

Building Address 10958 Guilford Rd.
Annapolis Junction Md 20701

Suite/Apt. #: _____ SDP/WP/Petition #: SDP/SC-152

Census Tract 669.61 Subdivision Savage

Section _____ Area _____ Lot _____

Tax Map 48 Parcel 74 Grid 14

Zoning M-2 Map Coordinates 2068 Lot size 1.212Ac.

Property Owner's Name SDI Assoc.

Address 68 West Phila. Ave

City Marionville State GA Zip Code 17067
#410.792.7118

Home Phone _____ Work Phone 7118

Applicant's Name & Mailing Address, (if other than stated hereon):
2157361556

Phone _____ Fax _____

Existing Use Manufacturing office

Proposed Use OFFICE

Estimated Construction Cost \$ 114,000

Description of Work Interior renovation
& widening entrance
CCS

Contractor Company Seagull Contractor

Contact Person Doug McCallum

Address 166 Forest edge Pl.

City Laurel State Md Zip Code 20724

License No. _____

Phone 301.440.4182 Fax 301.720.3717

Occupant or Tenant Reilly Sweeping Inc.

Contact Name Mike Reilly

Address 1201 Guilford Rd.

City Annapolis Junction State Md Zip Code 20701
301.725.3517

Phone 725.3517 Fax 725.3827

Engineer or Architect Company Erwin Lee Architect

Contact Person Eric Swartz / Erwin Lee

Address 100 Lakeview Ave

City Edgewater State Md Zip Code 21027

Phone 410.267.7075 Fax 410.778.1767

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>27'4"</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>2480 SF</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>OFFICE</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<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.

Erwin Lee Architect
 Applicant's Signature
Erwin Lee Architect

Eric S. Swartz
 Print Name
18 May 2001
 Date

Title/Company _____
 Customer will take drawings to Health Dept. SR

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		
<input checked="" type="checkbox"/> Building Official		
Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/24/01</u>	<u>Mark Reilly</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 50737

Filing fee \$ 50.00
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 1238
 Validation # 78565

Accepted by [Signature]

PERMIT

SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

P 514966-B

A _____

ISSUE DATE _____

APPROVAL DATE _____

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 10958 Annapolis Avonct. Rd

PROPERTY OWNER SRM ASSOC PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____
feet below original grade. feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

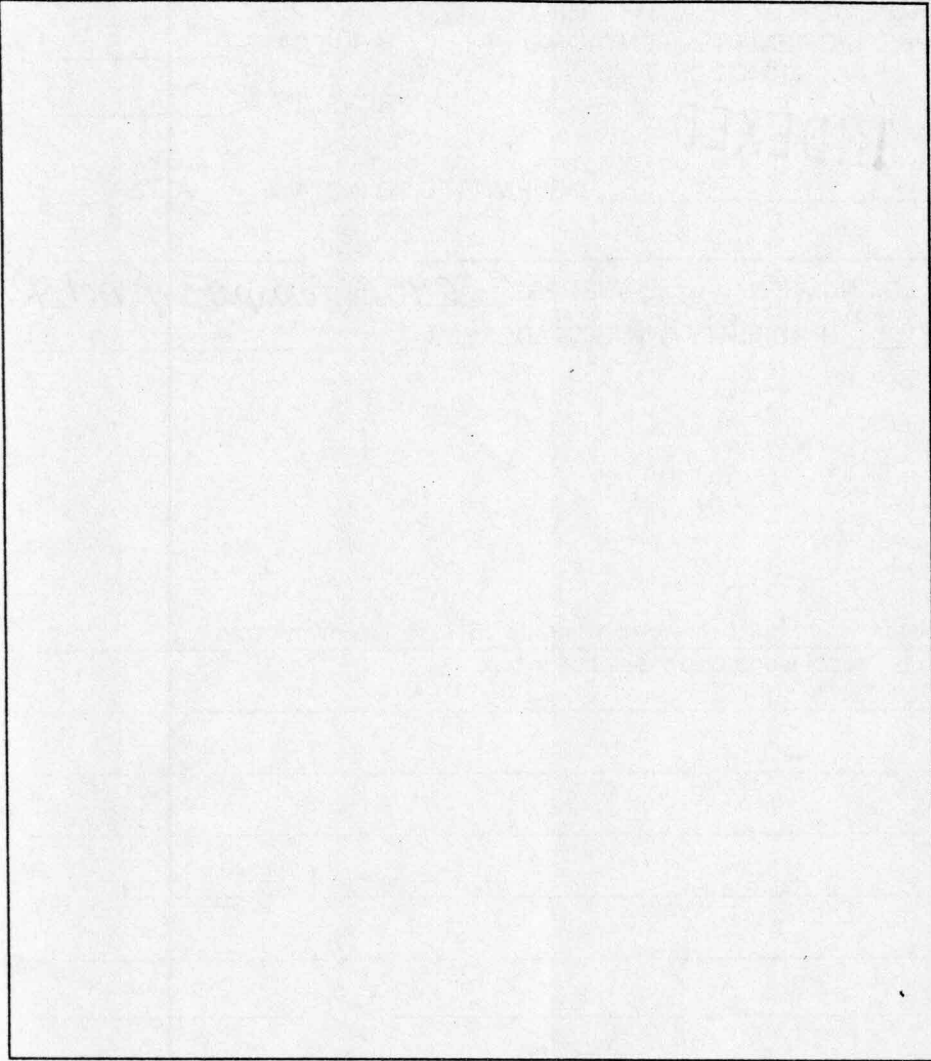
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

SLIDAL BEARING
AND REVISIONS 5/24/01
300130295-
interior reservation

P514966-15

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 5/18/07 @ OFFICE w/MIKE RILEY = BP FOR PARTIAL RENOVATION OF EX SHOP INTO OFFICES FOR 7 EMPLOYEES; NO OBJ, PENDING PROPER AB. OF EX. S-S, & DOC. OF SAME; WELL TO BE MAINTAINED AS NON-POTABLE SUPPLY (P)

INSPECTOR _____ DATE SYSTEM APPROVED _____

SITE INSPECTION SHEET

12001 Guilford Rd
A1 20701

OWNER: SPM Assoc / Neri / Tiede

DATE REQUESTED: _____

PHONE #: _____

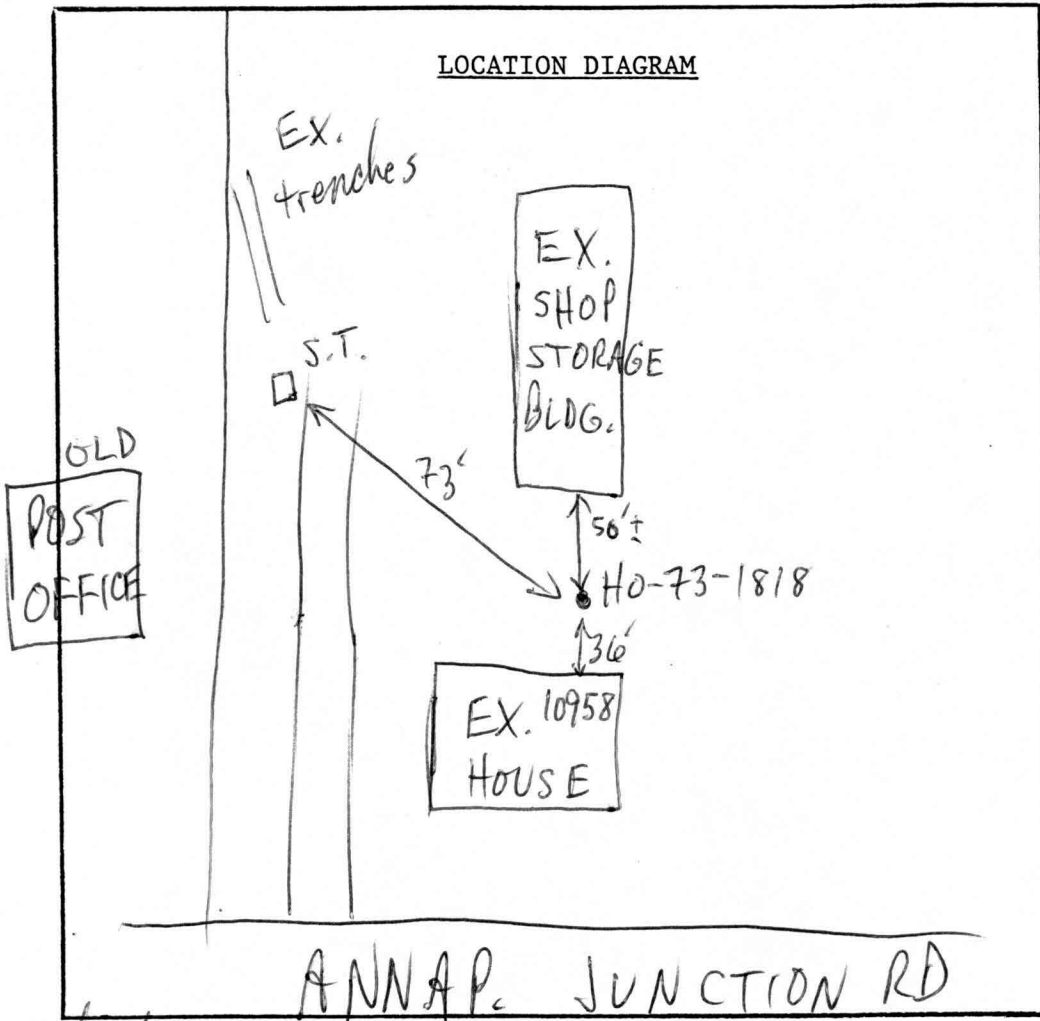
CONTRACTOR: Mike Riley

ADDRESS: 10958 Annap. Junction Rd

Phone
WELL TAG #: 301-725-3518

Fax
COUNTY #: 301-725-3827

PROPOSAL: demo of house, ex. well & septic to remain in service for adjacent storage building



~~XXXXXXXXXX~~

COMMENTS: 3/16/07 OK FOR DEMO PERMIT

DATE: _____

INSPECTOR: _____




HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

March 16, 2001

MEMORANDUM

TO: Mike Riley
12001 Guilford Road
Annapolis Junction, MD 20701

FROM: Mark Rifkin, R.S. 
Water & Sewerage Program
Bureau of Environmental Health

RE: 10958 Annapolis Junction Road
Tax Map 48, Parcel 74

This is to advise that the Howard County Health Department recommends issuance of the requested demolition permit for the existing dwelling at the referenced property.

You have indicated that the existing well and septic system will remain in service to the existing shop/storage building. During the demolition process, please be sure that each service line from the house to the existing well and septic system is properly cut off and capped.

MR

