

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B00158200

Building Address 14652 Mustang Path  
Glenwood, MD 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Glenwood Estates

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 10

Tax Map 21 Parcel 179 Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use Residence -

Proposed Use Residence

Estimated Construction Cost \$ 27,000

Description of Work Remove Greenhouse

Windows, replace with wall,

extend roof to meet wall

Occupant or Tenant N/A

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name Lewis + Abigail Thompson

Address 14652 Mustang Path

City Glenwood State MD Zip Code 21738

Home Phone 410-720-6146 Cell 443-416-5594

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Dertzbaugh Construction

Contact Person Tim Carter

Address 2904 Back Acre Cir Suite 105

City Mt. Airy State MD Zip Code 21771

License No. #3801

Phone 301-703-4000 Fax 301-703-4050

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:	
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 _____	

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth	Width	Public <input type="checkbox"/>	
1st floor: <u>46.1'</u>	<u>70.2'</u>	Private <input checked="" type="checkbox"/>	
2nd floor: <u>28.5'</u>	<u>47.4'</u>	Sewage Disposal:	
Basement: <u>28.5'</u>	<u>34.1'</u>	Public <input type="checkbox"/>	
Finished Basement <input checked="" type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input checked="" type="checkbox"/>	Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms <u>4</u>		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input checked="" type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
State Certified Modular <input type="checkbox"/>			
Manufactured Home <input type="checkbox"/>			

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.

Abigail M. Thompson  
Applicant's Signature

homeowner  
Title/Company

Abigail M. Thompson  
Print Name

2/20/06  
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 <u>2-21-06</u>		<u>[Signature]</u>	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 -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\Home\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

# APPROVED

## WALK-THRU BUILDING PERMIT

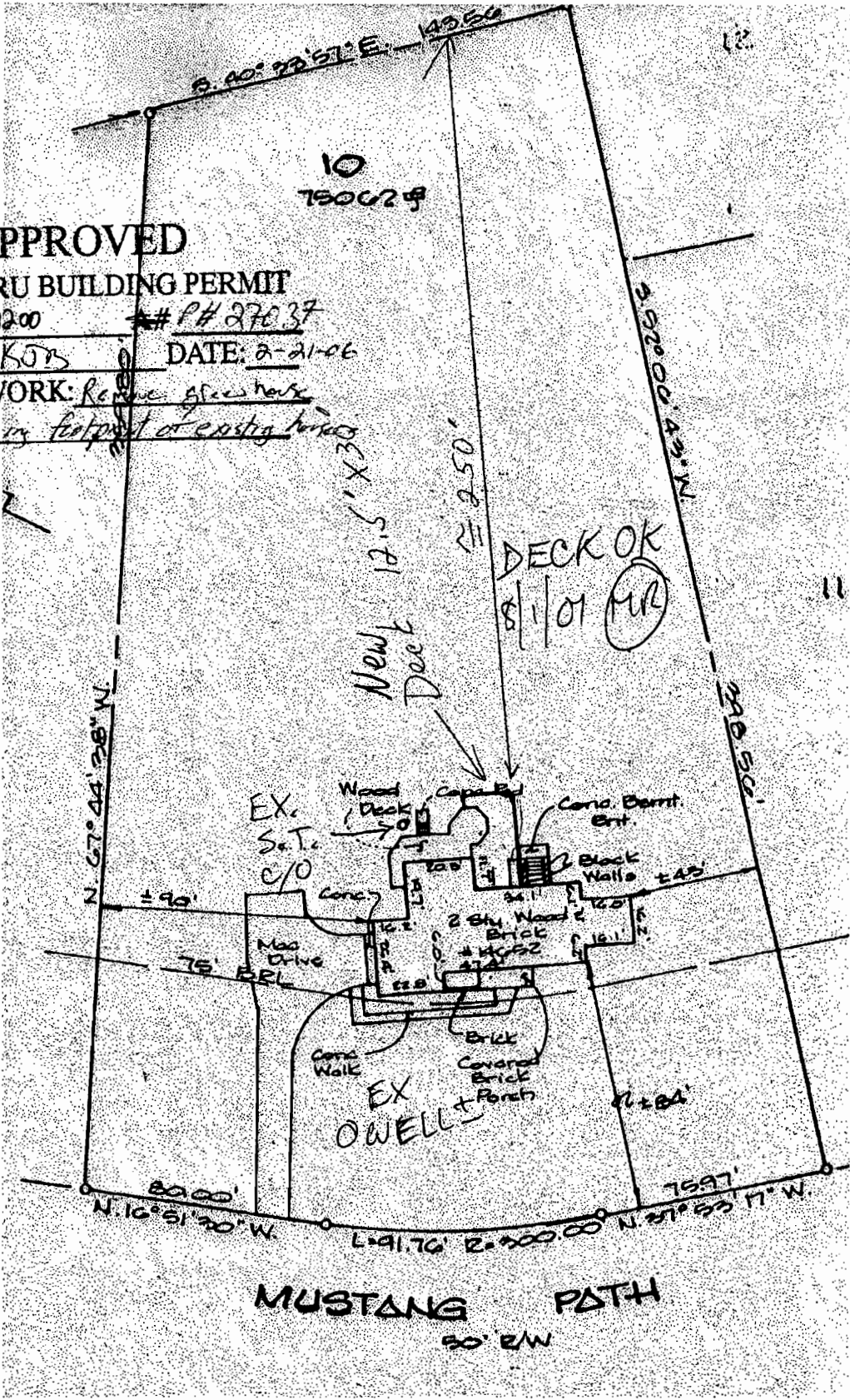
BP# B00158200

#PH 27037

APP. SAN KTB

DATE: 2-21-06

DESC. OF WORK: Remove glass hole  
-not changing footprint of existing house



04-3354072

# PERMIT

P 27037

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

A \_\_\_\_\_  
ISSUE DATE \_\_\_\_\_  
APPROVAL DATE \_\_\_\_\_

**INDEXED**

\_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Glenwood Estates LOT NUMBER 10 ADDRESS 14652 Mustang Path

PROPERTY OWNER Thompson PROPERTY OWNER'S ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

~~BLOG. PERMIT SIGNED~~  
~~AND RETURNED 8/1/2001~~

~~BLOG. PERMIT SIGNED~~  
~~AND RETURNED 11/22/83~~

B00131754 - Deck  
7/2/01 - B00131762 - REMODEL KITCHEN  
Serial #56547 - sunroom

**BUILDING PERMIT SIGNED  
AND RETURNED**

2/22/06 - B00158200 - remove greenhouse

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

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

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P27037