



Building Permit Application
 Howard County, Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 03/18/14

Permit No.: B/4000791

Building Address: 3928 College Avenue
 City: Ellicott City State: MD Zip Code: 21043
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: 602700 Subdivision: 0000
 Section: _____ Area: _____ Lot: 3
 Tax Map: 0025 Parcel: 0049 Grid: 0014
 Zoning: R-ED Map Coordinates: 4816-C9 Lot Size: 1.758-A

Property Owner's Name: Barb & Tim Moore
 Address: 3928 College Ave
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 410-652-5733 Fax: _____
 Email: terixson@verizon.net

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Residential - Single Family Dwelling
 Proposed Use: Residential - Single Family Dwelling
 Estimated Construction Cost: \$ 300,000
 Description of Work: Addition/Alterations to existing dwelling.
Addition to be 20'8" x 38'. Alterations as necessary
Porch - floor 12x16
 Occupant or Tenant: Occupant
 Was tenant space previously occupied? Yes No
 Contact Name: Tim Moore
 Address: 3928 College Ave
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 410-652-5733 Fax: _____
 Email: terixson@verizon.net

Contractor Company: T.W. Boys Co. Inc
 Contact Person: Nib Pirrung
 Address: 14777 Addison Way
 City: Woodbine State: MD Zip Code: 21797
 License No.: 127672
 Phone: 410-489-6570 Fax: 410-489-6571
 Email: hgp@twboys.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>30'8"</u>	<u>38'</u>
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>will be public</u>
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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 TO BE PERFORMED THEREON.

Tim Moore
 Applicant's Signature
 terixson@verizon.net
 Email Address
 Owner
 Title/Company

Tim Moore
 Print Name
 03/14/2014
 Date

RECEIVED
 MAR 18 2014
 LICENSES & PERMITS
 DIVISION

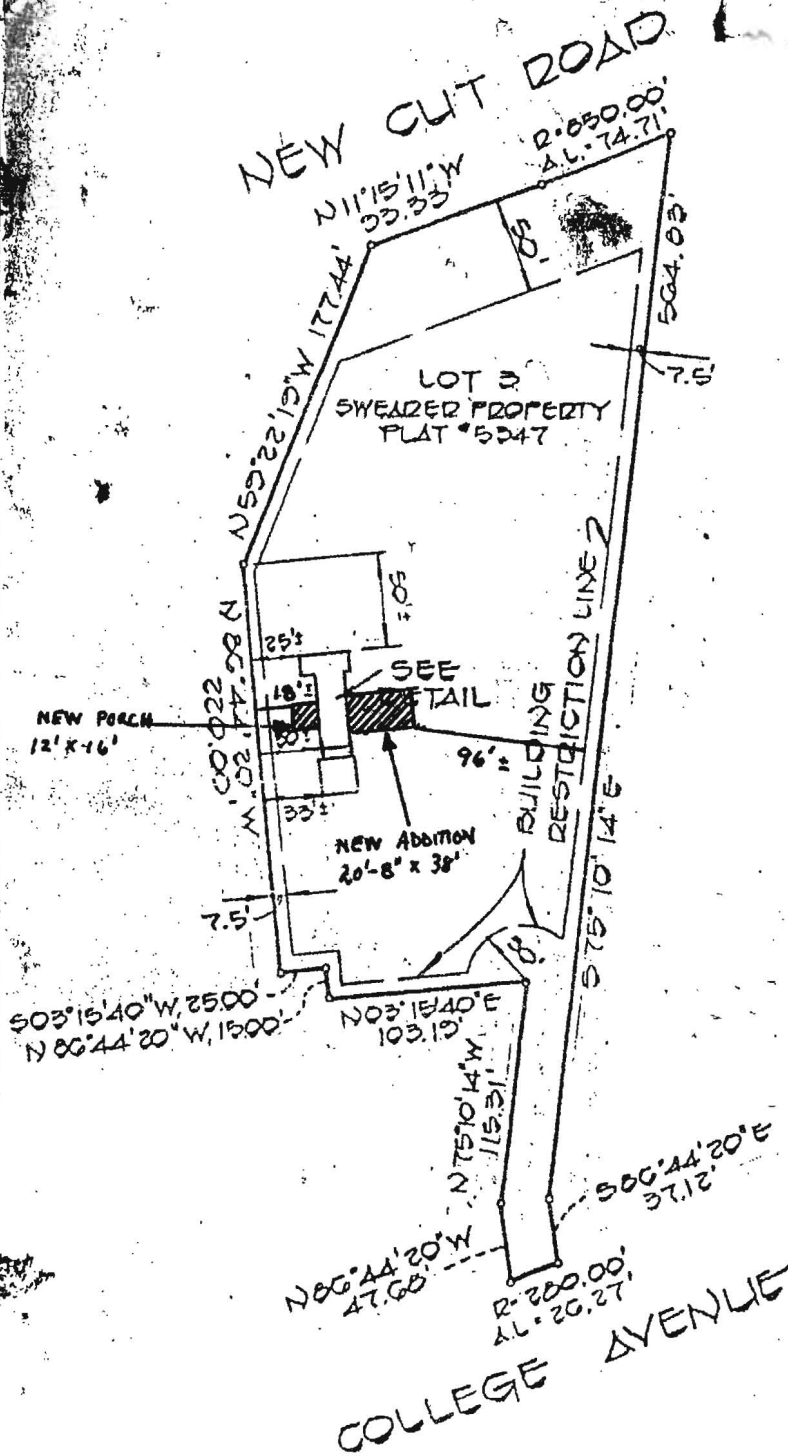
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

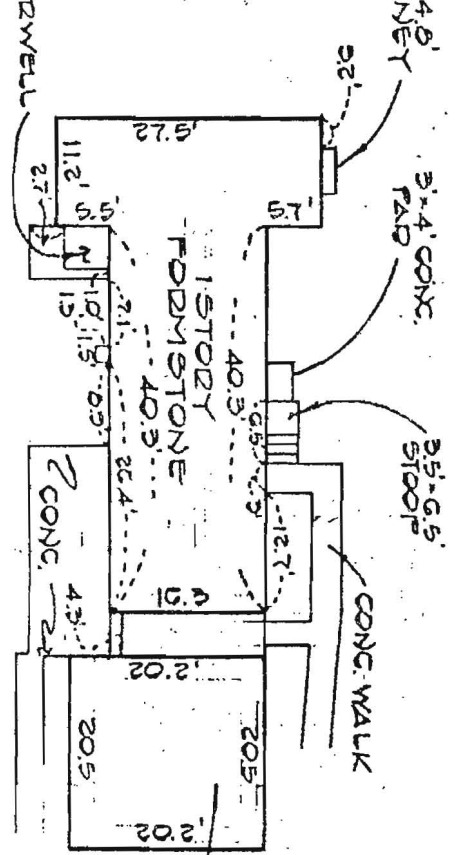
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>487</u>



DETAIL
1" = 20'



Approved Septic System Plan
Howard County Health Department
Permit # B14000791

Andrew Geist
Signature Date 4/24/14



MOORE PROPERTY
3928 COLLEGE AVENUE
FANCOTT CITY, MD 21043

This is to certify that I have surveyed the property known as: LOT 3, SWEARED PROPERTY AS RECORDED
AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS PLAT NO. 5347
for the purpose of locating the improvements thereon, and the improvements are located as shown.

Signed this 25th day of JANUARY 2014

FISHER, COLLINS AND CARTER, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLICOTT CITY, MARYLAND 21043

STATE OF MARYLAND
TERRELL A. FISHER
110592

This plat is not intended for use in the establishment of property lines.

HOWARD COUNTY DEPT. OF PUBLIC WORKS
BUREAU OF UTILITIES
LITTLE PATUXENT WATER RECLAMATION PLANT
8900 GREENWOOD PLACE, SAVAGE, MD 20763
(410) 880-5810 FAX (410) 880-5812

HAULED WASTEWATER DISCHARGE MANIFEST

WASTEWATER STREAM IDENTIFICATION (Sections 1A, 1B, & 1C MUST be completed by the Generator or Hauler)

WASTEWATER STREAM IDENTIFICATION (Sections 1A, 1B, & 1C must be completed by the Generator or Hauler)

SOURCE:

- 1. Residential
2. Commercial
3. Restaurant
4. Industrial
5. Municipal
6. Other (Specify)

B. TYPE:

- 1. Septage
2. Holding Tank
3. Portable Toilet
4. Grease
5. Other (Specify)

C. VOLUME:

GALLONS

D. % TSS:

FOR LPWRP ONLY

2. GENERATOR OF WASTEWATER (Sections 2A, 2B, & 2C must be completed by the Generator or Hauler)

A. Complete Name (print or type) S Collins B. Telephone #
C. Complete Pickup Address 3928 College Ave LC, MD

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of hauled wastewater identified above and subject to this manifest. SECTION D, GENERATOR SIGNATURE/REQUIRED FOR ALL NON-DOMESTIC LOADS

D. Generator Signature [Signature] Date 4-22-14

3. HAULER OF WASTEWATER (Section 3A, 3B, 3C, 3D & 3E must be completed by the Hauler)

A. Company Name (print or type) A J McDevold Co Inc
B. LPWRP Permit # 17-13 C. Truck Tag # 712624 D. Pump Out Date: 4-22-14

ALL WASTEWATER DISCHARGED ARE SUBJECT TO THE RULES AND REGULATIONS AND TERMS AND CONDITIONS OF THE LITTLE PATUXENT WATER RECLAMATION PLANT.

The above described wastewater was pumped, hauled and discharged to the Little Patuxent Water Reclamation Plant by the undersigned.

I certify under penalty of perjury that the foregoing is true and correct.

E. Hauler Signature: [Signature]
F. Origin (County) of Wastewater: Howard

4. ACCEPTANCE BY LITTLE PATUXENT WATER RECLAMATION PLANT (Must be completed by the Disposer when required/ requested)

The above Hauler delivered the above identified wastewater to this facility. A. Disposal Date:
B. Sample ID# C. Disposer Signature (if required)

CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION	PRICE	AMOUNT
<input type="checkbox"/> WATER HEATER				
<input type="checkbox"/> ELEMENTS				
<input type="checkbox"/> THERMOSTAT				
<input type="checkbox"/> RELIEF VALVE				
<input type="checkbox"/> DIP TUBE				
<input type="checkbox"/> ELECTRICAL COVN				
<input type="checkbox"/> GAS WATER HEATERS				
<input type="checkbox"/> THERMOCOUPLE				
<input type="checkbox"/> BURNER				
<input type="checkbox"/> CONTROL (GAS)				
<input type="checkbox"/> FLUE PIPE				
<input type="checkbox"/> RELIEF VALVE				
<input type="checkbox"/> TOILET				
<input type="checkbox"/> BALL COCK				
<input type="checkbox"/> FLAPPER				
<input type="checkbox"/> SUPPLY LINE				
<input type="checkbox"/> WAX SEAL & CLOSET BOLTS				
<input type="checkbox"/> DRAINS CLEANING				
<input type="checkbox"/> KITCHEN SINK				
<input type="checkbox"/> WASHER LINE				
<input type="checkbox"/> MAIN LINE				
<input type="checkbox"/> LAVATORY LINE				
<input type="checkbox"/> TUB OR SHOWER				
<input type="checkbox"/> KITCHEN SINK				
<input type="checkbox"/> SINK FAUCET				
<input type="checkbox"/> SINK DRAIN				
<input type="checkbox"/> GARBAGE DISPOSAL				
<input type="checkbox"/> AIR GAP				
<input type="checkbox"/> DW CONNECTIONS				
<input type="checkbox"/> TUB & SHOWER				
<input type="checkbox"/> TUB VALVE				
<input type="checkbox"/> TRIP LEVER				
<input type="checkbox"/> SHOWER DIVERTER				
<input type="checkbox"/> TUB OR SHOWER DRAIN				
<input type="checkbox"/> NEW CONSTRUCTION				
<input type="checkbox"/> CRAWL SPACE ROUGH DRAINAGE				
PSI _____				
<input type="checkbox"/> SLAB ROUGH DRAINAGE				
PSI _____				
<input type="checkbox"/> TOP OUT DRAINAGE				
PSI _____				
<input type="checkbox"/> SEWER OR SEPTIC DRAINAGE				
<input type="checkbox"/> WATER				
PSI _____				
<input type="checkbox"/> PRESSURE REGULATOR				
<input type="checkbox"/> BOOSTER PUMP				
<input type="checkbox"/> FINAL				
<input type="checkbox"/> COMMERCIAL REPAIR				
<input type="checkbox"/> FLOOR DRAINS				
<input type="checkbox"/> DWASHER BOOSTER				
<input type="checkbox"/> GREASE TRAP				
		TOTAL PARTS		
		ADDITIONAL PARTS (OTHER SIDE)		
		SUBLET		
		OTHER		
		TOTAL OTHER CHARGES		
		OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS: MILEAGE		
		Ending: _____		
		Start: _____		
		Total: _____		
		PARTS WARRANTY		
		All parts as recorded are warranted as per manufacturer specifications.		
		LABOR GUARANTEE		
		The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days.		
		We do not, of course, guarantee other parts than those we supply. If repairs later become necessary due to other defective parts, they will be charged separately.		
		TRAVEL TIME		
		TIME ARRIVED		
		TIME DEPARTED		
		TRAVEL TIME		

MELROY PLUMBING & HEATING, INC.

42562

6537 BALTIMORE NATIONAL PIKE
BALTIMORE, MD 21228-3906
(410) 747-0900
FX (410) 747-0952



4/22/14
DATE ORDERED

DATE SCHEDULED

PHONE

WARRANTY
CONTRACT
SERVICE CONTRACT
NORMAL
RES. COMM.

NAME: Jim Macell

STREET: 3928 College Ave

CITY: Ellicott City Md STATE: _____ ZIP: _____

MAKE: _____ MODEL: _____ SERIAL NUMBER: _____

JOB LOCATION: _____ E-MAIL: _____

DESCRIPTION OF WORK SERVICE

1. Exchange around 5 gal tank
2. Expose LR - Pump out sewer
3. Fill in tank with earth

LABOR CHARGES: _____ HRS @ _____ THR

TECHNICIAN SIGNATURE: Mal L. Gent TOTAL OTHER CHARGES: _____

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

BY SIGNING BELOW I AGREE THE WORK HAS BEEN SATISFACTORILY COMPLETED.

AUTHORIZED SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE: _____

TRIP CHARGE: _____

TAX: _____

TOTAL AMOUNT DUE: _____

ADDITIONAL ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF ANY COPY

X

OFFICE USE ONLY

SEWER CONNECTION APPLICATION HOWARD COUNTY

DEPARTMENT OF PUBLIC WORKS
3430 COURT HOUSE DR. ELLICOTT CITY, MD. 21043

APPLICATION NO.: 34871
CONTRACT NO.: 10-1167-D
REBATE CONTRACT NO.: _____
SEWER ZONE: _____
CONNECTION WORKSHEET Y ___ N ___

CONTROL NO.: _____
PERMIT NO.: _____
INSPECTED BY: _____
DATE INSPECTED: _____

Account No. _____

FILL OUT APPLICATION COMPLETELY AND SIGN BELOW. IF LOCATION INFORMATION UNKNOWN, CONTACT THE OFFICE OF PLANNING AND ZONING FOR HOUSE NUMBERS, STREET NAME, ETC. NOTE: COMMERCIAL AND INDUSTRIAL FACILITIES MAY BE SUBJECT TO REQUIREMENTS OF THE COUNTY CODE FOR SEWER SURCHARGES, INDUSTRIAL COST RECOVERY CHARGES, AND PRETREATMENT.

Application is herewith made for a sewer connection to the property described below.

DATE OF APPLICATION 4/11/14

SUBDIVISION _____ SECTION _____ AREA _____ LOT _____ BLOCK _____
HOUSE NO. 2129 STREET Chillicothe Ave TAX MAP _____ GRID _____ PARCEL _____
POST OFFICE Ellicott City, MD ZIP CODE 21043 PHONE NO. _____

NEW OR EXISTING BUILDING? _____ USE (SEE PROPERTY CLASSIFICATIONS ON REVERSE SIDE)

ITEMS CHECK	CONN. DIA.	CHARGES			AMOUNT PAID	FUND	AGENCY	REV. ACCT B/S ACCT
		DESCRIPTION	FEE					
<input type="checkbox"/>	4"	INSTALLATION	\$			500		5019
<input type="checkbox"/>	6"	INSTALLATION	\$			500		5019
<input type="checkbox"/>	8"	ADVANCE DEPOSIT*	\$			500		5020
<input checked="" type="checkbox"/>		IN AID OF CONSTRUCTION CHARGE SINGLE FAMILY HOUSE (ALL TYPES) OR TRAILER	\$	<u>600.00</u>	<u>600.00</u>	<u>500</u>	009	7120
		APARTMENTS (ALL TYPES)	\$	X NO. OF DWELLING UNITS				
		MOTEL	\$	X NO. OF MOTEL UNITS				
		TRAILER TO ENGINEERING FOR CHARGES EST GPD	\$					
		ELEMENTAL IN-AID OF CONSTRUCTION CHARGE TRAILER	\$			380	009	7130
			\$	X NO. OF UNITS				
		TRAILER TO ENGINEERING FOR CHARGES EST GPD	\$					
						710	009	8211

Howard County, Maryland
Department of Finance
3430 Court House Drive
Ellicott City, MD 21043

10/2014 04:15 PM Cashier 0032
Ref 0002236590 Reg 0002 Tran No 4573
sh Report: 140411-01 for 4/11/2014

- Main Location
In-Aid (730-009-7120)
30015100-3100-422000-3100000000-999999
99999999

Contract Number: 10-1167-D
Validation Number: 656912 \$600.00

Total \$800.00
Check (\$600.00)
Check No. 493

Thank You!

OWNER SIGNATURE

OWNER NAME (PRINT)

OWNER ADDRESS

into a cost agreement
ark.

TOTAL AMOUNT PAID

\$ 600.00

NOTHING ANYTHING ON
SIGNED OWNER AND

FULL FEE MUST ACCOMPANY THIS APPLICATION. MAKE CHECKS
PAYABLE TO: DIRECTOR OF FINANCE, HOWARD COUNTY.
CREDIT CARDS NOT ACCEPTED.

CR#-4/11/14
CR#-1200334
CR#

TAX _____ FOR _____
D/A _____ LEVY _____
TAB _____ CONTROL _____
TAX INDEX NO. _____

CUSTOMER

PLAN FOR DECK, SUNROOM ADDITION & WALNUT/IRONWOOD & JANEK MARBLE (1087)

