

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
107003323

Building Address 6190 MONTGOMERY Rd
ELKRIDGE, MD 21075
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 621121 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 37 Parcel 607 Grid _____
Zoning R-20 Map Coordinates 17A-6 Lot size 3.038 AC±

Property Owner's Name TIMOTHY J. CUGIC
Address 6190 MONTGOMERY ROAD
City ELKRIDGE State MD Zip Code 21075
Home Phone 410-796-4412 Work Phone 410-608-8636
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 20,000.00
Description of Work Pool Garage

Contractor Company Proteck Pole Buildings, Inc
Contact Person OWNER
DEAN NOYCE
Address 716 SOUTH RT. 183
City SCHUYLKILL HAVEN State PA Zip Code 17972
License No. _____
Phone 1-800-448-2505 Fax _____

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

Engineer or Architect Company ENGINEER APPROVALS
Contact Person JAMES A. KOPPENHAUER, PE
Address 304 LOGAN AVE.
City WYOMISSING State PA Zip Code 19610
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| BUILDING CHARACTERISTICS | | UTILITIES | |
|--|--|---|--|
| Height: | | Water Supply: | |
| No. of stories: | | Public <input type="checkbox"/> | |
| Gross area, sq. ft. per floor: | | Private <input type="checkbox"/> | |
| Use group: | | Sewage Disposal: | |
| Construction type: | | Public <input type="checkbox"/> | |
| Reinforced Concrete <input type="checkbox"/> | | Private <input type="checkbox"/> | |
| Structural Steel <input type="checkbox"/> | | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Masonry <input type="checkbox"/> | | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Wood Frame <input type="checkbox"/> | | Heating System: | |
| State Certified Modular <input type="checkbox"/> | | Electric <input type="checkbox"/> Oil <input type="checkbox"/> | |
| | | Natural Gas <input type="checkbox"/> | |
| | | Propane Gas <input type="checkbox"/> | |
| | | Sprinkler system: N/A <input type="checkbox"/> | |
| | | Full <input type="checkbox"/> | |
| | | Partial <input type="checkbox"/> | |
| | | Other Suppression <input type="checkbox"/> | |
| | | # of Heads _____ | |

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.

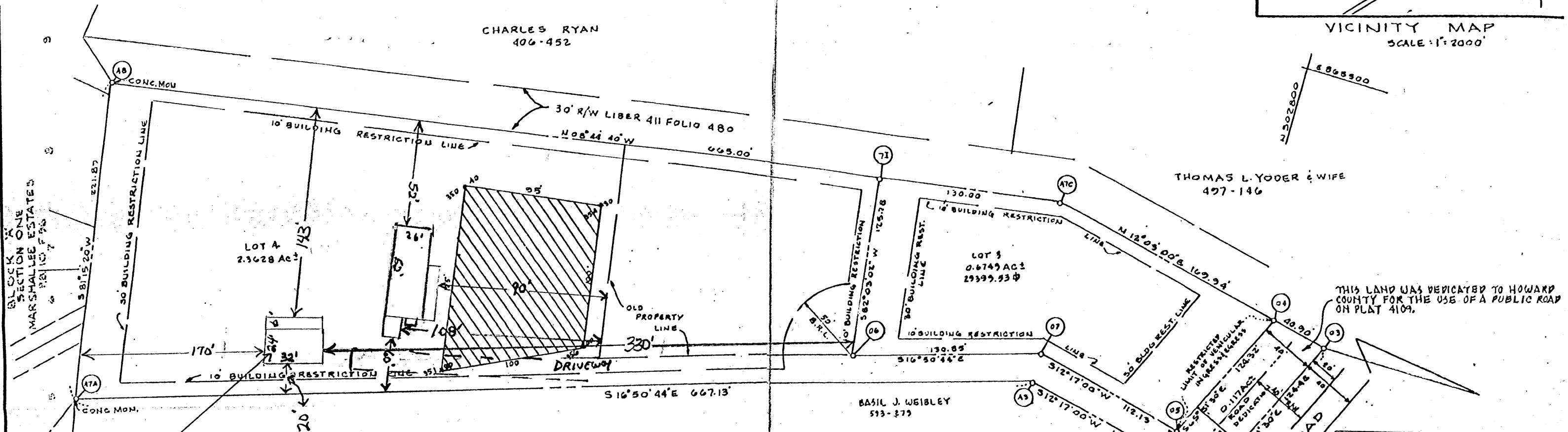
Timothy J. Cugic
Applicant's Signature
Title/Company _____

Timothy J. Cugic
Print Name
8-8-07
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# |
|--|--------------------------|----------------------|--|----------------------------|
| X Land Development, DPZ | | | Front: _____ | Filing fee \$ <u>25.00</u> |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| X Building Official | | | Side: _____ | Excise tax \$ _____ |
| X Dev. Engineering, DPZ | <u>8/15/2007</u> | <u>Debra A. J...</u> | 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 # <u>1510</u> |
| 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: _____ | White: Building Official | Green: LDD, DPZ | Let Coverage for New Town Zone _____ | Accepted by _____ |
| T: Norma PERMIT FROM | | | SDP/Red-line approval date _____ | |
| | | | Yellow: DED, DPZ | |
| | | | Pink: Health | |
| | | | Gold: SHA | |



| COORDINATE TABLE | | |
|------------------|-----------|-----------|
| NO | NORTH | EAST |
| 01 | 502774.29 | 865786.18 |
| 02 | 502814.18 | 865794.87 |
| 03 | 502865.09 | 865801.38 |
| 04 | 502829.12 | 865812.75 |
| 05 | 502782.61 | 865767.53 |
| 06 | 502547.81 | 865781.60 |
| 07 | 502673.05 | 865743.68 |
| A3 | 502673.06 | 865764.92 |
| A7A | 502035.36 | 865937.65 |
| A8 | 502001.65 | 865756.36 |
| 71 | 502530.82 | 865687.02 |
| A7C | 502498.30 | 865637.26 |

- NOTES**
- SUBJECT PROPERTY ZONED R-20 PER 8/2/85 COMPREHENSIVE ZONING PLAN
 - COORDINATES ARE BASED ON HOWARD COUNTY CONTROL #2045002
 - THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT
 - THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF MINIMUM 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE & SERVICING ANY RESIDENTIAL STRUCTURE CONSTRUCTED ON THIS BUILDING SITE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.
 - PERC HOLES HAVE BEEN FIELD LOCATED AS SHOWN: *
 - LOT 4 REFUSE COLLECTION, SNOW REMOVAL, & ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT OF WAY LINE ONLY & NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.
 - PUBLIC WATER IS NOT AVAILABLE FOR LOT 4 SUBDIVIDED ON THIS PLAT. ANY REQUIRED WATER EXTENSION WILL NOT BE CONNECTED TO THE PUBLIC SYSTEM UNTIL ALL NECESSARY WATER TRANSMISSION MAINS ARE COMPLETELY CONSTRUCTED & WATER IS ALLOCATED FOR THIS PROPERTY BY HOWARD COUNTY. FURTHERMORE, BUILDING PERMITS FOR LOT 4 IN THIS SUBDIVISION WILL NOT BE ISSUED WHERE PUBLIC WATER SERVICE IS REQUIRED UNTIL THE WATER SUPPLY TO THE COUNTY IS SUFFICIENTLY INCREASED AND ALLOCATION FOR THIS PROPERTY IS MADE BY HOWARD COUNTY.
 - VP-78-A WAS A REQUEST VARIANCE FROM SEC. 10.115B TO ALLOW 20' FRONTAGE FOR REAR LOT TO BE CONVEYED BY WIDOW TO HER SON. PREVIOUS FILE NUMBER 19-11.
 - NOTE: EXISTING HOUSE ON LOT 3
 - TAX MAP 37, PARCEL 212
PROPOSED FIRST FLOOR ELEV. -352.50 ; PROPOSED INVERT AT HOUSE -352.92

TABULATION

| | |
|---------------------------|------------|
| TOTAL AREA OF SUBDIVISION | 3.155 AC ± |
| AREA OF R/W DEDICATION | 0.117 AC ± |
| TOTAL AREA OF LOTS | 3.038 AC ± |
| TOTAL NUMBER OF LOTS | 2 |

THE PURPOSE OF THIS PLAT IS TO CHANGE THE DIVIDING LINE BETWEEN LOTS 3 AND LOT 4.

APPROVED: FOR PUBLIC WATER & PRIVATE SEWERAGE SYSTEMS. HOWARD CO. HEALTH DEPARTMENT

John C. Mellema Jr. 12-7-90
HOWARD CO. HEALTH OFFICER DATE

APPROVED: HOWARD CO. DEPT. OF PLANNING & ZONING

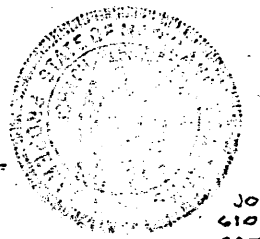
David R. Butler 12/24/90
A/DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS CONDITIONAL APPROVAL FOR PUBLIC WATER, FOR LOT 4, IN ACCORDANCE WITH ABOVE DECLARATION (SEE NOTE #6) HOWARD CO DEPT OF PUBLIC WORKS.

James W. Smith 12/3/90
DIRECTOR DATE

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT THAT IT IS A SUBDIVISION OF PART OF LANDS CONVEYED BY MONROE B. WALKER AND CHARLOTTE WALKER HIS WIFE TO FRANCIS J. CUGLE AND MARCELLA B. CUGLE, HIS WIFE BY A DEED DATED FEB. 12, 1949 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER 208 FOLIO 419 AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED



3-18-90 DATE
John C. Mellema Jr.
JOHN C. MELLEMA JR. REG. NO. 466
JOHN C. MELLEMA SR. INC.
6100 BALTO. NATL. PIKE
CATONSVILLE MARYLAND 21228

OWNER'S CERTIFICATE

I, MARCELLA B. CUGLE, WIDOW, OWNER OF THE LAND SHOWN AND DESCRIBED HEREON HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPT. OF PLANNING & ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES & GRANT UNTO HOWARD COUNTY, MD., ITS SUCCESSORS & ASSIGNS, (1) THE RIGHT TO LAY & CONSTRUCT & MAINTAIN, SEWERS, DRAINS, WATER PIPES & OTHER MUNICIPAL UTILITIES & SERVICES, IN & UNDER ALL ROADS & STREET RIGHT OF WAYS & THE SPECIFIC EASEMENT ARE AS SHOWN HEREON; (2) DEDICATE TO PUBLIC USE THE BEDS OF THE STREETS & /OR ROADS & FLOOD PLAINS & OPEN SPACE WHERE APPLICABLE, & FOR ONE DOLLAR (\$1.00) CONSIDERATION HEREBY GRANT THE RIGHT & OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS & OR ROADS AND FLOOD PLAINS & OPEN SPACE WHERE APPLICABLE; (3) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS & RIGHT OF WAYS & (4) IT IS FURTHER AGREED THAT THE MAINTENANCE OF ALL WATERWAYS, DRAINAGE EASEMENTS & OR FLOOD PLAINS SHOWN HEREON ARE THE RESPONSIBILITY OF THE PROPERTY OWNERS ITS SUCCESSORS AND ASSIGNS WITNESS OUR HAND THIS 9TH DAY OF MARCH 1990

3-9-90 DATE
Marcella B. Cugle
MARCELLA B. CUGLE
WITNESS: PAUL S. EWELL

RECORDED AS PLAT # 9741 ON 12/27/90 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

PLAT OF CORRECTION

MARCELLA B. CUGLE PROPERTY LOTS 3 & 4, A RESUBDIVISION OF LOTS 1 & 2 F-90-146 RECORDED AS PLAT # 4109
1ST ELECTION DIST. HOWARD CO. MARYLAND
SCALE 1" = 50' MARCH 18, 1990

FILE INQUIRY NOTES

for 6190
Montgomery Rd

| DATE | RESULTS OF REVIEW FOR FILE |
|-----------|----------------------------------|
| 8/15/2007 | Public Sewer abuts the property. |
| | <u>B07003323</u> |
| | Pole building (Garage) ok. |
| | John A. Gl |
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| | Please scan into file |
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HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000156634

Building Address 6190 MONTGOMERY RD
ELKRIDGE, MD 21075

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 4

Tax Map 37 Parcel _____ Grid 4

Zoning _____ Map Coordinates _____ Lot size 2.36 AC

Property Owner's Name CUGLE TIMOTHY & KATHY

Address _____

City _____ State _____ Zip Code _____

Home Phone 410-796-8636 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SEP

Proposed Use SED & UNHEATED ENCLOSED PORCH

Estimated Construction Cost \$ 25,576

Description of Work ENCLOSE EXISTING WOOD
FOUNDATION ON SIDE OF S.F.D
WITH A 14' X 12' UNHEATED ENCLOSED
PORCH.

Contractor Company PATIO ENCLOSURES, INC.

Contact Person _____

224 8th AVENUE, N.W.
GLEN BURNIE, MD 21061

443-797-0351
MHI # 12744

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant "OWNER"

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 <input type="checkbox"/> Private <input type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| 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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____ |

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> |
| 1st floor: _____ Depth <u>12'</u> Width <u>14'</u> | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric Yes <input checked="" 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"/> | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| No. of Bedrooms _____ | Heating System: <u>N/A</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Height: _____ | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| 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: <u>GABLE STYLE</u> | |
| _____ State Certified Modular | |
| _____ Manufactured Home <u>168 SF</u> | |

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 _____

Print Name _____

Title/Company _____

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 | <u>10/20/05</u> | <u>[Signature]</u> |
| Health | | |
| Fire Protection | | |

Is Sediment Control approval required prior to issuance?
YES NO

| DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|--------------------------|
| Front: _____ | Filing fee \$ _____ |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Acid'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:

Distribution of Copies -
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

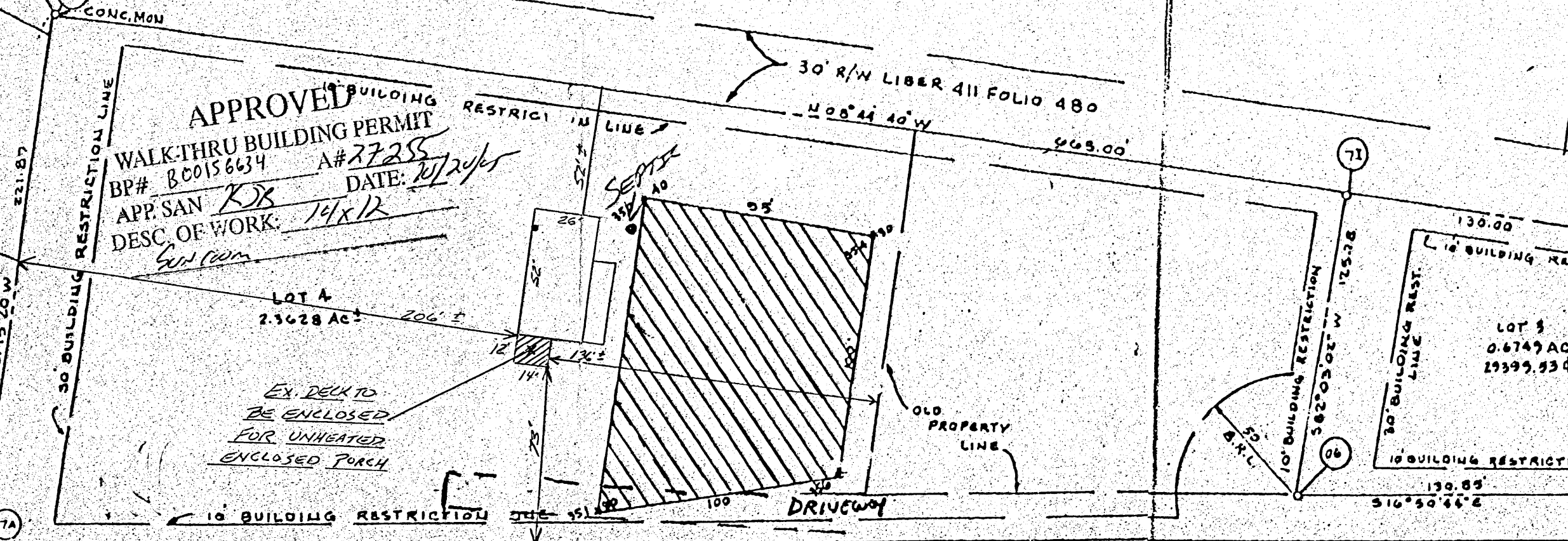
Pink: Health

Gold: SHA

CHARLES RYAN
406-452

APPROVED BUILDING PERMIT
WALK-THRU BUILDING PERMIT
BP# B00156634 A# 27255
APP. SAN *KJB* DATE: 10/20/05
DESC. OF WORK: 14x12
Sun room

BLOCK 11
SECTION ONE
MARSHALL ESTATES



EX. DELT TO
BE ENCLOSED
FOR UNHEATED
ENCLOSED PORCH

BASIE J. WEIBLEY
593-379

NOTES

- 1) SUBJECT PROPERTY ZONED R-20 PER 8/2/85 COMPREHENSIVE ZONING PLAN
- 2) COORDINATES ARE BASED ON HOWARD COUNTY CONTROL #2645002
- 3) THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT
- 4) THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF MINIMUM 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE & SERVICING ANY RESIDENTIAL STRUCTURE CONSTRUCTED ON THIS BUILDING SITE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.
- 5) PERC HOLES HAVE BEEN FIELD LOCATED AS SHOWN: *
- 6) LOT A REFUSE COLLECTION, SNOW REMOVAL, & ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT OF WAY LINE ONLY & NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.
- 7) PUBLIC WATER IS NOT AVAILABLE FOR LOT 4 SUBDIVIDED ON THIS PLAT. ANY REQUIRED WATER EXTENSION WILL NOT BE CONNECTED TO THE PUBLIC SYSTEM UNTIL ALL NECESSARY WATER TRANSMISSION MAINS ARE COMPLETELY CONSTRUCTED & WATER IS ALLOCATED FOR THIS PROPERTY BY HOWARD COUNTY. FURTHERMORE, BUILDING PERMITS FOR LOT A IN THIS SUBDIVISION WILL NOT BE ISSUED WHERE PUBLIC WATER SERVICE IS REQUIRED UNTIL THE WATER SUPPLY TO THE COUNTY IS SUFFICIENTLY INCREASED AND ALLOCATION FOR THIS PROPERTY IS MADE BY HOWARD COUNTY.
- 8) VP-78-41 WAS A REQUEST VARIANCE FROM SEC. 16.115B TO ALLOW 20' FRONTAGE FOR REAR LOT TO BE CONVERTED BY WIDOW TO HER SON. PREVIOUS FILE NUMBER T9-17.
- 9) NOTE: EXISTING HOUSE ON LOT 3
- 10) TAX MAP 37, PARCEL 212
PROPOSED FIRST FLOOR ELEV. - 352.50 ; PROPOSED INWERT AT HOUSE - 352.92

COGLE # 36419
10/3/05
1"=50'

| TABULATION | |
|---------------------------|------------|
| TOTAL AREA OF SUBDIVISION | 3.155 Ac ± |
| AREA OF R/W DEDICATION | 0.117 Ac ± |
| TOTAL AREA OF LOTS | 3.038 Ac ± |
| TOTAL NUMBER OF LOTS | 2 |

TH
DIV

3/15/79
this afternoon please

PERMIT

P 29363
A 27255

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

01-188836

ELLICOTT CITY

~~3/9/79~~
after 1:30 please

DISTRICT 1st

INDEXED

DATE 1/2/79

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 6119 Jerry's Drive, Columbia, Md. 21044 PHONE 997-8740

SUBDIVISION _____ ROAD 6190 Montgomery Road LOT 2

PROPERTY OWNER Timothy J. Cugle

ADDRESS 6184 Montgomery Road, Elkridge, Md. 21227 Phone: 796-2569

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

Trench to be 60 ft. long, 9 ft. wide, 4 1/2 ft. deep, 1 1/2 ft. of stone. Locate as per approved plans.

**BUILDING PERMIT SIGNED
AND RETURNED**

10/20/05 - B00156634 - 14x12 porch

PLANS APPROVED BY Donald W. Monaghan DATE 6/20/78 & 1/2/79

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

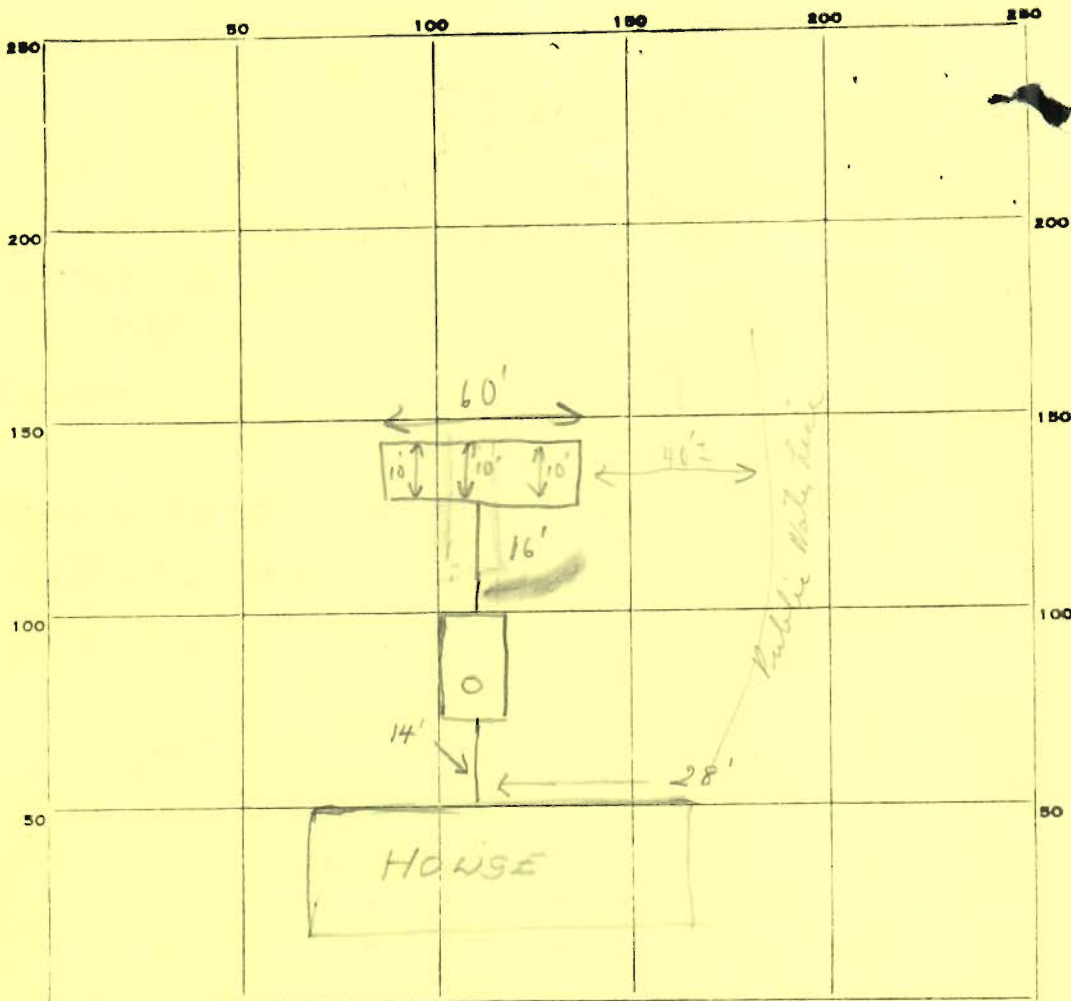
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

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

A 27255



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

Nobson spoke to Mr Ketterman

SEPTIC TANK, LEVEL

CLEANOUTS

57

Cast iron

DISTRIBUTION BOX, LEVEL

Trench

TILE FIELD, DEPTH *4 1/2' on digger* FT. TRENCH WIDTH *10'* FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH *60'* FT.

NUMBER OF TRENCHES *1* TOTAL BOTTOM AREA *600 sq ft +*

{ sidewall area }

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA *600 I* SQ. FT.

REMARKS

3/9/79 - WORK OK - CALL WHEN TRENCH COMPLETED JF

3/15/79 - Discussed with F.F. - no indication of us seeing depth of trench - have contractor dig out/end if possible

Paper on to 3' of surface - (owner has seen it) Requester asks to send letter via Mr Ketterman per Mr. Ketterman

Letter received J.L. of O.S. for V.O. Signature Hold for letter

DATE SYSTEM APPROVED

3/15/79 as per above INSPECTOR *O.B. Strecker*