

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B07000889

Building Address 11674 Frederick Rd.
Ellicott City MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Anderson, Joseph
 Address same
 City _____ State _____ Zip Code _____
 Home Phone 410-696-2524 Work Phone 443-740-4695
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Regular shape deck
next to (elevated 5-6 ft)

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

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

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawlspace Slab on Grade
 No. of Bedrooms: _____
 Height: _____
 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 Height: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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.

[Signature]
 Applicant's Signature

 Title/Company

Robin Pressett-Anderson
 Print Name
3/20/07
 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 | | | 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 for New Town Zone _____ | |
| White: Building Official | | | SDP/Red-line approval date: _____ | Accepted by _____ |
| Green: LDD, DPZ | | | | |
| Yellow: DED, DPZ | | | | |
| Pink: Health | | | | |
| Gold: SHA | | | | |

50A *

M 2°38'12"W
25.77

N 70°35'00"W
87.00

N 05°19'37"W
108.15

N 05°19'37"W
49.85

S 05°19'37"E
49.85

S 70°34'58"E 282.83

S 70°34'58"E

SECOND REVISED
LOT 54

N 05°47'32"E

267.53

POURED CONC
FOUNDATION
TOP EL: 509.25

WALK OUT
BASEMENT

EASEMENT FOR WATER HOUSE CONNECTION AND UTILITIES
FOR THE BENEFIT OF SECOND REVISED LOT 53 (L. 4729, F. 579)
TRANSCONTINENTAL GAS PIPELINE
CORP. R/W 368/386

SECOND REVISED
LOT 55
5.8481 AC. ±

APPROVED
WALK-THRU BUILDING PERMIT
APP # B0700887 A# 59282-C
DATE: 3/20/17
DESC. OF WORK: 16' x 16' walk-thru
shaped deck S-6 elevated



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

N 15°08'44"W
163.93

18' WIDE EASEMENT FOR INGRESS, EGRESS AND MAINTENANCE ACROSS PART OF SECOND REVISED LOT 55

388.59

119/2001 LAYOUT 2:30

10/16/01
Layout
2:30

12/6/01
Layout
2:00

12/7/01 - AM

5/24/02 - 11:00
Pump Test

P 516042

ISSUE DATE: 24
9/28/2001

APPROVAL DATE: 5/24/02

**PERMIT
INDEXED**

A 59282-C

Builder Paid
for Permit

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

03-283305

Fogles

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: King's Gift LOT NUMBER: 55

ADDRESS: ~~11416 Castle Lane~~ 11674 Route 144 11674 FREDERICK ROAD PROPERTY OWNER: Joseph Anderson

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): 1250

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

| | |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box 15' off the 195.35 lot line and 85' off the 125.00' lot line. Run (3) 80' trenches on contour as shown on plan to rear of septic reserve area. |
| NOTES: | Layout inspection must include groundwater evaluation at location of septic tanks prior to placement of septic tanks in the ground. PUBLIC WATER |

PLANS APPROVED: MER DATE: 9/7/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

BUILDING PERMIT SIGNED CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

6-30-04 BOD 148376 - POOL HOUSE
3-21-07 BOD 7000889 - 16x30 Deck

A59282-C