

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

800159010

Building Address 1090 OLIVER RD
MARIOTTVILLE, MD 21104-1330

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

Census Tract _____ Subdivision LAUKENMANN PROPERTY

Section _____ Area _____ Lot 6

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 3.032 ACRES

Property Owner's Name CHRIS & BARBARA JERMAN

Address 1090 OLIVER RD

City MARIOTTVILLE State MD Zip Code 21104-1330

Home Phone 410-442-7706 Work Phone 301-286-3725

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 21,200

Description of Work Shed on concrete slab
18x22'

Contractor Company JD AIES

Contact Person JACK AIES

Address 355 GATEWATER CT. UNIT 301

City GLEN BURNIE State MD Zip Code 21060

License No. MHIC 90257

Phone 443-756-6746 Fax _____

Occupant or Tenant SAME

Contact Name _____

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	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <u>N/A</u> Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: <u>N/A</u> Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: <u>N/A</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms: _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>SHED</u> Dimensions: <u>15 FT X 22 FT</u> Footings: <u>8" THICK, 36 IN DEEP</u> Roof Height: <u>11 FT FINISHED GRADE</u>	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Chris C. Jermann
Applicant's Signature
MD-ATLANTIC
Title/Company

CHRISTOPHER C. JERMAN
Print Name
4/17/06
Date

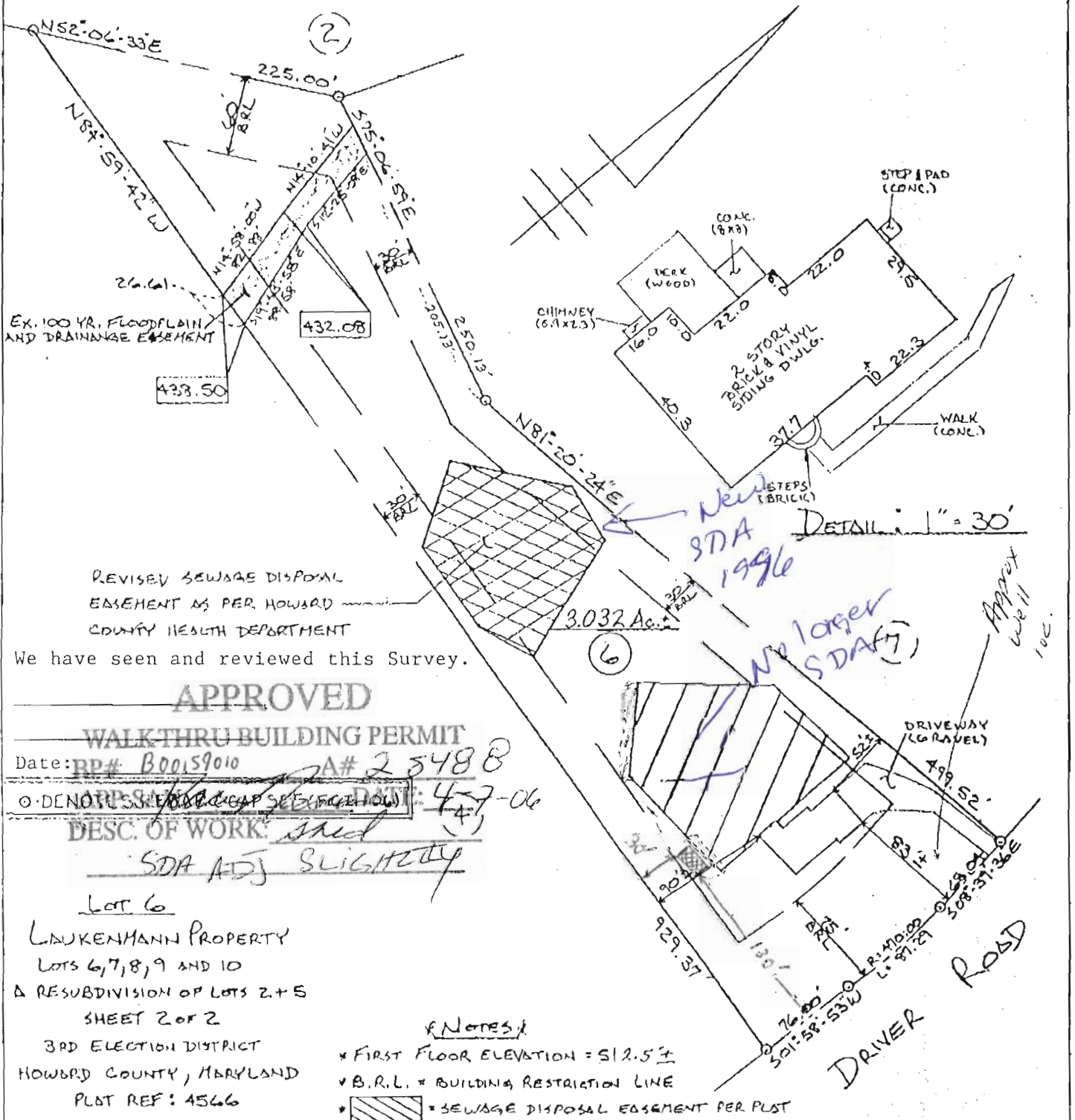
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

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>4/17/06</u>	<u>Karen Corbin</u>	All minimum setbacks met?	TOTAL FEES \$ _____
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 # _____
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:			Let Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

055817

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240040010B, EFFECTIVE DATE: Dec. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



REVISED SEWAGE DISPOSAL EASEMENT AS PER HOWARD COUNTY HEALTH DEPARTMENT

We have seen and reviewed this Survey.

APPROVED

WALK-THRU BUILDING PERMIT

Date: 10-25-96 RP# B00159010 PA# 25488

DESC. OF WORK: shed

SDA ADJ SLIGHTLY

Lot 6
 LAUKENMANN PROPERTY
 Lots 6, 7, 8, 9 AND 10
 A RESUBDIVISION OF LOTS 2+5
 SHEET 2 OF 2
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF: 4566

- (Notes)
- * FIRST FLOOR ELEVATION = 512.5 ±
 - * B.R.L. = BUILDING RESTRICTION LINE
 - * = SEWAGE DISPOSAL EASEMENT PER PLAT

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL OFFICE: 10770 BALTIMORE NATIONAL PIKE
 ELKROTT CITY, MARYLAND 21112
 (410) 441-1000

STATE OF MARYLAND
 TERRELL A. FISHER
 PROFESSIONAL LAND SURVEYOR
 REG. # 10692

James D. Fisher 10/25/96
 PROFESSIONAL LAND SURVEYOR DATE

BOUNDARY & HOUSE LOCATION DRAWING
 #1090 DRIVER ROAD

FOUNDATION LOCATION: 8/11/96
 FINAL LOCATION: 10/24/96
 BOUNDARY SURVEY: 10/16/96

SCALE: 1" = 100'
 DATE: 10-25-96
 DRAWN BY: AMS
 CHECKED BY: MLR
 PROJECT No.: 60813

10/18/96
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 57318

A 28488

DISTRICT 3rd

DATE 10-11-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

03-306119

DATE SYSTEM APPROVED 10/18/96

INSPECTOR ALM

J. Joseph Gartland

IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 W. Old Liberty Road, Westminster, Maryland 21157 PHONE 410-875-2400

SUBDIVISION Laukenmann Property LOT 6 ROAD 1090 Driver Road

PROPERTY OWNER ~~Wilder Building Corp.~~ Jborman

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP SYSTEM ONLY

INSTALL: 1-1000 Gallon Pump Chamber

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

Septic pump test required for final septic system approval.

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 360 feet up the right (499.52') lot line and 20 feet off that same lot line as seen when facing the lot from Driver Road. Run trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 10/11/96 OR ALM

**BUILDING PERMIT SIGNED
AND RETURNED**

PLANS APPROVED BY Amy McMillen

4/12/06 - B00159010 - Shed 18x22.

DATE 10/11/96

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**

10/109