

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

306006667

Building Address 7392 Minter Lane
Clarksville, MD 2108
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 1
Tax Map 41 Parcel 417 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Stuart Fitzgibbons
Address 7392 Minter Lane
City Clarksville State MD Zip Code 21029
Home Phone 301-362-9819 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use House
Proposed Use - All Windows + Interior Door
Estimated Construction Cost \$ 5250
Description of Work All Windows + Interior Door

Contractor Company Helpful Home Improvement
Contact Person Patrick Coburn
Address 1309 Ashburton Dr.
City Millersville State MD Zip Code 21108
License No. 172179
Phone 410-991-9998 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	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	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"/>
Use group: _____	Heating System: _____ Electric <input 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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #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 _____
Title/Company _____

Print Name _____
Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/26/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

RECEIVED

OCT 26 2006

APPROVED

WALK-THRU BUILDING PERMIT

BP# B06006667 A# P510224-C

APP. SAN SF DATE: 10/24/06

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

DESC. OF WORK: Add windows

+ interior door

Caryl Fitzgibbons
7392 Minter Lane
Clarksville, MD 21029

Floor plan with new window installation



6/26/98
C-0 1:00

125

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-381908

P 510224-C

A REPAIR

DISTRICT _____

DATE 08/24/98

DATE SYSTEM APPROVED 6.26.98

INSPECTOR *ht*

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XIGOSHI~~ 410-313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P.O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION _____ LOT 6 ROAD 7392 Minter Lane

PROPERTY OWNER Fitzgibbons

ADDRESS 7392 Minter Lane
Columbia, Maryland 21044

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 160

BUILDING PERMIT SIGNED AND RETURNED

10/26/06- B06006667- Add 2 New windows

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.
6/24/98

6/25/98 Inlet at 6', Bottom at 10'

PLANS APPROVED BY _____ DATE _____

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. 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 3540 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-8933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

R 510224-C