



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: _____

Permit No.: _____

Building Address: 15819 Old Farmville Rd
 City: Woodbine State: md Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 4
 Tax Map: 0007 Parcel: 0517 Grid: 0006
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.14 AC

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 16000.-
 Description of Work: Deck off Rear of Home, with Steps to Garden
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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>50</u>	<u>70</u>
Area of construction (sq. ft.):	2 nd floor: <u>50</u>	<u>50</u>
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" 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:	
➤ 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	

Property Owner's Name: Wayne & Susan Felseth
 Address: 15819 Old Farmville Rd
 City: Woodbine State: md Zip Code: 21797
 Phone: 443-718-9359 Fax: _____
 Email: WE4242@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Matney Construction Services
 Address: PO Box 1018
 City: MD AIRY State: md Zip Code: 21771
 Phone: 301-854-4812 Fax: 410-635-2964
 Email: Rick@matneyconstruction.com

Contractor Company: Matney Construction Services
 Contact Person: Rick Matney
 Address: PO Box 1018
 City: MD AIRY State: md Zip Code: 21771
 License No.: 89780
 Phone: 301-854-4812 Fax: 410-635-2964
 Email: Rick@matneyconstruction.com

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

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" 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 PERMITTED AND POSTING NOTICES.

Rick Matney
Applicant's Signature

Rick Matney
Print Name

Rick@matneyconstruction.com
Email Address

9/17/15
Date

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 Department of Inspections, Licenses and Permits
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 Tax Map: 0007 Parcel: 0517 Grid: 0004
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.14 ac

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ #16,000

Description of Work:
Deck off rear of home with steps to grade. 405 sq ft

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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 Address: 15819 Old Fredrick Rd
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 Phone: 413-718-9359 Fax: _____
 Email: WE4242@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein):
 Applicant's Name: Matney Construction Services
 Address: P.O. Box 1018
 City: Mt. Airy State: MD Zip Code: 21771
 Phone: 301-854-4812 Fax: 410-635-2964
 Email: Rick@MatneyConstructionServices.com

Contractor Company: Matney Construction Services
 Contact Person: Rick Matney
 Address: P.O. Box 1018
 City: Mt. Airy State: MD Zip Code: 21771
 License No.: 89780
 Phone: 301-854-4812 Fax: 410-635-2964
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Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" 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:

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Applicant's Signature _____
 Email Address _____
 Title/Company _____

Print Name _____
 Date _____

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	<u>9/17/15</u>	<u>H. Oswald</u>

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

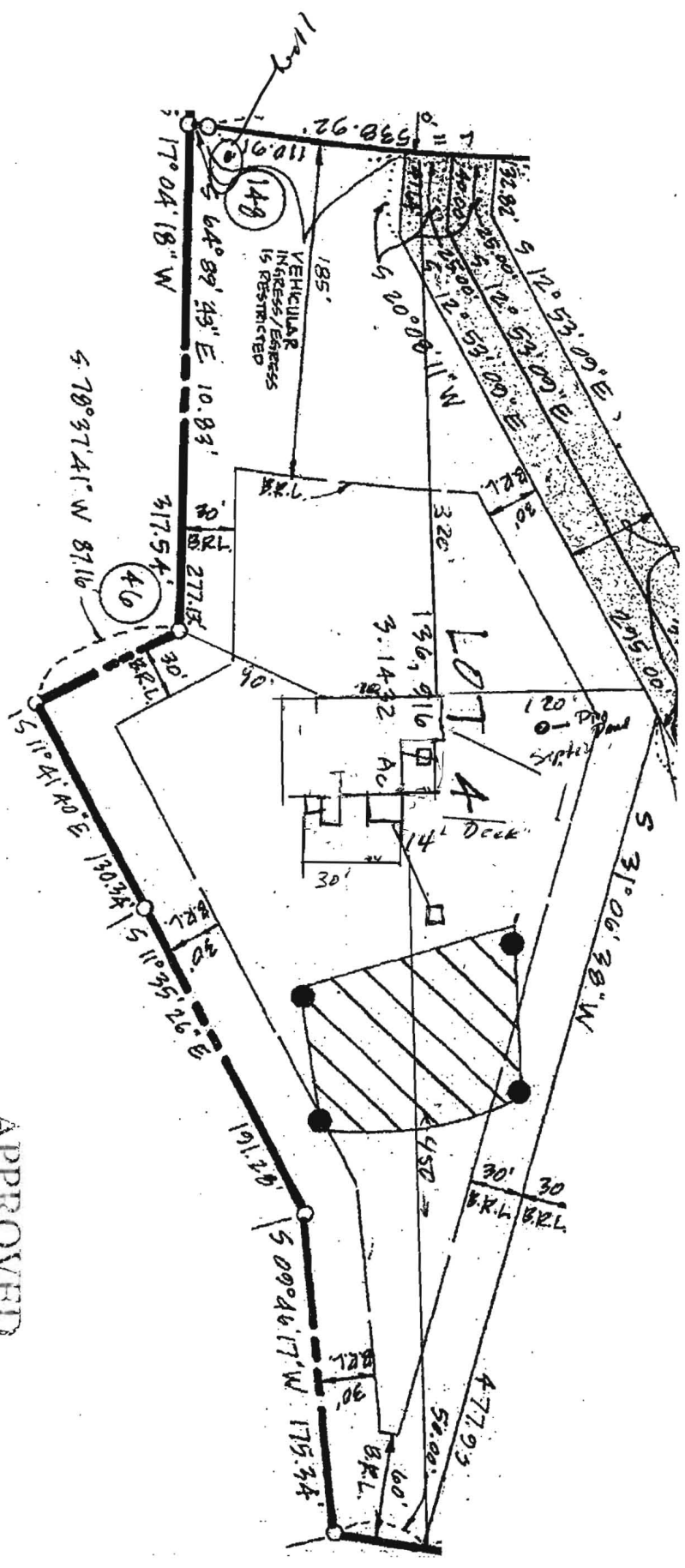
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input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

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

Number of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

E1574L
 15819 Old Fitchville Rd
 Washburne Mt, 21771
 443-718-9359

Maturity Construction Services,
 P.O. Box 1018
 Mt Airy Mt 21771,
 301-854-4812
 MHC 89780



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APPLICANT: H. OSWALD DATE: 9/17/15

DESC. OF WORK: Install deck

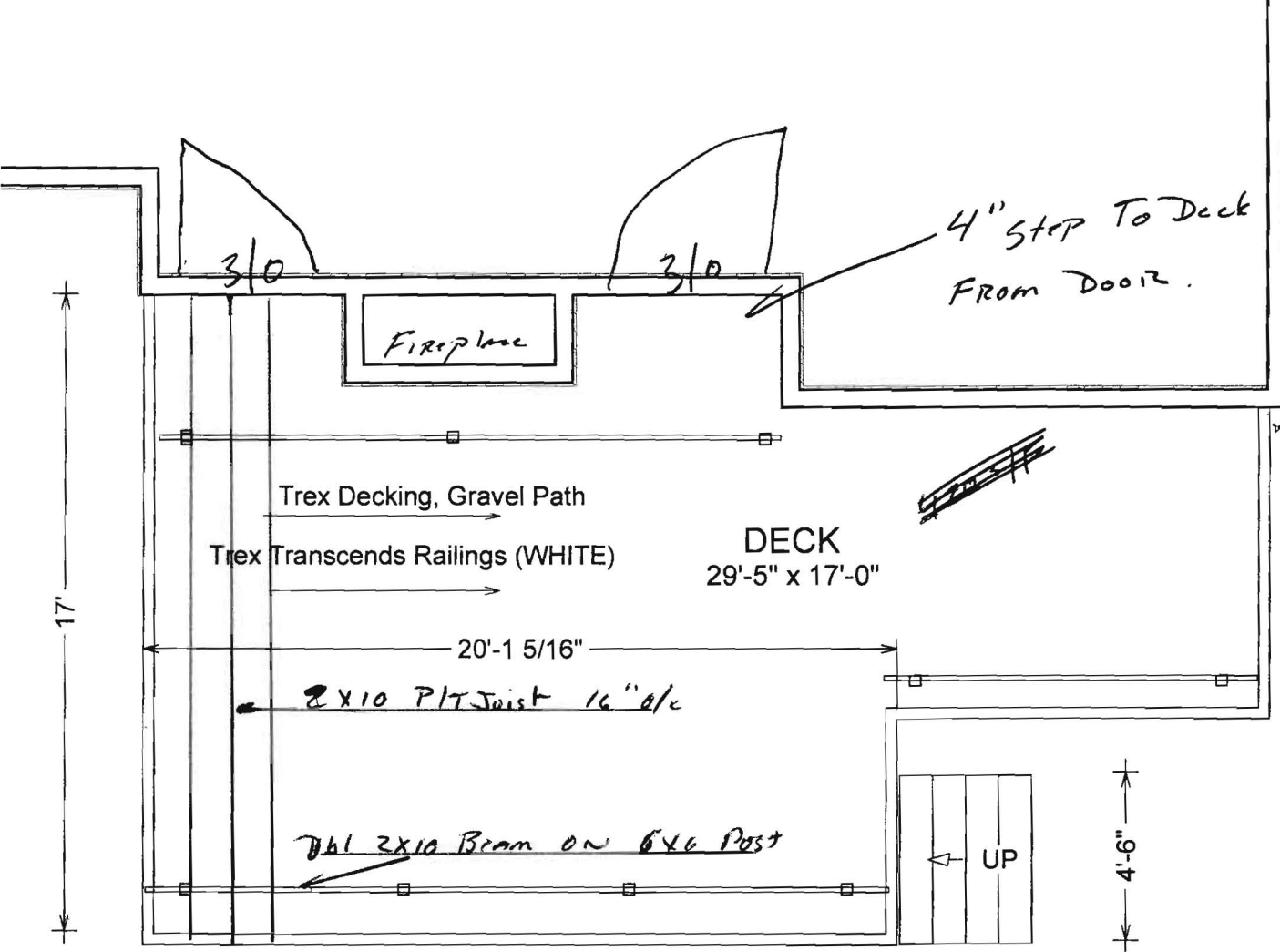
405 sq ft

Revised
405 SIF

Residents of:

Elseth
15819 Old Fredrick Rd
Woodbine Md 21797
443-718-9359

17'
6'
6'

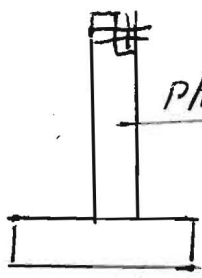


30'

LIVING AREA

1359 sq ft

P/T 6x6 Post on 16x16x10 concrete Footing
30" Below Grade



Footings Detail

Matney Construction Inc.
P O Box 1018
MT AIRY Md 21771
301-854-4812
MHIC # 89780

7/10/01
Layout

3-3:30

7/17/01
Late PM

04.352505

ISSUE DATE: 6/22/2001

APPROVAL DATE: 9/27/01

PERMIT INDEXED

P 515302-D

A 45333

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

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Road, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Hong Property LOT NUMBER: 4

ADDRESS: 15814 Old Frederick Road PROPERTY OWNER: Altieri Enterprises

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOP SEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Beginning from the intersection of the 477.93' and 295.00' lot lines, begin trenches 125 feet up the 477.93' lot line and 45 feet off that same lot line. Run two, 120' trenches on contour toward the 191.28' lot line.
NOTES:	

PLANS APPROVED: Amy Mc Millen ON SRU 9/24/01 DATE: 4-16-01

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATER TIGHT 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

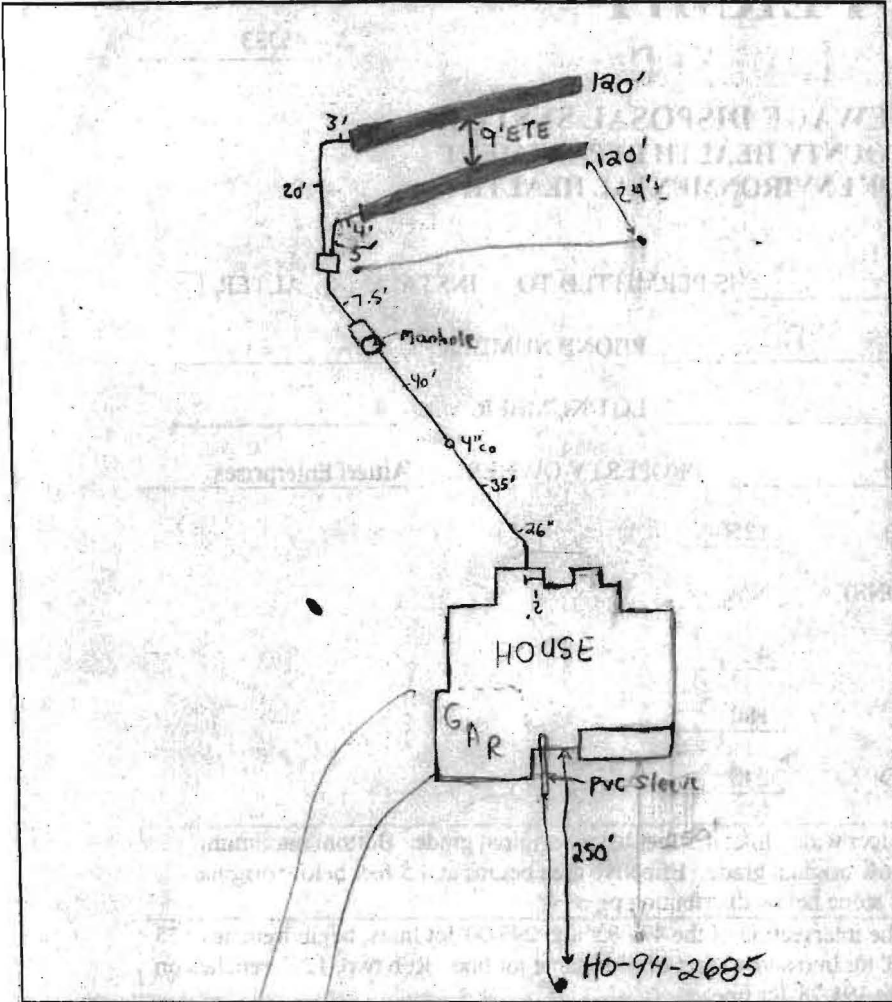
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
BUILDING PERMIT SIGNED 13-2640 FOR INSPECTION OF SEPTIC SYSTEM**

AND RETURNED

116106 BOD 158505-SHEP

P515302-D

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4.5'
 TRENCH BOTTOM DEPTH 6.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500TS GALLONS
 MANHOLE RISER on front
 6 INCH INSPECTION PORT NA

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

Old Frederick Road

PRE-CONSTRUCTION INSPECTION: 7/10/01 Went over layout with builder. To

install as per B.P. plan. (BB)

INSPECTION COMMENTS: 7/17/01- UPPER RT. CORNER OF SDA UNUSABLE DUE TO CONTOUR, INSTALL TRENCHES ON CONTOUR W/ BOTTOMS AT 6.5' - (SRK)

7/19/01- SYSTEM OK PENDING HOUSE CONNECTION - (SRK)

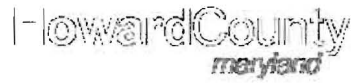
9/27/01- HOUSE CONN. VERIFIED TO HAVE BEEN MADE DURING T/C W/ RUSTY (BUILDER)

- (SRK)

AND RETURNED

INSPECTOR Steven R. Krug

DATE SYSTEM APPROVED 9/27/01



Interactive Map

Map Layers Map Legend Search

Search By Longitude/Latitude

Search By Address

Number:

Street:

Search By Address

Search By Street Intersection

Street:

Search By Intersection

Search By Owner (Property)

Search By Tax ID

Search By Plat Number

Search By Tax Map/Parcel/Lot

Tax Map:

Parcel:

Lot:

