

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**  
B06000271

Building Address 13701 Forsythe Rd  
Smythesville, MD 21154  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name James Whitehouse  
Address 13701 Forsythe Rd  
City Smythesville State MD Zip Code 21048  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential  
Proposed Use Residential  
Estimated Construction Cost \$ 95,000.00  
Description of Work Contract 1 story addition  
of existing  
20' Master Bedrm, Bath & NTC.  
18 x 24.

Contractor Company Matthew Construction  
Contact Person Tony Matthews  
Address 4811 Hillcock Lane  
City Hampstead State MD Zip Code 21074  
License No. 91393  
Phone 443-850-5443

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company CEL  
Contact Person Greg Little  
Address PO Box 237  
City Franklin State MD Zip Code 21048  
Phone 410-833-8320 Fax 410-833-4704

**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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <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: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" 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: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <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	

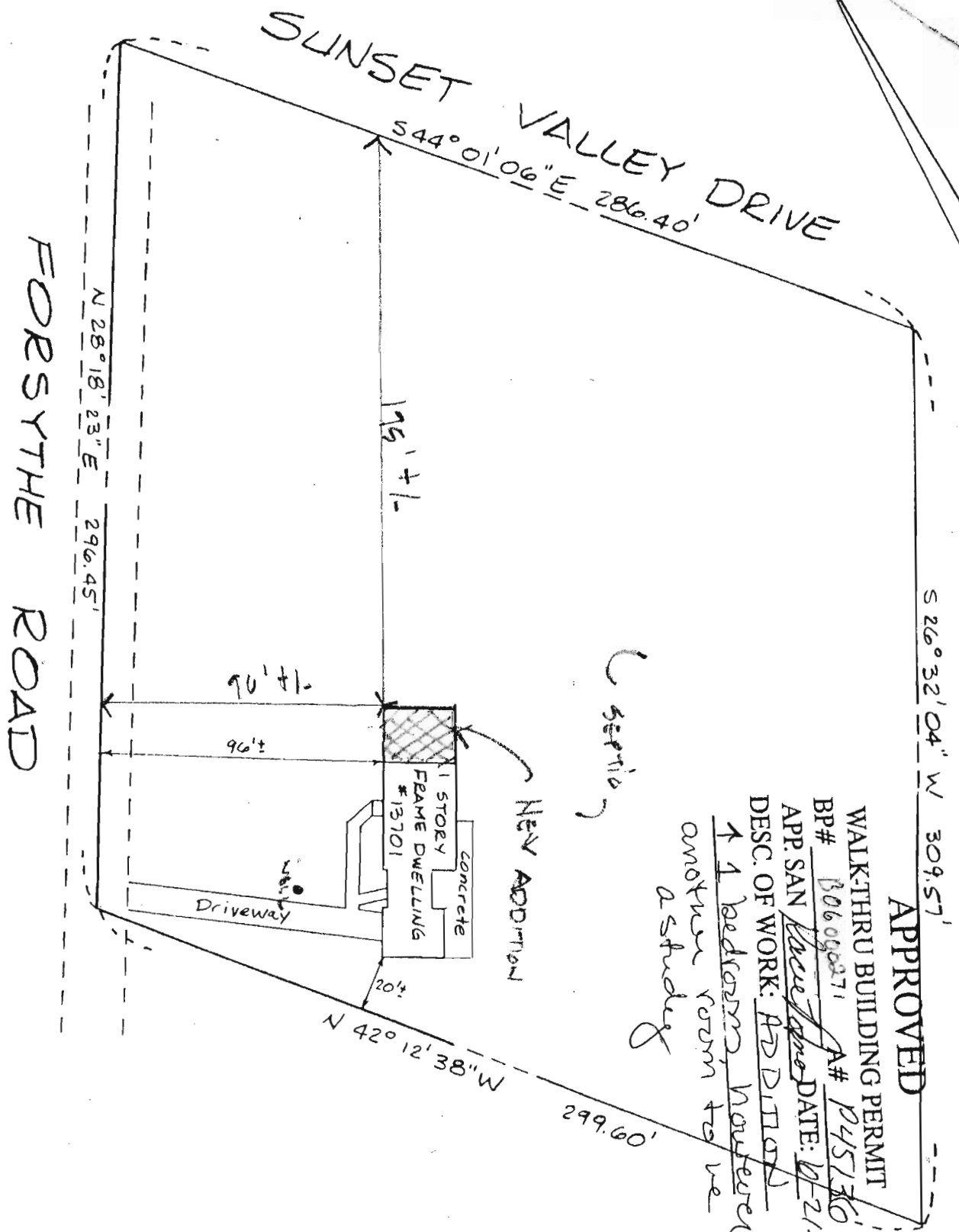
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Beverly True Applicant's Signature  
President, Cruise Brokerage Title/Company  
Beverly True Print Name  
6/21/06 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>6-21-06</u>	<u>Racine True</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

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



**APPROVED**

WALKTHRU BUILDING PERMIT

BP# 806090871 A# P45136

APP. SAN *Walter Jones* DATE: 6-21-06

DESC. OF WORK: ADDITION

↑ 1 bedroom, hardwood

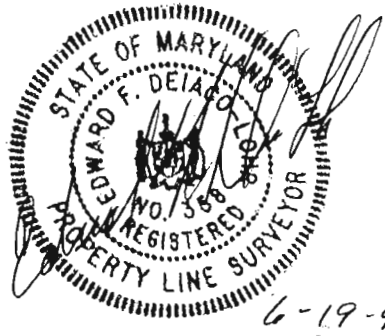
another room to be a study

THE LOT SHOWN HEREON IS IN FLOOD ZONE C  
 PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044-0009B  
 DATED: \_\_\_\_\_

**"AREAS OF MINIMAL FLOODING"**

This plat is of benefit to a consumer only insofar as it is required by a Lender/Title Insurance Company or their agent in connection with the contemplated transfer, financing or re-financing. This plat is NOT to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements. This plat DOES NOT provide for the accurate identification of property boundary lines, but such identification is not required for the transfer of title or securing financing or re-financing of the property shown hereon.

The setback dimensions shown hereon and as they relate to structures noted are to be interpreted as being within 2 feet either way of the dimension shown.



6-19-96

<b>GERHOLD, CROSS &amp; ETZEL, LTD.</b> REGISTERED PROFESSIONAL LAND SURVEYORS Suite 100 320 East Towsontown Boulevard Towson, Maryland 21286 PH: (410)823-4470 FAX: (410)823-4473	<b>LOCATION DRAWING</b>		
	# 13701 FORSYTHE ROAD DEED REF: LIBER 3625 folio 473 3 <sup>rd</sup> ELECTION DISTRICT HOWARD COUNTY, MARYLAND		
FIELD WORK: S. J. H.	DRAWN: S. A. L.	DATE: 6-18-96	SCALE: 1"=50'

Tax ID-03-290433

2/24/90  
3:00 pm  
anytime

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 45/136

A REPAIR

DISTRICT \_\_\_\_\_

DATE 10/31/89

DATE SYSTEM APPROVED 2/26/90

INSPECTOR M. Ristia

INDEXED

Fogle's Refuse and Septic Service, Inc. IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION \_\_\_\_\_ ROAD 13701 Forsythe Road LOT \_\_\_\_\_

PROPERTY OWNER Mrs. Cleo F. Mack Whitehouse

ADDRESS 13701 Forsythe Road  
Sykesville, Maryland 21784

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

PROBLEM IS OVERFLOW  
AND RUSTED STEEL TANK  
HOUSE BUILT 1959

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 2

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

TRENCH - 360 SOFT 7 1/2 FT LONG 10 FT  
DEEP 5 FT OF STONE 2 FT WIDE  
RUN TRENCH OFF NEW TANK TOWARD  
BACK - OK TO HAVE HOME OWNER MEASURE  
DEPTH

PLANS APPROVED BY C. Williams DATE 10/16/89

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 (I.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 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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUILDING PERMIT SIGNED  
AND RETURNED

6/2/06- B06000271- 18x24 15' high add

45/136

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

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