

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B06003647

Building Address 7539 Flamewood Dr
Clarksville MD 21029

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

Census Tract _____ Subdivision FLAMEWOOD

Section 3 Area _____ Lot 10

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use Single Family Home

Proposed Use Same

Estimated Construction Cost \$ \$2500

Description of Work INSTALL SECTION OF

DECK WHERE A HOT TUB USED

TO BE

Occupant or Tenant Joseph H Prosser

Contact Name Joseph H Prosser

Address 7539 Flamewood Dr

City Clarksville State MD Zip Code 21029

Phone 301-604-9787 Fax _____

Property Owner's Name Joseph H Prosser

Address 7539 Flamewood Dr

City Clarksville State MD Zip Code 21029

Home Phone 301-604-9787 Work Phone 443-778-8203

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

Phone _____ Fax _____

Contractor Company S&K

Contact Person MICKEY ABBATE

Address 1341 W. LIBERTY RD

City SYKESVILLE State MD Zip Code 21784

License No. _____

Phone _____ Fax _____

Engineer or Architect Company _____

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
No. of stories:		<input type="checkbox"/> Public		<input checked="" type="checkbox"/> Depth <input type="checkbox"/> Width		<input checked="" type="checkbox"/> Private	
Gross area, sq. ft. per floor:		<input checked="" type="checkbox"/> Private		1st floor:		Sewage Disposal:	
Use group:		Sewage Disposal:		2nd floor:		<input type="checkbox"/> Public	
Construction type:		<input type="checkbox"/> Public		Basement:		<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> Reinforced Concrete		<input checked="" type="checkbox"/> Private		Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		No. of Bedrooms _____		Heating System:	
<input type="checkbox"/> Wood Frame		Heating System:		Height: _____		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>		Multi-family dwellings:		Natural Gas <input type="checkbox"/>	
		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		No. of efficiency units: _____		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input checked="" type="checkbox"/>		No. of 1 BR units: _____		Sprinkler system: N/A <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Full		No. of 2 BR units: _____		<input type="checkbox"/> NFPA #13D	
		<input type="checkbox"/> Partial		No. of 3 BR units: _____		<input type="checkbox"/> NFPA #13R	
		<input type="checkbox"/> Other Suppression		Other Structure: _____		Other: _____	
		<input type="checkbox"/> # of Heads		Dimensions: _____			
				Footings: _____			
				Roof Height: _____			
				<input type="checkbox"/> State Certified Modular			
				<input type="checkbox"/> 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.

Applicant's Signature _____

Print Name _____

Title/Company _____

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>8/23/06</u>	<u>[Signature]</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 -			Lot Coverage or New Town Zone _____	
White: Building Official			\$100 red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Bold: SHA				

T:\norma\PERMIT.FRM

Mr. Joseph Prosser
7539 Flamewood Drive
Clarksville MD 21029

house

APPROVED

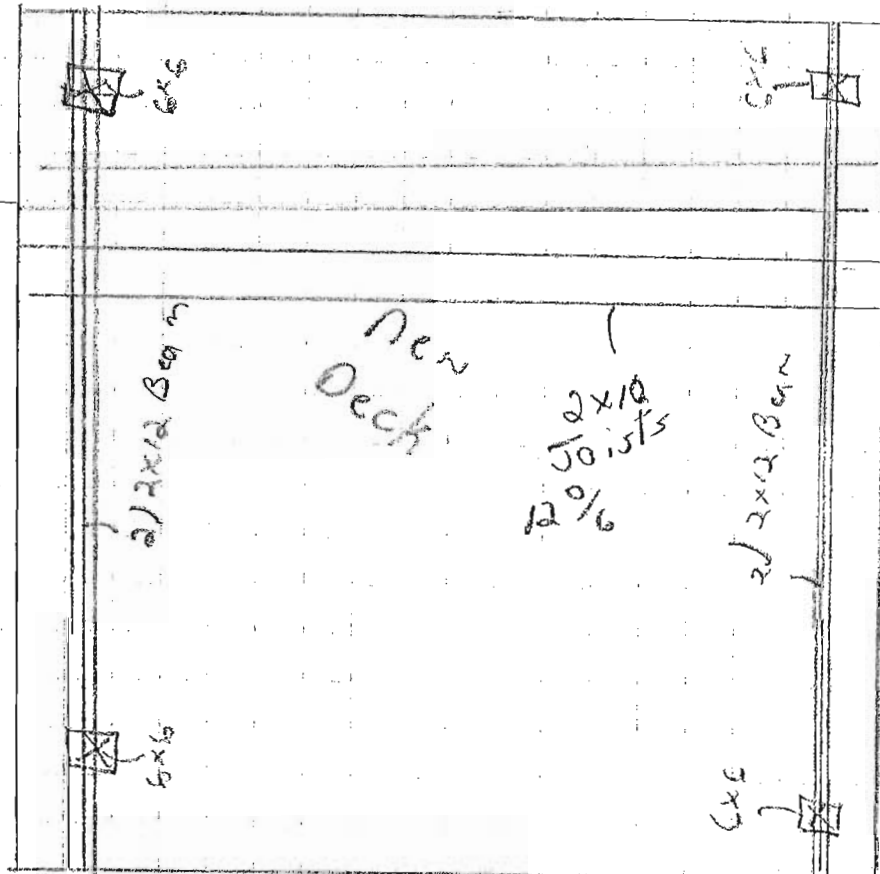
WALK-THRU BUILDING PERMIT

BP# B06003647 A# 24515

APP. SAN SFD DATE: 8/23/06

DESC. OF WORK: Repair Deck

Existing
Deck



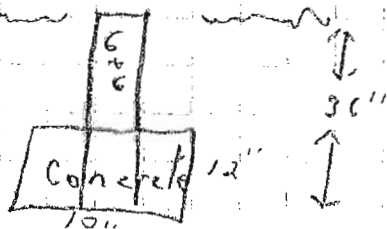
Notes

2x10 Joists 12¹⁰/₆

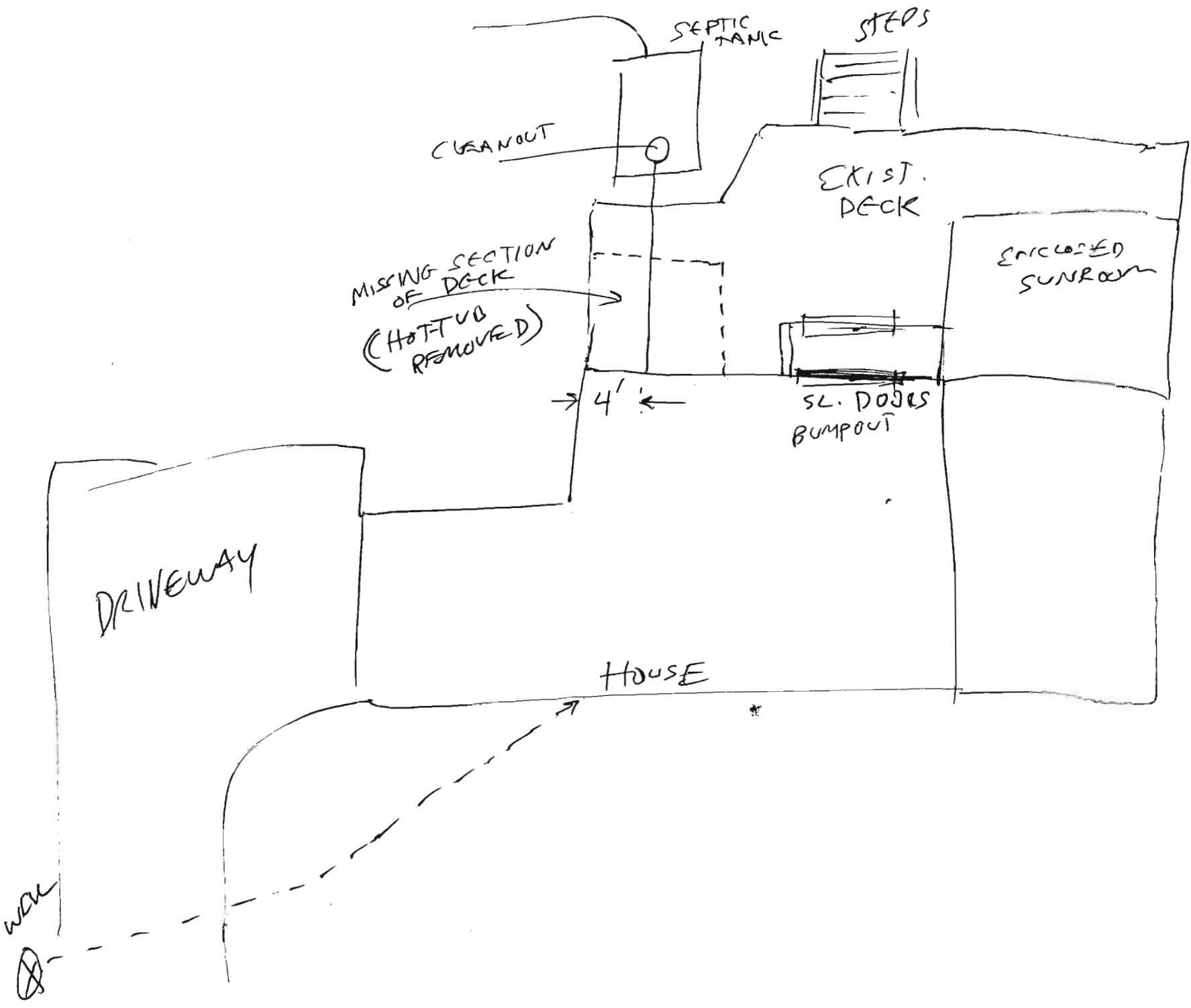
Beam 2x12

Flooring $\frac{3}{4}$ x 6 Pressure Treated

Footers



Existing
Deck



*Admitted Permits
4/13/81 12 or 1:00 noon
4/19/81*

05-381223

4/9/81 App'd F.S.

PERMIT

P 31192

A 24515

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE ²⁵ 2/20/81

INDEXED

Mitchell Wiley
Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 13938 Highland Road, Clarksville, Md. 21029 PHONE 596-9394-465-6298

SUBDIVISION Flamewood ROAD 7539 Flamewood Drive LOT 10, Blk. C, Sec. 3

PROPERTY OWNER F. G. Marker, Inc. Wayne G. GAINAT.

ADDRESS 5900 Princess Garden Parkway, Lanham, Md. 20801

SPECIFICATIONS **4 bedrooms**

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

DRY WELL AND TRENCH - System to have 150 sq. ft. effective sidewall area per bedroom below inlet. Inlet at 4 ft. below original grade and maximum depth 11 ft. below original grade. Effective depth begins at 5 ft. below original grade. Total sidewall area in the dry well to be 300 sq. ft. Locate dry well 70 ft. from the left lot line and 130 ft. from Flamewood Drive, as seen when facing lot from Flamewood Drive. Trench to be 50 ft. long. Inlet at 4 ft. below original grade, maximum depth 11 ft., effective depth begins at 5 ft. Come off rear of dry well, run trench towards rear lot line.

PLANS APPROVED BY William W. Zepp & Frank A. Skinner DATE 1/10/78 & 11/17/80

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
- NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
- PERMIT VOID AFTER THREE 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 ACCEPTED.

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

HD - 23

BUILDING PERMIT SIGNED AND RETURNED

BLDG. PERMIT SIGNED AND RETURNED 4/3/84
Serial #58095
enclosed pouch

8/23/06-B06003647-9x9 Deck

24515