locate system with reference to house and adjacent structures.

PERMIT CARD

Septic Tank Distance from Ground Surface Filled
 Level Cleanouts

Distribution Box: Filled Level

Tile Fields:

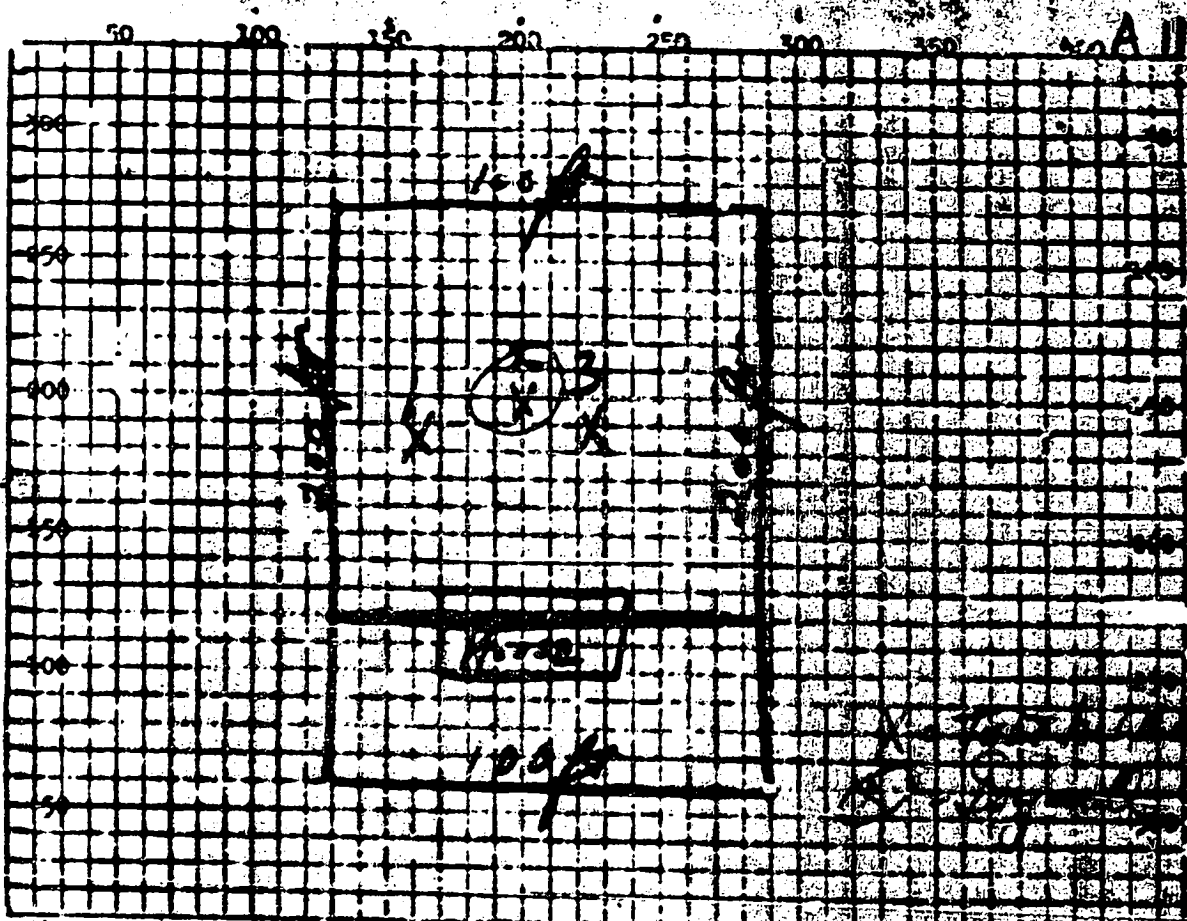
Depth of Tile	<input type="checkbox"/>	Width of Trenches	<input type="checkbox"/>
Grade Board	<input type="checkbox"/>	Total Length	<input type="checkbox"/>
Gravel Depth	<input type="checkbox"/>	Fall	<input type="checkbox"/>
No. of Trenches	<input type="checkbox"/>	Backfill on Hand	<input type="checkbox"/>

Seepage Pit:

Inside Diameter	<input checked="" type="checkbox"/>	Depth below inlet	<input checked="" type="checkbox"/>
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Remarks:

Date System Approved and Ready for Covering 10/22/58 Inspector P.W.



Above: Sketch property showing dimensions, location and numbers of test holes distance to adjoining walls and slope of ground. Each square = 10 ft.

LAST PREVIOUS RATE _____
 RAINFALL FOR YEAR _____ and taken at 13

DATE	TEST NO.	TEST DEPTH	PRE-JET 6"	START TIME	STOP TIME	START TIME	STOP TIME	TOTAL TIME
8/20/58	1	3 ft		11:00	12:00	over 40 min	on	Pre WET.
8/20/58	2	3 1/2 ft		11:02	12:00	"	"	"
8/20/58	3	3 1/2 ft		11:04	12:00	"	"	"
J.A. Patfield 8/21/58 - noted no perc. - the test over 45 min at 3 holes								
8/21/58	4	10 ft		11:08	11:10	11:10	11:15	5:24 min

SOIL SUGAR FINDING: _____
 TEST CONDUCTED BY James Hennigan DATE 8/20/58
 ALSO, PRESENT Amelia's Son SIGNATURE [Signature]
 REMARKS: _____ TITLE _____

RESIDENTIAL DISTRICT VARIANCE PETITION
TO THE HOWARD COUNTY BOARD OF APPEALS

02 OCT 21 11:17

For DPZ office use only:
CASE NO. BA 02-55V
DATE FILED _____
DATE ACCEPTED _____
FOR SCHEDULING _____

1. PETITIONER'S NAME TIMOTHY C. AND KIMBERLY M. WILEY

TRADING AS (IF APPLICABLE) _____

ADDRESS 2417 MOUNT HEBRON DRIVE / ELLICOTT CITY, 21042

PHONE NO. (W) (410) 313-3700 (H) (410) 461-3376

2. COUNSEL FOR PETITIONER N/A

COUNSEL'S ADDRESS _____

COUNSEL'S PHONE NO. _____

3. PROPERTY IDENTIFICATION:

ADDRESS OF SUBJECT PROPERTY 2417 MOUNT HEBRON DRIVE
ELLICOTT CITY, MD 21042

TOTAL ACREAGE OF PROPERTY .48 ACCE / 20,865 SQ. FT.

PROPERTY LOCATION: _____

ELECTION DISTRICT: 2ND ZONING DISTRICT: _____

TAX MAP # 17 BLOCK # _____ PARCEL/LOT # 13

SUBDIVISION NAME (if applicable): MOUNT HEBRON - SECTION TWO

(PLAT BOOK 6
FOLIO 24)

4. PETITIONER'S INTEREST IN SUBJECT PROPERTY:

OWNER (including joint ownership) OTHER (describe and give name and address of owner)

If the Petitioner is not the owner of the subject property, documentation from the owner authorizing the petition must accompany this petition.

NOTE: Completed petition forms must be submitted before the first day of the month in order to be heard on the last Tuesday of the Month. Incomplete petitions may result in postponement.

The Board of Appeals may, at its discretion, refer a variance petition in a residential district to the Planning Board for review and a recommendation.

PLEASE READ CAREFULLY
DATA TO ACCOMPANY PETITION:

5. VARIANCE PLAN.

No application for a variance shall be considered complete unless the plan indicates the required setback or other requirement, and the requested variance from the subject setback or other requirement. The submitted plans shall be folded to approximately 8 1/2 x 14 inches.

The plan must be drawn to scale and must include the items listed below:

- (a) Courses and distances of outline boundary lines and the size of the property
- (b) North arrow.
- (c) Zoning of subject property and adjoining property.
- (d) Scale of plan.
- (e) Existing and proposed uses, structures, natural features and landscaping.
- (f) Location and surface material of existing and proposed parking spaces, driveways, and points of access; number of existing and proposed parking spaces.
- (g) Same as (e) and (f) above, of any adjoining property as necessary for proper examination of the petition.
- (h) Location of well and private sewerage easement area, if property is to be served by private water and sewer.
- (i) Election District in which the subject property is located.
- (j) Tax Map and parcel number on which the subject property is located.
- (k) Name of local community in which the subject property is located or name of nearby community.
- (l) Name and mailing address of the petitioner.
- (m) Name and mailing address of attorney, if any.
- (n) Name and mailing address of property owner.
- (o) Floor area and height of structures, setback distances from property lines, and other numerical values necessary for the examination of the petition.
- (p) Location of subject property in relation, by approximate dimension, to the center line of nearest intersection of two public roads.
- (q) Ownership of affected roads.
- (r) A detailed description of all exterior building materials for all proposed structures.
- (s) Any other information as may be necessary for full and proper consideration of the petition.

(APPROX.
110-115 FEET
TO CENTER
OF INTERSECT)

Go to page 3.

6. OTHER DATA TO ACCOMPANY PETITION.

The Petitioner must also submit with the petition an area location map (tax map) of the subject property, indicating the street address of the site, the zoning district of the site and the zoning district of all adjacent properties.

7. VARIANCE REQUEST.

The undersigned hereby petition the Board of Appeals for a variance from the requirement(s) of section 108.D of the Zoning Regulations to: (describe)

- ENCROACHING INTO A SIDE-STREET SET-BACK

A) Describe why the Zoning Regulations in question would result in practical difficulties or unnecessary hardships in complying strictly with the bulk requirements:

() narrowness, () shallowness, () shape, () topography, () other; explain: - OUR PROPOSAL IS THE MOST ECONOMICAL WAY TO PROCEED. TO GO OFF OF THE REAR OF THE HOUSE WOULD BE MUCH MORE EXPENSIVE (NOT AFFORDABLE) AND WOULD TAKE AWAY USABLE BACKYARD SPACE.

B) If exceptional narrowness, shallowness or shape of the property is claimed, give the date of the recording of the plat of present subdivision, if any: 1959; or if property is not subdivided, give the date on which a deed conveying the identically bounded tract was first recorded:

THE ROAD IN QUESTION, FLEROW AVENUE, CAME THROUGH MANY YEARS AFTER OUR HOME WAS BUILT.

C) The intended use of the property, in the event the petition is granted: ADDITIONAL LIVING SPACE, GARAGE

D) Any other factors which the Petitioner desires to have considered: THE EXISTING CARPORT, WHICH WILL BE ENCLOSED FOR ADDITIONAL LIVING SPACE, HAS BEEN IN PLACE SINCE 1959, MANY YEARS BEFORE THE SIDE ROAD, FLEROW AVENUE, WAS PUT THROUGH. BECAUSE OUR LOT IS HIGHER THAN THE ROADWAYS, AND SITS BACK FROM THE INTERSECTION, THE PROPOSED STRUCTURE WOULD HAVE NO IMPACT Go to page 4. AT ALL ON MOTORISTS AND WOULD ACTUALLY ENHANCE THE PROPERTY VISUALLY. ADDITIONALLY, BEING A CORNER LOT, IT WOULD ~~BE~~ HAVE NO NEGATIVE IMPACT ON ANY OF OUR NEIGHBORS AND WOULD PROBABLY INCREASE SURROUNDING PROPERTY VALUES.

E) Explain why the requested variance is the minimum necessary to afford relief: WE ARE REQUESTING THE SPACE, FOOTAGE NECESSARY FOR A ONE-CAR GARAGE (CERTAINLY NOTHING OBTRUSIVE BY TODAY'S STANDARDS.)

F) Is the property connected to: public water?: Y N
public sewer?: Y N

G) If the requested variance is granted, would it impact the water and/or septic/sewer on the site? Y N

H) If the requested variance is granted, would it increase the intensity of uses on the site? Y N ; if yes, explain: _____

(NO PLUMBING NEEDED)

I) If the requested variance is granted, would it increase traffic to or from the site? Y N ; if yes, explain: _____

J) Describe in detail (i.e. width, type of paving, etc.) all means of vehicular access onto the site: -EXISTING DRIVEWAY, (ASPHALT) IS ALREADY DOUBLE-WIDE (ENOUGH FOR TWO VEHICLES) AT TOP, WHERE GARAGE OPENING WOULD BE.

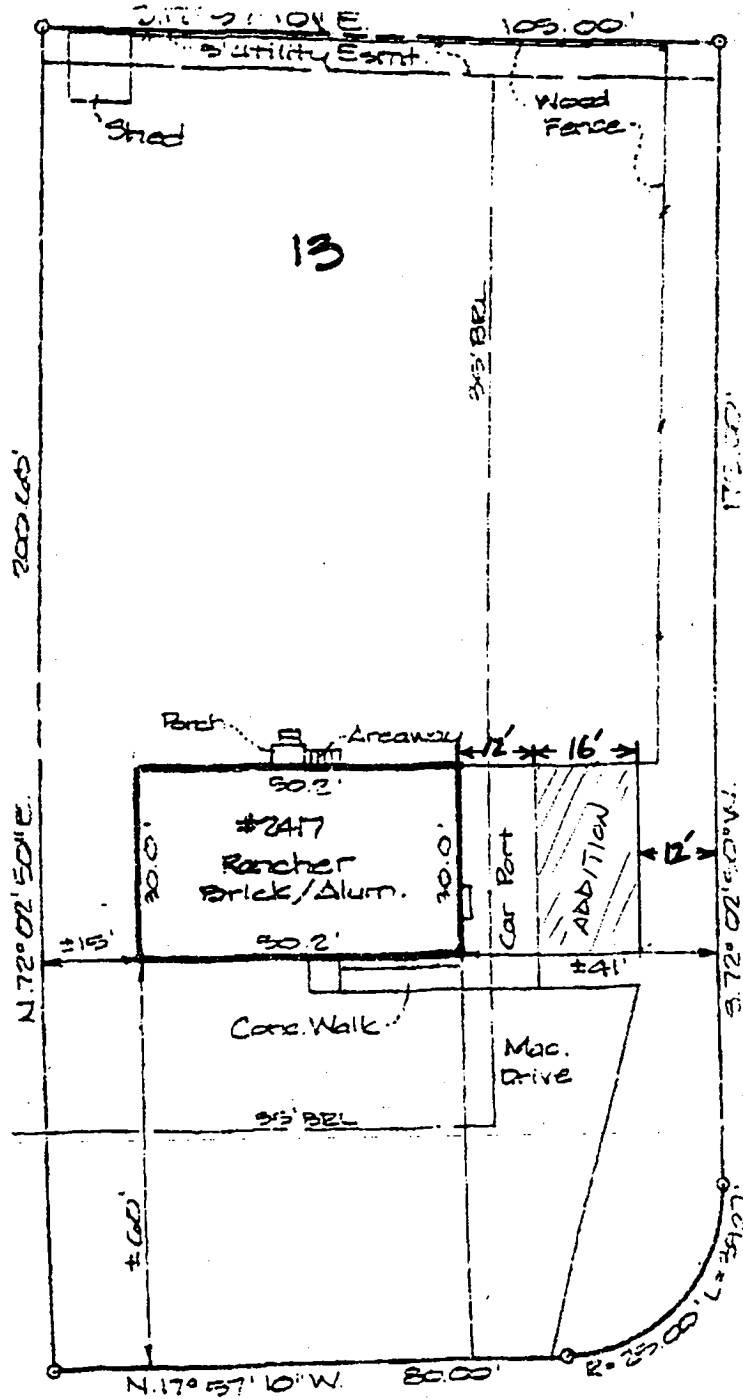
K) Describe the topography of the site: _____
-CORNER LOT, ELEVATED FROM FRONT AND SIDE ROADS WITH A FLAT BACKYARD.

L) Will the existing or proposed structure be visible from adjacent properties? Y N ; if yes, describe any proposed buffering or landscaping: NOT NECESSARY, ALTHOUGH, A YOUNG PEAR TREE IS ALREADY IN PLACE AND WOULD NOT BE DISTURBED BY THE STRUCTURE.

Go to Page 5

Mount Hebron
 Section Two
 2nd Election District
 Howard County, MD
 Plat Book 6 folio 24

02 OCT 30 PM 3:45



FURROW AVE.
 50' R/W

*30 FT. SETBACK
 REDUCED TO 12'

MOUNT HEBRON DR.
 50' R/W

Department of Planning and Zoning
Howard County, Maryland
Recommendations/Comments

Date: 11/13/02

Planning Board n/a Hearing Examiner ¹⁶ Board of Appeals 12/9/02 Zoning Board _____

Petition No. BA 02-55V Map No. 17 Block 10 Parcel 283 Lot 13

Return Comments by 11/25/02 to Public Service and Zoning Administration

Location of Property: Northeast corner of Mt. Hebron Dr and Furrow Ave.

Applicant: Timothy C and Kimberly Wiley

Applicant's Address: 2417 Mt. Hebron Drive, Ellicott City, MD 21042

Owner: (if other than applicant) _____

Owner's Address: _____

Petition: _____

- To:
- _____ Department of Education
 - _____ Bureau of Environmental Health
 - _____ Development Engineering Division
 - _____ Department of Inspections, Licenses and Permits
 - _____ Department of Recreation and Parks
 - _____ Department of Fire and Rescue Services
 - _____ State Highway Administration
 - _____ Sgt. Karen Shinham, Howard County Police Dept.
 - _____ James Irvin, Department of Public Works
 - _____ MD Dept. of Human Resources, Janice Burris
(Child Day Care)
 - _____ Office on Aging, Betty Totaro (senior assisted living)
 - _____ Police Dept., Animal Control, Brenda Purvis, (kennels)

COMMENTS: No objection to the variance



SIGNATURE