

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

306004776

Building Address 3585 Fall Quarter Rd
Ellicott City, MD 21043
 Suite/Apt. #: NA SDP/WP/Petition #: NA
 Census Tract _____ Subdivision _____
 Section 1 Area 1 Lot 2
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size 48,741 sq ft

Property Owner's Name Carole Greenwald
 Address 3585 Fall Quarter Rd
 City Ellicott City State MD Zip Code 21043
 Home Phone 410-531-6542 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone 410-531-6542 Fax _____

Existing Use yard
 Proposed Use trash patch addition, 2nd deck
 Estimated Construction Cost \$ 93,500
 Description of Work Construct 24' x 12' porch, 16' x 16' deck
per owner's request and per plan submitted.
Remove existing porch, deck, and stairs.

Contractor Company Shryock Construction Company, LLC
 Contact Person Lee Shryock
 Address 1031 Day Rd
 City Laurelle State MD Zip Code 21784
 License No. 21633
 Phone 443-690-8411 Fax _____

Occupant or Tenant Carole Greenwald
 Contact Name Carole Greenwald
 Address 3585 Fall Quarter Rd
 City Ellicott City State MD Zip Code 21043
 Phone 410-531-6542 Fax _____

Engineer or Architect Company Shryock Construction Company, LLC
 Contact Person Lee Shryock
 Address 1031 Day Rd
 City Laurelle State MD Zip Code 21784
 Phone 443-690-8411 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>24' x 16'</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>24' x 16'</u>	Heating System: _____ Electric <input checked="" 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"/> No. of Bedrooms <u>2</u> Height: <u>8'9"</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: <u>porch / deck</u> Dimensions: <u>16' x 16'</u> Footings: <u>12" x 12" / 12" x 12"</u> 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 _____
Lee Shryock Construction Company, LLC
 Title/Company

Print Name Lee Shryock
 Date 9-18-06

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per fee \$ _____
Health			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 # <u>1249</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: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New/Town Zone _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4

DATE 5/3/89

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER David E. Simonson

ADDRESS 1404 Florence Rd, Mt. Airy, MD 21771 PHONE 831-7959, work-3384758

PROSPECTIVE BUYER n/a. Application pertains to building permit request to convert

ADDRESS existing 2-car garage to bedroom with bathroom. Proposed change is to
run a new sewer line from proposed bath to tie-in to existing sewer line
PROPERTY LOCATION: before existing 1000 gallon septic tank.

SUBDIVISION Lots 1-9, Section One, Helton Property LOT NO. 4

ROAD AND DESCRIPTION 1404 Florence Rd, Mt. Airy, MD 21771. Existing septic system is approx.
24 yrs. old, having been repaired in 1978 or 1979, 55' new cast iron pipe was installed and
tank was cleaned out by 4' square cleanout.
Pipe to dry well was tested and found to be clean.

TAX MAP 6 PARCEL # 38

SIZE OF LOT 3.088 acre TYPE BLDG. Single family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. David E. Simonson

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

1404 Florence Road
Mt. Airy, Maryland 21771
May 3, 1989
(301) 831-7959 home
(301) 338-4758 work

Fred Frommelt
Dept. of Environmental Health
3525 Ellicott Mills Drive, Ste. H
Ellicott City, MD. 21043

Mr. Frommelt:

I spoke with you on St. Patrick's Day, April 15, 1989 regarding my plans to convert my existing two-car garage to a recreation room, bedroom, with wetbar and bathroom. This would require running a new drain line to our existing septic system. Please find the enclosed copy of the plot plans which I am submitting today with the building permit.

When we spoke, you said I could submit this application for sewage system repair to get the ball rolling. I have included on the application all I know about the existing system. Please call me if you need any clarification of details.

My specific question is: Do we need to expand our existing septic system to add another bedroom and bathroom to our house? Currently, we have 3 bedrooms and 2 bathrooms. The existing septic tank is 1000 gallons. There is a 4' square cleanout and a 1' square opening in the tank, according to the best information I have. The dry well has a small opening (8" or 9" pipe). As a part of this project, I had planned to have the septic tank pumped, via the large cleanout. I would like to get an estimate of the required work as soon as possible so that I may proceed with this project. I will appreciate hearing from you soon.

Sincerely,

David E. Simonton

David E. Simonton

BP 25469

APPROVED WITHOUT REQUIRING REPAIR,

OWNER MAY ELECT TO EXECUTE VOLUNTARY
REPAIR AT THIS TIME,

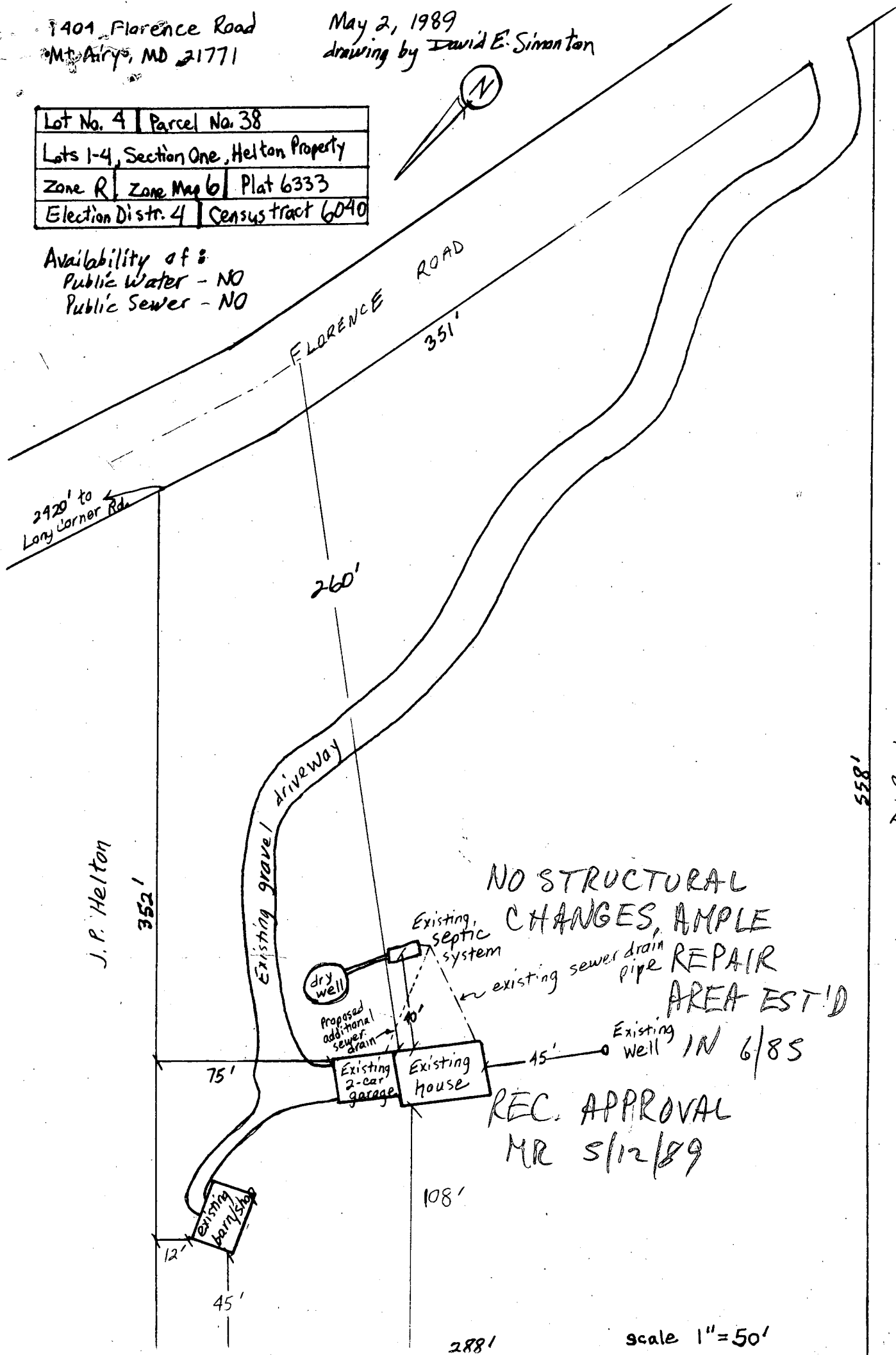
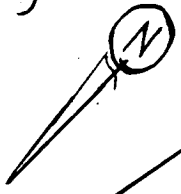
5/15/89 *CWilla*

1401 Florence Road
Mt. Airy, MD 21771

May 2, 1989
drawing by David E. Simanton

Lot No. 4	Parcel No. 38
Lots 1-4, Section One, Helton Property	
Zone R	Zone Map 6 Plat 6333
Election Distr. 4	Census tract 6040

Availability of:
Public Water - NO
Public Sewer - NO



Harry J. DiPaula

NO STRUCTURAL
CHANGES, AMPLE
REPAIR
AREA EST'D
IN 6/85

REC. APPROVAL
MR 5/12/89

scale 1" = 50'

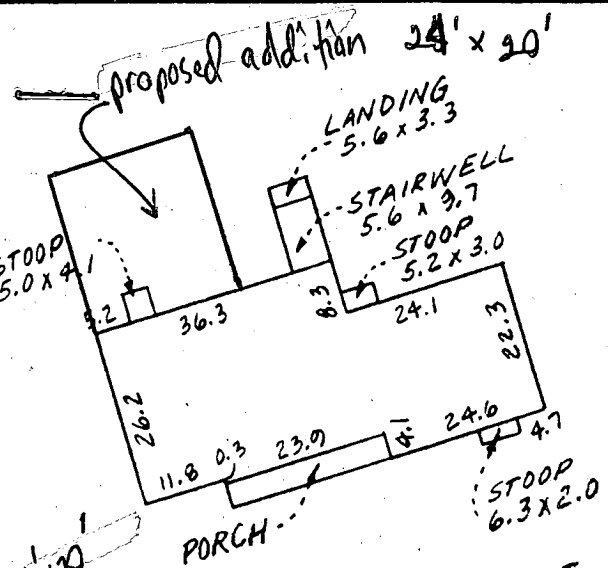
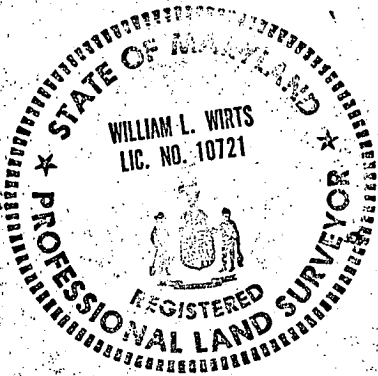
288'

HOUSE LOCATION
 LOT 4 SECTION ONE
 HELTON PROPERTY
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

5-23-96

Proposed addition
 will have no
 impact to existing
 well or septic
 OK to proceed
 Am

Scale 1" = 100'



INSET
 SCALE: 1" = 30'

