

44013

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-3455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> B06005005	
Building Address <u>13460 FORSYTHERD</u> <u>SYKESVILLE MD</u>			Property Owner's Name <u>MICHAEL &amp; GORDON CONE</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>13460 FORSYTHERD</u>		
Census Tract _____ Subdivision _____			City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u>		
Section _____ Area _____ Lot _____			Home Phone <u>410 442 5321</u> Work Phone <u>410 456-8375</u>		
Tax Map <u>4</u> Parcel <u>77</u> Grid <u>20</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>SINGLE FAMILY HOME</u>			Contractor Company <u>MAIER RESTORATION LLC</u>		
Proposed Use <u>SAME</u>			Contact Person <u>DAVID MAIER</u>		
Estimated Construction Cost \$ <u>20,000</u>			Address <u>5782 MAIN ST</u>		
Description of Work <u>Basement build out</u> <u>with 1 Bedroom 1 Bathroom</u> <u>1 office</u>			City <u>ECKRIDGE</u> State <u>MD</u> Zip Code <u>21075</u>		
Occupant or Tenant <u>OWNER</u>			License No. <u>37748</u>		
Contact Name <u>GORDON CONE</u>			Phone <u>410 796 5854</u> Fax <u>410 796 7918</u>		
Address <u>13460 FORSYTHERD RD</u>			Cell <u>443-675-0605</u>		
City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u>			Engineer or Architect Company _____		
Phone _____ Fax _____			Contact Person _____		
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

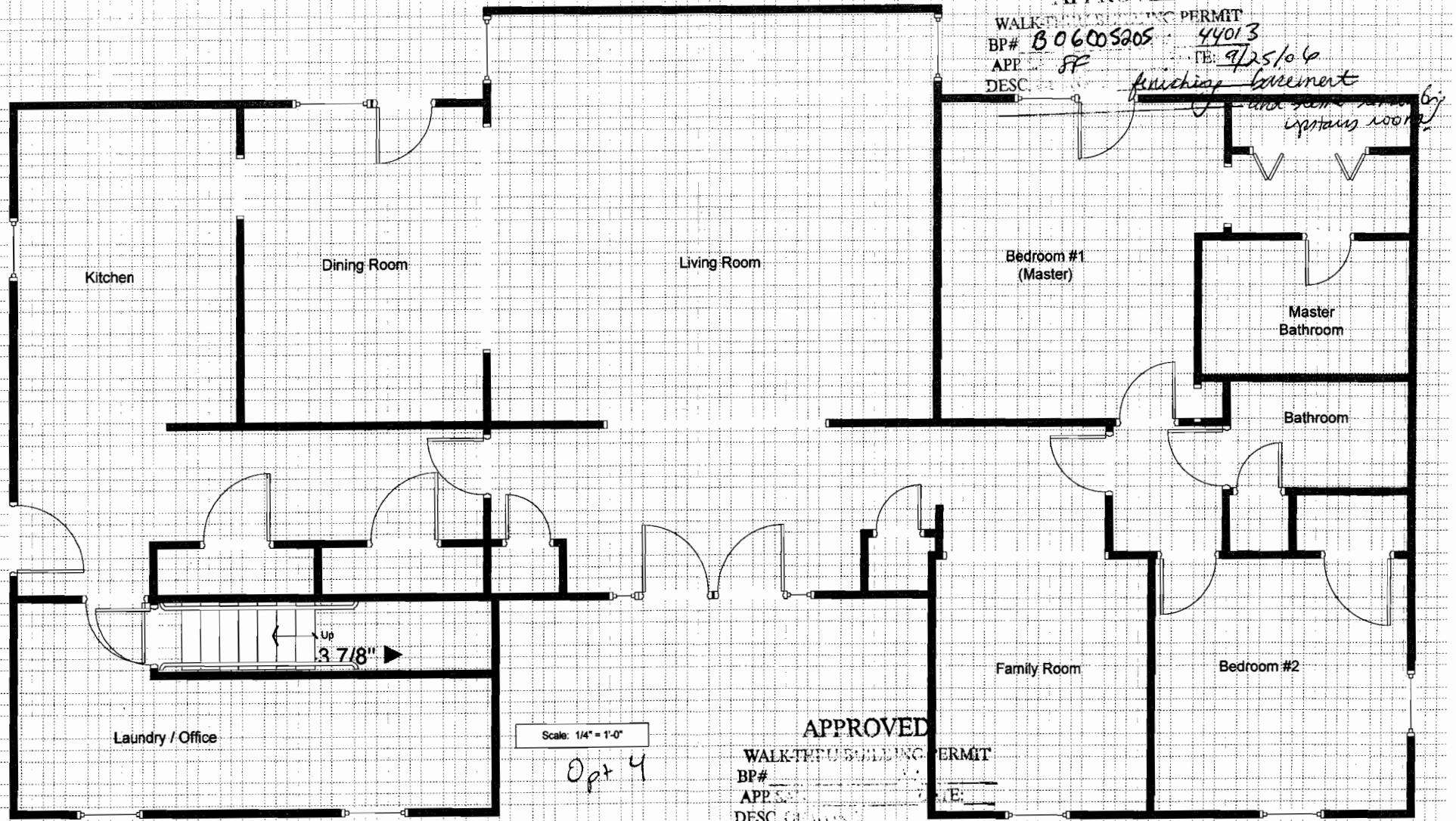
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>2034 SF</u>	Sewage Disposal: _____ Public _____ Private <input checked="" 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"/>	2nd floor: _____	Electric Yes <input checked="" 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"/>	Basement: <u>2034 SF</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Height: <u>8</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: N/A <input type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ 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>9/25/06</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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____



APPROVED  
 WALK-THRU BUILDING PERMIT  
 BP# B06005205 44013  
 APP. SP DATE: 9/25/06  
 DESC. finishing basement  
and some rooms by  
installing room

Scale: 1/4" = 1'-0"  
 Opt 4

APPROVED  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_  
 APP. \_\_\_\_\_ DATE: \_\_\_\_\_  
 DESC. \_\_\_\_\_



Tax ID - 03-285642

4-2-87  
9:30

4/21/87  
90 WPI

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

DATE 4/20/87

DATE SYSTEM APPROVED 6-21-87

INSPECTOR SAL

44013  
44013  
A-13360

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

Porle's Refuse and Septic Service, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 793-5670

SUBDIVISION Conway Property ROAD 13460 Forsythe Road LOT 2 (Parcel A)

PROPERTY OWNER Oliver Burns Michael Lee Cove

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 80% AND ABSORPTION AREA BY 22%

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 2 1/2 feet below original grade. Effective area being at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from left front lot corner, place the 1st trench 80 feet down the left (173.21') lot line and 30 feet off the left line as seen when facing property from Forsythe Road. Run trenches along contour towards the front (191.93') lot line. MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/W

PLANS APPROVED BY Bert Nixon DATE 8/17/87

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

NOTE ALL PARTS OF SEPTIC SYSTEMS (E. TANK DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE NO DRY WELL SHALL EXCEED 18 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 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 TERRAZZO WITH 1/2" DIA. HOLES ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

*Addition - Pool*  
BLDG. PERMIT SIGNED  
AND RETURNED 7-10-96

300101091  
BUILDING PERMIT SIGNED  
AND RETURNED

9/27/06 - B06005205 - Finish BSMT

44013  
73740

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.